

## **Welcome** Please take your seats. The show will begin at 10:45.

## Three Small Plays About Big Changes in the Doctor's Office

Understanding Behavioral Health Integration

**DECEMBER 7, 2017** 



## SCENE ONE COORDINATION



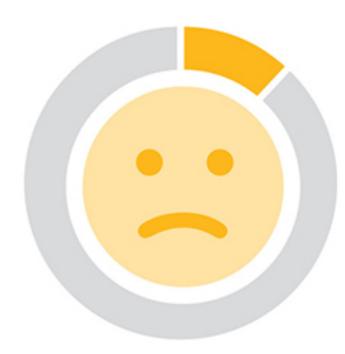
## **Scene One Discussion**

## Do you think that Samuel will visit the behavioral health provider? Why or why not?



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## **Setting The Stage**



# 1.8%

of Coloradans report poor mental health, up from 9.9 percent in 2015

Source: 2015 and 2017 Colorado Health Access Survey



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## Scene One: Coordinated Care

#### **Pros:**

- Each practice can operate autonomously
- Format is familiar to patients, physicians

#### Cons:

- Services can overlap or work against each other
- Lack of coordination can lead to missed diagnoses





SCENE TWO



## **Scene Two Discussion**

 What was different about this encounter?

## Can you identify any opportunities that would improve this patient's experience?



## **Setting the Stage**

71%

of Coloradans with at least one mental health visit saw or spoke to a general doctor about mental health.

HOT ISSUES

Source: 2017 Colorado Health Access Survey

## Scene Two: Co-Located Care

#### **Pros:**

- Allows for better coordination of care, professional relationships between providers
- Referrals are more successful due to proximity

#### Cons:

- Proximity may not lead to collaboration
- System issues may limit integration
- Limited flexibility if traditional roles are maintained





# SCENE THREE



## **Scene Three Discussion**

- What problems is this approach solving?
- What problems is this approach creating?
- What factors might influence the level of integration a practice pursues?



## **Integrated Care**

#### **Pros:**

- Collaboration can lead to improved patient outcomes and whole-person care
- System barriers are removed, which allows for better team-based care approach

#### Cons:

- System changes can be hard to accommodate
- Sustainability issues can stress a practice
- Expensive to implement





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- Barbara Martin, State Innovation Model (SIM) Director, State of Colorado
- Ashlie Brown, Director of the SIM Extension Service, CHI





State Innovation Model

**INNOVATE** 

#### INTEGRATE

TRANSFORM

December 7, 2017 Hot Issues in Health Conference

## SIM: THE WHAT





**Fund** - The Colorado State Innovation Model (SIM) is funded by the Centers for Medicare & Medicaid Services to encourage transformation of healthcare payment and delivery systems.



**Collaborate** - Colorado was the only SIM state to focus on the integration of behavioral and physical health in primary care settings with the support of public and private payers.



**Integrate** - This governor's office initiative will help 400 primary care practices and 4 community mental health centers integrate physical and behavioral health.

## THE SIM APPROACH



#### Increase access to integrated care for 80% of Coloradans

#### Payment Reform

Development and implementation of value-based payment models that incentive integration and improve quality of care.

#### Practice Transformation

Support for practices as they accept new payment models and integrate behavioral and physical healthcare.

#### Population Health

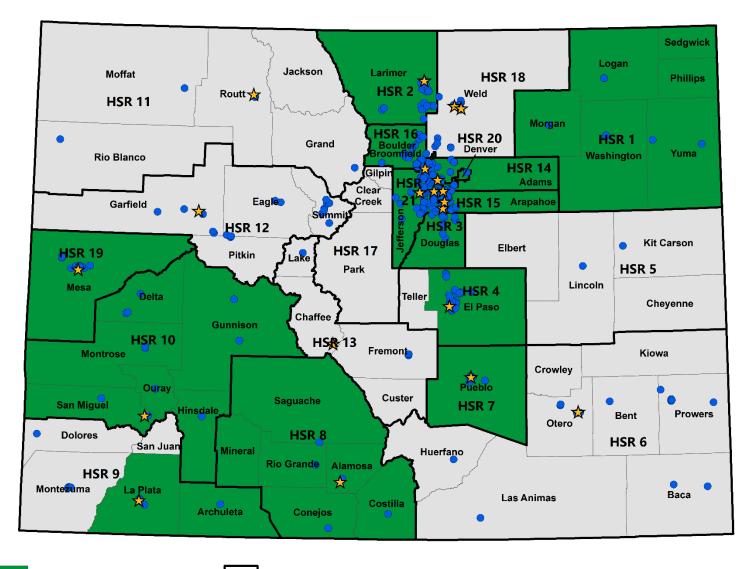
Engaging communities in prevention, education, and improving access to integrated care.

#### HIT

Secure and efficient use of technology across health and nonhealth sectors in order to advance integration and improve health.

## EXPANDING ACCESS





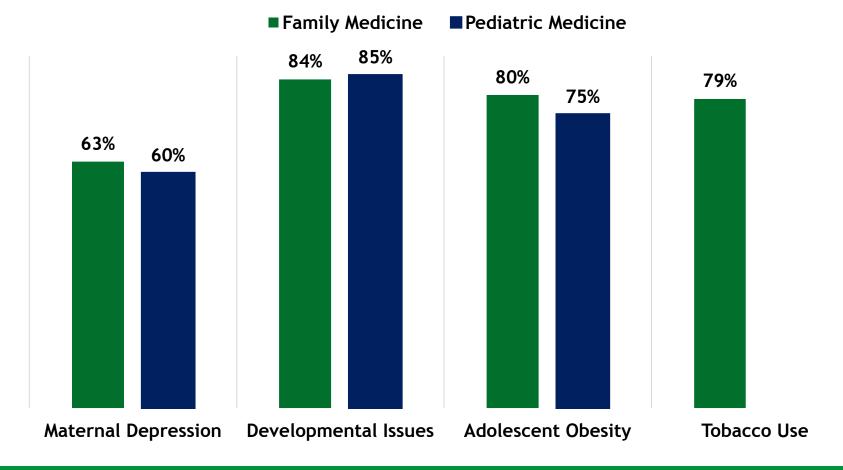
RHC Region

★ RHC Host Organizations



## BETTER HEALTH

SIM practices are screening more patients to identify and address issues early. In Q2 2017 family medicine and pediatric practices, respectively, screened:

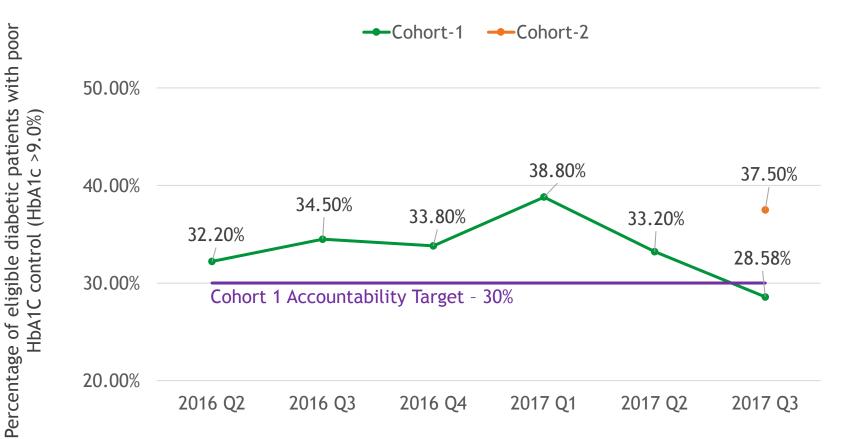


## BETTER HEALTH



#### Early progress on diabetes clinical quality measure

Change in aggregate percentage of patients with diabetes with poor HbA1c control in SIM primary care sites





One last chance to participate in SIM. Encourage practices to apply for Cohort 3.

The application is open! Release date: November 15 Deadline: January 10 Learn more: bit.ly/2yNCSxt



### THANK YOU!



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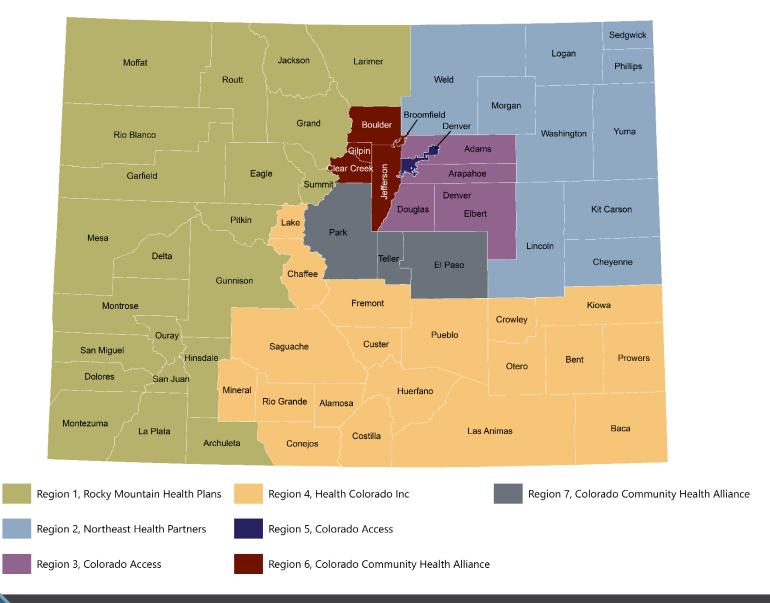


## Integration in Action: The Big Idea of Accountable Care Collaborative (ACC) Phase Two





## **Regional Accountable Entity (RAE) Regions**



**HOT** 

IN HEALTH

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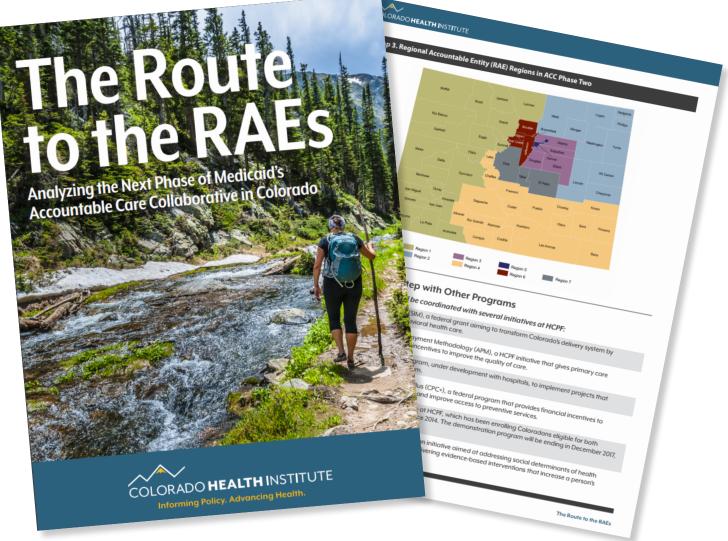
## What to Watch in 2018:

Primary care practices can be reimbursed for up to six behavioral health sessions.





## **For More Information**





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## Key Takeaways

- 1. The integration of primary care and behavioral health holds promise for improving access to care and quality.
- 2. Many factors influence the degree of integration a practice pursues.
- 3. The State Innovation Model (SIM) and Medicaid Accountable Care Collaborative are moving Colorado toward greater integration.





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