

CMHAMM Healthcare Reform Vision & Initial Action Plan

October 21, 2010

Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act of 2010 (ACA) extending coverage to 32 million people through the expansion of Medicaid. To prepare for the challenges and opportunities presented by health reform, Community Mental Health Affiliation of Mid-Michigan (CMHAMM) implemented an Action Plan that calls for the frequent analysis of the most current health reform information. As of October 21, 2010, our healthcare reform team, in consultation with national healthcare reform experts, has identified at least three scenarios that could significantly impact CMHAMM within the next 4 years as a result of healthcare reform:

1. PIHPs and CMHSPs remain intact and retain their ability to determine their roles in the emerging private and public markets.
2. The development of a regionally based system in which PIHPs and CMHSPs have some degree of independence, but are ultimately subject to direction and oversight by MDCH, a statewide vendor on contract with MDCH, or a regional health care system
3. PIHPs and CMHSPs are funded by a payer, likely a large insurance provider or health care system and have limited independence

In all three scenarios, the regions in which the Affiliation and its members will work may be defined in a number of ways. The region may be the current Affiliation footprint or a range of others.

To position ourselves to survive and thrive in any of these scenarios, the following Vision has emerged and the proposed Approach will be taken:

Our Vision

CMHAMM and each of its affiliate members will be a regional leader in behavioral healthcare by providing efficient, effective, high quality care.

In addition to serving as a PIHP and CMHSPs, CMHAMM and each of its affiliate members will also serve as Medical Homes and/or Accountable Care Organizations and/or Federally Qualified Behavioral Health Centers, as opportunities present themselves in the healthcare market. Each of these structures will, at a minimum, include:

1. The ability to achieve high performance as measured by internal and external quality indicators and outcome measurements (i.e. people getting and staying well) and performance measures

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for payment systems that emphasize value (lower cost & higher quality of care) – in systems that may tie payments to outcomes and performance measures

2. Sustained evidence based practices (EBP) to gain a competitive advantage attracting partners looking to demonstrate a higher standard of care at a reduced overall cost (as a result of high efficacy)
3. Integrated primary care and behavioral health - when appropriate, to include child welfare, criminal and juvenile justice, education, etc.
4. The ability to thrive under various payment structures, including: Potentially Preventable Events (PPEs), FFS with Bonus or Shared Savings, Bundled Payments/Episodes of Care, Global (Capitated) Payments

Our Approach

1. **On-going education via Affiliation-sponsored dialogue series:** featuring national and state level experts on health care reform (with Manderscheid and Jarvis being the first two in this line of speakers)
2. **On-going education via national webinars:** the distribution of webinar series information (dates, times), from DAO's office; expectation that the CEOs and/or their staff would participate in them and report back to a larger HCR group
3. **Workgroups** focused on operations which will need to be refined and/or improved to ensure that our organizations and those whom we serve fare well in any of a number of potential futures:
 - A. Clinical, business, and financing practices (ability to practice and receive payments in a wide variety of payment environments)
 1. Research local, statewide, & national outcomes to determine what the expectations are from payers
 2. Make recommendations to CEOs as to which outcome measures should be pursued by our organization(s)
 3. Make recommendations to CEOs on how to change practices so that the organizations will meet the outcomes required of the system and thrive in the emerging financing environment
 4. Make recommendations to CEOs on how to train, supervise, and coach staff to foster high performance related to the outcomes required of the system and ensure the organization's thrive in the emerging financing environment
 5. Make recommendations to CEOs on Federal demonstration grants to be pursued

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- B. Human resources
 - 1. Research anticipated workforce demand related to healthcare reform
 - 2. Identify skill sets needed related to healthcare reform
 - 3. Make recommendations to the CEOs with regard to recruitment activities relative to anticipated workforce demand and skill sets needed, as identified in items 1 & 2 of this section
 - 4. Present recommendations to the CEOs related to training employees on changes to their benefits package as a result of healthcare reform
 - 5. Make recommendations to CEOs on Federal demonstration grants to be pursued

- 4. **Chief Executive Officers Group focused on ensuring a strong role for our organizations in the emerging environment:**
 - A. Ensuring a strong role in the public market (primarily Medicaid) and private markets (primarily the insurance pool/exchange market)
 - 1. Developing the clinical/business/financing model which will ensure that we will flourish in the emerging public and private markets
 - 2. Developing local and regional partners
 - 3. Developing statewide partners
 - B. Developing a unified behavioral healthcare model integrated in the PIHP's region and in the local healthcare networks/markets of each of its affiliate members
 - C. Identifying behavioral healthcare models, used in other states, in the work of the Affiliation and in the work of the Affiliation with MACMHB and MDCH
 - D. Leading political advocacy
 - E. Identifying training topics and methods
 - F. Oversee and approve work of all workgroups with special guidance to and from the clinical, business, and financing practices group