Building a Fiscally Sustainable Integrated Care Service (Advanced)

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Co-Authors of Integrating Behavioral Health into the Medical Home: A Rapid Implementation Guide, 2016, by Greenbranch Publishing
Faculty Disclosure

Drs. Corso and Manson have had a potentially relevant financial relationship during the past 12 months of the following type:

Book Royalties:

*Integrating Behavioral Health into the Medical Home*
Greenbranch Publishing
2016
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2017

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Select various program metrics which promote sustainable models of integrated care delivery for families and patients.

• Analyze the metrics you've selected to demonstrate fidelity, quality improvement, revenue generated, cost offset, cost savings or fiscal sustainability of your integrated care programs.

• Develop one pro forma to help support your integrated care program
Bibliography / Reference


Sustainability

Industry Standard Key Concepts and Strategies for Building and Optimizing Integrated Healthcare Programs

Legal and Regulatory Preparation
• 5 Steps to IBH Planning for Sustainability

Fiscal Sustainability
• Return on Investment and Cost Savings Metrics

Understanding Value and Incentives: Quality Indicators
• Clinical Quality Metrics for Sustainability
BUILDING SUSTAINABILITY
Business Case

1. Whys: Quadruple aim framework
2. Review your data
3. Risks & threats
4. Benefits & opportunities
5. Defining team based care
IDENTIFY YOUR QUADRUPLE AIMS

Why do we want integrated care? Why are we considering sustainability now?

- Ensure to identify data points associated with each aim
- Begin to consider a SMART metric associated for appropriate training, assessment, and monitoring
- Link your aims to sustainability
National Quality Strategy: The Triple & Quadruple Aim

- Promote Effective Chronic Care Management
- Make Full Care Accessible
- Promote Community / Population Health
- Integrated Team Based Care
- Make Care Safer
- Promote Effective Care Coordination
- Strengthen Patient & Family Engagement

Better care

More satisfied patients

Lower total medical costs

More satisfied providers
<table>
<thead>
<tr>
<th>Patient &amp; Family Outcomes</th>
<th>Team Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Engagement</td>
<td>Productivity</td>
</tr>
<tr>
<td>Adherence</td>
<td>Accurate problem and early identification</td>
</tr>
<tr>
<td>Self-care</td>
<td>Fewer errors</td>
</tr>
<tr>
<td>Fewer missed visits</td>
<td>Less turnover: Reduced presentism and absenteeism</td>
</tr>
<tr>
<td>Clinical outcomes</td>
<td>Fiscal return</td>
</tr>
</tbody>
</table>
REVIEW YOUR DATA
What are our needs? Which model is best? Where/how will we be able to link sustainability?

- Identify data points for initial assessment of needs
- Identify the points for continual assessment
- Begin to consider a SMART metric associated for appropriate training, assessment, and monitoring
- Link your aims to sustainability
## Data points

<table>
<thead>
<tr>
<th>Clinical Indicators</th>
<th>Standardization</th>
<th>Model</th>
<th>Organizational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>HEDIS</td>
<td>Length of session</td>
<td>Employee wellness</td>
</tr>
<tr>
<td>Health status</td>
<td>MACRA</td>
<td>CPT coding</td>
<td>Job satisfaction</td>
</tr>
<tr>
<td>Biometrics</td>
<td>UDS / NQF / CMS</td>
<td>Insurance companies</td>
<td>Employment</td>
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<tr>
<td>Disease prevalence</td>
<td>Annual QI Goals</td>
<td>Diagnosis coding</td>
<td>sustainment</td>
</tr>
<tr>
<td>Disability status</td>
<td>RVUs/Productivity</td>
<td>Visit type</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Health</td>
<td>Fiscal ROI</td>
<td>Productivity</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>NCQA PCMH</td>
<td>Huddles</td>
<td></td>
</tr>
<tr>
<td>Health assessments</td>
<td>(screening tools)</td>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>(screening tools)</td>
<td>ED visits</td>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Re-admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHM</td>
<td></td>
<td></td>
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</tbody>
</table>
5 STEPS TO FISCAL SUSTAINABILITY
WE’RE LOOKING AT A SIX FIGURE RETURN. UNFORTUNATELY, THEY ARE ALL ZEROS!
1. Understand your legal requirements

Identify your health care institution site licensure. This will define your parameters for service provision and hiring.

