

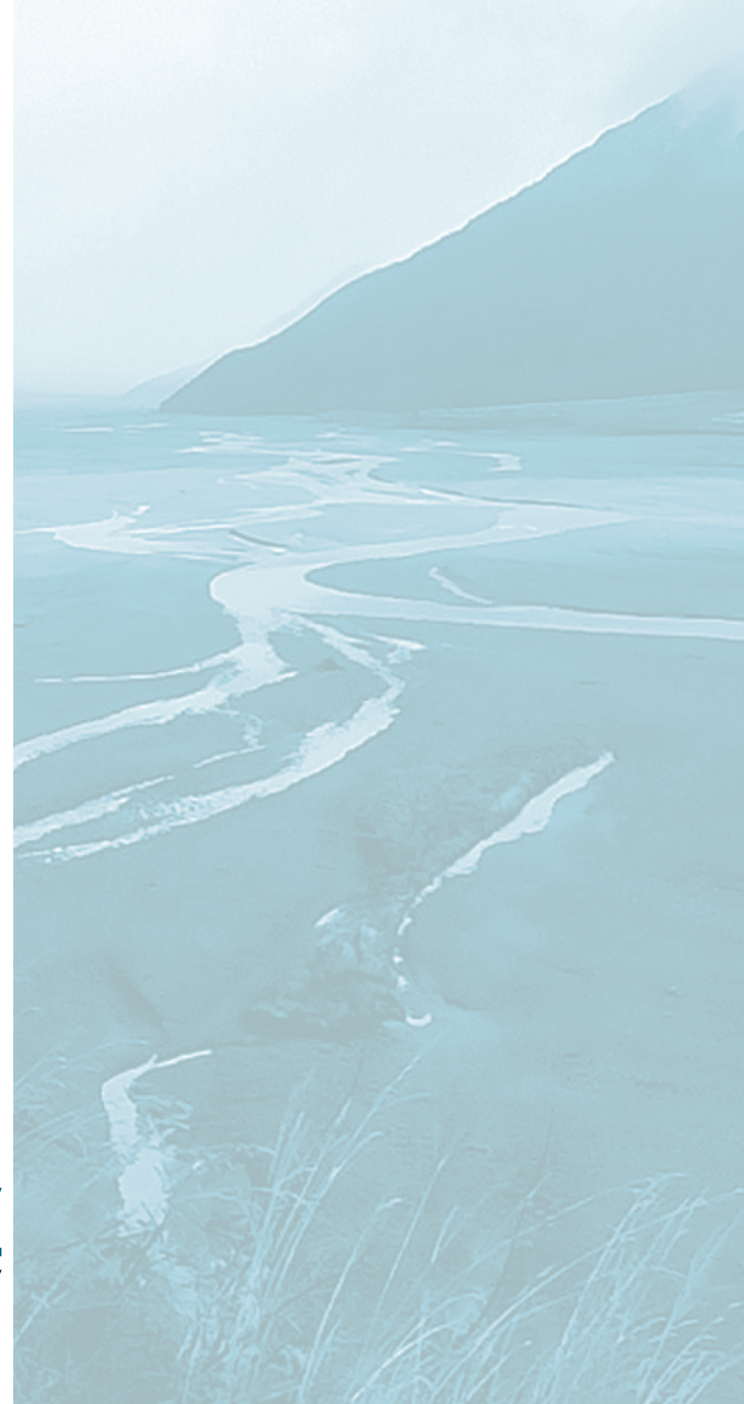
# Using outcomes-based payment for behavioral health services: Lessons learned from Oakland Community Health Network's experience

---

Presented By:

**Anya Eliassen, MBA**

**Nicole M. Lawson, PhD**



# Oakland Community Health Network (OCHN)

- Managed Care Organization for Carve-Out Behavioral Healthcare Services in Oakland County, Michigan
  - Intellectual / Developmental Disabilities
  - Mental Illness
  - Serious Emotional Disturbance
  - Substance Use Disorders
- Quasi-Governmental Entity
- Serving 27,000 people each year



# Service Model Goals

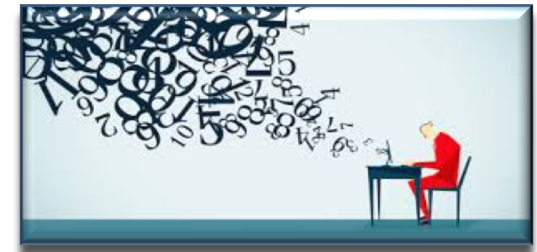
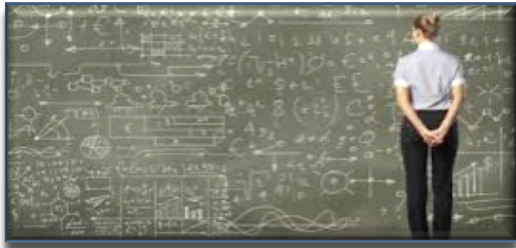
- Enhance service delivery
- Improve outcomes for people served
- Increase tracking of outcomes
- Eliminate rate variances among providers
- Increase efficiencies





“What if we don’t change at all ...  
and something magical just happens?”

