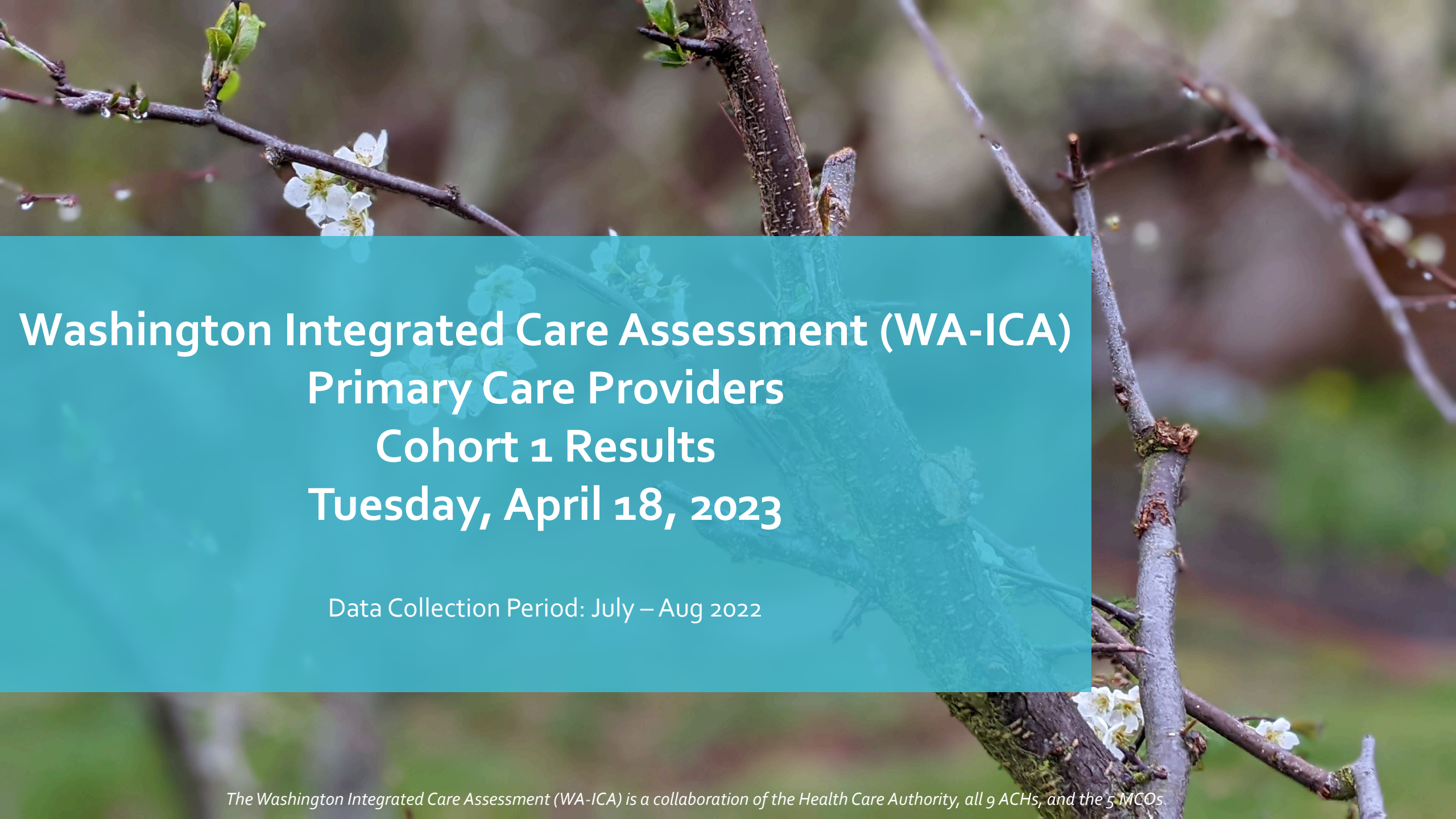


Washington Integrated Care Assessment (WA-ICA)
Primary Care Providers
Cohort 1 Results
Tuesday, April 18, 2023

Data Collection Period: July – Aug 2022

The Washington Integrated Care Assessment (WA-ICA) is a collaboration of the Health Care Authority, all 9 ACHs, and the 5 MCOs

Agenda

12:00 – 12:10	About the WA-ICA & Cohort 1 Snapshot
12:10 – 12:20	Characteristics of Cohort 1
12:20 – 12:40	Cohort 1 Results by Subdomain
12:40 – 12:45	Narrative Themes
12:45 – 1:00	Discussion

About the Integrated Care Assessment (ICA) & Henry Chung

- **About Henry Chung, MD**
  - Professor of Psychiatry at Albert Einstein College of Medicine.
  - Developed the original Continuum Based Integrated Care Frameworks from which the Washington ICA was adapted from.
- **WA-ICA** is a coordinated effort across WA State, replacing previous integration assessments (such as the MeHAF) used by Accountable Communities of Health (ACHs) and Managed Care Organizations (MCOs).
- **Continuum-based model**, with 9 domains and 13 subdomains
- **Foundational domains** are those considered core to advancing integration and can be an opportunity to focus improvement when a practice is in the preliminary stage.
- In addition to assessing a practice's current level of integration, the assessment framework serves as a road map for progress.
- For more information on the ICA framework, see Continuum-Based Behavioral Health Integration and General Health Integration in Behavioral Health Settings.

Cohort 1 Snapshot

* **Foundational Domain.** Sites in preliminary stages can focus on these areas to establish a foundation for advancing integrated care.

Cohort 1 - Responses received July 11 - August 22, 2022

- 174 primary care sites representing 55 primary care organizations were invited to complete the assessment.
- 79 sites responded (45% site response rate).
- Integration readiness is stronger at primary care than behavioral health sites.
- Most primary care sites are in intermediate stages and above.
- Strengths are evident across all of the foundational domains.

	Org Response Rate (responded / invited)	**Site Response Rate** (responded / invited)
Primary Care	51% (28/55 orgs)	45% (79/174 sites)

Characteristics of Cohort 1 Responses

-

N = 79*

*Actual number of responses used in analysis may vary to account for data quality or missing data.

Payor Mix

Payor mix differs significantly between Behavioral Health and Primary Care sites.
Median Medicaid for Behavioral Health is double that of Primary Care (89% vs. 44%).

Medicare and commercial representation is higher at Primary Care than Behavioral Sites.
Medicare median is 1% for Behavioral vs 17% for Primary Care.
Commercial median is 4% for Behavioral vs 21% for Primary Care.

SDoH Screening

A quarter of sites do not use any SDoH screening tool.
'Other' (internal and **EPIC-based)** is the **top screening tool** cited by half of all sites

Patient Volume per Month

	Min	25% Percentile	Median	75% Percentile	Max
Monthly Patients	50	781	1,461	2,000	15,000

Characteristics of Cohort 1 Responses - N = 79

- **What funding sources support your integrated care efforts?**

(select all that apply):

Type	Count	% Sites (count / N)
Fee for service billing	64	81%
Grants	39	49%
Value based payment arrangements	35	44%
Capitated PMPM rate	28	35%
Collaborative Care codes	22	28%
Other	4	5%
None	2	3%

Only 11% of BH sites reported value-based payments for their efforts vs. 44% of PC sites. VBP supports 1 in 10 Behavioral Health sites, compared to half of all Primary Care sites.

Collaborative Care codes support only 2% of BH sites for integration versus 28% for PC sites. CoCM codes support only 1 in 50 Behavioral Health sites, compared to 1 in 3 Primary Care sites.

Characteristics of Cohort 1 Responses - N = 79

- **Which of the following IT and/or population health tools are in use at your clinical site?** (select all that apply):

Type	Count	% Sites (count / N)
Electronic Health Records	79	100%
Electronic referrals to outside services	56	71%
Registries	51	65%
Shared care plans	46	58%
Health information exchanges (HIE)	42	53%
Closed loop referral systems with outside services	26	33%
Community information exchanges (CIE)	15	19%

100% of sites use an EHR system, and about 3 out of 4 sites use electronic external referrals.

