

CMS 2024
**Quality
Conference**
Resilient and Ready Together

Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Behavioral Health Integration

Listening Session

April 8, 2024



COMMUNITIES

FAMILIES



INDIVIDUALS



RESILIENT



READY



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Environment for Quality
Healthcare for Individuals,
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CMS Behavioral Health Strategy

Dr. Shari Ling, MD MPH

Center for Medicare & Medicaid Services

April 08, 2024

CMS Behavioral Health Strategy



CMS Strategic Pillars

ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system



EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process



DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care



PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



FOSTER EXCELLENCE

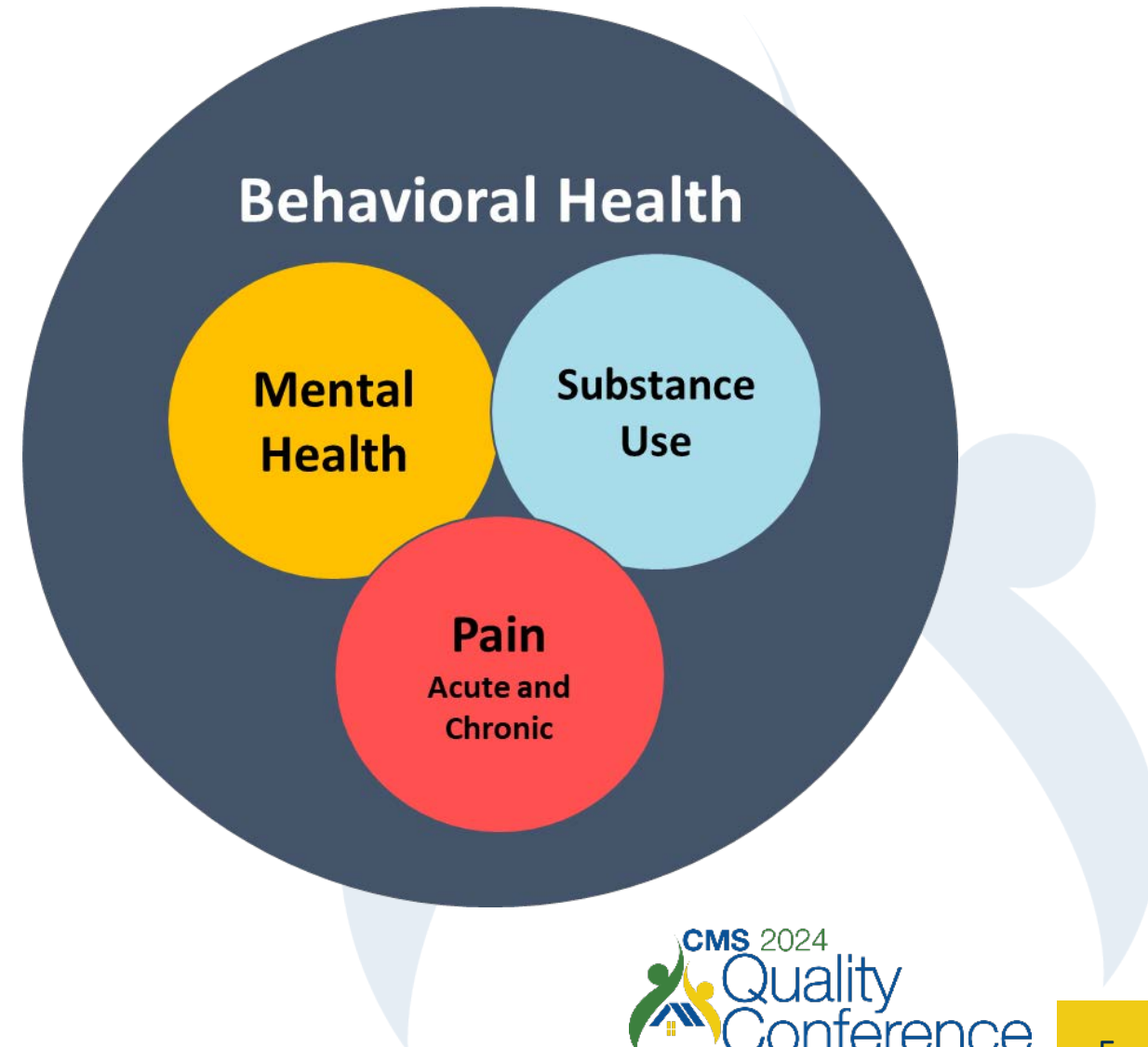
Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations



CMS Definition of Behavioral Health

The CMS Behavioral Health Strategy focuses on three key areas: 1) substance use disorders prevention, treatment and recovery services, 2) ensuring effective pain treatment and management, and 3) improving mental health care and services.

