Capturing Care Provided in SBHCs for CCO Incentive Metrics

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Acknowledgement and Disclaimer

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Recap: OPIP's Webinar Series

Part 1: What, Why, and How to **Educate** about Adolescent Well-Care Visits

- Three webinars

Part 2: From **Recommendations to Implementation**: Implementing & Documenting AWV in Alignment with CCO Incentive Metrics

- Five webinars

Part 3: Going to Them – Leveraging Partnerships with **School Based Health Centers** (SBHCs)

- ***Today's webinar***, plus one other (*Aug 18th*)

After today, we will have completed 9/10 webinars in the series. All are recorded and on the Transformation Center website.

OPIP's Ten Part Webinar Series

Part 3: Going to them! Leveraging Partnerships with School Based Health Centers

1. Leveraging SBHCs to Educate Youth about Adolescent Well Visits *(August 18th)*

2. Capturing Care Provided in SBHCs for CCO Incentive Metrics *(Today)*

Goals For Today's Webinar

- Describe the importance of a strategic approach to improving **adolescent well-visit rates** and **provision of screenings,** and why engaging SBHCs can be one (of many strategies)
- Understand **why School Based Health Centers (SBHCs)** represent an important opportunity to serve youth
- Describe **OPIP's experience** working with SBHCs
- Understand strengths and barriers, and **how CCOs can support SBHCs in capturing incentive metric data**
  - **Adolescent Well Care Visit Measure**
  - **Depression Screening and Follow Up Measure**
  - **SBIRT Measure**

A Focus on Adolescent Well-Care Nationally

- **Affordable Care Act (ACA)** implementation resulted in coverage for a total of 3 million young adults as of 2011, decreasing the uninsured rate among young adults from 42% in 2010 to 36% in 2011.
  - As of 2014, **adolescents comprise nearly one in five Oregon Health Plan** beneficiaries, with the proportion of adolescents following national trends and increasing with the expansion of coverage through the ACA.
  - ACA requires **coverage alignment with Bright Futures**:
    - Extremely impactful for adolescent well-care visits as many private payers did not cover annual well-care visits
    - Most practices whose panel is primarily children have a significant number of children privately insured
    - Practices don't have work flows and systems for different patients based on insurance type
- Despite expansion in coverage, national data show that **less than half (46%) of adolescents aged 12-21 on Medicaid received a well-visit** in the past year, representing the population with the lowest utilization of primary care of all age groups.
  - These **numbers are worse in Oregon**: Well-visits rates at 29.2% in 2015.
  - Early and Periodic Screening, Diagnosis, Treatment (EPSDT) rates are 22% for adolescents 15-18 years old.

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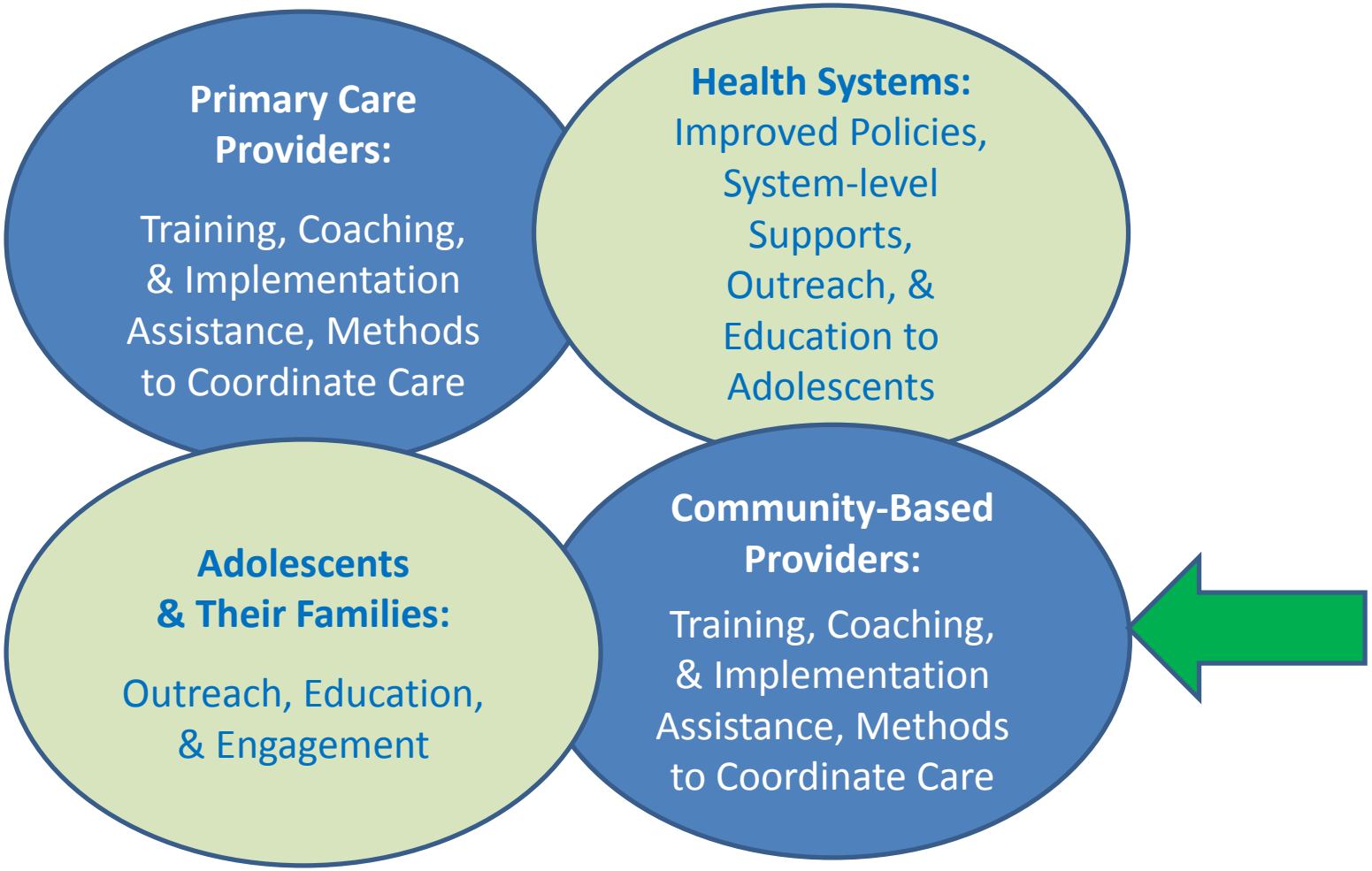
Multi-Factorial Approach Needed to Improve Adolescent Services