Community Information Exchanges are used by 1 in 5 primary care sites, in contrast to about 1 in 20 behavioral health sites.

Characteristics of Cohort 1 Responses

-

N = 79

- **What are the top three challenges your site faces in advancing integration?** (select three)

Type	Count	% Sites (count / N)
Workforce	74	94%
Financial Support	72	91%
Partnerships with other clinical providers	39	49%
Other	18	23%
Technology	17	22%
Leadership Support	6	8%

Workforce and **Financial Support** are the top challenges to advancing integration.

These were the top challenges across both BH and primary care sites.

ICA Framework Results
Foundational Domains & Opportunities for Improvement

WA-ICA Framework Domains

* **Foundational Domain.** Sites in preliminary stages can focus on these areas to establish a foundation for advancing integrated care.

ICA Framework Domains

1. Screening, referral to care and follow-up.*
2. Evidence-based care for preventive interventions.
3. Information exchange among providers.
4. Ongoing care management.*
5. Self-management support that is adapted to culture, socioeconomic and life experiences of patients.*
6. Multi-disciplinary team (including patients) to provide care.
7. Systematic quality improvement.
8. Linkages with community/social services that improve general health and mitigate environmental risk factors.
9. Sustainability.

Foundational Domains

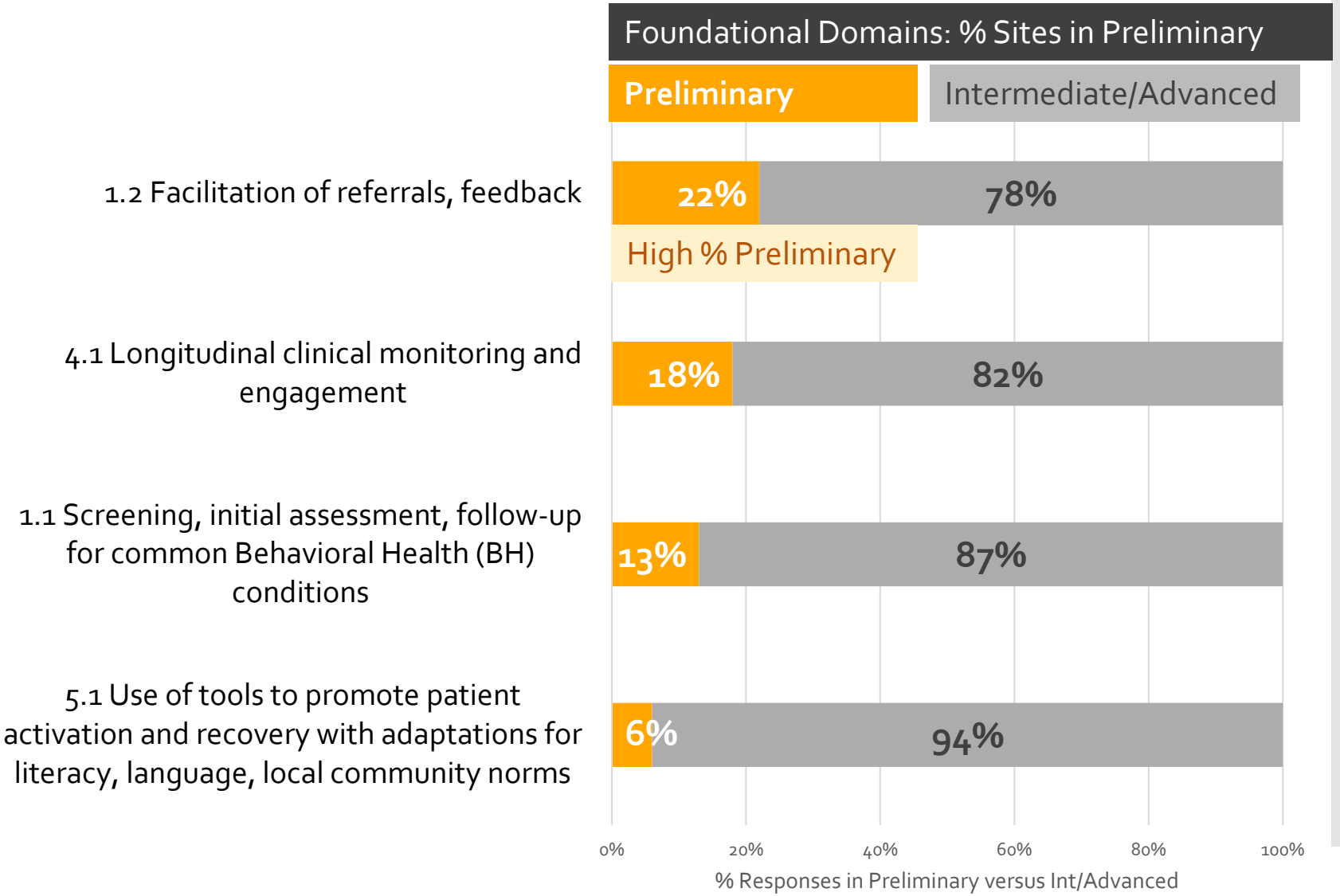
Subdomains with % Sites in **Preliminary**

Foundational Domains – Sites in Preliminary integration stage

-

N = 79

* **Foundational Domain.** Sites in preliminary stages can focus on these areas to establish a foundation for advancing integrated care.



Opportunities for Improvement

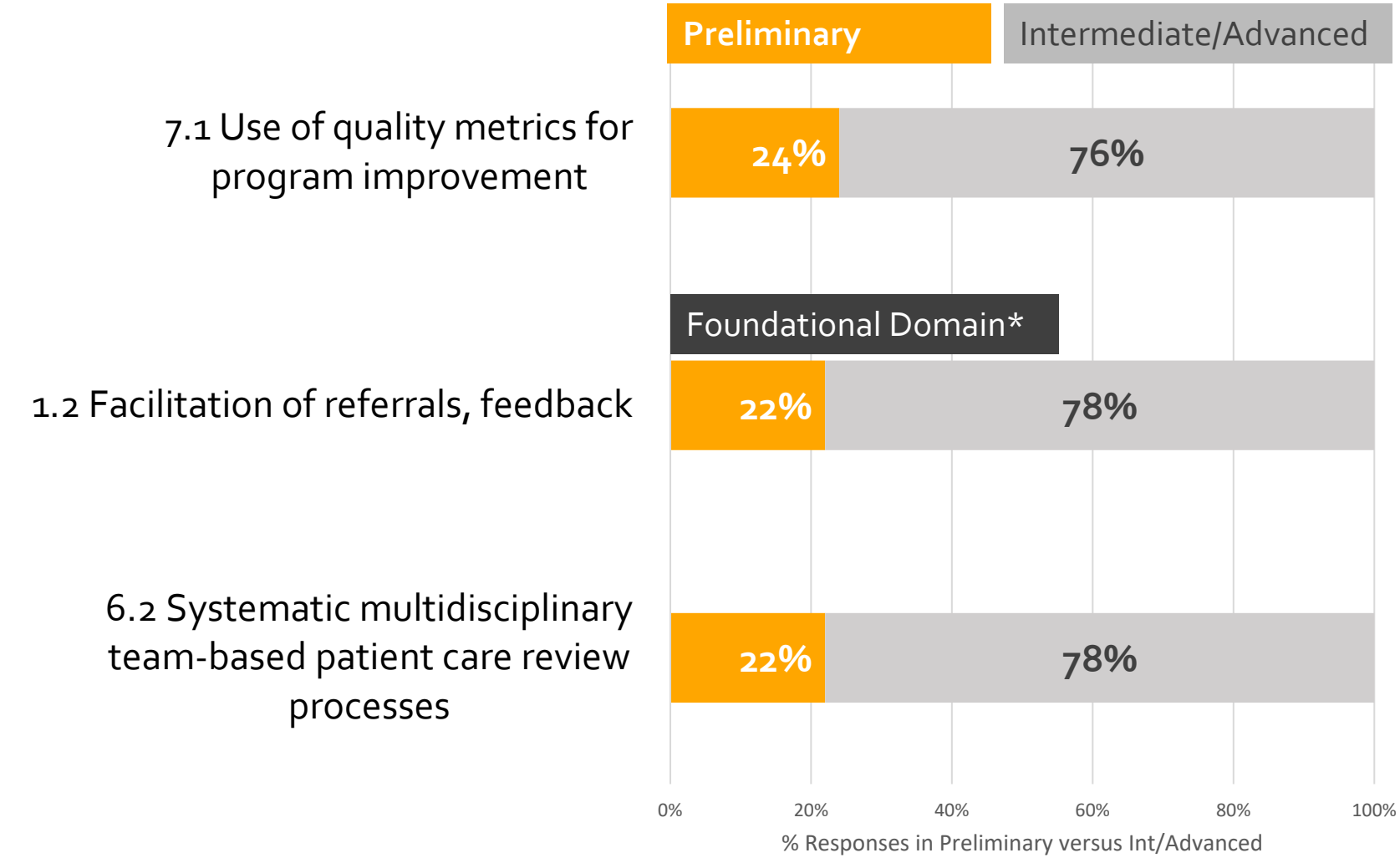
Subdomains with 3 highest percentages of sites in Preliminary integration stage