Identify and review your state office of administrative counsel rule making regarding your facility.

Review your state laws: Are you legally able to offer integrated care services? Do you need to complete a state application if you are preparing to offer integrated care or CMS services?
Identify your site type (identify how your site is classified? E.g.: ACO, FQHC, RHC, etc). This will assist with identifying state and federal payment models and eligibility for quality reimbursement initiatives. Further, it will provide information on which professionals are reimbursable for which services.

This helps to identify the way you can receive direct reimbursement, health savings, and outcome measurements. Fiscal direct pro forma as well as return on investment and cost savings are primarily dependent on site. Many sites have specific eligibility for quality reporting and reimbursement models.

Are there rules, regulations, and support for my specific entity for integration? Do I have or wish to develop PCMH? Do I report specific behavioral metrics already related to chronic health conditions and behavioral health (HEDIS, NCQA, Joint Commission, PQRS, UDS), which I can leverage for IBH development and quality health outcome improvements?
3. Stakeholder communication

Develop patient advisory councils, patient questionnaires, and/or community stakeholder meetings to identify needs, interest, and further insight into program development.

Utilize IBH screening tools and questionnaires to identify and address provider needs in developing IBH programming and services. Leverage data mining for common diagnoses, treatment considerations, screenings, CPT coding, registry use, and health maintenance and quality outcomes data for further program development.

Contact payers (insurance programs) to identify reimbursement (service types, program types), health savings, bundling payments, and outcome measurements needed for sustainability. Payers identify the licensure, regulations, and documentation requirements of providers, services, and programs. Identify specific state, federal, and private rules and regulations for integrated care services.
4. Workforce development and license needs

Provider license types identify the areas of specialty, education, training, and professional practice, which may be required or encouraged by payer systems, members, and providers. Action: In addition, review state, federal, and payer specific regulations related to licensure requirements for reimbursable and provided services.

Create EHR and practice infrastructure to support the services and requirements identified for integrated care.

Consider workforce development and formal training opportunities in team based care, population health, behavioral medicine, and creation of internships, and fellowships. Further, consider augmenting your workforce with training and leveraging community service professionals, allied health, and patient members to deliver specific evidenced based healthcare programs.

Understand your institution, site, stakeholder, and workforce requirements related to service delivery, documentation, coding, interventions, and privacy/consent requirements. Ensure all verbiage and service delivery descriptions are aligned for integrated team based care.
5. Business case development, service delivery, and coding

Ensure the service delivery, essential coding, site, payer types, and licensure are aligned appropriately.

Identify the business cost of all professionals/programs and the pro forma related to billing and/or cost savings for program and performance monitoring.

Create auditing tools for successful monitoring, continuity of care, quality outcomes, and fiscal measurement. Ensure interventions and documentation meets expectations (continuity, quality care, and regulatory).

Create a formal business case and proposal for IBH services inclusive of return on investment, shared-cost savings, pro formas, and direct reimbursement metrics which align with the Quadruple Aim.
5 Steps Review

1. Healthcare institution site license (legalities)

2. Site type

3. Payers (stakeholders)

4. Provider license type (workforce)

5. Service delivery and coding (business case)

*Overcoming the reimbursement / fiscal sustainability challenge!*
FISCAL SUSTAINABILITY AND PLANNING

How will we ensure sustainability to target the quadruple aim? How do we plan for fiscal sustainability?
- Develop pro formas for each team member
- Consider ROI & cost savings
Pro Forma - a method of calculating current or projective fiscal results; describes a presentation of data, in financial terms, where the data reflect the world on an “as-if” basis.
Pro Forma

