PCMH: Learning Collaborative
Session 18

American Academy of Pediatrics – Arkansas Chapter
January 26th, 2016
Teleconference Reminders

• Please MUTE the phone when you are not speaking
  – This will eliminate any background noise including incoming phone calls, conversations between team members, dogs barking, UPS Deliveries, etc.

• Please do not put your phone on HOLD
Objectives

• Welcome/Introductions
• On-site Behavioral Health Services: Cheryl Arnold, MHSA, CMPE, Central Arkansas Pediatrics
• PCMH Update/PCMH and Behavioral Health: Dennis Z. Kuo, MD, MHS
• Questions/Open Mic
Disclosures

• Support provided by Arkansas Medicaid
Joining us Today

• Arkansas AAP Leadership
  Dennis Z. Kuo, MD, MHS - President
  Orrin Davis, MD, FAAP - Immediate Past President
  Chad Rodgers, MD, FAAP - Vice President
  Chris Schluterman, MD, FAAP - Secretary

• Arkansas AAP staff
  Aimee Olinghouse, Executive Director
  Kristen Pfeifer, QI Specialist
On-site Behavioral Health Services

Cheryl Arnold, MHSA, CMPE
PEDIATRIC MENTAL HEALTH

challenges can be conquered
SESSION GOALS

- Discuss mental health challenges in AR
- Discuss CAPC approach
- What we learned
MENTAL HEALTH IN PEDIATRICS

- Access
- Pt./Parent Compliance
- Med Management
- Reimbursement
Access: Providing a place for a counselor to practice increases availability for CAPC patients
MENTAL HEALTH IN PEDIATRICS

- Where do we start?
- Will it be accepted?
- How much is enough?
Where do we start?

- One-half day a week
- End of April
- Increased to 2 -half days a week within a couple of weeks.
WHERE DO WE START?

- Summer: no sessions at school, we continued to add.... And add
- End of summer, 3 days a week
- School year began: 3 mornings; 3 after-school and every other Saturday!!!
WILL IT BE ACCEPTED?

- Our patients love it!
- Per the counselor, more compliance.
- Children are in a familiar setting.
- He has to remind them that they do not get weighed for visits with him!
HOW MUCH IS ENOUGH?

- Booked out for several days at a time.
- Considering group sessions for similar issues (parenting classes, discipline)
Dr. Stanford began REACH training which trains primary care docs to manage more drugs used in management of mental health issues. (offered recently at ACH, over a period of 6 months to complete)
NEXT STEPS/QUESTIONS

- Billing: changes to insurance billing rules to allow counselors to be reimbursed at highest rate when billing through a PCP, not a psychiatrist.
Do we hire a counselor dedicated to our practice?
Where do additional screening tools fit into our practice?
Does the financial picture make sense?
WHAT WE HAVE LEARNED

- Our patients love being able to receive these services at the same location they see their PCP.
- Enhanced compliance.
- More communication on the status of a child between counselor and PCP.
MENTAL HEALTH HURDLES: SKILLS (BOK)

- Patient Centered Care
- Operations Management
- Financial Management
CONTACT INFORMATION

Cheryl Arnold, MHSA, FACMPE
Administrator
Central Arkansas Pediatric Clinic PA

carnold@centralarkpediatric.com
PCMH Update

Dennis Z. Kuo, MD, MHS
2016 PCMH

- Care plans – attestations
- Continue activities (see timeline)
- Extract data from EHR
- Immunization strategy
- Quality metrics assessment in default pool conducted on individual level. If you are in voluntary pool, you can change designation to default by 2/5/16.
- Care plan audit for 2015 – QA audit soon
3 month deadline

- Activity A: top 10% HPBs
- Activity B: clinical quality measure data
241.000 Activities Tracked for Practice Support – List of Activities for the 2016 Performance Period

- All PCMHs must meet 3-month activities by 3/31/16; 6-month activities by 6/30/16; 12-month activities by 12/31/16; and 13-month activities by 1/31/17.
- In order to be eligible for practice support, PCMHs must meet all activities by their specified deadlines.
- For information on remediation, please refer to the PCMH manual

