

Integrated Care History & Policy Proposals

Behavioral Health Transformational Task Force
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Integrated Care Overview

- Member and system benefits of integrated care
- History of practice transformation in Colorado
- Future needs and policy opportunities

Integrated Care: Benefits

Different models work for different populations.

- Member convenience w/ one-stop shopping
- Increased member and provider satisfaction
- **93% of practices that were accepted into the SIM program completed the initiative**
- Depression treatment associated with relief from symptoms, improved physical health & quality of life

Providers reported that patient experiences improved in

- increased access to visits and support
- increased and improved BH referrals
- better team collaboration
- continuity of care with warm handoffs
- greater availability of comprehensive care for pain management or trauma-informed care



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Integrated Care: Savings

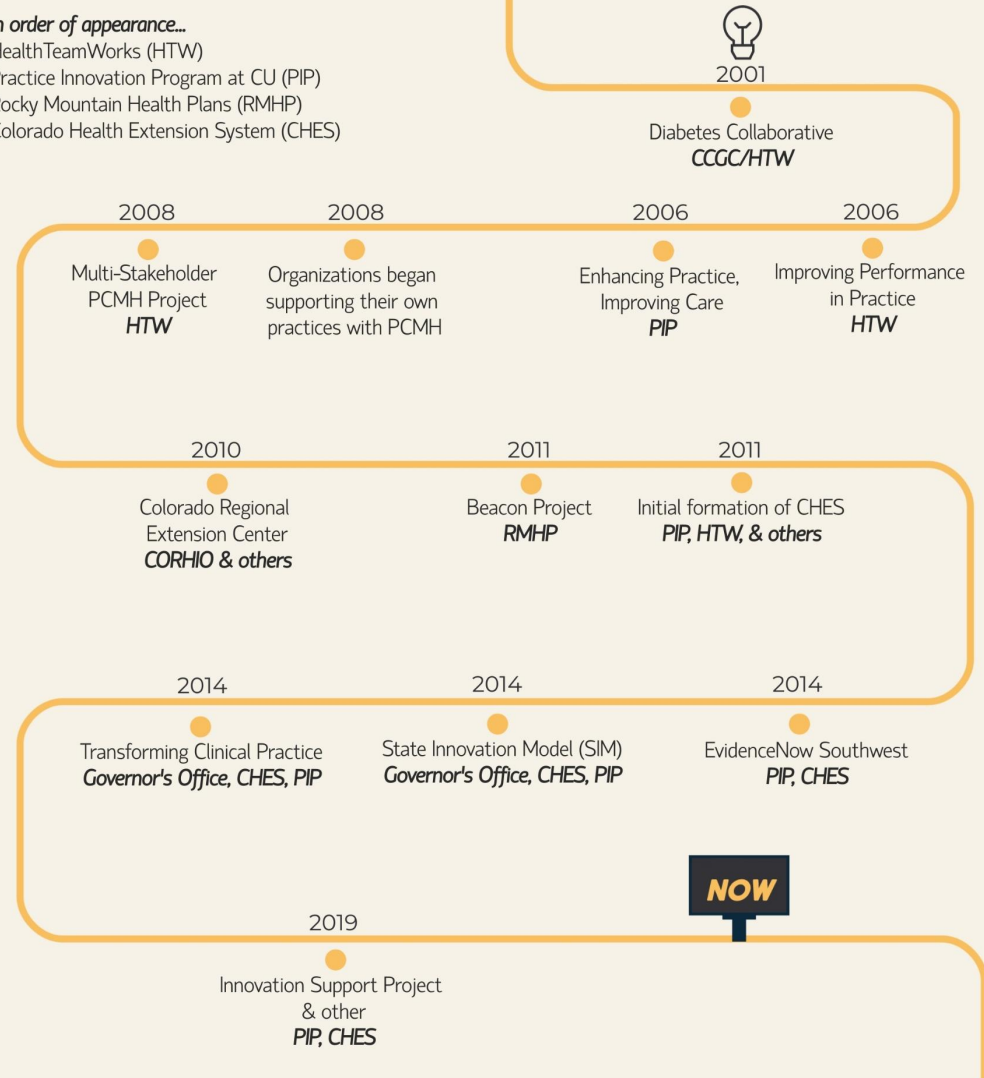
- Estimates for typical cost savings for **successfully integrating medical and behavioral health care range from 5-10% of the total health care costs** over a period of 2-4 years
- Care integration has been shown to be successful in other contexts: **in an North Carolina Medicaid program, ED visits decreased 4%**
- Other potential cost and utilization benefits in Medicaid programs that have implemented integrated care include: a **reduction in emergency department visits, lower rates** of 30-day hospital readmissions for mental health conditions, **decreased admissions**

PRACTICE TRANSFORMATION

Colorado History

In order of appearance...