-

N = 79

* **Foundational Domain.** Sites in preliminary stages can focus on these areas to establish a foundation for advancing integrated care.

Subdomains with Highest % Sites in **Preliminary**



Narrative Themes:
Licensing, Reimbursement, Resources and Support

Summary of Narrative Themes

Cohort 1 Narrative Response Summary

- **What is working well in regard to staff/provider licensing and reimbursement structures for your integrated care efforts?**

1. Warm Hand-offs
2. Telehealth and Virtual Care
3. Collaborative Care Billing Codes (CoCM)

- **Where is there room for improvement?**

1. Workforce Support
2. Licensure Requirements
3. Payment Reimbursement Models

- **What resources/support does your clinical site need to advance integration?**

1. Payment Structures and Reimbursement
2. Workforce Support
3. Integration Model for Pediatrics
4. Community Collaboration and Idea-Sharing
5. Community Information Exchange (CIE) for Centralized Behavioral Health Service Directory
6. Technical Assistance for Integration

Discussion

Based on these results,

- What surprised you?
- What excited you?
- What questions does this raise?

- Upon completion of the integrated care assessment last year, did your site change or augment any integration strategies?

For more information on the WA – Integrated Care Assessment and for resources to advance integrated care, visit:

https://waportal.org/partners/home/WA-ICA

The Washington Integrated Care Assessment (WA-ICA) is a collaboration of the Health Care Authority, all 9 ACHs, and the 5 MCOs


Thank You
Vinaka
köszönöm
Kiitos
Maake
Asante
Shukria
Dhanyavadagalu
شكرا
Manana
Dankon
Diolch i Chi
Terima Kasih
Matondo
감사합니다
Dankscheen
спасибо
Kam Sah Hammida
Mauruuru
Biyan
Taiku
Dank Je
Tack
Blagodaram
Ngiyabonga
Dziekuje
Chokrane
Grazie
Juspaxar
Arigato
Mochchakkeram
Gracias
Kop Khun Khap
Paldies
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Bedankt
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धन्यवाद
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Gratias Tibi
Ua Tsaug Rau Koj
Di Ou Mèsi
Kia Ora
Obrigado
Děkuji
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谢谢
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Djiere Dieuf
Misaotra
Danke
Merci
Go Raibh Maith Agat
Eskerrik Asko
Salamat
ขอบขอบคุณคุณ
Najis Tuke

Appendix:
Results by ICA Framework Subdomains
(Distribution of Site Responses)

Screening

Foundational Domain

Domain
1. Screening , Referral to Care and Follow-up

Subdomain
1.1 Screening, initial assessment, follow-up for common Behavioral Health (BH) conditions

Primary Care

N = 79

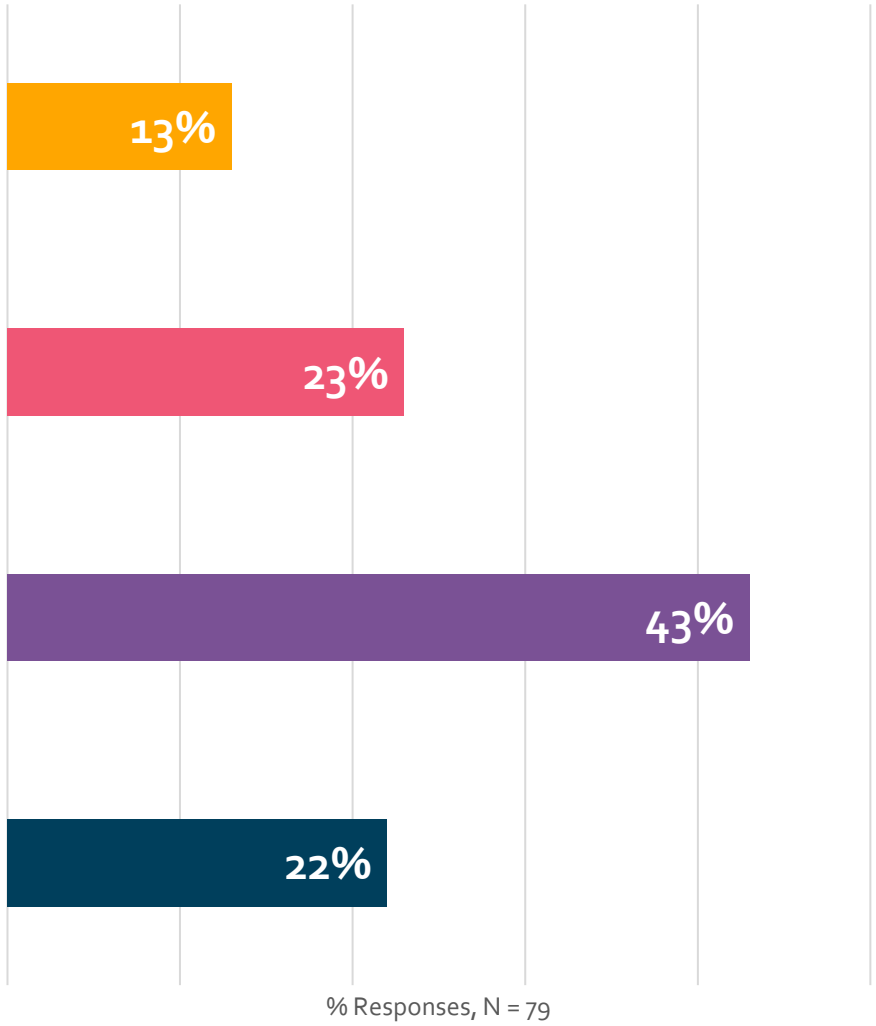
Question 11

Preliminary: Patient/clinician identification of those with BH symptoms—not systematic

Intermediate I: Systematic BH screening of targeted patient groups (e.g., those with diabetes, CAD), with follow-up for assessment

Intermediate II: Systematic BH screening of all patients, with follow-up for assessment and engagement

Advanced: Analysis of patient population to stratify patients with high-risk BH conditions for proactive assessment and engagement



