BHCC Opportunities beyond VBP Contracting

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Board of Directors – Introduction and Welcome
Pre- BHCC – DSRIP

2015 - Director of Behavioral Health

Strong individual agencies

Open to change – but hesitant

Competitors to Collaborators
Agenda

• Noted DSRIP Challenges with VBP contracting
• New opportunities
• Grants secured
• Clinical Integration strategies
Grants Secured in Three Project Areas

- Transportation
- Communication and Integration
- Training and Workforce Development
Transportation - Innovation Funding Award

- Collaboration with our local DSRIP PPS – Millennium Collaborative Care
- Contract with Uber Health
- Potential Cost Savings are appealing
- Identified key metrics to focus on:
  - F/U after BH discharge 7/30 days
  - Adult 30 day readmissions
  - Potentially preventable ED visits
Communication and Behavioral Health Integration

- Innovation Funding Award with CPWNY PPS
- Goal to communicate more effectively across Behavioral Health and PCP sites
- Focus Groups with Primary Care Partners
  - Best modes of transmission
  - Key areas to share in communication
    - Change in mental health status (stable/regressing)
    - Change in medications
    - Social Determinants of Health Factors
Value Network Training Grant

Funding from Erie County Department of Mental Health

Four tracks:
- Entry Level Professional/ Clinical Supports
- Clinical
- Leadership
- Quality Improvement

One staff member per track per agency (total of 4 of spots per agency)

Potential to renew annually and train new staff each year
Clinical Integration Strategies

- Comprehensive network strategy for case management
- Marketable to MCOs
- Piloting strategies on a smaller scale
Pilot Projects

- TIP Project – focusing on Maternal/Child Health
- BHQIP Project with Amerigroup
  8 Metrics
Data Analytics and Future Vision
# Key Quality Metrics

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<thead>
<tr>
<th>Measures</th>
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<tr>
<td>Acute Hospital Utilization (HEDIS)</td>
<td>Suicide Risk-assessment</td>
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<tr>
<td>Emergency Department Utilization (HEDIS)</td>
<td>7-Day Follow-Up visit After Substance Use Disorder Inpatient Discharge (SUD-7)</td>
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<td>Plan All Cause Readmissions (HEDIS)</td>
<td>Follow up after ED Visit for Alcohol and Other Drug Abuse or Dependency- (FUA) 7 and 30 day (HEDIS)</td>
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<tr>
<td>Controlling High blood Pressure (CBP) (HEDIS)</td>
<td>Follow-Up After Hospitalization for Mental Illness for patients discharged for MH admission- (7/30 days) (HEDIS)</td>
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<td>Diabetes Screening and Monitoring for People with Schizophrenia or Bipolar Disorder (SSD, SMD, SMC) (HEDIS)</td>
<td>Initiation and Engagement of Alcohol (IET)and other drug abuse or dependency treatment (HEDIS)</td>
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<td>Depression Remission or Response for Adolescents and Adults (DRR) (HEDIS)</td>
<td>Follow-up care for children prescribed ADHD medication- Initiation Phase (ADD-i) (HEDIS)</td>
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<td>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS) (HEDIS)</td>
<td>CVD monitoring for People With Cardiovascular Disease and Schizophrenia – (SMC) (HEDIS)</td>
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<td>Adults’ Access to Preventive/Ambulatory Health Services (AAP) (HEDIS)</td>
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Contact Jeff Bowen at [jbowen@valuenetworkwny.org](mailto:jbowen@valuenetworkwny.org)
Future Vision

- Shared Electronic Health Records
- Shared Social Determinants of Health Forum
- Collaboration on resources, strategies and training
Questions?
Thank You