



MetroHealth

Future Care in the Home Evolution

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No disclosures or conflicts

Evolve Care in the Home

Goals of this conversation

1. Understand the clinical evolution at MetroHealth ... so far
2. Understand the Basics of the Business models used at MetroHealth



Virtual Care COVID moved us faster and taught us on safe options

- **Hospital at Home ... more use cases**
- **Telemedicine ... expansion**
- **Remote Patient Monitoring RPM ... expansion**
- **Care in Home Setting augmented by technology, people, and remote monitoring processes ... expansion**

Evolving Care in the HOME needs to be SAFE

Evolving Care in the HOME consistent with PATIENT CHOICE

Evolving Care in the HOME needs to have a BUSINESS INFRASTRUCTURE funding it

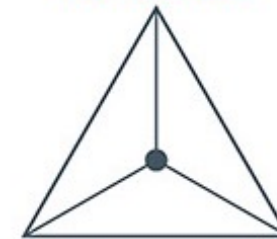
Hmmmm

- SAFE
 - PATIENT CHOICE
 - FINANCIALLY VIABLE
-
- Looks a lot like the Triple Aim ...



The Triple Aim

Population Health



Experience of Care

Per Capita Cost

MetroHealth Virtual Care Journey

2019 - 2022

- **Telemedicine appts**
 - **March 2020 Increase from 300/week to 17,000/week ... in just 2 WEEKS**
- **Hospital in the Home (aka H@H)**
 - **Virtual Covid HiTH virtual only >900 patients**
 - **HiTH Medicare Waiver mix of in person and technology ... low volume so far**
 - **Slow O2 wean HiTH virtual only ... >100**
 - **Remdesivir Prophylactic HiTH ... ready to start**
- **RPM Virtual Chronic Disease Management ... >300**
 - **Evolved from an ask from a payer ... believe local provider has higher value**
 - **Expanded to own employee, P4P groups, and 'at risk' groups**
 - **Value of local ... pick user friendly tech, use pts. EMR, realtime communication with providers patients knows as their doctor.**

How does the business work?

Fee for service cannot not be the only financial driver

- Fee for Service
- Direct payer contract
- Value based products
- Risk based product
- Grant funding
- Governmental pilot or early adapter funding

QUESTIONS

Evolving Care in the Home Now or potentials in the future





THE CENTERS

Health. Family. Work. **Hope.**

An Introduction

**Certified Community
Behavioral Health Center
(CCBHC)**

SAMHSA GRANT AWARD

2 Year grant, \$4 million grant award

Substance Abuse and Mental Health Administration (SAMHSA)

The Centers - Becoming a Certified Behavioral Health Center

February 15, 2021 – February 15, 2023



AGENDA

- The Background
- Grant Goals
- Client/Patient Benefits
- Appendix M – Program Criteria
- Activities and Services Requirements
- Community Health Workers
- Benefits of Becoming a CCBHC



THE BACKGROUND

- Created through Section 223 of the Protecting Access to Medicare Act (PAMA) in 2014
- Why? The Excellence in Mental Health Act (MHA) – this is an initiative to improve access to mental health/addiction care in community-care settings
- MHA established criteria for what we now call CCBHC



GOALS OF THE GRANT

1. Increase the capacity for local BH system to address unmet needs that leads to longer and healthier lives of the population
2. Increase access and availability of person-centered, trauma informed, culturally competent, and recovery-oriented services
3. Increase the effectiveness of a system-wide coordination, integrated care, and referral program in Cuyahoga County



WHAT DOES THIS MEAN FOR CLIENTS/PATIENTS

Required Services

- 24/7 Crisis Services
- Patient/Client-Centered Treatment
- Screening, Assessment, Diagnosis
- Comprehensive outpatient mental health and SUD services
- HIV/Viral Hepatitis Screening
- Outpatient primary care screening and monitoring,
- Clinical monitoring for adverse effects of medications
- Case management, psychiatric rehabilitation, and **Assertive Community Treatment**
- Social supports opportunities through established clubhouse models or care



APPENDIX M – NATIONAL DEMONSTRATION PROGRAM CRITERIA

Six required criteria:

1. Staffing
2. Availability and Accessibility to Services
3. Care Coordination
4. Scopes of Services
5. Quality and Other Reporting
6. Organizational Authority, Governance, and Accreditation



CORE REQUIREMENTS OF CCBHC

- Program Requirement 1: **Staffing** (“Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State-required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic’s patient population.”)
- Program Requirement 2: **Availability and Accessibility of Services** (“Availability and accessibility of services, including: crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient’s ability to pay or a place of residence.”)



CORE REQUIREMENTS OF CCBHC

Program Requirement 3: **Care Coordination** (“Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:

- (i) Federally-qualified health clinics (and as applicable, rural health clinics) to provide Federally-qualified health clinic services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
- (ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.
- (iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment clinics, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
- (iv) Department of Veterans Affairs medical clinics, independent outpatient clinics, drop-in clinics, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
- (v) Inpatient acute care hospitals and hospital outpatient clinics.”