<table>
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<tr>
<th>Activity</th>
<th>3 month</th>
<th>6 Month</th>
<th>12 Month</th>
<th>13 month</th>
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<td>Identify top 10% of high-priority patients (including BH clients)</td>
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<td>Report Clinical Quality Measure Data for 2015: Diabetes: A1c Poor Control; Controlling High Blood Pressure; and Weight Assessment for Children and Adolescents (BMI)</td>
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<td>Assess operations of practice and opportunities to improve (internal to PCMH)</td>
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<td>Develop and record strategy to implement care coordination and practice transformation</td>
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<td>Identify and reduce medical neighborhood barriers to coordinated care (including BH professionals and facilities)</td>
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<td>Provide 24/7 access to care</td>
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<td>Document approach to expanding access to same-day appointments</td>
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<td>Childhood/Adult Vaccination Strategy</td>
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<td>I Establish processes that result in contact with beneficiaries who have not received preventive Care</td>
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<td>J Complete a short survey related to beneficiaries’ ability to receive timely care, appointments and information from specialists, including Behavioral Health (BH) specialists</td>
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<td>K Document investment in health care technology or tools that support practice transformation</td>
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<td>L Join SHARE or participate in a network that delivers hospital discharge information to practice within 48hrs</td>
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<td>M Incorporate e-prescribing into practice workflows</td>
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<td>N Integrate EHR into practice workflows</td>
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<td>O Care Plans for High Priority Beneficiaries</td>
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<td>P Report Clinical Quality Measure Data for calendar year 2016 for: Diabetes: A1c Poor Control, Controlling High Blood Pressure, and Weight Assessment for Children and Adolescents (BMI)</td>
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### 243.000 – Quality Metrics Tracked for Shared Savings Incentive Payments and Targets for the 2016 Performance Period

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Target 2016</th>
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<tbody>
<tr>
<td>Metric 1</td>
<td>Percentage of a practice’s high priority beneficiaries who have been seen by any PCP within their PCMH at least twice in the past 12 months</td>
<td>80%</td>
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<tr>
<td>Metric 2</td>
<td>Percentage of beneficiaries who had an acute inpatient hospital stay who were seen by a health-care provider within 10 days of discharge</td>
<td>40%</td>
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<td>Metric 3</td>
<td>Percentage of beneficiaries who turned 15 months old during the performance period who received at least four wellness visits in their first 15 months</td>
<td>70%</td>
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<td>Metric 4</td>
<td>Percentage of beneficiaries 3-6 years of age who had one or more well-care visits during the measurement year</td>
<td>70%</td>
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<tr>
<td>Metric 5</td>
<td>Percentage of beneficiaries 12-21 years of age who had one or more well-care visits during the measurement year</td>
<td>45%</td>
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<td>Metric 6</td>
<td>Percentage of beneficiaries prescribed appropriate asthma medications</td>
<td>85%</td>
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<td>Metric 7</td>
<td>Percentage of CHF beneficiaries age 18 and over on beta blockers</td>
<td>50%</td>
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<tr>
<td>Metric 8</td>
<td>Percentage of beneficiaries 6-12 years of age with an ambulatory prescription dispensed for ADHD medication that was prescribed by their PCMH, who had a follow-up visit within 30 days by any practitioner with prescribing authority</td>
<td>40%</td>
</tr>
<tr>
<td>Metric 9</td>
<td>Percentage of beneficiaries 1-17 years of age who were given a diagnosis of URI, and who had antibiotic treatment during the measurement period</td>
<td>65%</td>
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<tr>
<td>Metric</td>
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<tr>
<td>Metric 10</td>
<td>Percentage of diabetes beneficiaries who complete annual HbA1C, between 18-75 years of age</td>
<td>80%</td>
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<tr>
<td>Metric 11</td>
<td>Percentage of diabetic beneficiaries between 18-75 years of age who are on statin medication</td>
<td>45%</td>
</tr>
<tr>
<td>Metric 12</td>
<td>Percentage of beneficiaries age 18 years and older who were prescribed chronic Alprazolam (Xanax) during the measurement year</td>
<td>12%</td>
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<tr>
<td>Metric 13</td>
<td>Percentage of beneficiaries 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90mmHg) during the measurement period</td>
<td>55%</td>
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<tr>
<td>Metric 14</td>
<td>Percentage of beneficiaries 18-75 years of age with diabetes (type 1 or type 2) whose most recent HbA1C level during the measurement year was greater than 9.0% (poor control) or was missing the most recent result, or if an HbA1C test was not done during the measurement year</td>
<td>35%</td>
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<tr>
<td>Metric 15</td>
<td>Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation during the measurement period (All payer source)</td>
<td>45%</td>
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Behavioral Health and PCMH

