

Improving Behavioral Health Follow-up Care Learning Collaborative: Affinity Group Q&A

Recorded June 15, 2021

Mira Wang:

Hello everyone. My name is Mira Wang, an analyst at Mathematica. Thank you for attending today's Q&A session for the Improving Behavioral Health Follow-up Care Learning Collaborative. Before we begin, we wanted to cover a few housekeeping items. Next slide, please.

All participants logged into this webinar have been muted for the best sound quality possible. If you have any technical issues, please use the Q&A window located at the bottom right corner of your screen. Please select "Host" in the drop-down menu and click "Send" to let us know how we can help. We also welcome audience questions about today's webinar through the Q&A window. As a reminder, the Q&A window is located on the bottom right corner of your screen. If you would like to submit a question, please select "All Panelists" in the drop-down menu and click send to submit your question or comments.

We will monitor the Q&A window throughout today's webinar, and we'll address as many questions as possible. Lastly, we wanted to let everyone know that this meeting is being recorded. Now I'd like to turn it over to Michaela Vine from Mathematica. Michaela, you now have the floor.

Michaela Vine:

Thank you, Mira, and welcome again to today's webinar. Our presentation today will last about 25 minutes, leaving about a half an hour for questions and answers about the affinity group. Next slide please.

We'll first hear a few words from Deirdra Stockmann at CMS, and then I'll provide an overview of the affinity group and the form that you'll be asked to fill out to express your state's interest in participating. Finally, Mira will go over a few announcements before we open it up for questions and answers. Next slide, please.

Now I'll turn it over to Deirdra for a welcome from CMS.

Deirdra Stockmann:

Great, thank you so much Michaela, and hello everyone. I'm very pleased to welcome you to this affinity group information session for our Improving Behavioral Health Follow-up Care Learning Collaborative.

This learning collaborative is one of our quality improvement initiatives with the Center for Medicaid and CHIP services within CMS. The goal of our quality improvement work is to support state Medicaid and CHIP agencies and your partners, such as those in other state agencies, health plans and providers, to drive measurable improvement in quality of care and health outcomes for Medicaid and CHIP beneficiaries. Next slide, please.

Over the course of the webinar series and through the affinity group, which is the focus of today's session, we hope to provide state Medicaid and CHIP agencies, and their partners in behavioral health, with the information, examples, support and tools that you need to expand your understanding of data-driven interventions to improve timely and appropriate follow-up care for people who visit an emergency department or are hospitalized for a mental health or substance use condition.

Through the affinity group opportunity, states will develop, implement, and assess quality improvement projects, network with and learn from, as well as teach their peers in other states, and advance their knowledge of quality improvement approaches and skills. Next slide, please.

This slide is just an overview, for your reference, of all the learning collaborative activities. Webinar 1 was held in May, and the recording is now available at [medicaid.gov](https://www.medicaid.gov) if you missed it or want to revisit some of the excellent content. Our next webinar after today's information session is on June 29th, and we have confirmed the date and registration links for the third webinar, which will be on July 15th. You can go to the Improving Behavioral Health Follow-up Care Learning Collaborative page on [Medicaid.gov](https://www.medicaid.gov). We'll see if it's possible for us to drop that into the chat for you to register for any of the subsequent webinars, and to find the recording of the first webinar, if you would like it.

As you've heard, the rest of today's session will focus on the affinity group opportunity and is really an overview and then a chance for you to ask your questions of the technical assistance team about the affinity group and what all is entailed, and what kind of commitment you will need to make as a state team if you would like to express interest in participating. At this point, I'm really pleased to hand it back to Michaela to take it from here. Thank you.

Michaela Vine:

Thanks, Deirdra. As Deirdra mentioned, I'm going to take a few minutes now to provide some background on what the affinity group will look like, who can participate, and how you can express your interest in this opportunity. Next slide, please.