PRO FORMA DEVELOPMENT

Job Descriptions
Data Points
Performance Indicators
Expansion
Monitoring
Dashboards
Metrics

Human Resources
Quality Improvement
Healthcare Management
Program Management and Growth
Fiscal Sustainability
Pro Formas

Organization Examples: 
*What does your pro forma reveal?*

Pro Forma Specifics 
*Program/Operational*
*Provider*

Monitoring Evaluation Adopt Adapt
### Integrated Behavioral Health Provider Pro Forma

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify how many BH visits per year</td>
<td>X.XXX</td>
</tr>
<tr>
<td>Identify estimate of how many will be reimbursed</td>
<td>XXX%</td>
</tr>
<tr>
<td>Total Number of Visits Reimbursed</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>Consider listing each insurance separately and actual reimbursement rate</td>
<td></td>
</tr>
<tr>
<td>Est. reimb per Psychotherapy code visit</td>
<td>$XX</td>
</tr>
<tr>
<td>Number of visits reimbursed</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>Number of visits reimbursed</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>Est. reimb per TBH/Brief Screening</td>
<td>$XX</td>
</tr>
<tr>
<td>Est. reimb per HBAI code visit</td>
<td>$XX</td>
</tr>
<tr>
<td>Total Visits</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>Total Number of Visits Reimbursed</td>
<td>XXXXXX</td>
</tr>
</tbody>
</table>

#### Variable: Indirect Revenue

- **Contribution Margin/Net**: XXX
- **Consider listing each type separately for tracking and productivity**: $XX.00 per visit
- **Doctorate Level Net Revenue**: $XXXXXXX.00
- **Masters Net Revenue**: $XXXXXXX.00
- **Grant funding**: $XX,000

#### List potential grants

- **Total Net Revenue**: $XXXXXXX.00

#### Salary of your BHP

- **Doctorate Level (1.0 FTE)**
  - Benefits: $XX,000
  - Total compensation: $XXX,000

- **Masters Level (1.0 FTE)**
  - Benefits: $XX,000
  - Total compensation: $XXX,000

#### Additional benefits

- **CME**: $XX,000
- **Laptops**: $XX,000

#### Personnel or program expenses

- **Coding & billing expense**: $XX,000
- **Doctorate Level BHP Revenue**: $XX,000
- **Masters Level BHP Revenue**: $XX,000
Develop One Pro Forma
UNDERSTANDING VALUE AND INCENTIVES
Optimizing Your Value: Key Concepts

Understanding Value- Identify the value in comparison. *Productivity Ratios and RVUs*

\[
\frac{\text{Provider Revenue or Expenses}}{\text{Gross Practice Revenue or Expenses}} \times 100 = \text{percent}
\]
Understanding Value

Complete the calculations:

Productivity Expectations → Value in Comparison → Justification
RETURN ON INVESTMENT: ROI
COST SAVINGS METRICS
Return on Investment (ROI)

- Return on Investment Metrics
- Cost Savings Metrics
- Predictive Modeling
- Direct Value Comparisons
- Justification
- Sustainability
Return on Investment (ROI) - A performance measure used to evaluate the efficiency of an investment or to compare the efficiency of a number of different investments. ROI measures the amount of return on an investment relative to the investment’s cost. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment, and the result is expressed as a percentage or a ratio.

\[
\text{percent of ROI} = \left( \frac{\text{gain from program} - \text{cost of program}}{\text{cost of program}} \right) \times 100
\]
Behavioral health provider in a primary care practice:

8 direct billable patients per day (varied coding: 90832 to 96152, totaling $360/day)

Plus 2 shared patients per day (PCP is able to raise their level billing code for higher complexity, translating to an additional revenue of $60).

Thus, the BHP produced approximately $420 for the day. If the BHP works 18 days in a month, monthly total = $7560, which is $90,720 annually. The behavioral health provider earns $88,000 year (compensation and benefits); thus, your fiscal cost per month is $7,333 (88,000/12).