Strategies Needed to Improve Well-Visits, Policy-Level Implications:
https://projects.oregon-pip.org/resources/adolescent-care/adolescent-well-visits-and-claims/policy-and-practic-level-strategies-to-improve-adolescent-well-visits/view

Why School Based Health Centers (SBHCs) Can be One Part of a Multi-Factoral Approach

- **What is a School Based Health Center?**
  - Helpful websites:
    - https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Pages/faqs.aspx
    - http://osbha.org/sbhc/list
  - SBHCs are DIFFERENT from school nurses
  - As mentioned, not every school has an SBHC
  - SBHC is **located in or near a school** facility and open during school hours (not just)
  - Staffed by **qualified health care professionals** such as family nurse practitioners
  - Decisions about which services to offer at an SBHC are made locally and must be in compliance with the state and state certification standards
  - Each **SBHC operates with a medical sponsor** such as a county health department, university medical center, private health clinic, or FQHC
  - Access to care for all students within their district, with **some offering expanded after-school hours**
- **List of SBHCs**
  - https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/SBHC%20Maps%20and%20Medical%20Sponsor%20Lists/SBHCmap_7.18.16.pdf
  - http://osbha.org/sbhc/list

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Opportunity to Leverage SBHCs to Serve Youth and Ensure Access

- **Go to where youth are**
  - SBHCs are in schools and seen as experts on health care in those schools
- **Teen-centered**
  - The target population for SBHCs are the school populations they serve- making them one of the most teen-centered places for getting care and for giving information to teens

- **Confidential**
  - Given that adolescents can access the SBHC while alone at school, and that SBHCs promote the confidential nature of their relationship, SBHCs serve as a trusted source of confidential care. (*Remember: Concerns about confidentiality are one of the top reasons youth don't seek care*)

Various Strategies CCOs Can Use to Leverage & Partner with SBHCs

1) Leverage the SBHC to **Educate Youth** about **WHY** well-care is important and **what they can expect** and can receive
   - August 18th Webinar (https://www.oregon.gov/oha/Transformation-Center/Resources/AWV%20Webinar%203.1%20-%20Leveraging%20School-Based%20Health%20Centers%20(Slides).pdf)

2) Leverage the SBHC to **Guide and Direct Youth to Obtain Primary Care**
   - August 18th Webinar
   - Many youth go to SBHC for mental health, episodic care (head ache)→ SBHCs can be a **powerful partner** to directing them to primary care

3) **Capture the Care Provided in the SBHC** to count towards the CCO Incentive metric
   - Focus of this webinar
   - This strategy is focused on trying to "count" and get documentation/claims for services provided **IN the SBHC** for youth that have:
     - Provided insurance information, and;
     - Are publicly insured
   - Before we provide tips on this strategy, important for CCOs to step back and assess the number of youth seen in the SBHCs to determine if the population served would impact a CCO's rate
     - If not, then it may be a **specific strategy** used for a **specific set of youth** for which you may think the SBHC is the only way to establish care effectively