# Building the Model-Provider Input / Participation



# Types of Payment Methods

- Per Person / Per Month
- Rate Grouping
- Fee-for-Service
- Milestones
- Hours a person served works



# Incentive and Outcome Measurement

- Outcomes for people, service delivery, and the social determinants of health
- Baselines determined using six quarters of historical data
- Data logic is published in the service model
- Dashboards provide anytime access to track progress



# Performance Incentives (Service Related)

Intended to be stretch goals:

- Emergency Department Admissions
- Psychiatric In-Patient Admissions
- Psychiatric In-Patient Re-admissions



# Performance Incentives (Social Determinants)

- Stable housing
- Employment
- Healthcare coordination



# Outcome Measures

Intended to ensure service delivery and support outcomes for people

- Crisis Interventions
- Follow Up After a Crisis Intervention
- Adherence to OCHN clinical protocol for crisis intervention



# Employment Service Model



To increase the number of working aged adults in integrated employment at a competitive wage with supports as needed.

# Definitions:

- ***Integrated Employment:*** Refers to individualized work paid directly by employers, occurring in a typical community-based work setting (elbow to elbow with workers without disabilities).
- ***Competitive Wage:*** At least minimum wage, paid directly to the person.

# Services Models – Main Points

- Establishes higher rates for community-based service provision
- Address staff to person served ratios to disincentivize large groups
- Payment of hours worked by the person, regardless of how many face-to-face job coaching hours are received from the provider (minimum monthly check-in applies)

<b>Hourly Wages</b>		
<b>Job Coach Hourly Wage</b>		<b>\$11.33</b>
Percentage FTE		100%
<b>Total Hourly Wage</b>		<b>\$11.33</b>
<b>Employee Related Expenses (ERE)</b>		
Benefits Payroll Taxes Workers Comp Unemployment FICA		\$5,873
Total Annual Hours this Job Coach is Employed		1950
Hourly ERE Component of Rate		\$3.01
Percent of Wages		26.6%
<b>Total Hourly Wage + ERE</b>		<b>\$14.34</b>
<b>Administrative Overhead</b>		
Percent Administrative Overhead		5.8%
<b>Hourly Administration Component of Rate</b>		<b>\$0.82</b>
<b>Total Hourly Wage + ERE + Administrative Overhead</b>		<b>\$15.17</b>
<b>Productivity Assumptions</b>		
Total Hours		7.50
Administrative Tasks (Documentation, Staff meetings) (Hours/Day)	1.50	1.5
Staff In-Service/Training (Hours/Year After First Year)	0.04	10
Holidays (Hours/Year)	0.35	90
Vacation (Hours/Year)	0.35	90
Sick (Hours/Year)	0.14	37.5
Special Emergency/Personal (Hours/Year)	0.06	15
Total Adjustments	2.44	
Average "Billable Hours" in a typical day		5.06
<b>Productivity Adjustment</b>		<b>1.4822</b>
<b>Hourly Compensation After Adjustment</b>		<b>\$22.48</b>



# Competitive Employment Rates

Acuity	Phase 1 0-11 Months on the Job		Phase 2 12-24 Months on the Job		Phase 3 25 Months or more on the Job	
	Wage	Rate	Wage	Rate	Wage	Rate
High	\$33.34	85%	\$27.45	70%	\$23.53	60%
Medium	\$25.49	65%	\$17.65	45%	\$13.73	35%
Low	\$17.65	45%	\$9.81	25%	\$5.88	15%

# Incentives for Providers



- Increase SSI/SSDI Work Incentives Training for direct support staff by 33% - \$2,500
- Not renewing 14C Subminimum Wage Certification - \$2,500
- Increase in Community-Based Skill Building Services by at least 20% (or maintain 100%) - \$3,500
- Increase the number of people served who are employed in Competitive, Integrated Employment -\$5,000

# Employment Outcomes



- 135% increase in people receiving Supported Employment Services
- Stable employment - 59% Employed for 12 months or more
- 17% transitioned to lower acuity level – fewer supports required