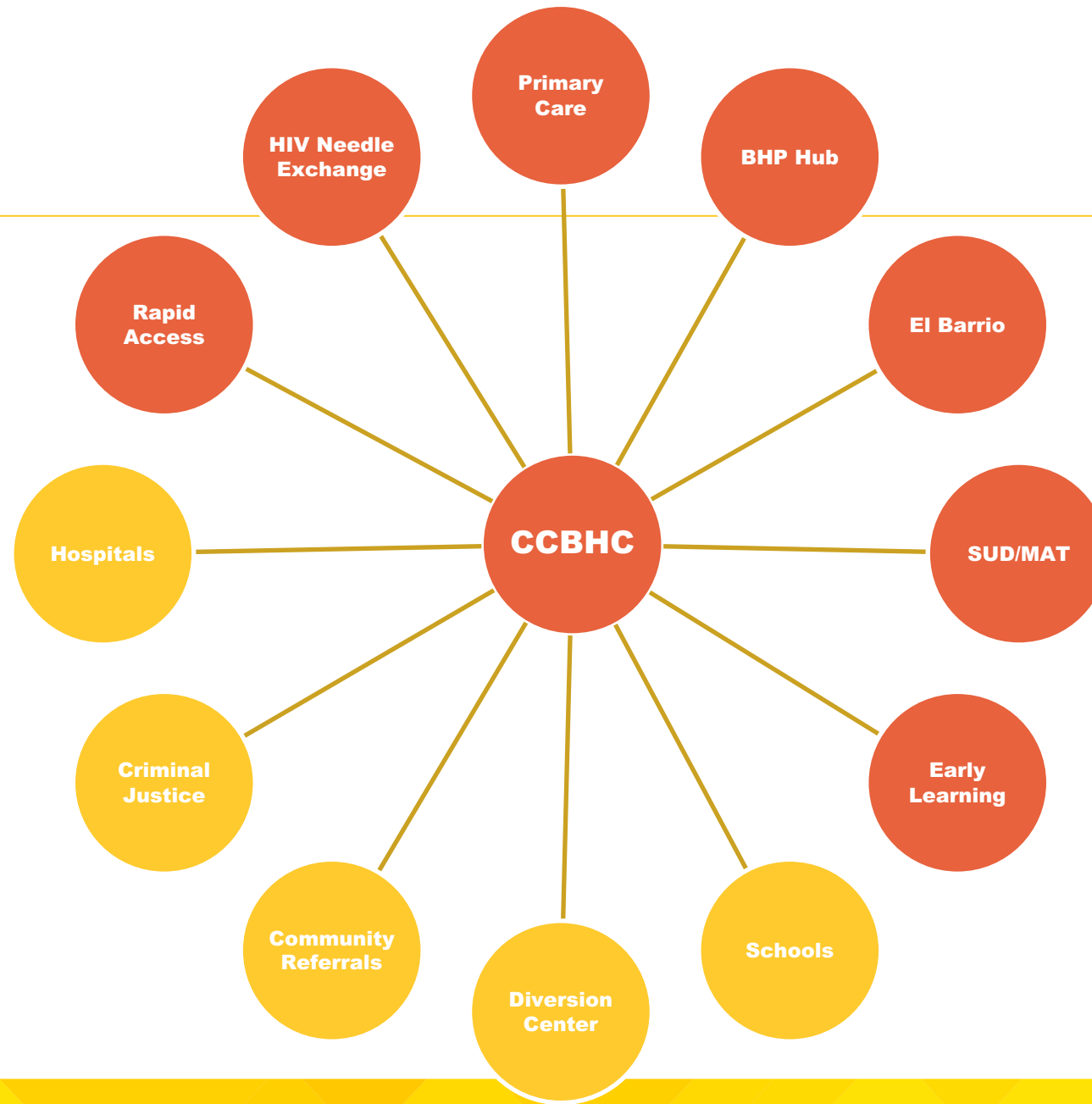
CORE REQUIREMENTS OF CCBHC

Program Requirement 4: **Scope of Services** (“Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:

- (i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- (ii) Screening, assessment, and diagnosis, including risk assessment.
- (iii) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
- (iv) Outpatient mental health and substance use services.
- (v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
- (vi) Targeted case management.
- (vii) Psychiatric rehabilitation services.
- (viii) Peer support and counselor services and family supports.
- (ix) Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.”)



Internal Referrals



External Referrals



BENEFITS OF BECOMING A CCBHC?

- Preparing for Value-Based Payment - reporting outcomes and values
- Greater access to care - increased over 42%
- Integration of care - no wrong door
- Recruiting talent
- Data-driven care
- Offering enhanced services – ACT and Peer Services
- Services delivered in the community
- Improved workflows & efficiencies



WHAT TO TACKLE FIRST?

- Create comprehensive work plan
- Strategy to “buy or build” core services
- Weekly Meetings: leadership, management and compliance to get buy in
- EHR System: track tasks and responsibilities
- Onboarding plan for staffing patterns
- Capacity projections
- Space requirements
- Reporting requirements? By when?
- Ability to manage transformational change - train management
- Develop collaborative agreements & set up meetings to introduce CCBHC concept to community
- Workforce development needs



QUESTIONS