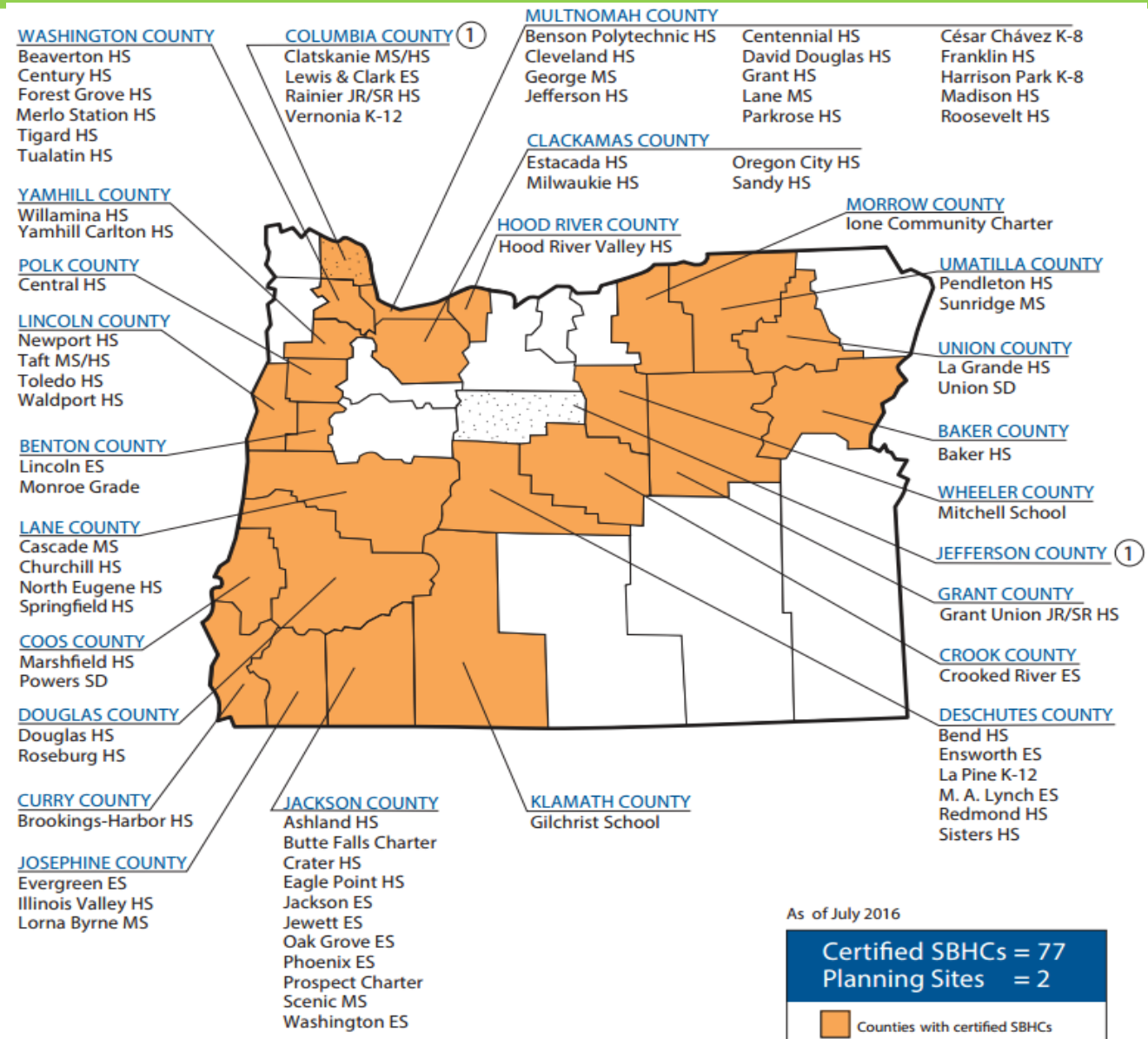
A Look at the Numbers

CCO Incentive Metrics are *population* metrics.

Important to understand the potential magnitude of interventions you are planning to consider best levers to explore with the SBHC:

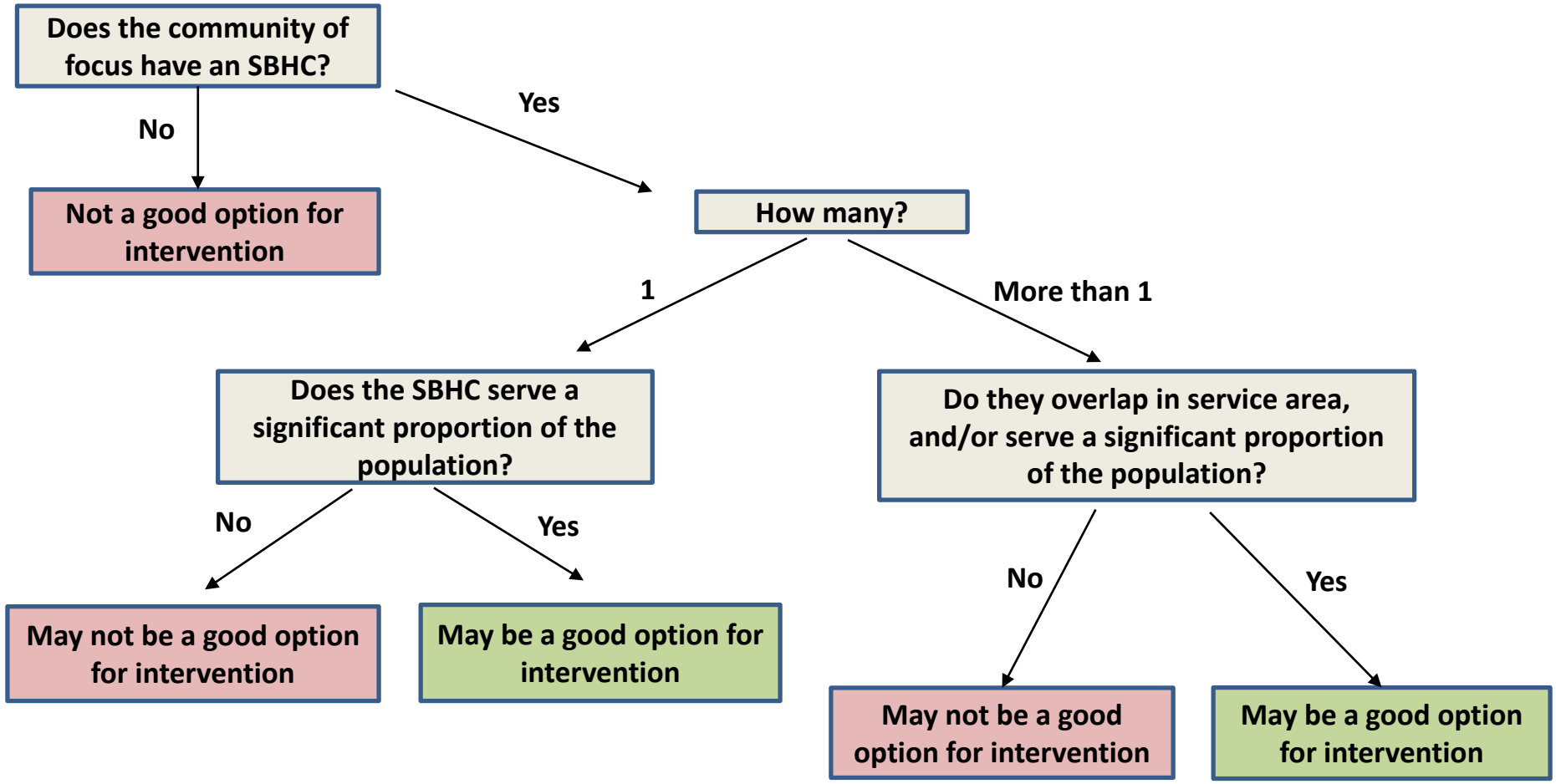
- There are over 860,000 people age 18 and under in Oregon (per 2015 US Census)
- There are 1,304 public schools serving adolescents
  - 235 high schools
  - 225 middle schools
- **2014-2015 school year: SBHCs saw around 30,000 patients, some of which seek primary care elsewhere as well**
  - **There are 76 SBHCs in 24 counties**
  - **This includes students in district that may not be adolescents**
- **Given numbers, important to consider communities where SBHCs can MOST impact the CCO incentive metric (e.g. there is enough overlap of populations)**
  - Communities that have many SBHCs, or particularly large SBHCs
  - Communities that lack other sources of primary care, SBHCs see a significant proportion of the community
- Communities where a population of adolescents not otherwise accessing care
- That said – **Important Punchline**:
  - Based on Numbers Alone: Need to use a **multidimensional approach** to improve metric, partnership with SBHC's is ONE of many approaches CCOs need to consider

Oregon School Based Health Centers (SBHCs)



From the Oregon Health Authority:
https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/SBHC%20Maps%20and%20Medical%20Sponsor%20Lists/SBHCmap_7.18.16.pdf

Factors to Consider When Strategizing Opportunities to Leverage SBHCs: How Many Youth Enrolled in Your CCO go to School with a SBHC?



