Vaya Integrated Care Subcommittee Draft Recommendations to PAC **Date: 12/6/17**

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| **Purpose:** To improve and support the integration and collaboration between the behavioral health and medical community for improved outcomes of our shared clients/patients | | |
| Short Term Goals:   * Report activities and recommendations to PAC * Incorporate SMC’s vision for Integration * Identify key tenets * Gather brief examples of current activities * Incentive/efficiencies for those who are trying to be progressive in this endeavor. (short or long term goal)   Goals: Outline a provider a MH/DD/SA prospective on integration   * Identification of key performance indicators for collaboration at a distance, co-location, and integrated settings (this gets to the language and definition and how to deliver the message?) * Use of data for clinical decision making/Population Health * Address comorbidities through collaboration and workflows that acknowledge these complex needs | | |
| **Scope of work recommendations to PAC regarding population health.** | | |
|  | Comments and example recommendations | Recommendation |
| **1.Macra/mips IN 2017 :** [**LINK**](https://www.thenationalcouncil.org/macra/)  Medicare Access and CHIP Reauthorization Act of 2015  Clinicians that will be counted for the 2017 reporting year include physicians (including psychiatrists), nurse practitioners, physician assistants, clinical nurse specialists and nurse anesthetists. In 2017, MIPS does NOT apply to:   * Clinical psychologists & licensed clinical social workers * First-year Medicare providers * Qualifying Advanced APM clinicians * Hospitals and facilities * Providers who fall beneath CMS’s low-volume threshold, who serve fewer than 100 Medicare recipients or bill Medicare less than $30,000 per year.   2019 payment adjustments will be based on 2017 performance. LCSWs and Psychologists report 2019  Types of reporting methods: Registry, EMR, Claims | Example Recommendation: Consider how prescribers will participate in MACRA: Document and report on care for bipolar disorder, ADHD, depression, dementia,advanced care plans, BMI, High BP, close referral loop, smoking cessation and performance during 2017.  Comments: Most clinical measures were agreed on as a priority for psychiatry |  |
| **2. Clinical Measures for prescribers in measurement year 2017. *27 are possible***  **Categories of measurement:** bipolar disorder, ADHD, depression, dementia,advanced care plans, BMI, High BP, smoking cessation  *Ie.* ***Depression Remission at Six Months:*** *Adult patients age 18 years and older with major depression or dysthymia and an* ***initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5.***This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator (against you). | Example Recommendation: Consider how prescribers and team workflows will screen and treat target conditions of bipolar disorder, ADHD, depression, dementia,BMI, High BP, smoking cessation. |  |
| **3. Closing the Referral Loop: Receipt of Specialist Report :** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred | Example Recommendation: Consider how agencies will be responsive to referrals from primary partners in the new world of healthcare accountability.  Comments: Create workflows processes to close the loop and report back to primary care |  |
| **4. PHQ-9: Patient Health Questionnaire # 9:** A highly used tool in modern depression measurements including MACRA measures for treatment effectiveness in both primary and specialty care to be used and documented longitudinally to treat patients to remission targets. | Example Recommendation: Consider how you can introduce and institutionalize the PHQ-9 into clinical and documentation routines. |  |
| **5. Parking Lot Items**  **A. Educational materials** –2A (In next year – high relevance)– keep?  B. **Setting a health goal** – 3A (high relevance but more than 12 mos. out)  C. **Collaboration frequency based on acuity profile** – see #3 for related item was our first step for the basic referral. Rated 2A for prescribers and 3A for non-perscribers  **-** | A.  B  C. |  |
| **6. ?** |  |  |