- Mental health disorders are common (NIMH)
  - Lifetime prevalence - 46.3% for 13-18 years
  - Lifetime prevalence of “severe” disorder - 21.4%
- Insufficient supply of behavioral health services
- AAP Task Force on Mental Health recommends asking about mental health at every visit
PCMH and behavioral health

• Coordinated – PCPs and behavioral health specialists work in separate facilities
• Colocation – PCP and behavioral health specialist practice in same facility
• Integrated – behavioral health specialists operate within primary care system and are a regular part of primary care delivery

Ader et al. Pediatrics 135(5)
Co-location of behavioral health services

• More effective communication

• Warm handoffs (direct introductions)
  – Reduce stigma
  – Improve initiation of treatment

• May meet standards for team-based care, care coordination, medical neighborhood and care transition (PCMH, NCQA)
Psych TLC
(http://psychiatry.uams.edu/clinical-programs/psych-tlc/)

• Psychiatric Telehealth, Liaison, and Consults (Psych TLC) is an exceptional program that provides physicians and nurse practitioners access to child and adolescent mental health expertise. Psych TLC is a partnership between the University of Arkansas for Medical Sciences’ Psychiatric Research Institute and the Arkansas Department of Human Services Division of Behavioral Health Services.

• A child/adolescent psychiatrist is available via telephone to provide consultation to physicians such as pediatricians, family practice physicians, psychiatrists and nurse practitioners. Simply call (866) 273-3835 or (501) 526-7425 to contact the Psych TLC Call Center. The program began July 1, 2009, and operates 24 hours a day/7 days a week.

• For additional information, e-mail at PsychTLC@uams.edu.
Arkansas Chapter Spring Meeting
March 4-5 in Little Rock

March 4, 2016
9:00 am-12:00 pm
Evidence-Based Review of Early Childhood Outcomes
Lunch: Provided on site OR
carpool to ACH for Noon Conference (see below)
12:00 pm
ARAAP Hosts Noon Conference for Residents
Kick off Resident/Mentor Program-Assessing Different Kinds of Practice Environments
ACH, Cress Board Room
1:00-5:00 pm
AR EI and Evidence-Based Interventions for ASD
6:00 pm
Cocktail Reception – ARAAP members and residents
Home of Dr. Chad Rodgers & Mr. Eric McDaniel
510 North Palm

March 5, 2016 – 3rd Floor Classroom ACH
8:00-8:30 am
Registration, Breakfast
8:30-9:00 am
ARAAP Annual Business Meeting
9:00 am -12:00 pm
Healthcare Payment Reform Panel Discussion

To register for any part of the ARAAP Spring Meeting (not including the Arkansas Early Intervention Stakeholder Summit), please visit: https://www.surveymonkey.com/r/araapspringmeetingregistration and complete the online registration. If you have any questions, please email aimee.oldinghouse@yahoo.com.
What else is going on?

Open Mic- Questions/Concerns?
Feedback Form

• Please feel free to fill out Medicaid Feedback Form located on our website: http://arkansasaap.org/forms/

• Kristen can assist you with this form.
Listserv

Link to sign up for Listserv:

http://mailman.listserve.com/listmanager/listinfo/pcmhlearningcollaborative