Referrals

Domain
1. Screening , Referral to Care and Follow-up

Subdomain
1.2 Facilitation of referrals, feedback

Primary Care

N = 79

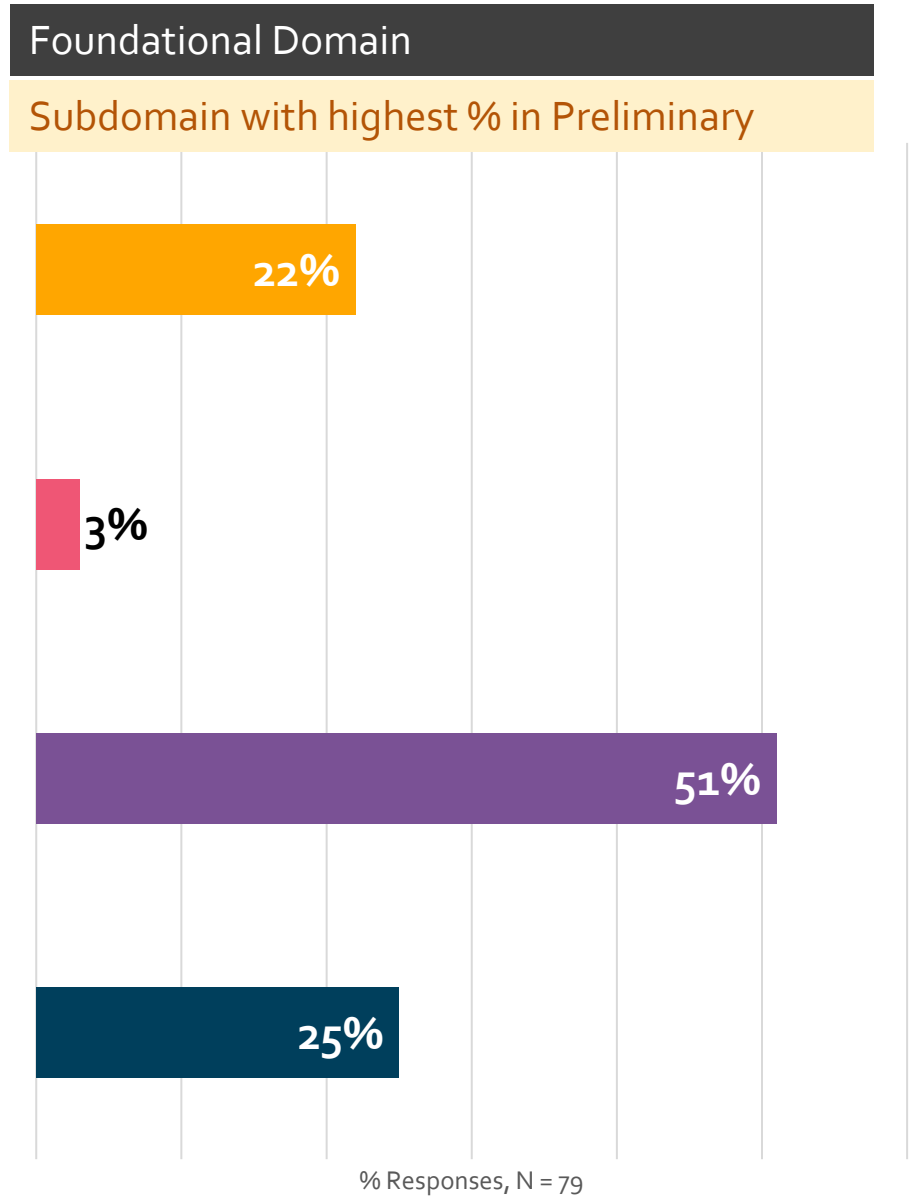
Question 12

Preliminary: Referral only, to external BH provider(s)/ psychiatrist

Intermediate I: Referral to external BH provider(s)/psychiatrist through a written agreement detailing engagement, with feedback strategies

Intermediate II: Enhanced referral to internal/co-located BH clinician(s)/psychiatrist, with assurance of "warm handoffs" when needed

Advanced: Enhanced referral facilitation with feedback via EHR or alternate data-sharing mechanism, and accountability for engagement



Evidence-based Care

Domain
2. Evidence- based care for preventive interventions and common behavioral health conditions

Subdomain
2.1 Evidence-based guidelines/treatment protocols

Primary Care

N = 79

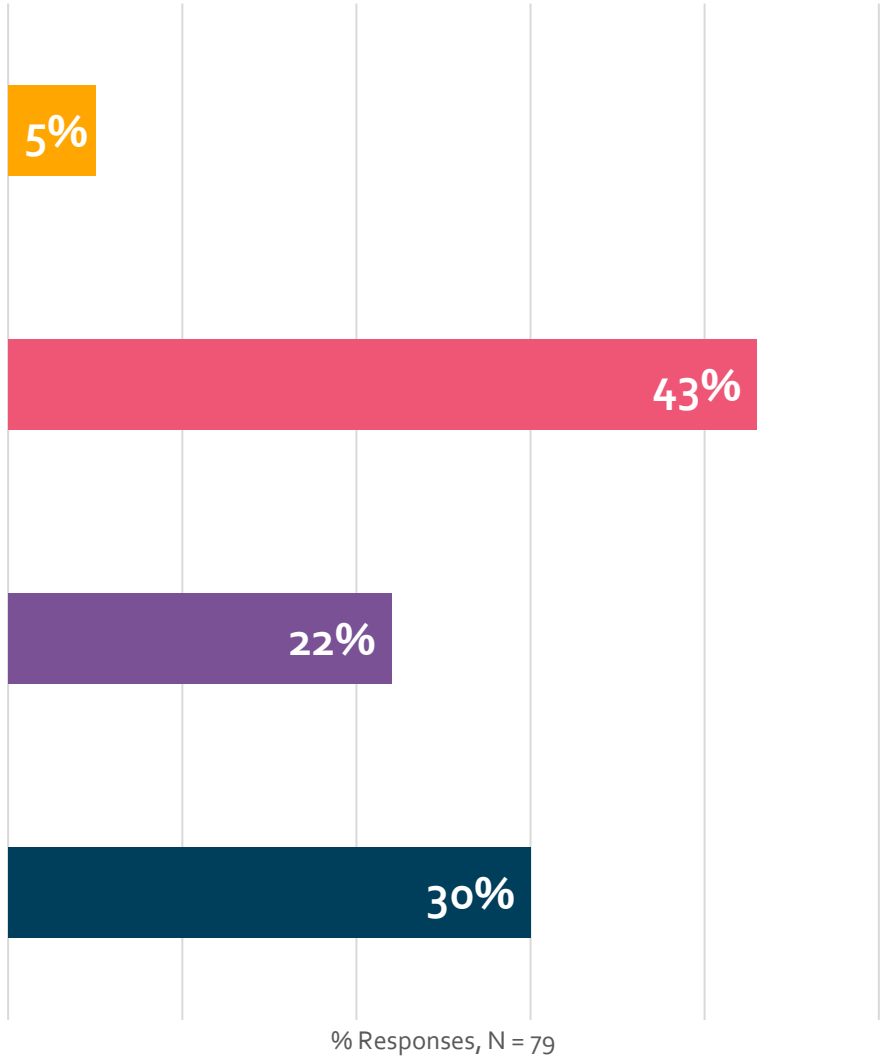
Question 13

Preliminary: None, with limited training on BH disorders and treatment

Intermediate I: PCP training on evidence-based guidelines for common behavioral health diagnoses and treatment

Intermediate II: Systematic use of evidence-based guidelines for all patients; tools for regular monitoring of symptoms

Advanced: Systematic tracking of symptom severity; protocols for intensification of treatment when appropriate