These areas are aligned with CMS's overall focus on four health outcomes-based domains: *coverage and access to care, quality of care, equity and engagement, and data and analytics*. Our vision is for all the people we serve to get access to person-centered, timely, and affordable care.



BH Strategy Mission & Vision

Mission

To ensure that high quality behavioral health services and supports are accessible to beneficiaries and consumers.

Vision

Beneficiaries and consumers with behavioral health needs have access to person-centered, timely, affordable care that enables optimal health and wellness.

Check-out the updated website here: <https://www.cms.gov/cms-behavioral-health-strategy>

BH Strategy Action Plan Domains

I. Coverage and Access to Care	II. Quality of Care	III. Equity and Engagement	IV. Data and Analytics
<p>Ensure coverage of and access to BH providers and services across the full continuum of care, including the full scope of provider types and settings of care, with parity to physical health for all age groups and geographies</p>	<p>Measure quality, including safety and efficiency of care delivery, to drive quality improvement and inform the development and dissemination of quality improvement resources</p>	<p>Create coverage and care pathways that center health equity and engage individuals from historically marginalized communities in integrated, person-centered care</p>	<p>Aggregate and analyze data to identify disparities in behavioral health care and outcomes by demographic factors and across CMS programs to drive policy and operational changes</p>

CMS Behavioral Health Strategy Website

[CMS Behavioral Health Strategy Website](#)

[CMS Behavioral Health Fact Sheet](#)

Behavioral Health is a cross cutting initiative under the [CMS Strategic Plan](#).

CMS Behavioral Health Strategy



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CMS's behavioral health priorities advance the [HHS Roadmap for Behavioral Health Integration](#), the [HHS Overdose Prevention Strategy](#), and the [HHS Pain Management Task Force Report](#).

Behavioral Health Cross Cutting Initiative

CMS has 12 cross-cutting initiatives as part of the [CMS Strategy \(PDF\)](#), including behavioral health. The Behavioral Health Cross-Cutting Initiative investments and outcomes are described in this [Fact Sheet](#).



Framing for today's Listening Session

Behavioral Health Integration Themes



Team Based Care

Attendees highlighted the role of integrated care in linking community and clinical factors, providing a biopsychosocial view of the individual and distributing workload.



Workforce Training, Education & Culture

Attendees noted standardized training, education and experience requirements for BHI. They also highlighted the role of organization leadership in building BHI culture.



Community & Social Needs

Coordination between providers, community organizations, and federal agencies was a key topic. Attendees highlighted how coordination improves a person's care experience and aligns care teams on common terms, definitions, and measures of success.



Funding & Reimbursement

Attendees discussed payment model promising practices including state/federal programs with expanded BHI funding to engage community partners and care navigators.



Infrastructure, IT & Data Sharing

Data sharing across disciplines and care teams was cited as necessary to coordinate hand-offs and ensure continuity of care. Digital tools, such as telehealth and mobile apps, were also discussed.



Behavioral Health and Health Information Technology

Michael A Wittie, MPH

Federal and State, Tribal, Local and Territorial Division

Office of Policy, ONC

April 08, 2024

Opportunities in a Digital Health System



**Empowering
Patients**



**Moving to
Value-Based Care**



**Advancing
Interoperability**



**Promoting
New Technologies**



**Reducing Regulatory and
Administrative Burden**



**Protecting Privacy of
Health Information**



**Securing Health
Information**

TEFCA Exchange Purposes

- **The Exchange Purpose identifies the reason for which information could be requested or shared through QHIN-to-QHIN exchange**
- **Only these six Exchange Purposes are currently authorized under the Common Agreement.**
- **Additional Exchange Purposes may be added over time**

Permitted Exchange Purposes



Treatment



Payment



Health Care Operations



Public Health



Government Benefits Determination



Individual Access Services

For more detail on the benefits of TEFCA, see factsheets at: <https://rce.sequoiaproject.org/tefca-and-rce-resources/>