HealthTeamWorks (HTW)
Practice Innovation Program at CU (PIP)
Rocky Mountain Health Plans (RMHP)
Colorado Health Extension System (CHES)



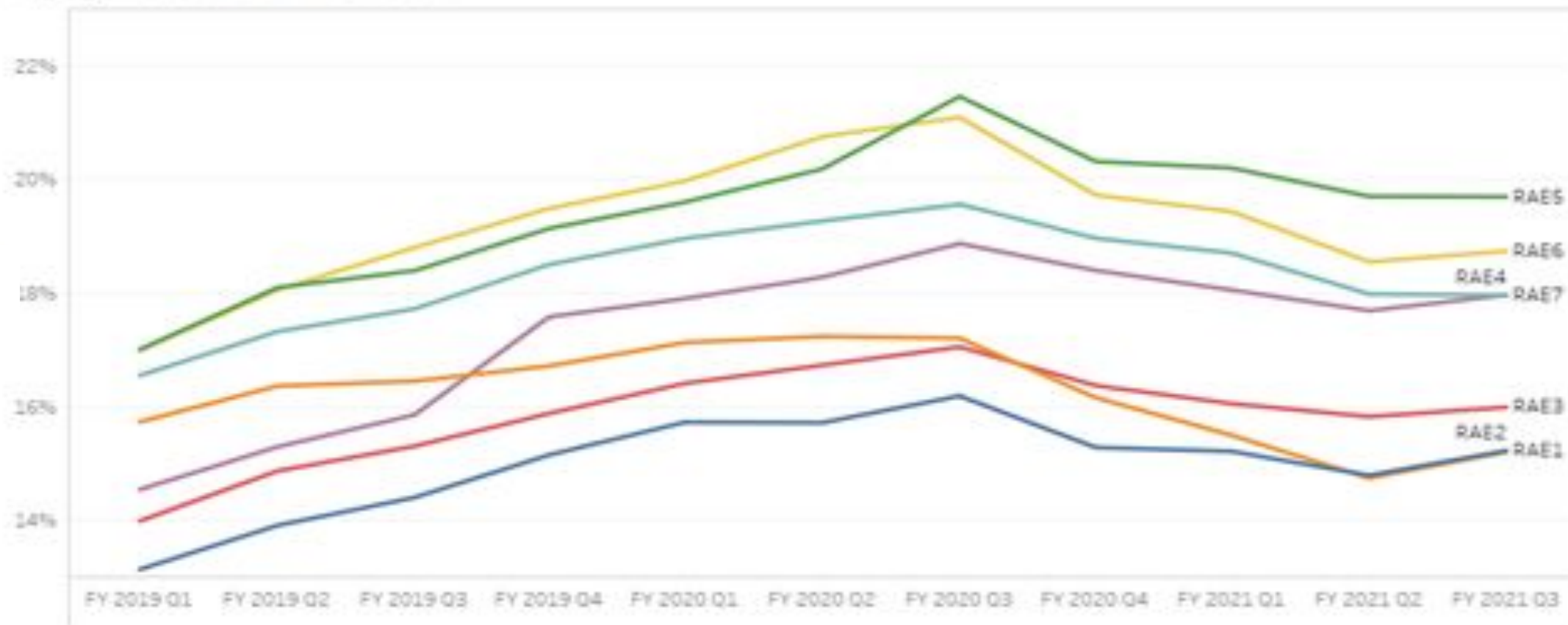
RAEs and Integration

- ACC Phase I behavioral health (BH) and physical health administrative efforts separate
- ACC Phase II BH and physical health administration coordinated under the RAE
 - helps with clinical and financial alignment