# Assertive Community Treatment (ACT)

- Implemented 10/1/16
- Core Provider Agencies (CPA) receive monthly case rate-based ACT staff, costs, and caseloads
- Monitoring model fidelity, outcomes, and costs



# Assertive Community Treatment and Target Case Management

- Funding:
  - Bundled Code based on team composition
  - Ancillary services based on service groupings
  - Enhanced Rates provided for Evidence-Based Practices

# ACT Rate Development

- 2% profit cap on service model
- Incentives are separate from profit cap

In order to ensure fiscal responsibility and the wise use of public funding, there will be a 2% profit cap placed on the ACT funding model outside of incentives. This will be measured during cost settlement based on all allowable expenses (per contract language and costing instructions) against revenue paid in the ACT Program Model payment process during the Fiscal Year.

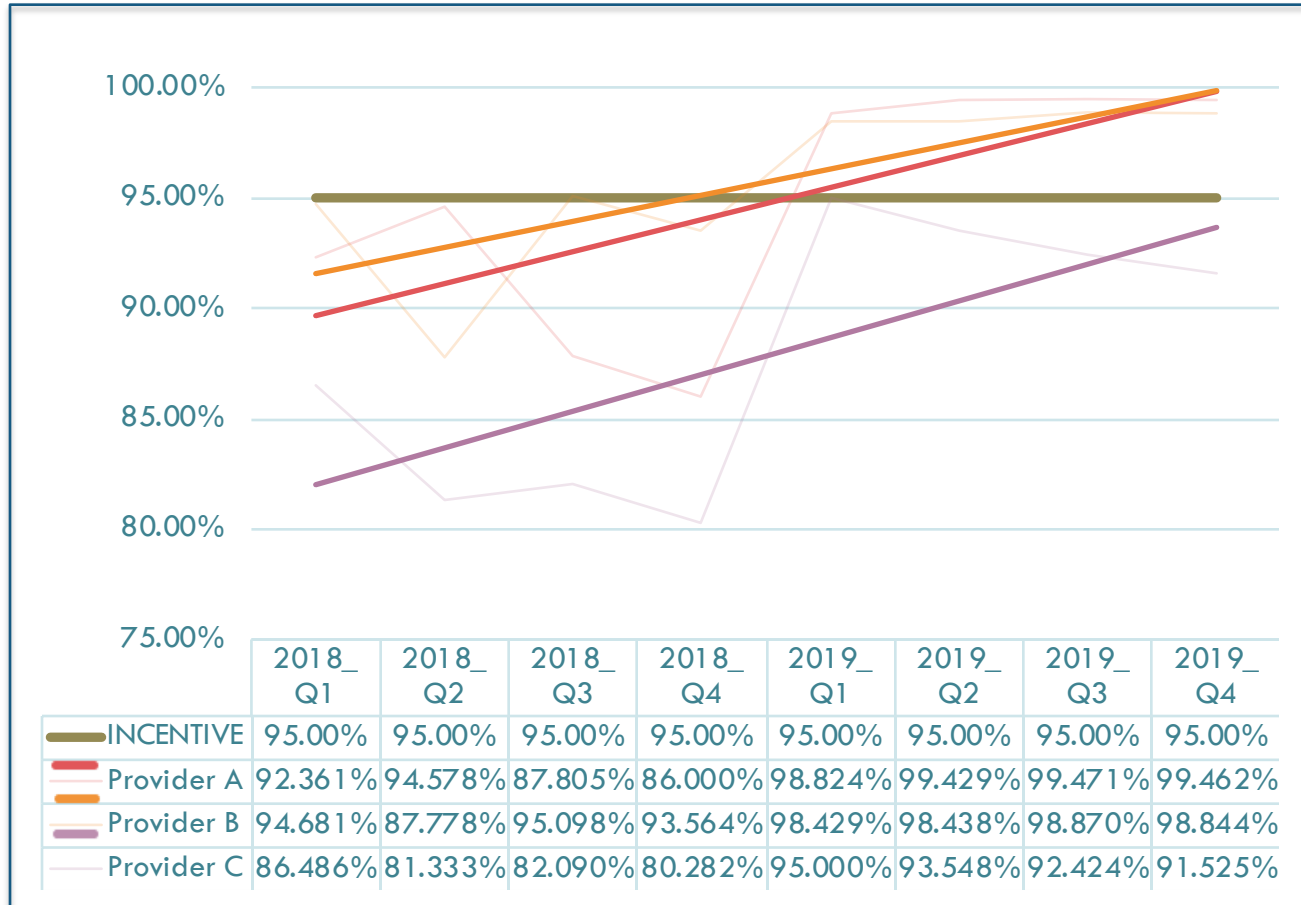
Position	FTE	Average Rate/hr	COST/YR
CASE MANAGER	1	21.78	\$45,302.40
PSYCHIATRIST	0.3125	92.16	\$59,904.00
TEAM LEADER	1	29.78	\$61,942.40
NURSE	1	34.07	\$70,865.60
SA SPECIALIST	1	21.49	\$44,699.20
CPSS	1	18.52	\$38,521.60
HSG SPECIALIST	DUAL ROLE		
		salary/TEAM	\$321,235.20
		benefits at 34%	\$109,219.97
		overhead/super/admin at 45% OF TOTAL	\$352,190.59
		TOTAL	\$782,645.76
		COST/PERSON/YEAR	\$15,652.92
		COST/PERSON/MONTH	\$1,304.41
		AVG FY15 COST/MONTH	\$1,525.00
		VARIANCE	-\$220.59