United States Core Data for Interoperability (USCDI) Core Principles



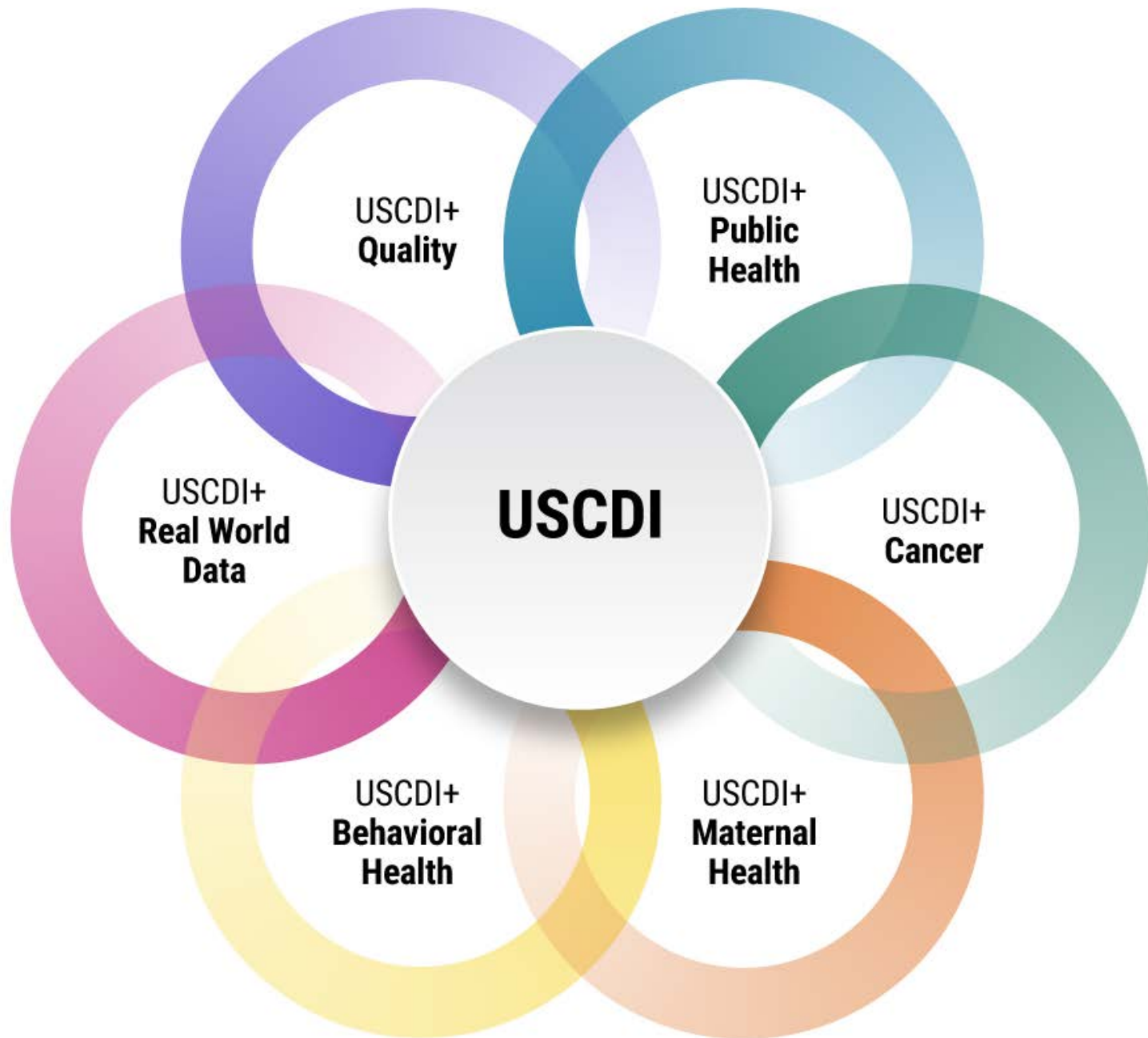
Comprises a core set of data needed to support patient care and facilitate patient access using health IT

Establishes a consistent baseline of data for other use cases

Expands over time via a predictable, transparent, and collaborative **public** process



- Required for application programming interface (API) to access patient data, using FHIR® US Core, and other criteria in the ONC Health IT Certification Program.
- Defines required data for other uses, such as CMS Patient Access API and Payer-to-Payer API



USCDI+: Extending Beyond the USCDI

Behavioral Health Information Technology (BHIT) Initiative



Collaboration: SAMHSA and ONC are working together to identify and pilot a set of behavioral health-specific data elements with SAMHSA's Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) and Community Mental Health Services Block Grant (MHBG) grantees.



USCDI+: The data elements will be coordinated via a new USCDI+ domain for behavioral health to improve the effectiveness and reduce the costs of data capture, use, and exchange for behavioral health providers.