Okay, and one more slide, please. Great, thank you. As Deirdra mentioned, the Improving Behavioral Health Follow-up Care Affinity Group will provide an opportunity for states to develop their own quality improvement, or QI initiative, to improve behavioral health follow-up care for their Medicaid and CHIP beneficiaries. Through this affinity group, states will meet virtually each month for workshops with other state teams, and attend regular one-on-one coaching calls with QI advisors and subject matter

experts. Each state team will also develop partnerships with other state Medicaid and CHIP agencies, behavior health agencies, health systems, and other QI partners. Teams will develop and implement their own QI projects through which they will improve their capacity to link and share data across provider and healthcare settings and identify effective approaches to ensuring follow-up care for beneficiaries in their state. Next slide, please.

On this slide, we've provided a few screenshots of the year one curriculum for the affinity group, which will be adapted as needed to meet the needs of participating states. In general, we expect that state teams will meet about twice each month. These meetings will include monthly webinars with the affinity group QI advisor and subject matter experts, bi-monthly one-on-one calls with the QI advisor to focus in on state specific progress and challenges, and bi-monthly coaching hours that will provide opportunities for states to engage with their peers in a working session format. Throughout the year, state teams will also receive regular newsletters, worksheets and links to additional resources from the QI team and will have access to the QI team mailbox if they have questions or need additional information. Next slide, please.

CMS has developed a general aim for the affinity group, which is by January 1st, 2023, to improve the timeliness of follow-up care for beneficiaries who are hospitalized or visit an ED for a mental health or substance use diagnosis.

However, this aim is just a starting point. Through the affinity group, states will work to develop a tailored aim that takes into account their own state specific needs and priorities. States will also build on key Medicaid agency drivers to identify specific change activities. These drivers include, but aren't limited to, state agency leadership, collaboration with stakeholders, policy and payment changes, data exchange between healthcare settings and stakeholders, and equitable access to care for beneficiaries. Next slide, please.

So, who can participate in the affinity group? First, state teams must be led or co-led by someone from the state Medicaid or CHIP agency. Because of the focus on improving access to behavioral health services for this affinity group, states are encouraged to partner with their state behavioral health agency, as well as representatives from their Medicaid managed care plans, provider groups, public health partners, and advocacy groups.

States that have an SUD or SMI health home, who will be focusing their work in this area, are also encouraged to engage their Medicaid health home program staff. I'll talk a little more about the other requirements for participation in a few minutes. Next slide, please.

Finally, why would you want to participate in this affinity group? States that have participated in other CMS affinity groups, including affinity groups focused on improving maternal and infant healthcare, oral health care, and asthma control, have noted that the experience has helped them develop and remain on track with their QI

goals, pursue high-impact structural and policy changes, and learn about and share best practices with their peers. Next slide, please.

In the next few slides, I'm going to briefly walk through the participation criteria for the affinity group, and then review the information that states will be asked to provide when expressing their interest in this opportunity. Next slide, please.

As I mentioned a few minutes ago, each state team must have support from its Medicaid leadership, including the state's Medicaid director, Medicaid medical director, or other senior leadership. State teams are also expected to have representation from behavioral health, quality improvement, and data staff. Each team should have clear, well articulated goals for their QI project, and a good understanding of the state specific opportunities for and challenges to improving follow-up care amongst their beneficiaries. As this will be a data-driven QI effort, participating teams should also have access to data for beneficiaries with behavioral health conditions, and have either a current or future ability to report on the relevant core set metrics, including follow-up after hospitalization for mental illness or FUH, follow-up after ED visit for alcohol and other drug abuse or dependence, or FUA, and follow-up after ED visit for mental illness, or FUM, or other relevant state specific metrics. Finally, the project lead should expect to commit about ten to fifteen hours each month to the QI project. Next slide, please.

The EOI form is available as a PDF on the Medicaid.gov learning collaborative website, in case it's helpful to print out the form as you're gathering information, but the form you'll actually complete to apply for the affinity group is an online form that is linked to in the PDF. In general, when completing the EOI form, we ask that you be brief and use data whenever possible. You'll be asked to provide your state's goals for participating, as well as the data sources that you'll use to determine and monitor your progress towards these goals. You'll also be asked some questions about your state Medicaid program, including the current delivery system for behavioral health services, whether your state has an SUD, SMI or SMI/SUD Medicaid health home, and any existing state strategies or initiatives to improve follow-up care after an acute behavioral health service. You'll also be asked to provide a brief description of your key challenges around ensuring follow-up care, as well as opportunities for improving access to care. Next slide, please.