Medication Management

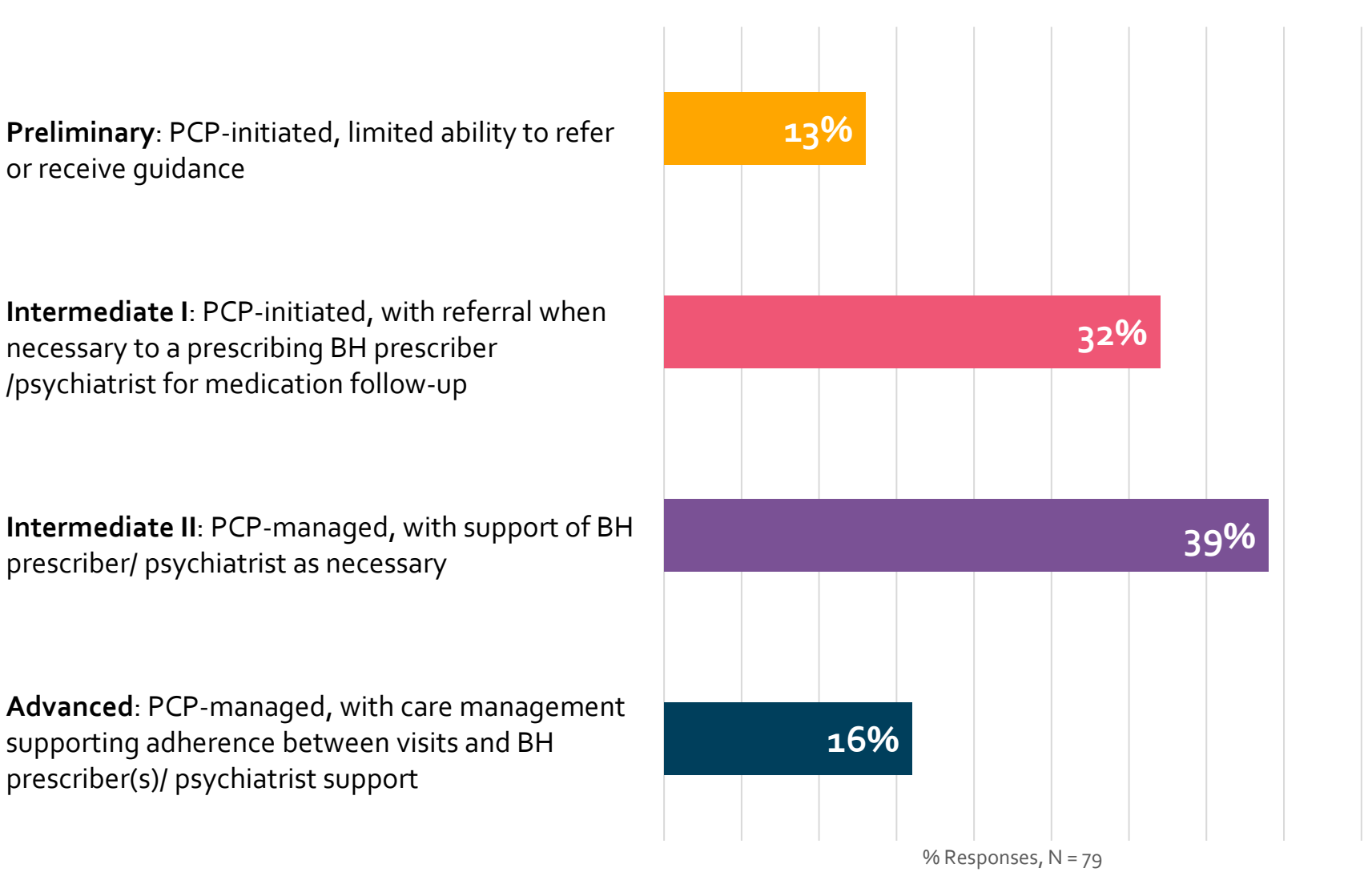
Domain
2. Evidence- based care for preventive interventions and common behavioral health conditions

Subdomain
2.2 Use of psychiatric medications

Primary Care

N = 79

Question 14



Therapy Access

Domain
2. Evidence- based care for preventive interventions and common behavioral health conditions

Subdomain
2.3 Access to evidence-based psychotherapy with BH provider(s)

Primary Care

N = 79

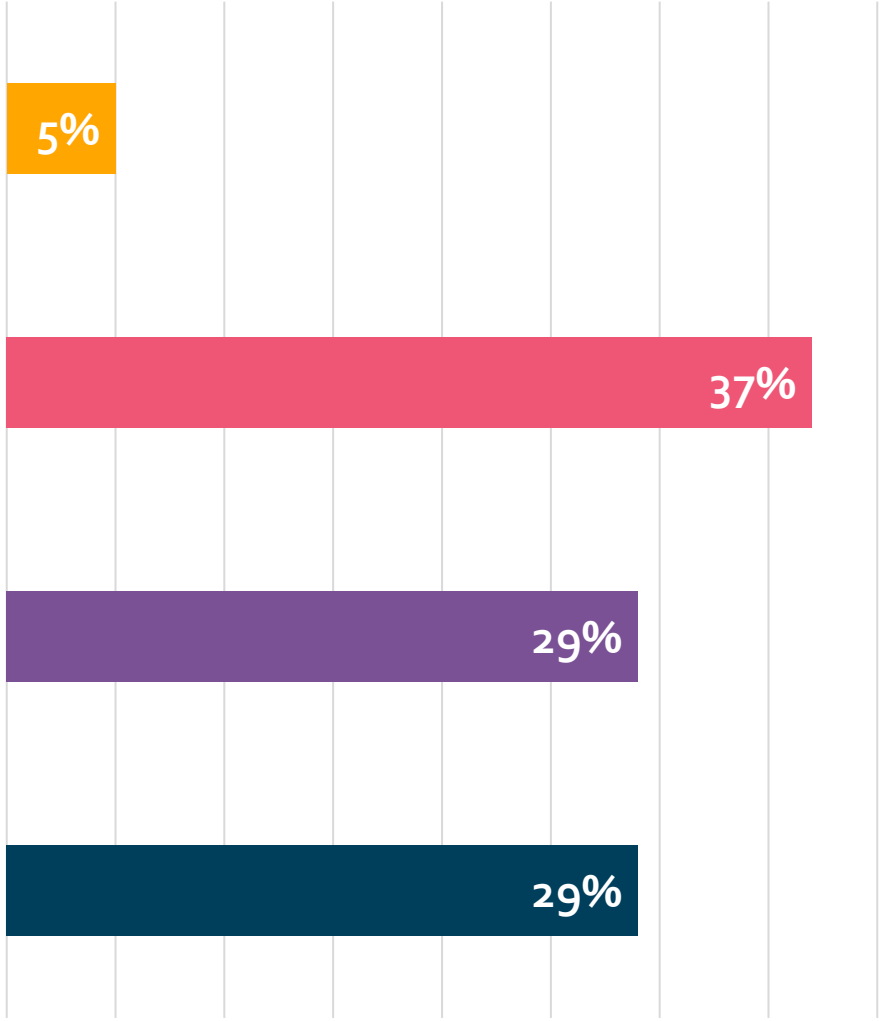
Question 15

Preliminary: Supportive guidance provided by PCP, with limited ability to refer

Intermediate I: Referral to external resources for counseling interventions

Intermediate II: Brief psychotherapy interventions provided by co-located BH provider(s)

Advanced: Broad range of evidence-based psychotherapy provided by co-located BH provider(s) as part of overall care team, with exchange of information