Resources for BHIT: ONC will develop a behavioral health information resource to support behavioral health care and integrated practice settings for HHS grantees and the public. The informational resource will support those who wish to use USCDI+ behavioral health data elements by providing specific details helpful for implementation.

Learn more from the ONC Blog:

<https://www.healthit.gov/buzz-blog/behavioral-health/samhsa-and-onc-launch-the-behavioral-health-information-technology-initiative>



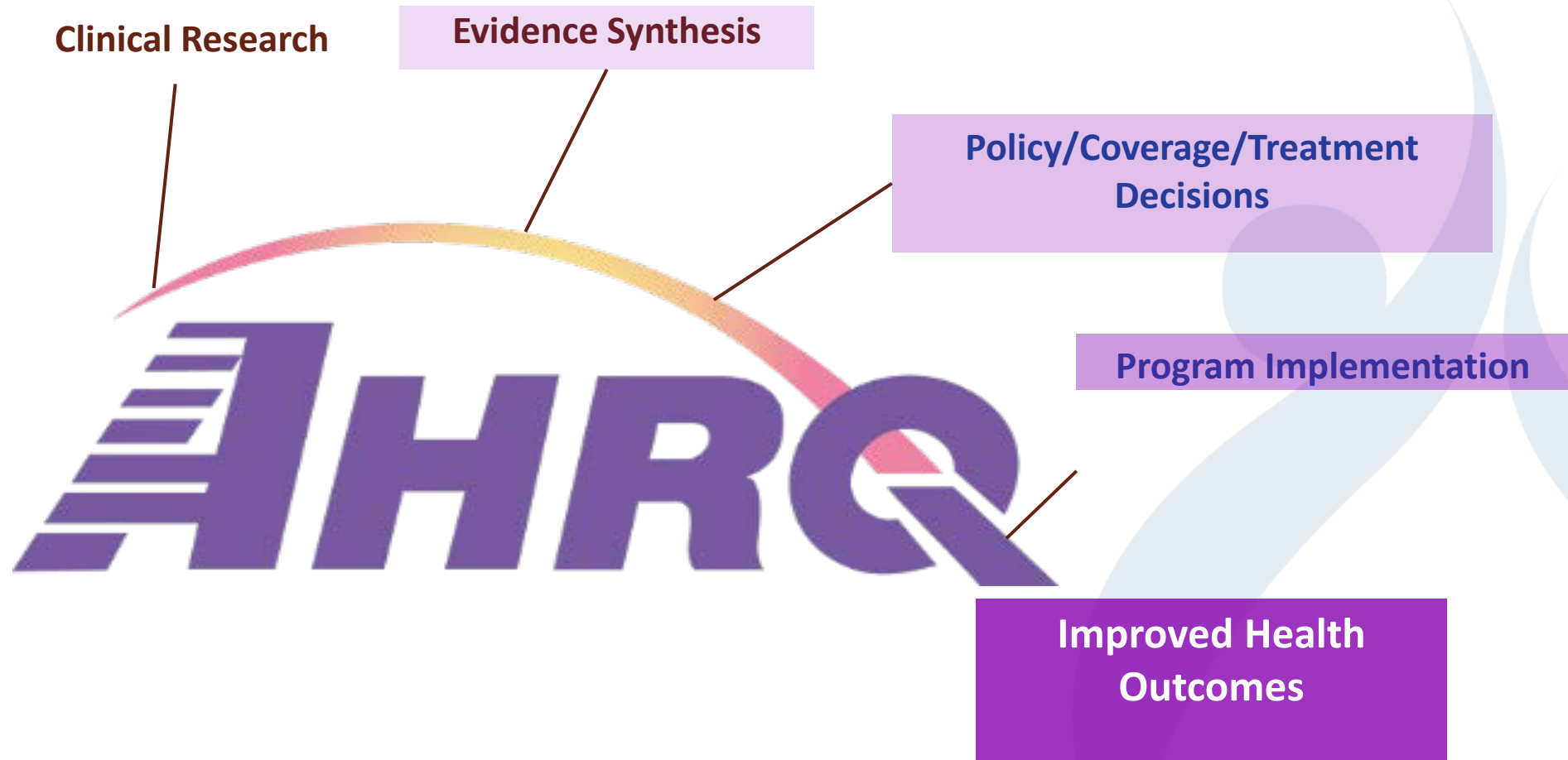
Integration Academy at AHRQ

Dr. Elisabeth Kato

Agency for Healthcare Research and Quality (AHRQ)