The form will also ask you provide some information about any current or previous managed care improvement initiatives related to behavioral health follow-up care, such as performance improvement projects, quality strategy objectives, or EQRO review of related metrics, and whether behavioral health services are carved out of or included in managed care in your state. We also would like to know whether you have, or will have, access to the data you need to monitor your QI efforts, including the relevant Core Set follow-up metrics or other related metrics. We also want to know whether you have access to admissions, discharge and transfer, or ADT data, that can potentially be used in your QI project.

We also ask that you provide any early project ideas that you or your teammates have for your QI project. It's not required or expected that you'll have a fully fleshed-out project

at this point, but if you do have ideas, this will help us better understand where you are trying to go with this work.

Finally, we ask that you provide the names, titles, and affiliations of your proposed team members, including your team lead, and indicate whether you have seen your leadership support at your state's Medicaid agency. Next slide, please.

The deadline for submitting the EOI form is Thursday, July 15th, by 8 p.m. Eastern time. Once the deadline has passed, we'll begin holding calls with states who expressed interest, and will notify states of their affinity group status in August. In August, we're also expecting to hold meetings between the QI advisor, the QI team, and state team leads before kicking off the first affinity group meeting for all state team members in September. Next slide, please.

Now I know I just gave you a lot of information at once, and we'll have plenty of time for questions and answers in a few minutes, but I do just want to turn it over to Mira now for a few announcements about the learning collaborative.

Mira Wang:

Thanks Michaela. Next slide, please.

We'll post the webinar recording and slides from today's Q&A session on Medicaid.gov at the link on the slide. We also encourage you to attend our two upcoming webinars. Webinar 2 will focus on Leveraging Key Relationships in Improving Behavioral Health Follow-up Care, and Webinar 3 will discuss Using Data to Improve Access to Behavioral Health Follow-up Care. You can also register for these webinars on the Medicaid.gov URL on this page. Next slide, please.

Finally, the Affinity Group Fact Sheet and Expression of Interest form are available on the Medicaid.gov link on this page. We encourage you to use the Google form to submit your responses, but also have a PDF you can use if needed. Please submit your Expression of Interest form by Thursday, July 15th at 8 p.m. Eastern time. With that, I'll pass it off to Michaela for questions. Next slide, please.

Michaela Vine:

Great, thanks Mira. As Mira mentioned, we're going to open up the floor now for questions. Next slide, please.

Just as a reminder, to submit a question, please type your question into the Q&A box at the bottom right of your WebEx window, and select "All Panelists" in the drop-down, before pressing send. Only the presentation team will be able to see your questions, and we'll do our best to get through as many as possible during the time that we have.

We have one question so far, which is whether you have to join the affinity group to participate in the webinars? The answer to that is no, you may attend the webinars without joining the affinity group.

Another question that we have is whether everyone who attends today's webinar will be able to access the recording, and if so, when? Yes, we will post the recording, as well as a transcript, and the webinar slides to the Medicaid.gov learning collaborative page, and I think we should be able to do that within a week, or so.

We have another question here to please provide some more information about the ten to fifteen hours per month. That's expected for team leads in terms of their duties, their homework, et cetera. The hours will include meetings with the QI team, but also meetings with your own state team and stakeholders. That will be the bulk of that time: the expected meetings for the full affinity group, your meetings with the QI advisor, and then your own state team meetings.

Right, well, please continue to submit questions.

Mira Wang:

We did get a question in the chat: are EQROs considered state partners?

Michaela Vine:

Yes, EQROs are considered state partners.

We've received another question about the recording URL. That will also be posted at Medicaid.gov once it is ready. Another question we received is about links in the webinar slides. Yes, we will be posting the slides to the webinar that will have all the links that you can just click on and get to those locations.

We have another question now about FQHCs, and whether FQHCs and their partner organizations can join or if it's more tailored to health plans. FQHCs, or health plans, could be partners in the affinity group for the state teams, but again, the state teams need to be led by someone from the Medicaid agency, from the state.

