“SEEKING IMPACT BEYOND AUTHORITY: PART 2”

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Behavioral Health and Developmental Disabilities Administration
Increasing Impact on Health and Wellness: Using Technology

Technology Tools:

• Care Connect 360
• MI Health Button
• MI Health Portal
• Health Information Exchange
  • PIHP as Qualified Organization
  • CMH Provider to Physical Health Provider (Active Care Relationships)
Demographic Information and Chronic Conditions

**Care Coordination**

- **Medicaid ID:** [Redacted]
- **Name:** [Redacted]
- **Address:** [Redacted]
- **Medicaid Health Plan:** Fee For Service
- **Assigned PIHP:** Mid-State Health Network
- **Primary Care Provider:** None
- **Birth Date:** [Redacted] (64)
- **County of Residence:** SAGINAW (73)
- **Gender:** Male
- **Dual:** NO
- **Current Benefit Plans:**
  - MI Choice
  - PIHP
  - MA
  - MICHIOCEMC
- **Current BMP Assigned Providers:** None

**Last MD/DO Claim:** HUGHES JOHN (07/28/2014)

**Last Care Mgmt Visit:** SAGINAW PSYCHOLOGICAL SERVICES (05/21/2014)

**Chronic Conditions**

<table>
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<tr>
<th>Details</th>
<th>Conditions</th>
<th>Current</th>
<th>Current Count</th>
<th>History</th>
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*This is a snapshot of a person's potential conditions as of today, and an indicator of potential issues which may need further follow-up.

These conditions were selected based on their morbidity and/or mortality impact on the state of Michigan [https://www.ccdwdata.org/wsb/guo/home](https://www.ccdwdata.org/wsb/guo/home) and/or through CMS identification and analysis. The process used to define each condition involved identifying nationally recognized definitions, and reporting tools and methods (i.e. HEDIS). ICD 9 codes, NDC coding and other coding norms were used to develop algorithms to identify the possibility or likeliness of specified chronic conditions.

The information reflects and is limited to the presence or absence of paid claims submitted using the specified conditions.

This page is not intended to serve as a problem list or replace the electronic health record. As always, the best source of information is from the individual himself or herself, however, this tool allows the provider access to information for the beneficiary at a single point in time.*
### Pharmacy Claim Tab

#### Care Coordination

<table>
<thead>
<tr>
<th>Medicaid ID</th>
<th>Name</th>
<th>Birth Date</th>
<th>Chronic Conditions</th>
<th>Client Profile</th>
<th>Claims</th>
<th>Notes</th>
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</table>

#### Claim Category: RX

**From Date:** 02/08/2014  |  **To Date:** 08/08/2014

### RX Claims Data

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<tr>
<th>Prescriber</th>
<th>Drug Name</th>
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Emergency Department High Utilizers

ED Utilization for MDCH

The list below includes people who are considered high utilizers. Any person who shows up on this list has more than twelve ED related claims or encounters submitted in the past six months.

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3490 items in 175 pages
Using Care Connect 360
A Real CMH Example

There are 355 adults, 19-64 years of age identified as receiving mental health services with at least one other health condition.
Using Technology: Mobile Apps

- A mobile application available in App Store and Google Play
  - myHealthButton (myHB)

- A web portal that is browser based with a responsive layout
  - myHealthPortal (myHP)
Using Technology: Mobile Apps

“myHealthButton”-”myHealthPortal” Application Features

• Provider Search
• Demographic Data
• Other Insurance Information
  – Ability to report immediate Access to Care issues
• Health Risk Assessment
• Information on the MI 4 x 4 Plan
• Service(s) Approved for Pre-Authorization
• Correspondence
• Customized Alerts and Notifications
• Explanation of Benefits Information
• Integration with MIHIN – Peace of Mind Registry, etc.
Health Information Exchange
What is a “Use Case”

• Data sharing scenario with specific:
  – purpose
  – type of data exchanged
  – description of interactions between people/systems

• Each Use Case may have different:
  – access restrictions
  – rules for using the data
  – cost recovery fees or charges
  – technical requirements
1) Patient goes to hospital which sends message to DSO then to MiHIN
2) MiHIN checks patient-provider attribution and identifies providers
3) MiHIN retrieves contact and delivery preference for each provider from HPD
4) Notifications routed to providers based on electronic address and preferences
1) Patient discharged, hospital sends message to DSO / MiHIN
2) MiHIN checks patient-provider attribution and identifies providers
3) MiHIN retrieves contact and delivery preference for each provider from HPD
4) Medication reconciliation routed to providers based on contact info, preferences
Health Information Exchange
How We Would Get Started - CMHs