Information Sharing

Domain
3. Information exchange among providers

Subdomain
3.1 Sharing of treatment information

Primary Care

N = 79

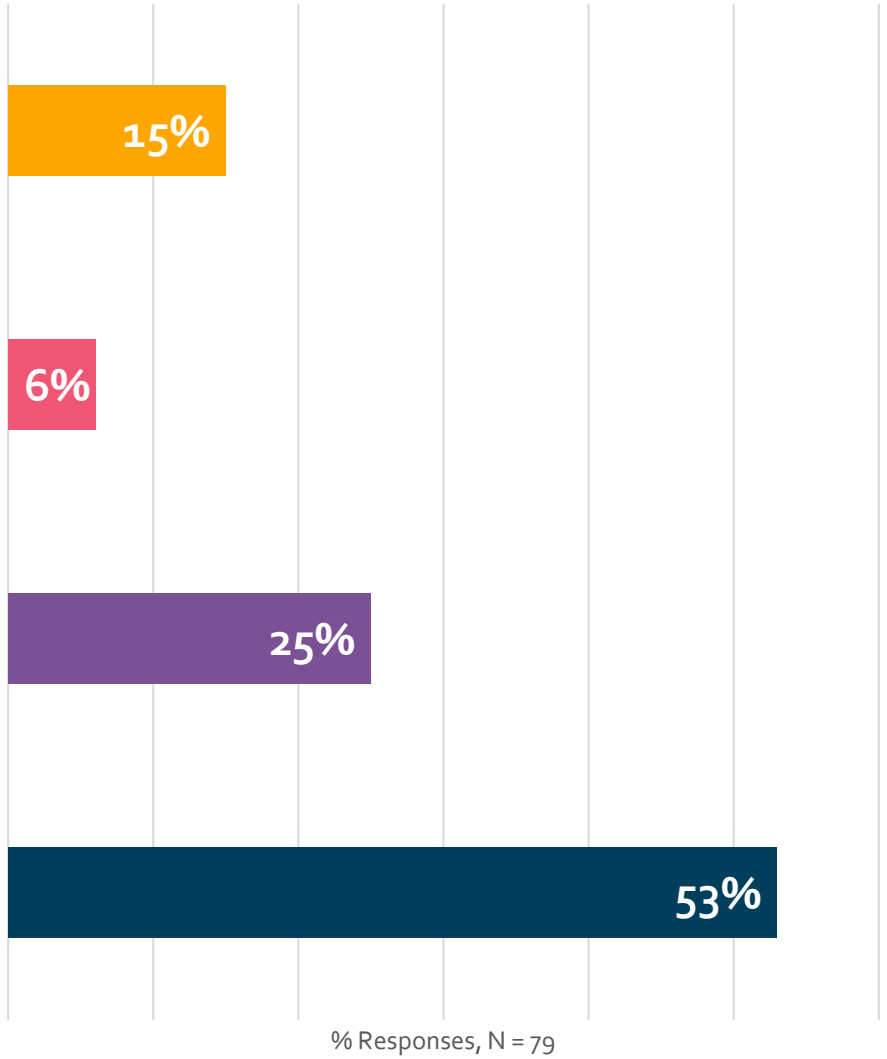
Question 16

Preliminary: Minimal sharing of treatment information within care team

Intermediate I: Informal phone or hallway exchange of treatment information, without regular chart documentation

Intermediate II: Exchange of treatment information through in-person or telephonic contact, with chart documentation

Advanced: Routine sharing of information through electronic means (registry, shared EHR, shared care plans)



Patient Tracking

Foundational Domain

Domain
4. Ongoing care management

Subdomain
4.1 Longitudinal clinical monitoring and engagement

Primary Care

N = 79

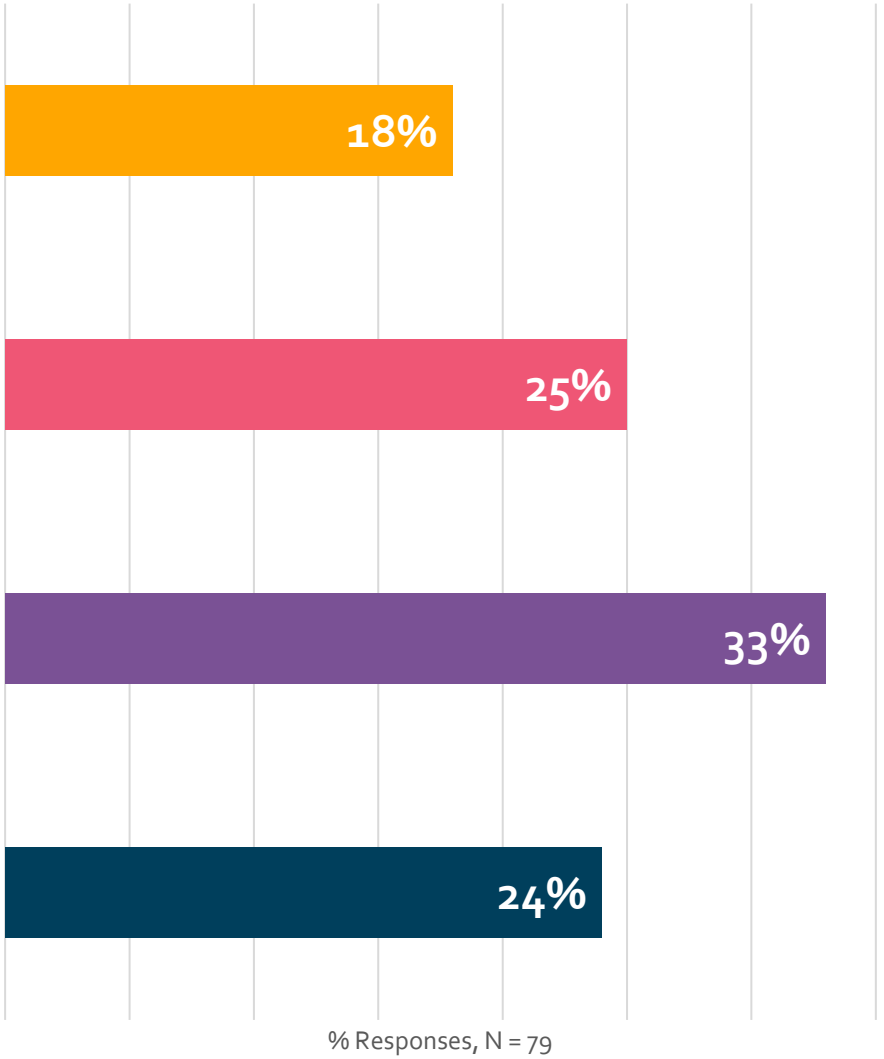
Question 17

Preliminary: Limited follow-up of patients by office staff

Intermediate I: Proactive follow-up (no less than monthly) to ensure engagement or early response to care

Intermediate II: Use of tracking tool to monitor symptoms over time and proactive follow-up with reminders for outreach

Advanced: Tracking integrated into EHR, including severity measurement, visits, care management interventions (e.g., relapse prevention techniques, behavioral activation), proactive follow-up; selected medical measures (e.g., blood pressure, A1C) tracked when appropriate



Self-Management Support

Foundational Domain

Domain
5. Self-management support that is adapted to culture, socioeconomic and life experiences of patients

Subdomain
5.1 Use of tools to promote patient activation and recovery with adaptations for literacy, language, local community norms

Primary Care

N = 79

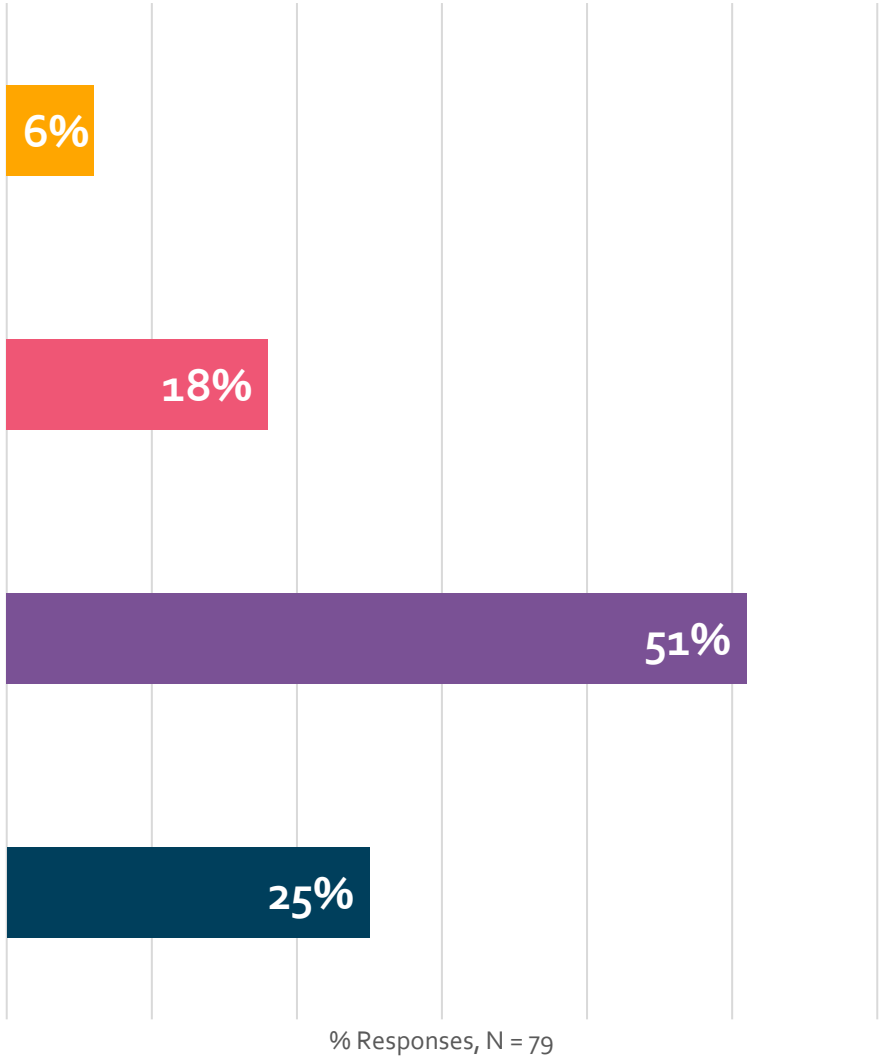
Question 18

Preliminary: Brief patient education on BH condition provided by PCP

Intermediate I: Brief patient education on BH condition, including materials/handouts and symptom score reviews, but limited focus on self-management goal-setting