Capturing the Care Provided in SBHCs – Factors to Consider When Considering This Approach

- If you identify that SBHCs may be a valuable place to ensure that the care provided there is captured, then other factors to consider are WHAT care you trying to capture:
  - Well-Visits
    - Request information about number of physical health visits and number of well-visits, by insurance
  - Mental Health Visits
    - Request information about the number of unique patients seen
      - Most mental health providers see youth multiple times, so mental health visits will be higher than number of YOUTH seen
- Confirm the care you are trying to capture and the number of publicly insured youth are aligned in a way that is worth the effort
  - Well-visits – **Physical** health provider only; according to claims
  - Depression screening and follow-up: **Physical** and **mental health** providers; According to chart documentation that can be queried FOR publicly insured
  - Substance Abuse Screening, Brief Interventions, Referral and Treatment: **Physical** and **mental health** providers; According to claims for publicly insured

Additional Context to Consider As You Partner with and Engage the SBHC

Based on OPIP's experience with two SBHCs with two different sponsors in two different communities:

- For many SBHCs, the schools count on them to be the **first line of defense on any health related issues in the school**
  - In OPIP's limited experience, quite clear that **schools want open access and availability** of the SBHC to deal with health issues that arise and impact a student's ability to learn or function in school
    - Includes **school's perceived value in the SBHC to provide sports physicals** for team sports in a timely manner and at a low cost to the youth
  - That said, funding is limited
    - Many have **part time providers**
    - Walk in visits with injury/illness/etc. need to be maintained
    - Given this: There may be hesitancy/inability to fill open spots with longer well-visit
- **Important to consider any unintended negative consequences** of SBHC providing care and implications for their relationship with PCPs in the area
  - Focus of the **September 8th webinar** (https://www.oregon.gov/oha/Transformation-Center/Resources/AWV%20Webinar%202.5%20Slide%20Deck.pdf)
  - Example: If SBHC provides care, adolescent THEN assigned to the sponsor organization and removed from PCP panel while the PCP panel is trying to reach out and get the youth in
- You may consider the SBHC for a **specific population you may target** for accessing care in the SBHC
  - Youth who have not accessed primary care in the past and for whom you are having to auto-assign a primary care
  - Youth who have been assigned or chosen a primary care, but never attended a primary care visit
  - Youth who choose the SBHC as their PCP where that is an option

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With that context and set of disclaimers….

Background on OPIP's Experience with SBHCs that Led to Learnings Shared Today Specific To Capturing Care Provided by the SBHC for Purposes of Improving the CCO Incentive Metrics

OPIP's Work with SBHCs & Systems

Work with School Based Health Centers to:

- Develop and disseminate **education to adolescents** about:
  - **WHY** well-care visits are important
  - **WHAT** can be provided in a well-care visit, and
  - **HOW** they can access SBHCs for services
- **Enhance the quality of services** provided in the SBHC's aligned with the depression and SBIRT incentive metrics, and aligned with Bright Futures recommendations
- Enhance **communication and coordination with the primary care providers** who serve as the adolescent's primary care provider

Work with Health Systems to:

- Conduct **trainings** on adolescent well-care visits and general care aligned with metrics
- **Tools** for accessing care and processes within practices to guide and support improvements

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Quick Overview of Current Project: Improving Access to and Quality of Adolescent Well-Care Services Through Partnerships With SBHCs

June '15-March '17, OPIP has a project funded by OEBB/MODA Health Grant

Project Aim:

- To improve the **provision of adolescent well-visits** at a community-level by leveraging partnerships with School Based Health Centers (SBHCs)

Objectives:

- To provide on-site **training and support** to **pilot SBHCs:** Pendleton High School and Tigard High School.
  - Adolescent well-care visits
  - Depression screening and follow-up
  - Substance abuse screening, brief intervention, referral and treatment (SBIRT)
- To develop **educational materials** **for adolescents** that provide information about why well-care is important, what to expect, and the unique role SBHCs can play in providing well-child care.
- To develop and assess models for enhancing the SBHC's **population management and care coordination** with primary care practices.
- To identify **policy-level improvements** that address barriers and incentives identified through the project.

Capturing the Care Provided in SBHCs: Learnings OPIP Has Gathered from this Project

For purposes of this webinar, will share learnings relative to three CCO Incentive Metrics given the data sources and opportunities are different:

1. Adolescent Well-Visit (Based on Claims)
2. Depression screening and follow-up (Based EMR Documentation)
3. Substance abuse screening, brief intervention, referral and treatment (Based on Claims)

Will share:

- ❖ Opportunities
- ❖ Barriers

Capturing the Care Provided in SBHCs: Metric #1: Adolescent Well-Visits

- **Specifications based on the HEDIS measure- CLAIMS ONLY**
- **Numerator**: Patients age 12-21 that received a well visit as specified by specific claims during the measurement year
- **Denominator:** CCO patients ages 12-21 as of Dec. 31 of the measurement year. Must be continuously enrolled in the CCO for the measurement year, with no more than 1 gap of 45 days or less
- **Technical Specifications:**
  - http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

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Capturing the Care Provided in SBHCs: Metric #1: Adolescent Well-Visits

Opportunities:

- For this metric, pretty straightforward
- 15-16 School Year included new Key Performance Metrics that included Well-Child Visits for the first time
  - KPM is aligned with CCO incentive metric……BUT…..SBHCs can do chart reviews
- As you may partner with SBHCs, important to:
  - Clarify specific claims that are aligned with the CCO incentive metric
  - Remember SBHCs serve private and uninsured (or youth won't share their insurance information)