1. Confirm that CMHs want use cases (real time ADT Messages, Med Rec messages)
2. Work with CMHs to connect to Health Information Exchanges
   - Administrative Network Technology Solutions, Inc. (ANTS)
   - Great Lakes Health Connect (GLHC)
   - Ingenium
   - Jackson Community Medical Record (JCMR)
   - Michiana Health Information Network (MHIN)
   - Northern Physicians Organization (NPO)
   - PatientPing (in process of finalizing paperwork)
   - SE Michigan Health Information Exchange (SEMHIE)
   - Upper Peninsula Health Information Exchange (UPHIE)
   - Virtual Qualified Organizations - PCE, Carebridge
3. Coordinate configuration of delivery preferences in Health Provider Directory (HPD)
4. Coordinate with CMHs for patient list submission into Active Care Relationship Service (ACRS)
How We Would Get Started - PIHPs
As a health plan each PIHP can connect directly with MiHIN

Steps to move forward:
1. Confirm that PIHPs want real-time ADT Messages (use case example)
2. Decide if it makes sense for all PIHPs to work together and work with State to volume purchase services
   1. Individually → Sign Health Plan Qualified Data Sharing Organization Agreements
   2. Together → Explore State of Michigan Sponsored Organization Agreement
3. Determine best way to connect to MiHIN or not... some PIHPs may already connect to a HIE Qualified Organization
4. Coordinate with PIHPs for beneficiary lists to determine best mechanisms to route alerts from MiHIN
Increasing Impact on Health & Wellness: System Transformation Opportunities

• MI Health Link (Duals-Medicare/Medicaid)
  Regions 1, 4, 7, 9

• Blueprint (State Innovation Model)
  Portions of Prosperity Regions-To be determined

• Medicaid Behavioral Health Home (2703)
  3 Counties in State Plan Amendment (Manistee, Grand Traverse, Washtenaw)

• Jail & Prison Diversion Pilots
  Barry, Berrien, Detroit Wayne, Kalamazoo, Kent, Marquette, Monroe, Oakland, St. Joseph

• Mental Health & Wellness Initiatives
Seeking Impact Beyond Authority: New & Upcoming Opportunity

• Certified Community Behavioral Health Clinics
  – Protecting Access to Medicare Act of 2014. Section 223 of the Act Demonstration Program

• ABLE Act and Freedom to Work

• Prescription Drug & Opioid Efforts
  – Medication Assisted Treatment Guideline Adoption. Why critical:
    – 2 years for opiate addicted brain begin stabilize in treatment
    – 5 years recovery for relapse risk to drop below 15%
    – System must acknowledge relapse is natural part of the disease
    – 50-60% people with opioid dependence will require medication assisted treatment for chronic disease (similar to diabetes)
Seeking Impact Beyond Authority:
Key National Priorities

SAMHSA’s strategic plan, Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018 (Leading Change 2.0),

http://store.samhsa.gov/shin/content//PEP14-LEADCHANGE2/PEP14-LEADCHANGE2.pdf

• Prevention of Substance Abuse and Mental Illness
• Health Care and Health Systems Integration
• Trauma and Justice
• Recovery Support
• Health Information Technology
• Workforce Development
Seeking Impact Beyond Authority: Key National Priorities

Centers for Medicaid Medicare Services (CMS)

• Priority Areas
  – Covering more Americans
  – Making Americans healthier by preventing illness
  – Coordinating better care and lowering costs


Administration for Community Living- Priorities

  – US Department of Health and Human Services -Persons with Intellectual and Developmental Disabilities and Aging
  – [http://www.acl.gov/Programs/AIDD/Index.aspx](http://www.acl.gov/Programs/AIDD/Index.aspx)
Honoring The Trust: Paying Attention to What Matters

• “Numbers Matter”
  – In Home Community Based Services
    • Hours in integrated living work, worship, play settings
    • Number of real alternatives-Person Centered Planning
  – Boards and Councils (PIHP, SUD Advisory, CMH)
    • Trend of persons served SUD (pre and post CA Merger)
    • Percent dollars that reach direct service
    • Numbers certified peers & recovery coaches employed
    • Variance cost per case across CMH, region, provider
    • Prevalence (Served as Percent of Total Cap/sub-cap)
    • Percent of population in State Hospitals
    • CMH/PIHP Where Above Metrics are Outliers
Honoring The Trust: Paying Attention to What Matters

• “Conflicts Matter”
  – On Boards (CMH, PIHP, SUD Advisory, Providers)
  – In Case Management
    • “Conflict Free Case Management” (CMS)

• “Incentives Matter”
  – Payment Structures (PIHP, CMH, Provider)
    • Grants/Pre Paid-Incentive to Underserve
    • Fee For Service-Incentive to Overserve
    • Historical-Cost Based Rates-Incentive to spend to upper limit
Honoring The Trust: Paying Attention to What Matters

• “Stories Matter”
  – Consumer & Personal Stories
    • People beyond program boundaries and funding
    • Ease of access to services
  – Community Stories
    • Schools
    • Courts
    • Sheriff/Law Enforcement
    • Hospital/ Emergency Room
    • Stories told by statistics and trends
  – Provider Stories
    • CMH providers serving common region, yet dis-similar requirements for training, contracts, reviews
    • Non CMH /PIHP providers who serve common people
In Summary

Boldly seek impact beyond boundaries of program authority, taking advantage of:

Technology

System Transformation Models & Opportunities

“Honor the Trust”

Attending to critical matters such as:

Numbers, Conflicts of Interest, Stories and Incentives