

# Payment Innovation

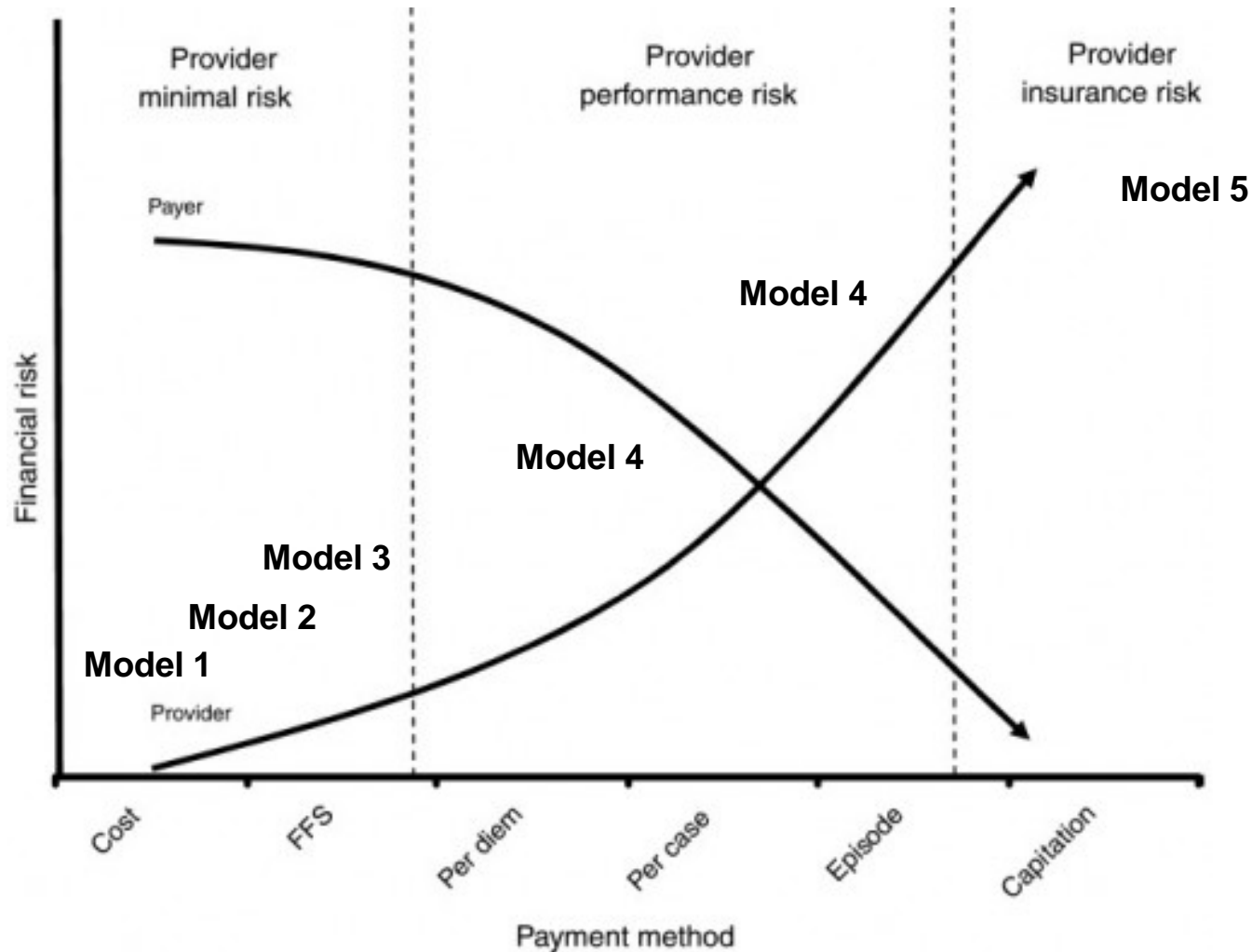


# What Payers What

- Lower Costs (Utilization)
- Better Care (Quality)
- Both only pay if
  - Savings Occur
  - Quality meets explicit measured results
- Predictability
- Integration with BH (but don't know what that is)
- Social Determinants addressed (but don't know how to)
- You (and everyone else) to Share Their Risk