April 08, 2024

Moving evidence into practice





The Academy

Integrating Behavioral Health & Primary Care



New "Innovation in Behavioral Health Model" Opportunity from CMS

Low-Threshold Treatment for Opioid Use Disorder in Primary Care

Usefulness of Behavioral Health Apps in Primary Care

Health Equity and Behavioral Health Integration

Pregnant and Postpartum Women and Behavioral Health Integration

Providing External Support for Primary Care





Behavioral Health Integration

Dr. Karran Phillips

Substance Abuse and Mental Health Services Administration (SAMHSA)

April 08, 2024

SAMHSA Resources – Programs

Technical Assistance

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

<https://www.samhsa.gov/national-coe-integrated-health-solutions>



<https://www.samhsa.gov/gains-center>

Grants (<https://www.samhsa.gov/grants>)

- Promoting the Integration of Primary and Behavioral Health Care
- Treatment for Individuals Experiencing Homelessness
- Projects for Assistance in Transitioning from Homelessness
- Grants for the Benefit of Homeless Individuals
- Assertive Community Treatment Grants
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Adult Treatment Drug Court
- Adult Reentry Program
- Minority AIDS Initiative

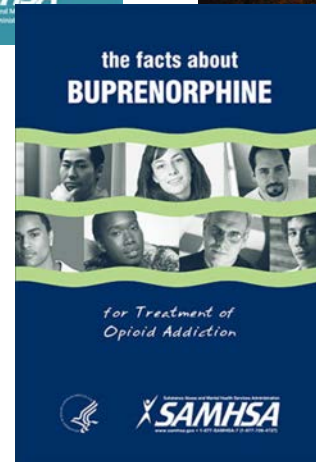
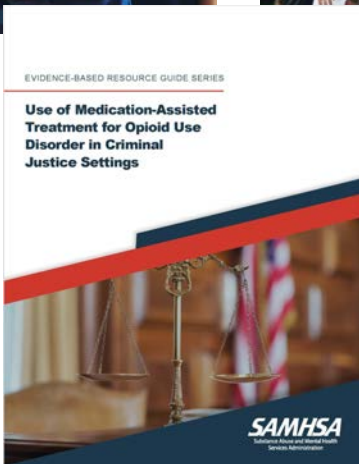
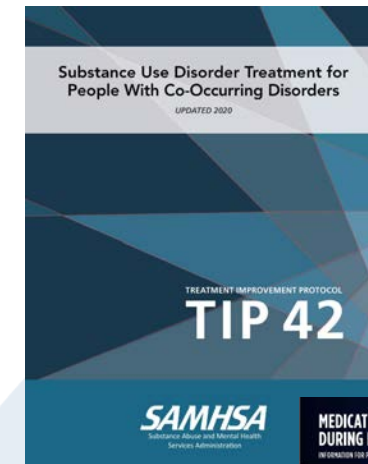
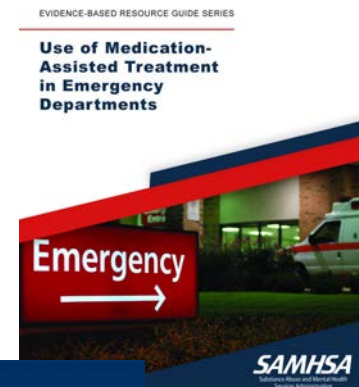
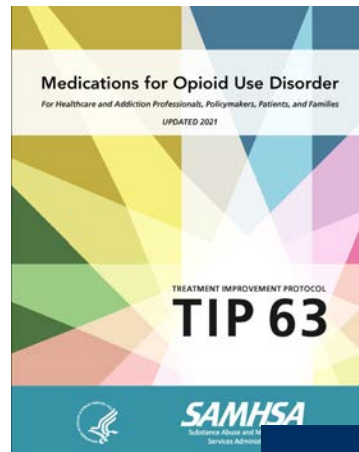
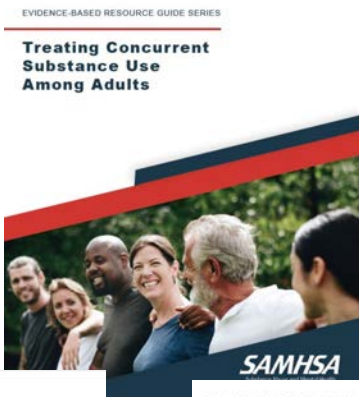
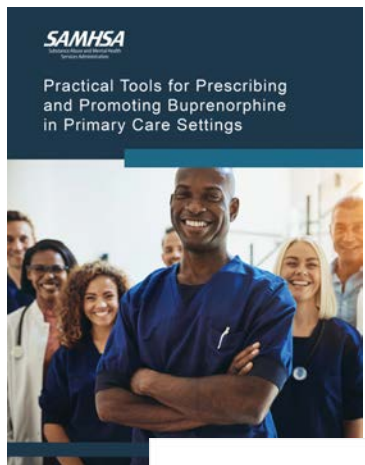
**Certified
Community
Behavioral
Health Clinics
(CCBHCs)**



