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

June 15, 2021

Deirdra Stockmann, Centers for Medicare & Medicaid Services (CMS)
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How to Submit a Question

• Use the Q&A function to submit questions or comments.
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• For technical questions, select “Host” in the “Ask” menu
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Welcome from CMS

Deirdra Stockmann, CMS
Improving Behavioral Health Follow-up Care Learning Collaborative

• The Centers for Medicare & Medicaid Services (CMS) launched the Improving Behavioral Health Follow-up Care Learning Collaborative in May 2021

• State Medicaid and behavioral health agencies and their partners will have an opportunity to:
  – Expand their knowledge of evidence-based interventions to improve access to behavioral health follow-up care
  – Develop, implement, and assess a data-driven quality improvement project
  – Network with peers
  – Advance their knowledge of and skills in quality improvement
Improving Behavioral Health Follow-up Care Learning Collaborative (continued)

• Webinar series
  – Webinar 1: Expanding and Ensuring Access to Behavioral Health Follow-up Care (held on May 17, 2021; recording, transcript, and slides available on the Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage)
  – Webinar 2: Leveraging Key Relationships in Improving Behavioral Health Follow-up Care (June 29, 2021 at 12:00 PM ET)
  – Webinar 3: Using Data to Improve Access to Behavioral Health Follow-up Care (July 15, 2021 at 3:00 PM ET)

• Affinity Group
  – Action-oriented support to state Medicaid, behavioral health agencies, and their partners
  – Opportunity for states to increase access to timely behavioral health follow-up care among Medicaid and CHIP beneficiaries
  – Will hold a workshop for state team leads in August 2021 followed by a full affinity group meeting in September 2021 (more information provided in the Improving Behavioral Health Follow-up Care Affinity Group Fact Sheet)
Overview of the Improving Behavioral Health Follow-up Care Affinity Group

Michaela Vine, Mathematica
As part of the affinity group, state teams will:

• **Meet virtually, on a monthly basis**, for workshops and/or one-on-one state coaching calls, learning from QI advisors, SMEs, and peers

• **Develop partnerships** between state Medicaid, CHIP, behavioral health agencies, health systems, and other QI partners

• **Develop and implement QI projects** to ensure timely identification and follow through for beneficiaries requiring follow-up after hospitalization or ED visit for a behavioral health condition

• **Improve capacity to link or share data** across providers and health care settings to drive improvement in care coordination

• **Identify effective approaches** to providing follow-up care to implement in their state
Year 1 Curriculum and Activities

• Meetings (approximately 2 meetings/month)
  – Workshops
    • QI Science
    • SME
    • Peer learning
    • Monthly
  – 1:1 TA calls
    • QI advisor led
    • State determined agenda
    • Every other month
  – Coaching Hours
    • Active work sessions with peers
    • Peer learning
    • Every other month

• Newsletters, worksheets, references

• QI mailbox

• Note: AG curriculum will be adapted to meet states’ needs
**Improving Behavioral Health Follow-up Care Affinity Group: General Aim and Primary Drivers**

Aim: By January 1, 2023, improve timeliness of follow up care for beneficiaries who are hospitalized or visit an emergency department for a mental health or substance use diagnosis.

**Primary Medicaid agency drivers**

- State agency leadership
- Stakeholder collaboration
- Policy and payment
- Data exchange
- Equitable access to care
Improving Behavioral Health Follow-up Care Affinity Group: Who Can Participate?

- State Medicaid or CHIP agency must serve as state team lead or co-lead
- Medicaid and CHIP Agency*
- Medicaid MCOs
- Provider Groups
- Advocacy Groups
- Public Health Partners

*State Medicaid or CHIP agency must serve as state team lead or co-lead
What Do Participants in Other State Affinity Groups Say?

Regular meetings helped state teams develop and remain on track with their goals.

Collaboration with QI advisors and subject matter experts allowed states to pursue high-impact structural and policy changes.