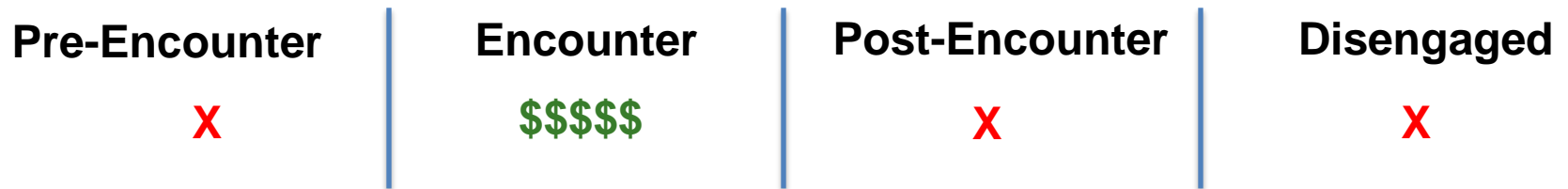


# A Quick Overview of Assumption of Risk Models

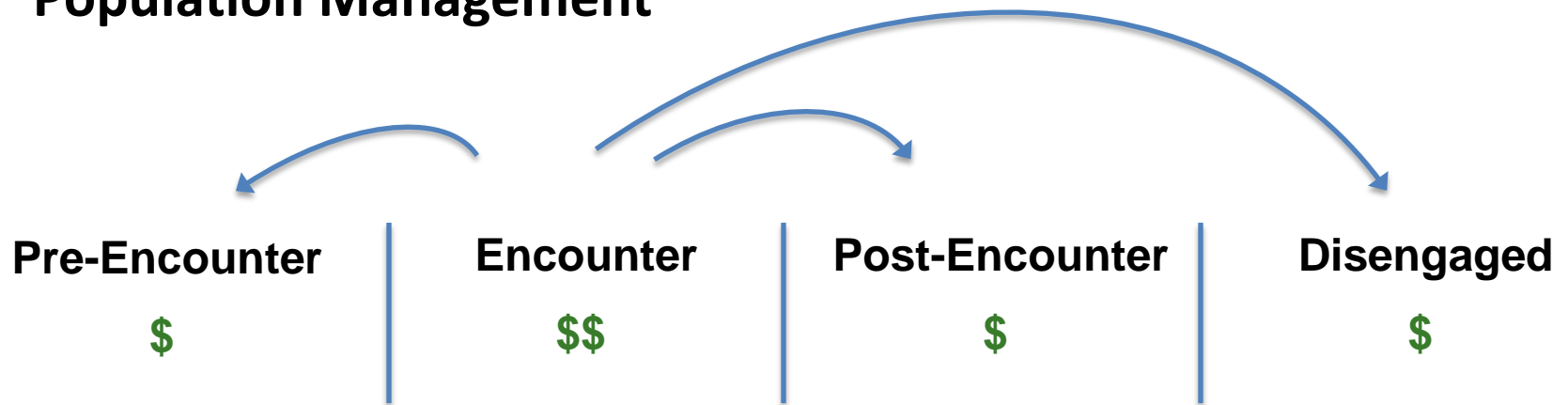


# ...from encounters...to ongoing management

## Fee-For-Service



## Population Management



# Types of Bundled Payment

- Case Rate
- Diagnostic Related Groups (a type of case rate)
- Episode of Care
- Prospective payment
- Capitation
- **May or May Not Include**
  - Performance bonus or penalty
  - Shared Savings



# Issue – What is the Baseline?

- Options
  - Same patients Pre/Post
  - Compared to a control group
  - How long is the base period
- What Services/Costs are In/Out?
- On Performance Measures
  - What/whose data is used
  - What diagnosis, persons, procedures are excluded?