Goals: Comprehensive, whole-person care and appropriate access

BH Engagement Over Time

BH Engagement KPI Time Trend

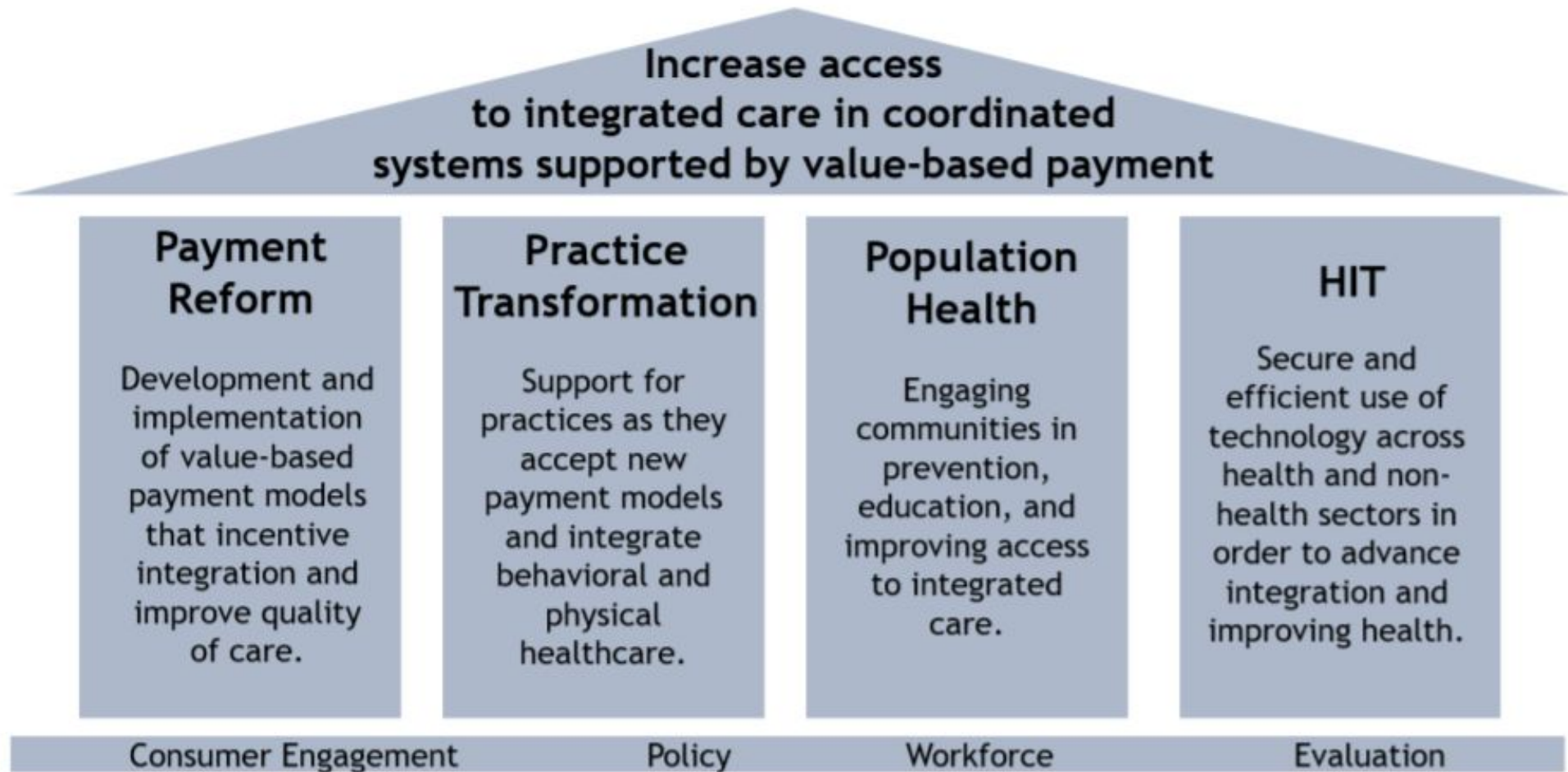


KPI Values

SIM History: Purpose

- The Colorado State Innovation Model, or SIM, was founded on the core belief that **the integration of physical and behavioral health is central to successful and sustainable health care reform.**
- Colorado was awarded up to \$65 million by CMS in Dec. 2014
- Goal of Colorado SIM: *“To improve the health of Coloradans by increasing access to integrated physical and behavioral health services, in coordinated systems through value-based payment structures, for 80% of state residents...”*

SIM History: Pillars



SIM History: Key Activities for Practice Transformation

Avenues for Supporting Practice Transformation

Practice facilitation & technical assistance



Access to capital



Business consultation



Key SIM Activities

Established Bi-Directional Health Homes at four Community Mental Health Centers

Supported 319 Primary Care Practices in three practice transformation cohorts*

Established a small grants program

Provided business consultation support

Convened 14 Collaborative Learning Sessions

Major Accomplishments

- SUPPORT FOR 319 PRIMARY CARE PRACTICES:** SIM supported 319 primary care practices throughout Colorado with practice facilitation, technical assistance and business consultation in order to help them further integrate behavioral health services and success with value-based payments.
- BI-DIRECTIONAL HEALTH HOMES:** SIM supported four Community Mental Health Centers to provide patients with improved access to primary care. Bi-Directional Health Home sites saw an improvement in scores on the Integrated Practice Assessment Tool.
- SMALL GRANTS TO PRACTICES:** In partnership with the Colorado Health Foundation, SIM provided 107 primary care practices with small grants, ranging from \$2,000 to \$40,000, in order to advance integration.
- COLLABORATIVE LEARNING SESSIONS:** SIM supported 14 Collaborative Learning Sessions that were attended by over 3,000 individuals representing primary care practices, Community Mental Health Centers, Regional Health Connectors and other key stakeholders.



What is the next phase of practice transformation and integrated care?

- Consider how the landscape has changed
 - Telehealth, value-based payments, six BH visits in primary care
- Continue investment in practice transformation
 - Greater emphasis on SUD services & SDOH
- Financial alignment
 - Alternative payment models, aligned quality metrics, etc.

Opportunities

- **Practice Transformation Grants:** Create a small grants program for health care providers (roughly \$50-200k) to be used as seed funding for providers to integrate physical and behavioral health care. These grants could support workforce development, infrastructure, HIT investment, community engagement, and/or business development.
- **Payer Transformation Grants:** Create a grant program for health care payers (roughly \$1-2M) to be used to incentivize payers to transition their business models to alternative payment models that better sustain integrated practices. These grants could support infrastructure, HIT investment, business analysis and development, and/or workforce training.
- **Connecting Patients to Social Services:** invest in methods that assisted care teams in identifying and connecting patients to resources that help meet patient needs
- **HIT Investments:** connect remaining providers to the health information exchanges and technology systems that support integrated care models



Questions?

