Texas Leadership Roundtable Task Force Principles and Recommendations for Behavioral Health, Clinical, Number of Covered lives and Operational

November 2014

Dear Colleagues,

The Roundtable is made up of a diverse collection of thought leaders from across many disciplines (see list below) that are committed to building consensus recommendations on Texas public policy for health and health care. The process has worked over the last two years to develop the principles and recommendations set out below. These recommendations will be advanced in the legislative, state agency, regulatory and market place environments. Texas Leadership Roundtables on Health Care is hosted by the Wye River Group a not for profit organization designed to provide public policy makers guidance on challenging public policy issues.

For more information contact Jon Comola email: jrcomola@wrgh.org.

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1. ***Behavioral Health task force***

Principle: Integration of Primary Care and Behavioral Health care

Recommendations:

- Recommend that the Legislature expand integrated primary medical and behavioral health care to the state funded general revenue (GR) population.
- Recommend that HHSC develop and implement Person Centered Medical Homes particularly for adults with co-morbid serious mental illness and the most severe chronic illnesses, which integrate primary medical and behavioral health care throughout the state Medicaid program.[1]

Principle: Development of a Vision and Comprehensive Strategy for Behavioral Health

***Recommendations*:**

- Recommend that a workgroup to advise the Executive Commissioner of HHSC be appointed to develop a five year vision for behavioral health care in Texas and to outline the objectives associated with implementation of this vision including the development of a comprehensive region-based planning process that focuses on the integration of primary medical care and behavioral health care in Texas. This group should be aligned with the new enterprise-wide behavioral health advisory committee described in the final version of DSHS Sunset Recommendation 2.6. This plan would, at minimum, include:
    - Embracing the findings of the Sunset Commission Staff Reports on both DSHS and HHSC as a source for plan content.
    - A focus on population-based measures that includes both behavioral health, (e.g., mental health and substance use disorders, social support services, to include housing, transportation, employment) and primary health care, (e.g., diabetes, obesity).
    - The plan should consider the RHP regional concept established through the Medicaid 1115 waiver as the basis for identifying regions. Consistent with the comprehensive review of behavioral health performance metrics described in the final version of DSHS Sunset Recommendation 2.3, it should also consider identifying standardized measures to be applied in each

  - regional plan that can support a uniform picture of the quality of care across the entire state. It should also be capable of serving as the basis for continually updating the waiver-required needs assessment that is used to measure improvements in the regional health care delivery system.

- Recommend that the report developed by the advisory workgroup not only go the Executive Commissioner of HHSC but also be provided to the Legislature and the Governor's Office. Consistent with the final version of DSHS Sunset Recommendation 2.6, the Executive Commissioner should provide the workgroup with a written response to the formal recommendations adopted by the workgroup.

- Recommend that the advisory workgroup also provide in its report recommendations on an organizational structure within the HHSC umbrella of agencies that would be appropriate to the successful implementation of the five year vision.

- Recommend that the report identify in its five-year vision a strategy to include the funding and organizational structure for integrating behavioral health services into the primary care Medicaid program throughout the entire state so as to make available to all Texans the same standard of quality health care that is envisioned in the 83rd Legislature's SB58.

Principle: Funding of Public Behavioral Health Care across Texas

Recommendations

- Recommend that the Legislature fund mental health services at a level to ensure that all Texans with serious mental illness have access to appropriate treatments, services, medications and therapies.
- HHSC should evaluate the feasibility of developing a methodology for identifying the behavioral health needs of Texas communities.
- Include in this methodology a measure of equity across communities that focus on a more equitable factors such as risk-adjusted population or ideally, a uniform standard of behavioral health care being made available to all Texans.

- Consider the potential for including this assessment in the RHP planning process (see recommendations for the *Principle: Development of a Vision and Comprehensive Strategy for Behavioral Health*).
- Recommend a rider to the Appropriations Bill to develop a shared savings model between HHSC, a hospital district and a community mental health center to develop a methodology for implementing this innovative payment reform project

Principle: Mental Health Workforce Shortage

Recommendations

- Recommend expanding graduate education programs for behavioral health professionals, including psychiatry, psychology, social work, counseling and nursing.
- Recommend expanding Texas' promotion of, and investment in the certification of peer support specialists.
- Recommend providing competitive reimbursement rates for mental health services to increase the number of professionals who accept Medicaid patients. This is especially important in light of the competition for professionals created by the expansion of insurance under ACA.
- Recommend the development of tele-health opportunities in multiple mental health provider categories to increase capacity.