# New Costs to Cover

- Software for Disease Registry/Care Management
- Data field mapping from your EMR
- Data analyst/Report Developer
- Data Entry
- Cost Reporting/Accounting
- Primary Care Expertise
- Training, Training, **TRAINING!!!**



# What Will can Payers Do to Help Providers Succeed?

- Provide Data
  - Claims
  - Notification of Admission/ER visit
- Provide Training
- Help Communicate with other Providers
- Help Communicate with Patients
- Allow input into Decisions
  - Prior authorization
  - Admit/Discharge/LOS
  - Medication PAs





# Require LOCUS/CALOCUS

- 7 levels of Care
- Scores for
  - Co-Morbidities
  - Prior Response to Treatment/ Resilience
  - Supportiveness of Environment
  - Stressfulness of Environment
  - Engagement of Patient and Family
- Defined Staffing Levels
- Contracts should require provision of at least the level scored

10540 White Rock Road, #280  
Aurora, Colorado, USA 80010



# HIPAA and 42 CFR part 2

- Payer should put their operation definition of how to comply in MCO and provider contracts
- SMHA, Medicaid and contracted MCO's should put broad boiler plate consent to share PHI in their initial consent to coverage
- Payers should encourage/require providers to put consent to share PHI with other providers in their initial consent to coverage



# Rate Parity

- 70% of National Council Members report losing money on psychiatric services and having to make an average 15% more in other service lines to cover the loss
- Hospitals report closing or not opening inpatient units because BH is less profitable
- Payers must set rates consistent with the actual cost of providing the services



# BH Advantages

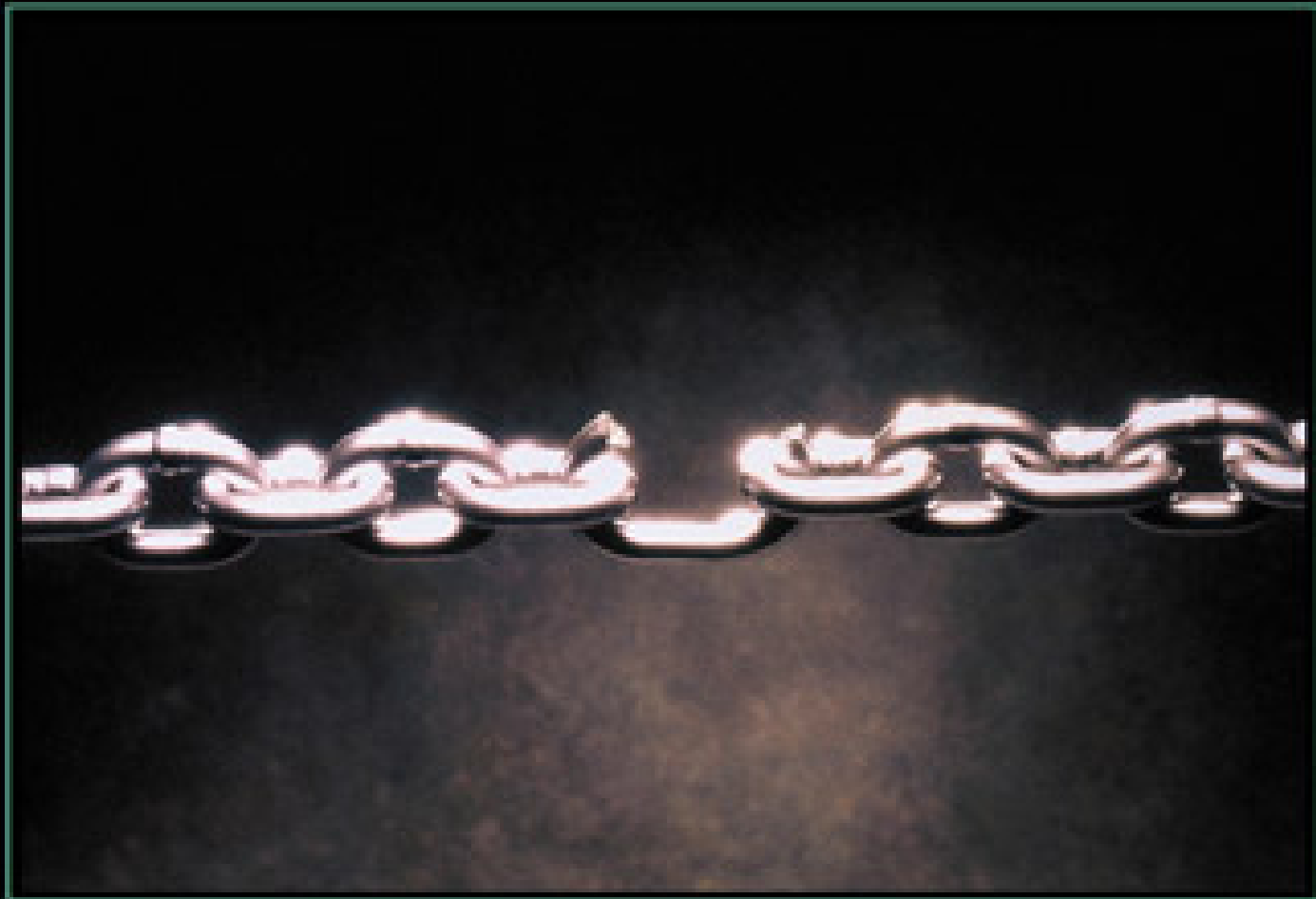
- Higher Cost/Utilization Patients have more opportunities for improving and cost savings
- More Comfortable working outside of Clinic/in Community
- Ability to maintain engagement with people others don't understand and can't tolerate
- Actually know what Social Determinates of Health are and how to impact them
- Motivational Interviewing
- Lower unit cost for personal interactions