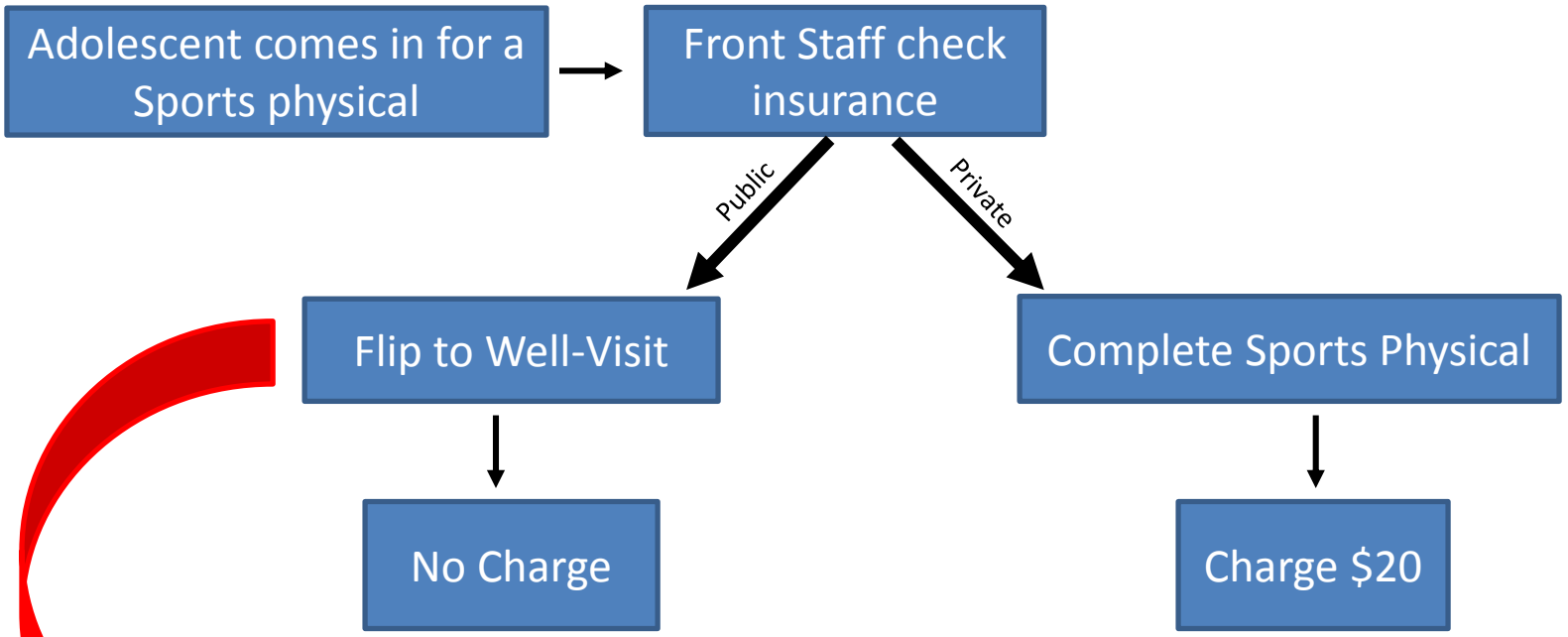
Capturing the Care Provided in SBHCs: Metric #1: Adolescent Well-Visits

Barriers:

- Increasing provision of well-child visits and converting sports physicals to well-child visits was an explicit part of our project and what the SBHCs philosophically agreed to do
- That said, this goal was NOT achieved for various and valid reasons:
  - Physical health staff turnover or part-time physical health staff
  - Hesitancy to fill appointment slots with well-child visits when they need to be available and have open access
  - Desire to serve the teen based on what the teen requests – establishing trust
  - Concern about converting sports physicals to well-visits
    - As noted earlier, schools count on SBHCs to provide sports physicals to ensure their students can play on their sports teams
    - Kids can pay a small fee (e.g. $20) out of pocket to get a sports physical done at the SBHC
      - Sports physicals are less time intensive for SBHC staff
  - Additionally, some SBHC staff don't see it within their role to manage the population and ensure they access care – more see it as their role to provide care when youth access care
  - More robust well visit raises issue that may require ongoing management that SBHC feel they may not have time or resources to address

Capturing the Care Provided in SBHCs: Metric #1: Adolescent Well-Visits Example from Pilot SBHC

At an SBHC we worked with:



- While this is the recommended workflow, in reviewing data, not be happening on a consistent basis.

Capturing the Care Provided in SBHCs: Metric #1: Adolescent Well-Visits Questions To Ask the SBHC if You Explore This Option

- Is the SBHC correctly documenting and billing for this service such that the CCO could be counting it?
- Does the SBHC have the right staff and resources to provide well care visits?
- Does the SBHC have an existing work flow to convert sports physicals to well-child visits?
- How many youth served by physical health provider have public insurance?

Capturing the Care Provided in SBHCs: Learnings OPIP Has Gathered from this Project

For purposes of this webinar, will share learnings relative to three CCO Incentive Metrics given the data sources and opportunities are different:

1. Adolescent Well-Visit (Based on Claims)
2. **Depression screening and follow-up (Based EMR Documentation)**
3. Substance abuse screening, brief intervention, referral and treatment (Based on Claims)

Will share:

- ❖ Opportunities
- ❖ Barriers

Capturing the Care Provided in SBHCs: Metric #2: Depression screening and follow-up (Based EMR Documentation)