Intermediate II: Patient education and participation in self-management goal setting (e.g., sleep hygiene, medication adherence, exercise)

Advanced: Systematic education and self-management goal-setting, with relapse prevention and care management support between visits



Care Team

Domain
6. Multidisciplinary team (including patients) to provide care

Subdomain
6.1 Care Team

Primary Care

N = 79

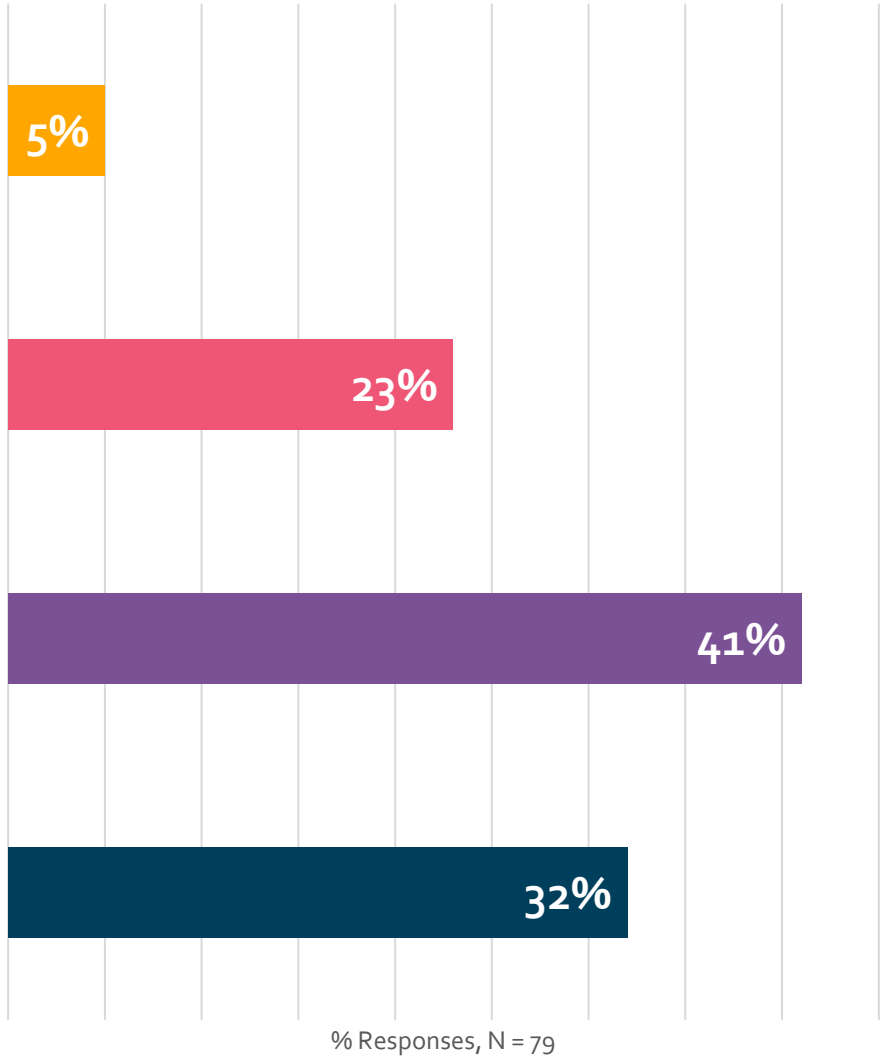
Question 19

Preliminary: PCP, patient

Intermediate I: PCP, patient, ancillary staff member

Intermediate II: PCP, patient, ancillary staff member, care manager, BH provider(s)

Advanced: PCP, patient, ancillary staff member, care manager, BH provider(s), psychiatrist (contributing to shared care plans)



Sharing Treatment Info

Domain
6. Multidisciplinary team (including patients) to provide care

Subdomain
6.2 Systematic multidisciplinary team-based patient care review processes

Primary Care

N = 79

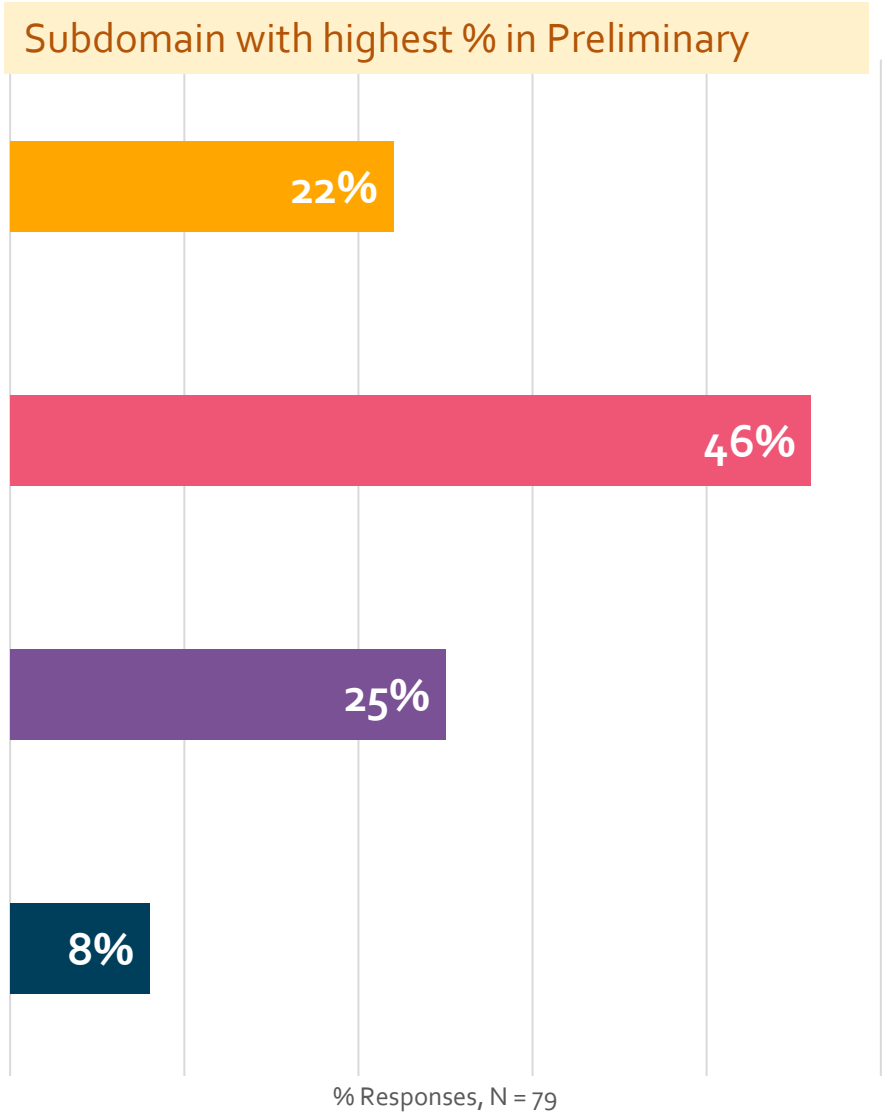
Question 20

Preliminary: Limited written communication and interpersonal interaction between PC-BH provider(s), driven by necessity or urgency, or using patient as conduit

Intermediate I: Regular written communication (notes/consult reports) between PCP and BH provider(s), occasional information exchange via ancillary staff, on complex patients

Intermediate II: Regular in-person, phone, or e-mail communications between PCP and BH provider(s) to discuss complex cases