# What BH Needs to Succeed

- Get Realistic about HIPAA and 42CFR part 2
- Learn to use data to manage
- Keep using the Personal Relationship
- Learn about chronic disease and Medical Care
- Be Culturally Competent (with the rest of Health care Providers)
- Act like competent confident experts
- Lead by Partnership





# DYSFUNCTION

THE ONLY CONSISTENT FEATURE OF ALL OF YOUR DISSATISFYING RELATIONSHIPS IS YOU.

S.M.R. Covey, The Speed of Trust

## Behaviors that Promote Trust

### > Character

- Talk Straight
- Demonstrate Respect
- Create Transparency
- Right Wrongs
- Show Loyalty

### > Competence

- Deliver Results
- Get Better
- Confront Reality
- Clarify Expectations
- Practice Accountability

### > Character & Competence

- Listen First
- Keep Commitments
- Extend Trust



# Partnership Principles

## DON'T

- Talk about your need first
- Expect to get something
- Limit assistance to a project
- Make it about this deal
- Push a specific position
- Withhold information
- Let them take their lumps

## DO

- Ask about their needs first
- Give something
- Assist wherever you can
- Make it about the next 10
- Pursue common interest
- Reveal anything helpful
- Take one for the team





# High Impact Performance Indicators

- Medication Adherence
- Keeping PCP appointments
- Follow up after discharge
- Asthma
  - Being on inhaled corticosteroid
  - Adherence to inhaled corticosteroid
- Medication Assisted Treatment for SUDs



# Putting It All Together

- Data identify treatment and prevention opportunities
- Training implements new evidence-based interventions
- Personal interaction is the true change agent
- Data analytics identify the dose response curve of personal interaction required
- Training allows use of a lower-cost FTE to produce an effective personal interaction





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# CHANGE

WHEN THE WINDS OF CHANGE BLOW HARD ENOUGH,  
THE MOST TRIVIAL OF THINGS CAN TURN INTO DEADLY PROJECTILES.