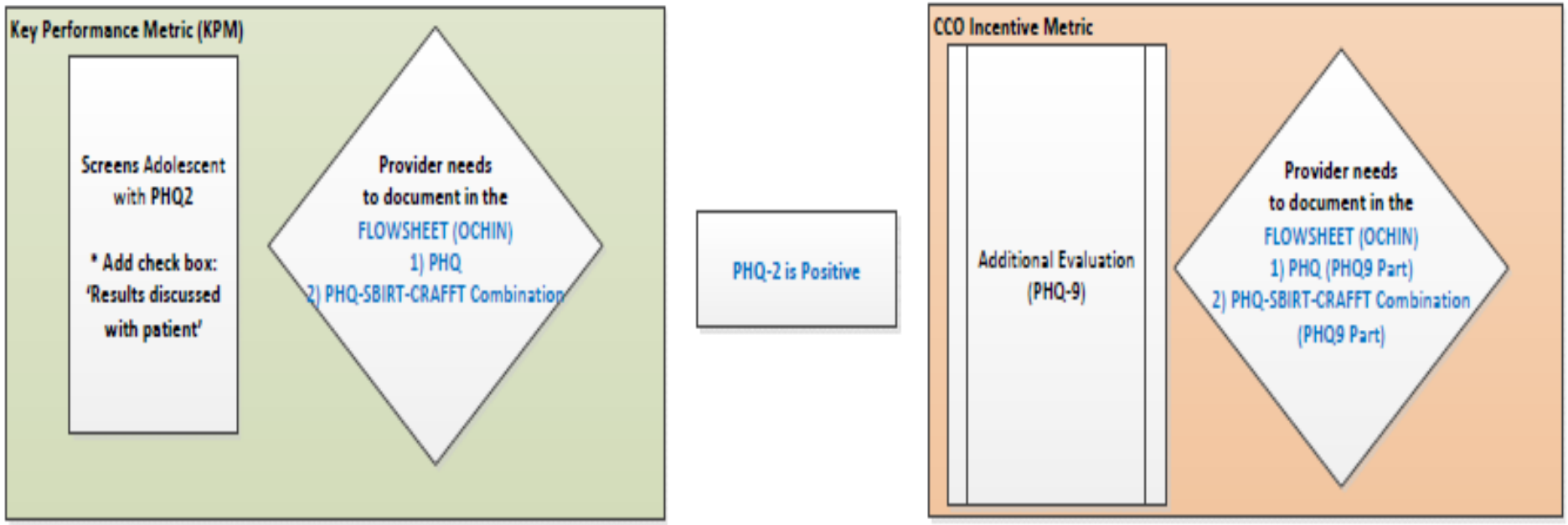
- **Specifications based on the Meaningful Use measure- NOT CLAIMS BASED MEASURE**
  - Data extracted from electronic health records and submitted to CCO
- **Numerator**: Patients screened for depression on the date of the encounter, using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
  - Follow-up for a **positive depression screening** *must* include one or more of the following:
    - Additional evaluation.
      - » **E.g. PHQ-9 Can be follow-up for those identified at risk via the PHQ-2**
        - **Most commonly used strategy by practices**
    - Suicide Risk Assessment.
    - Referral to a practitioner who is qualified to diagnose and treat depression.
    - Pharmacological interventions.
    - Other interventions or follow-up for the diagnosis or treatment of depression.
- **Denominator:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period
- **Technical Specifications:**
  - http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Capturing the Care Provided in SBHCs: Metric #2: Depression screening and follow-up (Based EMR Documentation)

Opportunities:

- 15-16 School Year included new Key Performance Metrics included an OPTIONAL KPM on depression screening (*but NOT follow-up*)
  - For SBHCs that the medical sponsor is an FQHC, Depression screening and follow-up is a UDS measure. BUT…specifications were different.
- Large number of mental health visits have included depression screening and follow-up
- Both pilot sites we were working with were doing depression screening already
  - That said, neither had explicit and easy way for the depression screening to be documented in a way is aligned with the metric AND in a way that can be queried and searched for reporting to publicly insured
    - 55/77 SBHCs are on OCHIN and OCHIN has flowsheets on this ☺
  - Therefore, OPIP worked with SBHC site on **HOW to document** in a way that **the system (sponsor)** could search for it and report it

Trainings on Use and Documentation of Depression Screening in OCHIN Flowsheets



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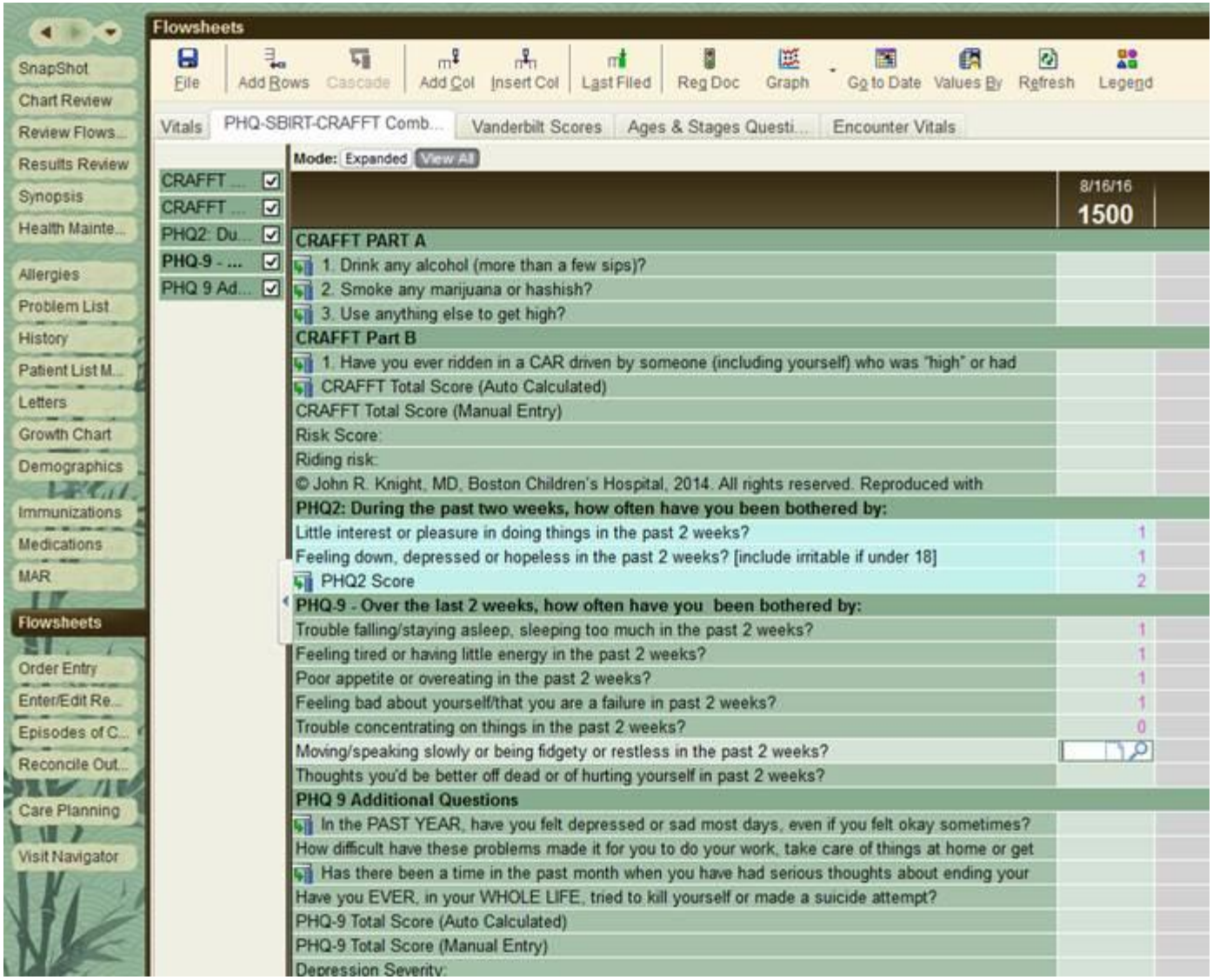