2. **Clinical Health task force:**

Principle: Move health care systems from volume to value by ensuring that efficiencies in the delivery of healthcare are driven by improvements in clinical and operational quality

Recommendations:

- Develop a definitive plan to transition away from fee-for-service as a payment method in healthcare. Instead, move deliberately toward paying healthcare providers and practitioners for outcomes. This would include implementation of broad-based and provider-led population health management with different delivery reimbursement models. These models include for example: risk adjusted capitation, bundled payments, and Accountable Care Organization (ACO) payment models that seek to purchase value. There should be monitoring to ensure that new payment models do not further disadvantage vulnerable populations.
- Conduct impact and feasibility studies on different approaches to financing healthcare coverage, such as federal legislation and Medicaid block grants.
- Expand healthcare access by using the entire spectrum of healthcare practitioners at their highest training capacity. For example, using interprofessional teams of Physicians, Physician Assistants, Nurse Practitioners and other licensed/credentialed community health workers provides for improved access at the point of need, potentially diminishing the utilization of the Emergency Department for truly non-urgent, non-emergent conditions.
- Utilize evidence-based methods to determine coverage for new/emerging technologies, services, and pharmaceuticals.
- Historically, behavioral and physical health have been segmented into different delivery and funding mechanisms. In order to ensure timely, efficient, and effective care; improve health outcomes; and significantly lower healthcare costs, behavioral healthcare must be integrated into the medical delivery system.
- Give priority to healthcare initiatives that have a higher number of touch points, so that the patient's condition can be accurately monitored, ultimately preventing unnecessary hospitalization.

3. <u>Number of Covered Lives task force:</u>

Principle: Ensure that individuals, whether insured or uninsured, have access to and are connected to care. Ongoing development of provider capacity and delivery system innovation is important for addressing health care needs and challenges.

Recommendations:

A. Increase primary care capacity by:

- Creating primary care residency positions to match the number of Texas medical school graduates that will enter that respective field.
- Restoring funding for the Physician Education Loan Repayment Program, for physicians that agree to practice in health profession shortage areas. Also restore funding for Family Practice Residency Programs and the Texas Statewide Family Medicine Preceptorship Program.
- Developing public-private partnerships in order to increase general medical education slots.
- Strengthening the primary care infrastructure with nurse practitioners and physician assistants, who practice in association with physicians. Some of Texas' innovative models for scaling up the primary care infrastructure include school-based health clinics and convenient-care clinics.

B. Decrease fragmentation in service delivery and program funding. Consolidate funding for public health coverage in order to decrease funding fragmentation.
C. Pilot innovative payment strategies to incentivize integration of care within and across provider organizations for episodes of care, as opposed to incentivizing greater volumes of services.
D. Increase the utilization of patient-centered medical homes. Pilot innovative payment strategies to incentivize the creation and maintenance of patient-centered medical homes.
E. Strategically target high healthcare utilizing patients for intervention and closer management.

4. ***Operational task force:***

Principle: Healthcare organizations need to integrate the components of their business infrastructure and the transparency of their business practices not only to improve the quality of healthcare but also to respond to "consumer" needs for making effective choices.

Recommendations:

- Healthcare providers and practitioners need to use digital systems that accurately capture patient care and use unified standards in order to promote interoperability. In order to promote continuity of care, a core body of information about each patient needs to be shared with each site providing healthcare services. Improving regulations for collecting and using clinical data will enhance care coordination and management while ensuring patient privacy.
- Price transparency combined with co-payments at the point of service based on whether the service is elective or fundamental primary care can help drive a change in consumer behavior. Payment at point of service, if not well designed, can unintentionally drive negative behavior, such as not accessing care when it is needed.
- Benefit plans and what a person pays should be designed based on the type of care provided, including effective care, preference sensitive care, and supply sensitive care.
    - Effective care includes services of proven value, that are backed by a strong scientific evidence of efficacy and the benefit outweighs the risk (E.g. Beta blockers for heart attack patients, immunizations, and diabetes management).
    - Preference sensitive care includes treatments for conditions where legitimate treatment options exist and involve significant tradeoffs among different possible outcomes of each treatment (E.g. Surgical treatment for low back pain). The alternative treatments have not been adequately evaluated through rigorous scientific studies. Decisions about these interventions should reflect patients' personal values and preferences. Shared decision-making and informed patient choice would determine the selected course of action.
    - Supply sensitive care include services where the supply of a specific resource has a major influence on utilization rates (E.g. Regions with more hospital beds per capita are more likely to admit patients into the hospital). The frequency of use is not determined by scientific evidence, but by differences in local capacity and payment systems.

