

MIDD SI-03 briefing to Advisory Committee

Background

One of the five MIDD policy goals is to “*Improve health and wellness of individuals living with behavioral health conditions*”. MIDD initiative SI-03 Quality Coordinated Outpatient Care is one of the strategies aimed toward this goal.

The following are among the principles that guide the design of MIDD initiative SI-03:

1. Supporting behavioral health system transformation to fully integrated managed care, and/or
2. Supporting implementation of behavioral health outcomes including:
 - a. clinical outcomes and/or
 - b. gaining/maintaining stability in the community (decreasing hospital, emergency department, and/or jail utilization; decreasing homelessness; increasing employment

SI-03 funds are to be used as part of “incentive pool to support system transformation”, particularly related to behavioral health-physical health integration, as described in the September, 2017 re-allocation plan, also reviewed at the December, 2017 meeting.

Focus areas

- Treatment-on-demand
- Outcome measurement and VBP incentives
- Strategic Non-Medicaid support
- Emergency Department Utilization Management (EDUM)
 - Rationale
 - Rapid response teams
 - Support for behavioral health agencies to conduct ED utilization management
- OneTable - treatment on demand focused on outreach

Emergency Department Utilization Management (EDUM) Overview

Rationale for Focus on ED Utilization

King County Integrated Care Network (KCICN) leadership, with guidance of Health Management Associates (HMA) consulting, selected to focus on reducing ED utilization and ensuring rapid engagement in post-ED discharge care for clients with behavioral health issues based on:

1. Alignment with MIDD initiative SI-03 principle of supporting clients to gain/maintain community stability and furthering integrated care including in EDs
2. Alignment with state Medicaid Transformation metrics, that if met, will result in regional incentive funding, including:
 - ED rate per 1000 Medicaid lives reduced
 - Follow-up after ED for mental illness (increase within 7 and 30 days)
 - Follow-up after ED for substance use disorders (increase within 7 and 30 days)
3. Shared interest between BHRD and Managed Care Organizations in managing high cost acute care services, and appreciation of the potential in the initiative for cost savings
4. An understanding that persons with behavioral health conditions are overrepresented among people with high ED utilization

Rapid response teams

KCICN, with HMA guidance, identified that a significant gap in the care system that could impact ED utilization is the lack of a **rapid, coordinated response** for individuals presenting in ED with behavioral health conditions that could help (a) engage focus population into behavioral healthcare post ED discharge and (b) divert focus population from using EDs as much as is clinically reasonable.

Focus population: ED “superutilizers” - people with 20+ ED visits in the past year

Implementation principles:

- **Operate regionally positioned teams** on First Hill and South King County
- **Team-based care** including expertise in behavioral health, medical care and peer support
- **Population-based systematic identification** of superutilizers of ED in King County and monitoring utilization over time using PreManage system
- **Rapid response and care coordination** using PreManage real-time notification of ED visits, and coordination with EDs, Managed Care Organization care coordinators, and behavioral health agencies to engage clients in care
- **Evidence-based interventions to reduce high ED use** including transitional care, assertive community engagement, motivational interviewing, support (including peer support)
- **Measurement-based treatment-to-target** with systematic tracking, using a registry, of key outcomes and adjusting care when outcome goals are not achieved

Support for behavioral health agencies to conduct ED utilization management

KCICN is using a portion of MIDD funding to each behavioral health agency to:

- Use PreManage information regarding ED visits to identify and prioritize individuals with high ED use for care coordination and monitor ED use over time
- Coordinate with rapid response teams to engage individuals with high ED use into care