Capturing the Care Provided in SBHCs: Metric #2: Depression screening and follow-up

Barriers:

1. Difference of SBHC KPM (Screening Only) and CCO Incentive Metric (Follow-Up)

2. Depression Screening Tool

- PHQ-9 As Primary Screening
  - In reviewing data it looked as though there were more PHQ-9's than PHQ-2's
  - This would happen if providers use the PHQ-9 as the SCREEN. Using the PHQ-9 as a SCREENING tool ALONE does NOT meet the requirements of the CCO incentive metric.
    - If use PHQ-9 as a SCREEN, then need to document a more detailed follow-up, which systems hadn't been using

3. Documentation Barriers

- Providers had not been trained on the specific fields and parts of the form that the system was using to generate the scores
  - Within the EMR, there were *THREE* identified spots for physical health providers to document depression screening and follow-up services:
    1. Flow sheet
    2. Dot-phrase
    3. Health Maintenance Tab

4. Care Provided by Mental Health Care Providers Not Captured

- Mental Health Providers often have different sponsor and may not be trained on CCO metrics and documentation aligned within physical health side)

5. Given EMR Based measures, CCO Often Asking PCP Youth Assigned to (not SBHC)

- Value of looking at any claims for youth at SBHC and seeing if screens conducted

Capturing the Care Provided in SBHCs: Metric #2: Depression screening and follow-up Questions To Ask the SBHC if You Explore This Option

- Did the SBHC pick this as their optional metric?
- Does the SBHC have an established workflow for screening and follow up?
  - Including Mental Health Providers?
- Does the SBHC use a consistent and standardized documentation strategy?
  - Including Mental Health Providers?
  - Such that the CCO would be counting it?

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Capturing the Care Provided in SBHCs: Learnings OPIP Has Gathered from this Project

For purposes of this webinar, will share learnings relative to three CCO Incentive Metrics given the data sources and opportunities are different:

1. Adolescent Well-Visit (Based on Claims)
2. Depression screening and follow-up (Based EMR Documentation)
3. **Substance abuse screening, brief intervention, referral and treatment (Based on Claims)**

Will share:

- ❖ Opportunities
- ❖ Barriers

SBIRT (Screening, Brief Intervention & Referral to Treatment)

- **Based on claims data ONLY**
- **Numerator**: Unique counts of members age 12 years or older who completed a full, standardized screening tool for alcohol/ substance use, or received screening and a brief intervention according to CLAIMS.
- **Denominator**: Unique count of members age 12 years or older, and having received an outpatient service.
- Technical Specifications:
  - http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx
  - http://www.oregon.gov/oha/amh/Pages/sbirt.aspx

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Billing Codes Aligned with Metrics And Factors to Consider for Adolescents

- **Screening**
  - Diagnosis code Z13.89 or Z13.9.
    - Z13.89 – screening for other disorder. In Oregon, this is specific to SBIRT screen.
      - Z13.89 may be used as **standalone code**, i.e., it does not need to be paired with a CPT code for inclusion in the numerator.
    - Z13.9 – screening for unspecified (For Metric –NOT accepted as a stand alone code) Strategies Used: 99420, with THIS diagnosis code

Brief Intervention: Billing Codes Aligned with Metrics & Factors to Consider for Adolescents

http://www.oregon.gov/oha/analytics/CCOData/SBIRT%20Guidance%20Document%20(revised%20Dec%202014).pdf

CPT	HCPCS	ICD-9	ICD-10
99408, 99409, 99420*	G0442, G0443, G0396, G0397	V79.1**, V82.9	Z13.89**, Z13.9

- **Brief Intervention Codes Most Practices Have Used for Adolescents:**
  - 99408 – used for patients who were screened and had a brief intervention (15-30 minutes).
  - 99409 – used for longer intervention (>30 minutes).
  - **99420 – Needs to be paired with a diagnosis code**
  - Required exclusions for numerator: Exclude SBIRT screening and/or brief intervention services provided in emergency department settings.
- G codes exist for Medicare patients
  - Not applicable to pediatrics, Some practices have internal agreements with CCO
- Best resource to ask specific questions relative to your practice is: Michael Oyster Michael.W.Oyster@state.or.us

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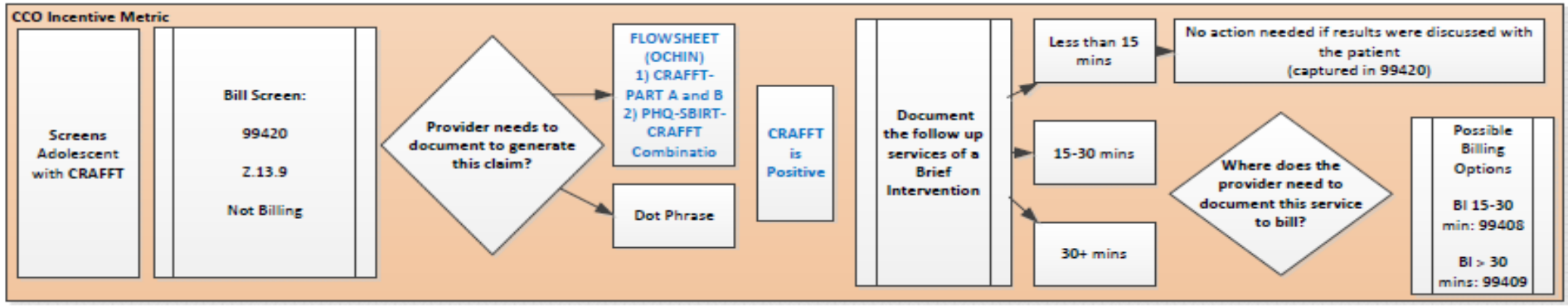
Capturing the Care Provided in SBHCs: Metric #3: SBIRT