5. TLR Dialogue Participants (past and current list)

- Steve Abshier, CIO, Outreach Health Services, Inc.
- Steve Antunes, Wellness Program Director, San Antonio Medical Foundation
- Holly Arbuckle, Project Manager, Outreach Health Services Inc.
- Joel Ballew, Texas Health Resources
- Nora Belcher, Executive Director, Texas E-Health Alliance
- Richard Branson, The Physician Assistant Political Alliance
- Leslie Carruth, The University of Texas System
- Hilary Carter, Director, Advocacy and Government Affairs, Otsuka Pharmaceutical Companies
- Bill Callegari, Texas House of Representatives
- Mark Chassay, Deputy Executive Commissioner for the Office of Health Policy and Clinical Services, HHSC
- Pam Coleman, Former Senior Vice President for Government Programs, INSPIRIS
- Jon Comola, CEO, Wye River Group, jrcomola@wrgh.org
- Emily Cook, Vice President, Government Markets, Healthways
- Monica Crowley, Senior Director of Strategic Communication and Policy, Lone Star Circle of Care
- Denise Davis, Former Chief of Staff, Speakers Office
- Jennifer Deegan, Senior Health and Human Services Advisor to Speaker Joe Straus
- Darnell Dent, President and Chief Executive Officer, FirstCare Health Plans
- Suzanne Duda, Director, Strategic and Government Relations, Healthways

- Jamie Dudensing, Former Senior Policy Analyst, Texas Health and Human Services, Office of the Lieutenant Governor of Texas
- Tamarah Duperval-Brownlee, Chief Executive and Chief Medical Officer for Clinical Services, Lone Star Circle of Care
- Allan Einboden, Former CEO, Scott and White Health Plan
- Donna Erwin, Director, Mental Health Advocacy and Policy, Otsuka Pharmaceutical Companies
- Angela Evans, Clinical Professor of the Practice of Public Policy and former Deputy Director of the Congressional Research Service
- Leon Evans, President and CEO, The Center for Health Care Services
- Kay Ghahremani, Deputy Medicaid Director for Policy and Development, HHSC
- Bill Gold, Senior Vice President, Strategic Alliances, Healthways
- Don Green, Chief Financial Officer, Teacher Retirement System of Texas
- Senator Hegar, former Sunset Commission Chairman, Vice Chair Nominations Committee
- Don Hall, Delta Sigma, LLC
- Harry Holmes harry.holmes@sbcglobal.net
- Jamie Huysman, Vice President of Provider Relations and Government Affairs, WellMed Medical Management
- Ken Janda, President and CEO, Community Health Choice, Inc.
- Greg Jensen, Lone Star Circle of Care, Senior Administrative Officer
- Lee Johnson, Deputy Director, Texas Council of Community Centers
- Bob Kamm
- Andrew Keller, Meadows Foundation
- Lisa Kirsch, Medicaid/CHIP Deputy Director for Healthcare Transformation Waiver Operations and Cost Containment, Texas Health and Human Services Commission
- Pete Koch, Vice President, Field Operations, Optum

- Lois Kolkhorst, Texas House of Representatives
- Laura Lawlor, Senior Advisor at Leavitt Partners, former Deputy Chief of Staff and Counselor to the Secretary of the U.S. Department of Health and Human Services (HHS), former Special Assistant to the President and Director of Cabinet Affairs in the White House
- Jesse Lewis, Associate Director, State Government Affairs, Bristol-Meyers Squibb
- Travis Lucas, Attorney & Counselor, Madison Policy Group
- Sharen Ludher, Policy Analyst, Senate Committee on Health and Human Services
- Octavio N. Martinez Jr. ED Hog Foundation
- Dana Merry, Fellow, Wye River Group
- Maureen Milligan, Deputy Medicaid Director for Quality and Cost Containment
- Patricia Montoya, Project Director, Albuquerque Coalition for Healthcare Quality
- Senator Nelson, Chairman Health and Human Services Committee
- Scott Nicklebur, CMO/COO Medicaid, Scott and White Health Plan
- Deb Norris, Director of Research, Wye River Group
- Jeana O'Brien, CMIO, Scott & White Healthcare
- Mike O'Grady, former DHHS Assistant Secretary for Planning and Evaluation, former Senior Health Advisor to US Senate Finance Committee
- Brian Partin, Assistant CEO, Outreach Health Services
- Mary Dale Peterson, CEO, Driscoll Children's Health Plan
- Bill Rasco, Member Relations Consultant, American Hospital Association
- Jerry Reeves, Principal, Health Innovations LLC and WellPORTAL LLC

- Olga Rodriguez, Former Director for the Office of Priority Initiatives, Department of State Health Services
- James Rohack, Director, Scott & White Center for Healthcare Policy
- Tim Schauer, Cornerstone Government Affairs
- Ken Shine, The University of Texas System
- Carole Smith, Executive Director, Private Providers Association of Texas
- Scott Stegall, The Physician Assistant Political Alliance
- David Sundwall, Vice Chair- MACPAC and Professor of Public Health at the University of Utah School of Medicine
- David Tesmer, Senior Vice President, Community Enagement and Advocacy, Texas Health Resources
- John Theiss, Consultant
- Joe Vesowate, Former Deputy Director, Texas Medicaid and CHIP Programs at Texas Health and Human Services Commission
- Tammy Ward, Associate, Locke and Lord LLP
- Bob Watkins, Cook Children's Health Plan
- Jon Weizenbaum, Deputy Commissioner, Texas Department of Aging and Disability Service
- Marinan Williams, CEO Scott and White Health Plan
- Jessica Zesch, Project Manager, Wye River Group