Affinity groups provided a unique opportunity to learn about and share best practices with peer states.
Completing the Expression of Interest (EOI) Form

Michaela Vine, Mathematica
Improving Behavioral Health Follow-up Care Affinity Group: Participation Criteria

- Support from Medicaid and CHIP leadership
- State team that includes behavioral health, quality improvement, and data staff
- Well-articulated goals
- Understanding of opportunities and challenges to improve care
- Access to data on beneficiaries with behavioral health conditions and current service use

- Current or future ability to report relevant Core Set measures (FUA-AD, FUH-CH/AD/HH, FUM-AD) and other metrics of interest
- Project lead ability commit approximately 10 to 15 hours each month to QI project
Be brief and use data when you can

1. **Participation goals**
   - Goals for participating, specifying data used to determine goals

2. **State needs assessment**
   - Current delivery system for behavioral health services (e.g., fee-for-service, managed care, bundled payments, etc.)
   - Relevant state health homes (i.e., SMI, SUD, SMI/SUD)
   - Existing state strategies or initiatives used to ensure beneficiaries receive timely follow-up care after an acute inpatient admission or ED visit for a behavioral health condition
   - Key challenges and opportunities related to behavioral health follow-up care
EOI Form Questions (2)

3. **Managed care**
   - Current or previous improvement efforts related to behavioral health follow-up care (i.e., PIPs, quality strategy objectives, EQRO review of related metrics)
   - Whether behavioral health services are carved out of or included in managed care

4. **Access to behavioral health follow-up care data**
   - Access to and use of measures of behavioral health follow-up care (i.e., Core Set FUA-AD, FUH-CH/AD/HH, FUM-AD measures and other metrics of interest)
   - Access to and use of admissions, discharge and transfer (ADT) data

5. **Early project ideas**
   - Project ideas that state is considering (note: a predetermined intervention or strategy is **not** a requirement)

6. **Your team**
   - Names, titles, and affiliations of proposed team members
   - Team lead must be from the state Medicaid agency
   - Include staff who can help gather and interpret data

7. **Senior leadership support**
   - States must have the support of the Medicaid or CHIP director, medical director, or other senior leadership in the agency
Timeline for EOI Review and Startup

**July 15 by 8 PM ET:**
EOI forms due

**August:**
- States notified of status
- CMCS and QI TA team calls with states
- QI advisor and QI TA team meeting with state team leads

**September:**
First affinity group meeting (all state team members)
Announcements and Next Steps

Mira Wang, Mathematica
Announcements and Next Steps

• Webinar recording and slides will be posted on the [Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage](https://www.medicaid.gov)

• Upcoming webinars
  – Webinar #2: Leveraging Key Relationships in Improving Behavioral Health Follow-up Care: **Tuesday, June 29, 2021, 12:00 PM ET**
  – Webinar #3: Using Data to Improve Access to Behavioral Health Follow-up Care: **Thursday, July 15, 2021, 3:00 PM ET**

• Register for remaining webinars at the [Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage](https://www.medicaid.gov)
Announcements and Next Steps (continued)

• Affinity Group Fact Sheet and EOI form are available at the Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage

• Affinity Group EOI forms are due Thursday, July 15, 2021, 8:00 PM ET
Questions
How to Submit a Question

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Thank you for participating!

• Please complete the evaluation as you exit the webinar

• If you have any questions, please email
  MACQualityImprovement@mathematica-mpr.com
Improving Behavioral Health Follow-up Care Affinity Group FAQ’s
Who should be on our state team?

- State teams should be led by a staff member from the state’s Medicaid or CHIP program.
- Given the focus on cross-agency collaboration, the team should also include members of the state’s behavioral health agency.
- We also recommend that the team include at least one member who works with or has access to data on beneficiaries with behavioral health conditions and current service use.

Can our state team include partners outside of the state’s Medicaid/CHIP and behavioral health agencies?

- Yes! CMS encourages states to partner with other behavioral health stakeholders, including Medicaid managed care plans, health care providers, Medicaid Health Home program staff, and/or other stakeholders.
You mentioned including a team member who has access to data. What are the requirements around data?

- Data is foundational to QI initiatives. For this reason, we strongly recommend the state team be able generate and share measures of behavioral health follow-up care (i.e., Core Set FUA-AD, FUH-CH/AD/HH, and/or FUM-AD measures or other similar metrics) to help understand your state team’s QI project.
- Your state team will be asked to submit data that reflect your improvement efforts on a monthly basis.
• What kind of a time commitment should state teams expect?
  – Based on prior affinity groups, we estimate that the project lead ability will need to commit approximately 10 to 15 hours each month to QI project
  – Other primary team members will need several hours each month to attend workshops, participate in coaching hours, work on or prepare materials related to the affinity group, and work with stakeholder partners on the QI project
EOI Leadership Signoff

- The EOI form requests that state teams provide the contact information for senior leadership in the agency who supports the project’s goals. Who would qualify as a senior official?
  - Senior officials may include the state's Medicaid director, Medicaid medical director, or other senior leadership in the agency, such as Director of Medicaid Managed Care (if your QI project will be implemented as part of managed care work) or a Director of Quality Improvement.