ROI: \[ \frac{90,720 \text{ (Gain)} - 88,000 \text{ (Cost)}}{88,000 \text{ (Cost)}} = \frac{2,720}{88,000} = 0.03 \times 100 = 3\% \text{ return} \]

With this calculation, the behavioral health provider is demonstrating a 3% fiscal return, which means for every $1 you spend in the program, the return is an additional .03 cents, an annual return of $2,720.
Calculate your IBH’s ROI
Cost Savings - A measure used to demonstrate fulfillment of the objectives of a service at a cost lower than the historical cost or the projected cost. To calculate cost savings, the cost savings attributed to the program is divided by the cost of the program, and the result is expressed as a percentage or a ratio.

\[
\frac{\text{Cost Savings}}{\text{Standard Cost of Program}} \times 100 = \text{percent}
\]
If you are not looking at reimbursable amounts or revenue, it may be more beneficial to complete ROI by showing the decision makers how your intervention will decrease overutilization of healthcare services.

ED / Hospitalizations / PCP visits

Labs / Diagnostics / Treatments / Medications

For this, use Cost Savings ROI:

\[
\text{Cost Savings Attributed to Program} = \frac{\text{Cost Savings}}{\text{Standard Cost of Program}}
\]
Behavioral health provider in a primary care practice:

Psychiatric evaluation appointments with high no show rate (cost: 100$ per hour, 5xweek)

BHP to complete intakes (cost: 42$ per hour, 5xweek)

Thus, the BHP completes all initial intakes for the psychiatric provider to reduce no show costs and streamline the psychiatric provider into clinical care delivery. BHP cost is lower which has reduced cost for no shows.

Cost Savings: \[ \frac{500 \text{(Psych)}}{500} - \frac{210 \text{(BHP)}}{500} = \frac{290}{500} = .58 \times 100 = 58\% \text{ savings} \]

With this calculation, the behavioral health provider is demonstrating a 58% savings in costs.
Behavioral health provider in a primary care pediatric practice:

Pediatric appointments with high screening and psychoeducation needs equaling 1.5 hours per day as measured by time cycles (cost: 93$ per day, 5x/week)

BHP to complete screenings, early identification, and psychoeducation (cost: 84$ per day, 5x/week)

Thus, the BHP completes brief screenings, early identification needs, and provides psychoeducation as needed to streamline pediatric services and improve team based care.

Cost Savings: $93 (Peds) - $84 (BHP) = $9 = 0.09 \times 100 = 9.6\%$ savings

With this calculation, the behavioral health provider is demonstrating a 9.6% savings in costs.
Calculate your IBH's Cost Savings
INTEGRATED CARE METRICS
Optimizing Your Value: Key Concepts

Key Performance Indicators: performance measurement. Evaluating the success of an activity.

KPIs:

- Qualitative
- Quantitative
- S.M.A.R.T.
Metrics: QI/QA/PI

“Measure and Show Me the Outcomes”

Clinical Health Outcomes:  
* Industry requirements  
* PHM

Operational:  
* Productivity  
* Huddles  
* Referral Rates

Financial:  
* Billing  
* ROI  
* Grants  
* Average Cost Per Pt

Model Fidelity:  
* Appt types  
* Frequency  
* Evidenced Based Service

Better care  
* More satisfied patients

Lower total medical costs  
* More satisfied providers
Population Health

Improve patient quality of life functioning score on the X measure after X days/weeks.

Improve X percentage of patients screened for X in PC each week/month/quarter.

Improve patient physical health indicators (e.g., body mass index, waist girth, weight, blood pressure, blood glucose levels, lipid levels, pain level, alcohol use, physical activity, tobacco use) for X patients in X time or through X program.
Increase the percentage of patients who follow through with their behavioral health referral to X%.

Increase access by X% to integrated behavioral health services through primary care team inclusion and warm handoff/same day service provision.