SAMHSA Resources - Publications

www.samhsa.gov/resource-search/ebp

The SAMHSA Evidence-Based Practice Resource Center (EBRC) contains resources for a range of audiences related to best practices for the treatment of OUD/SUDs and integration of SUD treatment into a variety of settings





Innovation in Behavioral Health (IBH) Model

Rebecca Vanamburg

Center for Medicare & Medicaid Innovation (CMMI)

April 08, 2024

IBH Model Overview

Improve Quality and Outcomes for Patients

IBH aims to **improve the quality of care and health outcomes for adults with moderate to severe behavioral health (BH) conditions**, including mental health conditions and/or substance use disorders (SUDs).



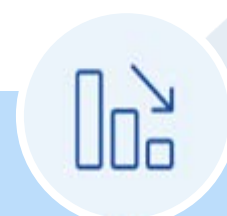
Enhanced quality and delivery of whole person care



Increased access to BH, PH, and HRSN services



Improved health and equity outcomes



Fewer avoidable emergency department and inpatient visits



Strengthened health IT systems capacity

Support Community-Based BH Providers

The model supports community-based BH practices to provide **person-centered care in a BH setting**. BH providers will work as part of a **care management team**, coordinating with other providers to best serve beneficiaries.

Enable Whole-Person Care For Patients

The care management team will address **behavioral and physical health (PH) issues as well as health-related social needs (HRSNs)**, non-medical issues that could adversely affect a person's health, such as housing and food insecurity.

Intended Outcomes

IBH Model: Participant and Beneficiary Eligibility



States

CMS will select **up to eight states**, the District of Columbia, or U.S. territories, to participate through cooperative agreements. Interested states must apply through a Notice of Funding Opportunity (NOFO).

Practice participants in selected states will be eligible to participate in both the Medicaid and Medicare payment models.



Practice Participants

Practice participants **must be community-based BH organizations**, examples include:

- Community Mental Health Centers
- Opioid treatment programs
- Certified Community Behavioral Health Clinic
- Safety net providers
- Public or private practices, where individuals can receive outpatient mental health and/or SUD service



Beneficiaries

Adults enrolled in **Medicaid and/or Medicare** who are experiencing behavioral health conditions and receiving care from a participating practice.

IBH Model: Whole-Person Care



Care Integration

What care is received?

- Screening and assessment for BH and PH needs as well as HRSNs
- Person-centered planning and treatment of BH and PH conditions and/or close-loop referral to PH care
- Monitoring of BH conditions and certain PH conditions
- Care plan adjustments if outcomes are not improving



Care Management

Who provides care?

- Interprofessional team-based care: Develop care teams that reflect the needs of the service population, and include the beneficiary, PH expertise, and care management staff
- Ongoing care management: Monitor person-centered planning goals, treatment, and outcomes; coordinate beneficiary needs related to BH and PH conditions and HRSNs



Health Equity

How is equitable care supported?

- Screen, refer, and follow-up for HRSNs; collaborate with HRSN partners
- Complete population needs assessment and develop a health equity plan

IBH Model: Payment Support

State Medicaid Role

- **Develop and enhance statewide infrastructure** to support BH practice participants
- **Work with managed care partners** and/or other state intermediaries to recruit and select BH practices for participation
- **Convene relevant stakeholders** in model development and implementation
- **Develop and implement a Medicaid APM** that aligns with the IBH Medicare payment model on key features
- **Collect, analyze, and share model data** among practice participants and CMS

Medicare Role

- **Infrastructure funding to practice participants** who participate in Medicare to support health IT investments and practice transformation
- **Integration Support Payment (ISP)**, a prospective, risk adjusted Medicare per-member-per-month payment for initial and ongoing screening, assessment, and coordination for BH and PH conditions; and HRSN screening and referral
- **Performance-based payments** to incentivize quality outcomes



THANK YOU!

Questions?