Someone asked about whether the calls in August will only be for states that are chosen for the affinity group or if it's part of the selection process. The answer is yes, we will be holding calls with all states that express interest to better understand your goals for this work, and what you're going to be trying to do through your QI project, and provide you some more information about next steps, as well.

It looks like we also received a question around whether providers can join the affinity group. The same answer here: yes, providers could certainly be a partner in the state affinity group team. Again, we would be looking for someone from the state's Medicaid agency to either lead or co-lead the state team.

Deirdra Stockmann:

There is a couple of questions I just wanted to clarify again about where the slides will be posted. We have dropped the link in the chat. It's not the Medicaid and CHIP MAC learning collaborative. It's the Medicaid and CHIP behavioral health learning collaborative page. If you go over to the chat option on your screen, you should be able to see that link and click on it.

Michaela Vine:

Thanks, Deirdra. We also have a question here around benefits to participation in the affinity group outside of potential quality improvement. I think the goal of the affinity group would be that teams would select and complete a QI project that would benefit your Medicaid and CHIP beneficiaries by ensuring better access to follow-up care for them after an acute behavioral health service. But as I mentioned earlier, the state teams that participate in the affinity group would receive some information around other QI resources. We will be sending out a newsletter with links to those resources.

It looks like we have a question around more information about the timeline. What happens after the kick-off in September in terms of developing and implementing the QI intervention? Our expectation is that after the September kick-off with the full state team group, there will be about a year of more intense support for the state teams. Then in the second year, there will be more state-driven support. Year 1 is when you're meeting about twice a month with the QI advisor and your state team to work through your project. Then, in Year 2, help is still available, but it's less intensive. I hope that's helpful. Once the slides are posted, you will be able to take a look. There is that little image of the Year 1 curriculum, so you can take a look to see what it would look like month-to-month in terms of these meetings that we've been mentioning.

We really appreciate all the questions we've received so far. We have plenty of time for more questions. I'm thinking now, since we have a little bit of a lull, maybe we can move on to some FAQs that we have come up with that might be helpful to you as you're thinking through applying for this opportunity. Back one slide, please.

I think this reiterates some of the information I already provided about choosing your state team for the affinity group. So, who should be on our state team? State teams should be led by someone from your state's Medicaid or CHIP program. We want to put a focus on cross-agency collaboration; in particular, involving someone from your state's behavioral health agency is something that you should be thinking through. Then we recommend that the team include at least one person who either works with, and/or has access to data on beneficiaries with behavioral health conditions and behavioral health service use.

We also included a question around whether the state team should include partners outside of the state's Medicaid CHIP and behavioral health agencies. The answer to that is absolutely. Again, CMS is really encouraging states to partner with other behavioral health stakeholders. These could include Medicaid managed care plans, healthcare

providers, Medicaid health home program staff, or other state stakeholders, like advocacy groups. Next slide, please.

This is a question around the teams' data capabilities. The team should ideally include someone who has access to data and the requirements around these data. This is a data-driven quality improvement initiative. We recommend that your team be able to generate and share measures of behavioral health follow-up care. We suggest the Core Set's FUA, FUH, and FUM measures, or other state-specific or similar metrics that will help your team formulate your goals and track your progress towards your goals. You will be asked to submit data that reflect your improvement efforts on a monthly basis. Starting off with someone who has access to and can use these data will put you in a good position. Next slide, please.

This is a little bit more about the affinity group time commitment. Based on the prior affinity groups, we estimate that the project lead will need to commit about ten to fifteen hours each month to the QI project. That's just the QI lead. The other primary team members will probably need several hours each month to attend the workshop coaching hours, prepare other materials related to the affinity group, and work with their stakeholder partners on the QI project. Next slide, please.

I've mentioned this a few times, but you need someone from the state team to provide leadership signoff, someone from your agency who's going to support your project goals. Senior officials from your Medicaid or CHIP program may include the state's Medicaid director, Medicaid medical director, or other senior leadership in the agency, such as the director of Medicaid managed care, if your project will be implemented as part of the managed care work, or a director of quality improvement.