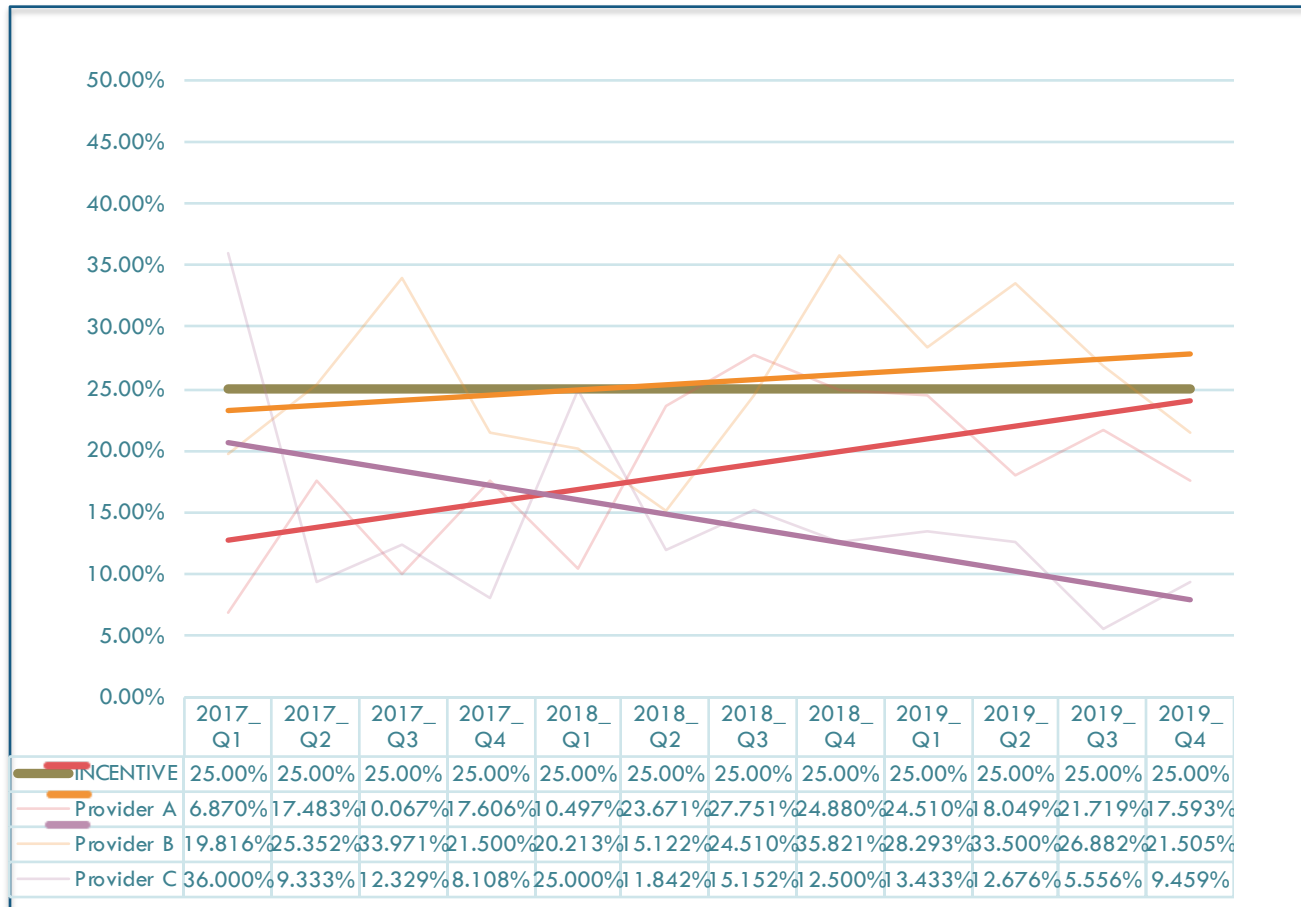
# ACT Cost Analysis

Fiscal Year (FY)	PMPM	Change from FY16
16	\$1,311.16	
17	\$1,300.81	-1%
18	\$1,267.65	-3%
19	\$1,275.27	-3%