Opportunities:

- Both pilot sites we were working with were doing SBIRT already
  - That said, neither had explicit processes related to submission of CLAIMS that are aligned with the metric
  - The site within OCHIN had not been consistently documenting (especially on mental health site) within the OCHIN Flowsheets
    - Again : 55/77 SBHCs are on OCHIN and OCHIN has flowsheets on this ☺
  - Therefore, OPIP worked with SBHC sites on **HOW to SUBMIT CLAIMS** in a way that **the system (sponsor)** could search for it and report it

Trainings on Use and Documentation of SBIRT in OCHIN Flowsheets



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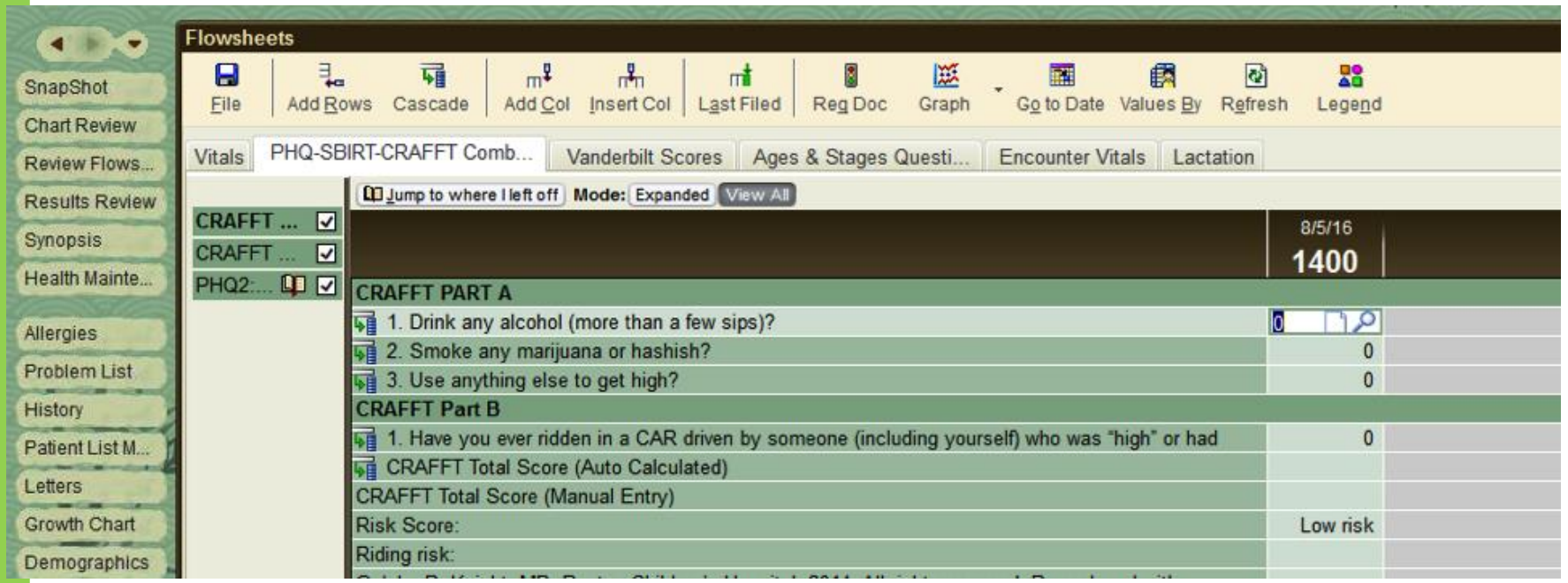

Dot Phrase for SBIRT

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Capturing the Care Provided in SBHCs: Metric #3: SBIRT

Barriers:

- **Submitting Claims for a System-Process within a Visit**
  - SBHCs see a number of privately and uninsured children
    - Each claim submitted generates a cost and highlights services the teen may have wanted to be confidential and may not want parent to know about
    - Normally use a modifier of -25 and -33 to address this issue
      - That said, one site saw that when they used these codes then the claim was denied given the global payments receiving for well-care
  - SBHC staff had not been trained on the specific codes
    - Training varied and different for physical health vs. mental health providers
    - Mental health providers submit a global "mental health assessment code"
- Capturing **warm hand-offs to Mental Health within the SBHC** (this is done all the time in SBHCs but not documented in a way that can be queried)
- **Mental health providers cannot submit claims to the physical health provider (CCO) for that youth**
  - While mental health providers are eligible providers to submit claims (per CCO specifications), many of the mental health providers in the SBHC not eligible to submit a claim to the CCO assigned to the youth as their physical health provider for this service

Capturing the Care Provided in SBHCs: Metric #3: SBIRT Questions To Ask the SBHC if You Explore This Option

- Does the SBHC have an established workflow for SBIRT?
  - Including Mental Health Providers?
- Does the SBHC use a consistent and standardized strategy for using the claims aligned with the CCO incentive metric?
  - Including Mental Health Providers?
- Can the mental health providers submit claims to the CCO for that child?

Mental Health Providers in an SBHC: A Recap Across Depression and Substance Abuse

- SBHCs have a mental health provider on staff
  - In most, mental health visits represent over half of all visits to the SBHC
- Per CCO specification, they are eligible providers for both Depression and Substance Abuse Screening
- However in terms of CAPTURING the care provided by these staff for the CCOs:
  1. They are often not eligible to bill services to the CCO for these services
  2. If they can, they are often using mental health assessment claims ONLY and don't also include claims tied to the incentive metric
     - For example, they may bill a global Mental Health Assessment (which includes a depression and substance abuse screening) and not the outlined CPT codes
  3. They often are not trained on the 'physical health' EMR functionalities OR they may be in a different EMR setting
     - Documentation requirements are fundamentally different in physical and mental health
     - Mental Health often document visits in a chart note and not within a flowsheet or query-able field

OPIP

Last Webinar of the Ten Part Series

Thursday, September 29th @ 1-2 PM	Educating Parents about Adolescent Well Visits

Thank you!!