We have another question now. Can you please share a little bit more about the benefits of joining the affinity group? Again, the benefits are really to learn about QI science. That will help this QI project, as well as other QI projects that you may embark on. We also build out a network of people that are interested in doing this kind of work, both within your state and then across other states, so you can hear what other states are doing in this area. Your team will be able to complete the QI project for your state, which will hopefully benefit Medicaid beneficiaries. Also, you'll have access to experts, including the quality improvement advisor and subject matter experts.

We have another question here around examples of past accomplishments from previous affinity groups, so you can get an idea of the scope of the work involved. There are several other affinity groups currently going on. These include asthma, postpartum care, fluoride varnish, and improving timeliness for foster care. That one is just kicking off. Deirdra, do you want to jump in with a little bit more info on these other affinity groups?

Deirdra Stockmann:

Sure. It's a great question, and in several more months or so, we will probably have more answers. As Michaela just mentioned, we have over the last year launched a number of learning collaboratives and affinity groups on different topics. The first one launched was

on asthma, which is about a year in. The last year, as you can imagine, has been quite an interesting one to do quality improvement on anything, including asthma. But one of the projects that is jumping to mind, for instance, is one state has engaged multiple managed care plans to test a variety of interventions to improve asthma control among their beneficiaries. They've developed a network and regular communication for those plans to share back with the state and with each other about what's working to improve people's medication management and asthma control. The projects are just getting underway, but by engaging multiple managed care plans, they're able to test a number of different potential improvement interventions, all of which are based on good science, and what we already know works to improve asthma control. Over the next several months, they'll be collecting data from those health plans to learn which are the most effective. Then the state will be able to consider whether they want to use any of their managed care levers or other approaches to spread the things that seem to be most effective at improving care for their beneficiaries. That's just one example. There are more emerging, and we'll certainly have more over time.

Ultimately, we help states get to what works faster by providing data and best practices in the literature or from other states, fostering state-to-state communication about what you are trying in your state settings, and sharing what's working and what's not working, because getting to what works includes not doing stuff that we know doesn't work.

As has already been mentioned, we give you some of the quality improvement science tools to learn more quickly about what really drives improvement and what seems like a good idea but doesn't drive improvement, so that you can do rapid tests of change, or plan-do-study-act cycles, to learn quickly about what works. If those are terms that don't mean anything to you, you will learn what they mean through your participation in the affinity group. I hope that gives a little bit of a better flavor. It's a great question and we look forward to having more and more state examples as we get farther into our affinity group work on a number of topics.

Michaela Vine

Thank you very much, Deidra, that was a great answer. Lots of information there. We've gotten through most of the questions at this point. Maddie, do you mind going back one more slide? Two more slides.

If you have any last-minute questions, please feel free to submit them through the Q&A function. I'll give you another minute or so. Alright, and just to let you know, Mira has posted the link to the webinar slides, recording, and transcript in the chat. You can click on that link and get all the information, the links to the documents that we've talked about today.

Hopefully, we've answered all your questions. Maddie, can you go to the next slide, please?

Thank you. If you do have any other questions as you mull this over, over the next couple days and weeks, please feel free to send them to our inbox at MACQualityImprovement@Mathematica-mpr.com. We will be happy to answer them.

We also ask that you complete the evaluation that will pop up as you exit the webinar. That will help us do our own QI process to improve these webinars moving forward, and we really look forward to working with you. We also look forward to having you on the next two webinars in this learning collaborative webinar series. Thank you so much for attending today.

We did have one last question from someone. If you are interested in being involved with one of the state groups but you are not part of a state agency, how do you connect with potential group members? Thank you for your interest. Please send your name and your questions along to the QI mailbox, and we can help connect you. Again, this e-mail inbox here, MACQualityImprovement@Mathematica-mpr.com, is where you should go with all of your questions. Thank you so much for attending today's webinar. Thank you for your engagement with our team.

Please complete the webinar evaluation form that will pop up when you exit the webinar. Thank you again. This concludes the webinar.