Advanced: Weekly team-based case reviews to inform care planning and focus on patients not improving behaviorally or medically, with capability of informal interaction between PCP and BH provider(s)



Quality Improvement

Domain
7. Systematic Quality Improvement (QI)

Subdomain
7.1 Use of quality metrics for program improvement

Primary Care

N = 79

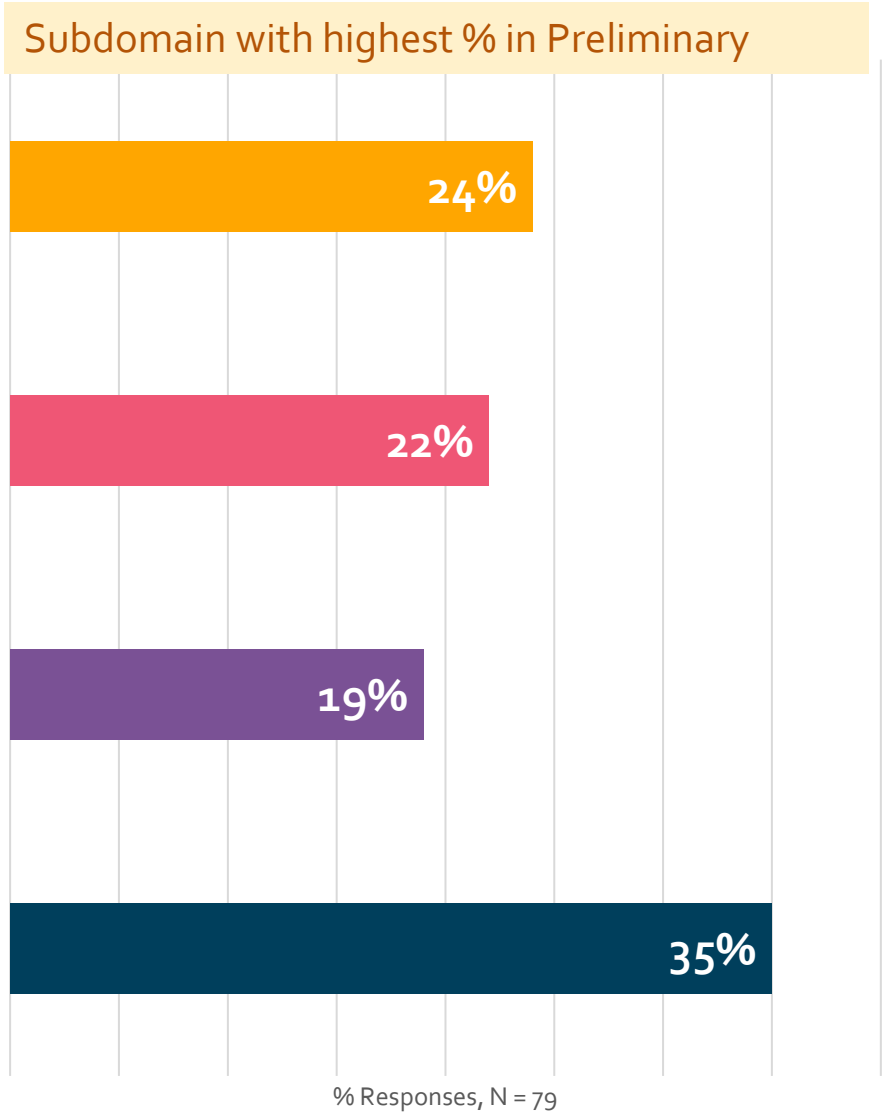
Question 21

Preliminary: Informal or limited use of BH quality metrics (limited use of data, anecdotes, case series)

Intermediate I: Use of identified metrics (e.g., depression screening rates, depression response rates) and some ability to regularly review performance

Intermediate II: Use of identified metrics, some ability to respond to findings using formal improvement strategies

Advanced: Ongoing systematic quality improvement (QI) with monitoring of population-level performance metrics, and implementation of improvement projects by QI team/champion



Social Service Links

Domain
8. Linkages with community/social services that improve general health and mitigate environmental risk factors

Subdomain
8.1 Linkages to housing, entitlement, other social support services

Primary Care

N = 79

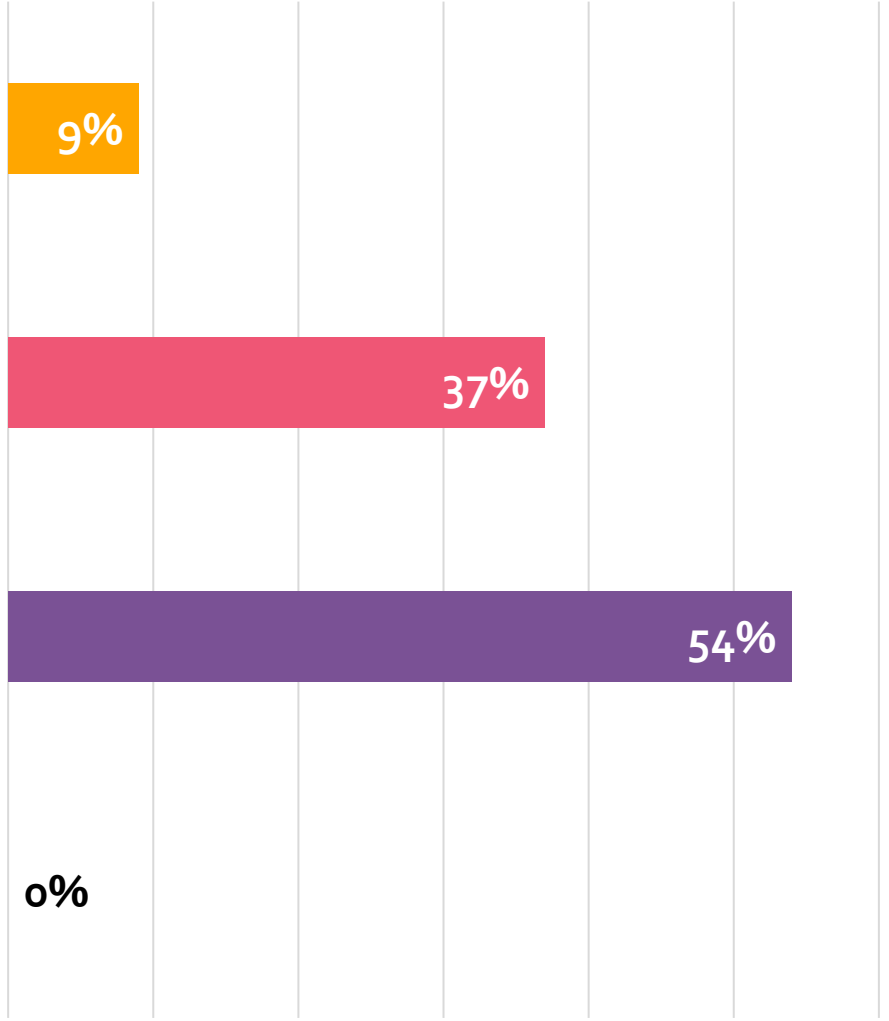
Question 22

Preliminary: Few linkages to social services, no formal arrangements

Intermediate I: Referrals made to agencies, some formal arrangements, but little capacity for follow-up

Intermediate II: Screening for social determinants of health (SDOH), patients linked to community organizations/resources, with follow-up

Advanced: Developing, sharing, implementing unified care plan between agencies, with SDOH referrals tracked



Billing Sustainability

Domain
9. Sustainability

Subdomain
9.1 Build process for billing and outcome reporting to support sustainability of integration efforts

Primary Care

N = 79

Question 23

Preliminary: Limited ability to bill for screening and treatment, or services supported primarily by grants

Intermediate I: Billing for screening and treatment services (e.g., SBIRT, PHQ screening, BH treatment, care coordination) under fee for service, with process in place for tracking reimbursements

Intermediate II: Fee for service billing, and additional revenue from quality incentives related to BH integration

Advanced: Receipt of global payments that account for achievement of behavioral health and physical health outcomes