Increase percentage of patients who are seen for X medical or behavioral health treatment needs by the integrated behavioral health provider by %.
Select Your Population Health Metric/s
Metrics: QI/QA/PI
“Measure and Show Me the Outcomes”

Clinical Health Outcomes:
- Industry requirements
- PHM

Operational:
- Productivity
- Huddles
- Referral Rates

Financial:
- Billing
- ROI
- Grants
- Average Cost Per Pt

Model Fidelity:
- Appt types
- Frequency
- Evidenced Based Service
Experience of Care

- Improve provider satisfaction with integrated behavioral health and team based primary care through completion of % BH satisfaction surveys at % level.
- Improve clinician satisfaction by X% re role, employment, engagement, quality of care.
- Improve patient satisfaction with integrated behavioral health and team based primary care through completion of % BH satisfaction surveys at % level.
  - My care was improved by partnering with a behavioral health provider.
  - My overall health will improve as a result of this visit.
  - I feel heard, understood and respected as an active member of my health care team.
Experience of Care

Improve CGCAHPS National Survey Data results by X %.

- (29.) In the last 6 months, how often did this provider involve you in decisions about your care as much as you wanted?
- (36.) Would you recommend this provider's office to your family and friends?
- (15.) In the last 6 months, how often did this provider listen carefully to you?
X Number of visits per episode of care

Why important?

Benchmarks

Clinic dependent

Mean number of visits = 2-4 visits
Median = 2 visits
Mode = 1 visits

No more than 10-15% of patients receiving more than 6 visits in 12 month period with specific justification of care:

PHM or group medical visit focus
Population Penetration

- Percentage of clinic patients having an IBH consult
  - Benchmark
    - Clinic dependent
    - 25-30% of clinic
    - Care team / pod specific
- Identify the top diagnosis
  - Benchmark
    - Clinic dependent
    - PHM focus
    - Quality improvement focus
    - Provider study

- Duplicated vs. unduplicated
- 40-100% for a robust clinic
- Tracking ability
Productivity / Access to Care

Patient per hour/clinic
• Benchmarks
  o 3 patients per hour for PCPs
  o 2 patients per hour for BHCs
  o PCPs expected to see 20 patients per day, BHCs expected to see 10 patients per day

Initial vs. Follow-ups
• Danger to both sides of the coin
• Benchmarks
  o 1:1 or 50% of visits being initials

Warm-handoffs/Same-day visits
• Benchmark
  o 50% of all visits
Select Your Experience of Care Metric/s
Metrics: QI/QA/PI
“Measure and Show Me the Outcomes”

Clinical Health Outcomes:  
Industry requirements  
PHM

Operational:  
Productivity  
Huddles  
Referral Rates

Financial:  
Billing  
ROI  
Grants  
Average Cost Per Pt

Model Fidelity:  
Appt types  
Frequency  
Evidenced Based Service
Cost

- X% reduction in ED usage of specific utilization
- X% increase/decrease in per capita costs
- Increase X% of patients that were referred to the IBH staff that kept the appointment (patients with untreated problems have higher overall cost)
- X cost savings through X per X time for IBH
- X decrease in hospital readmissions for X time/population
- X% revenue generation for IBH appointments for X timeline
- Increase/decrease X% of patients that were referred for a BH appointment outside of the primary care clinic
- Increase/decrease X% of return on investment through IBH for X timeline
Select Your Cost Metric/s
Metrics: QI/QA/PI

"Measure and Show Me the Outcomes"

Clinical Health Outcomes:  
Industry requirements  
PHM

Operational:  
Productivity  
Huddles  
Referral Rates

Financial:  
Billing  
ROI  
Grants  
Average Cost Per Pt

Model Fidelity:  
Appt types  
Frequency  
Evidenced Based Service
Select Your Provider Satisfaction Metric/s
Recap

Preparation is key

Building a business case is essential

Review your steps to ensure replication and sustainability

Value

- Understand
- Measure
- Demonstrate
Final Questions
For Further Information

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Learning Assessment

A learning assessment is required for CE credit. A question and answer period will be conducted at the end of this presentation.
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!