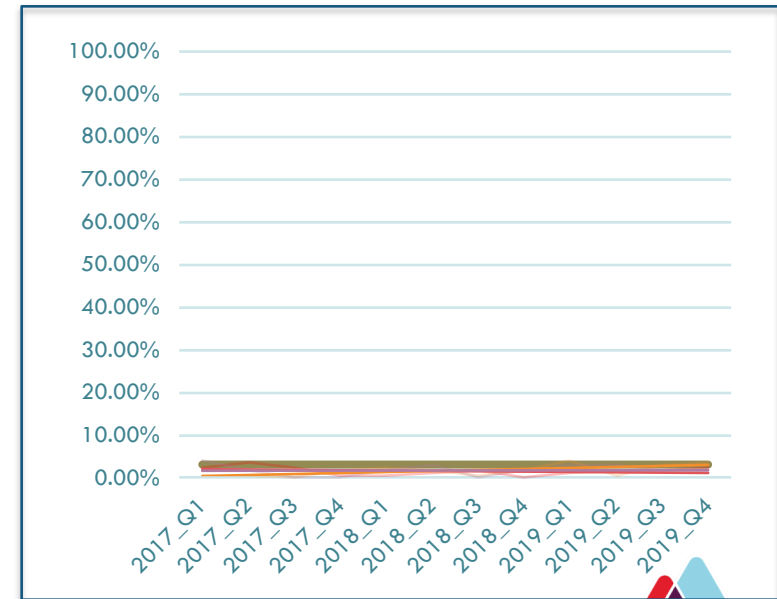
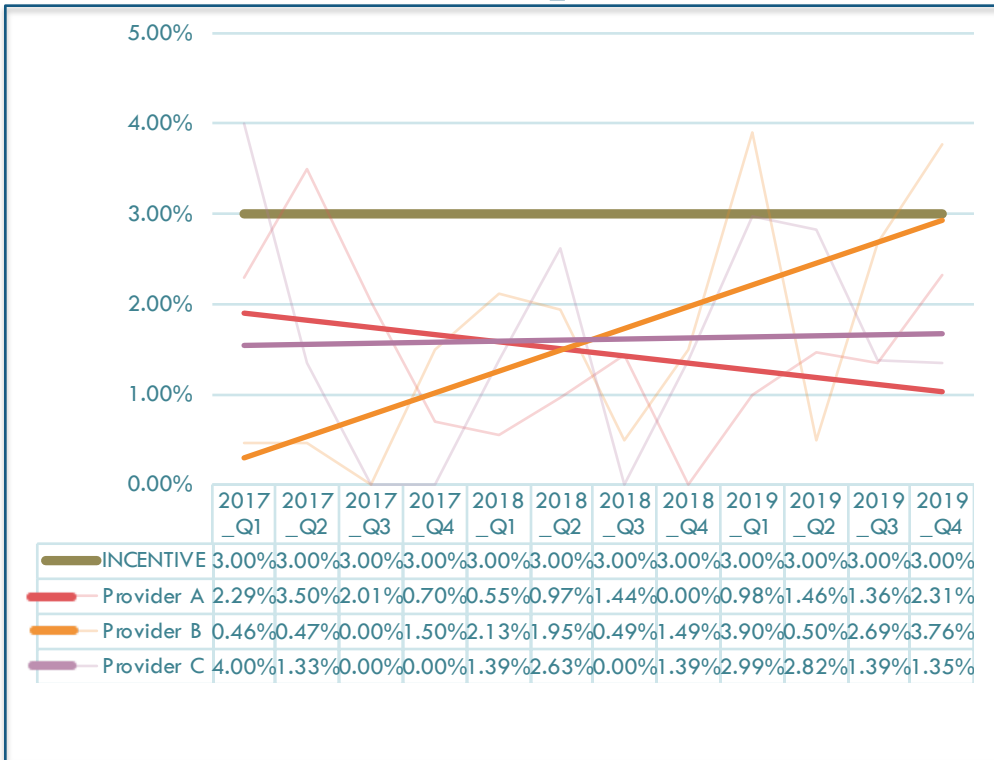
# Assertive Community Treatment: Healthcare Coordination



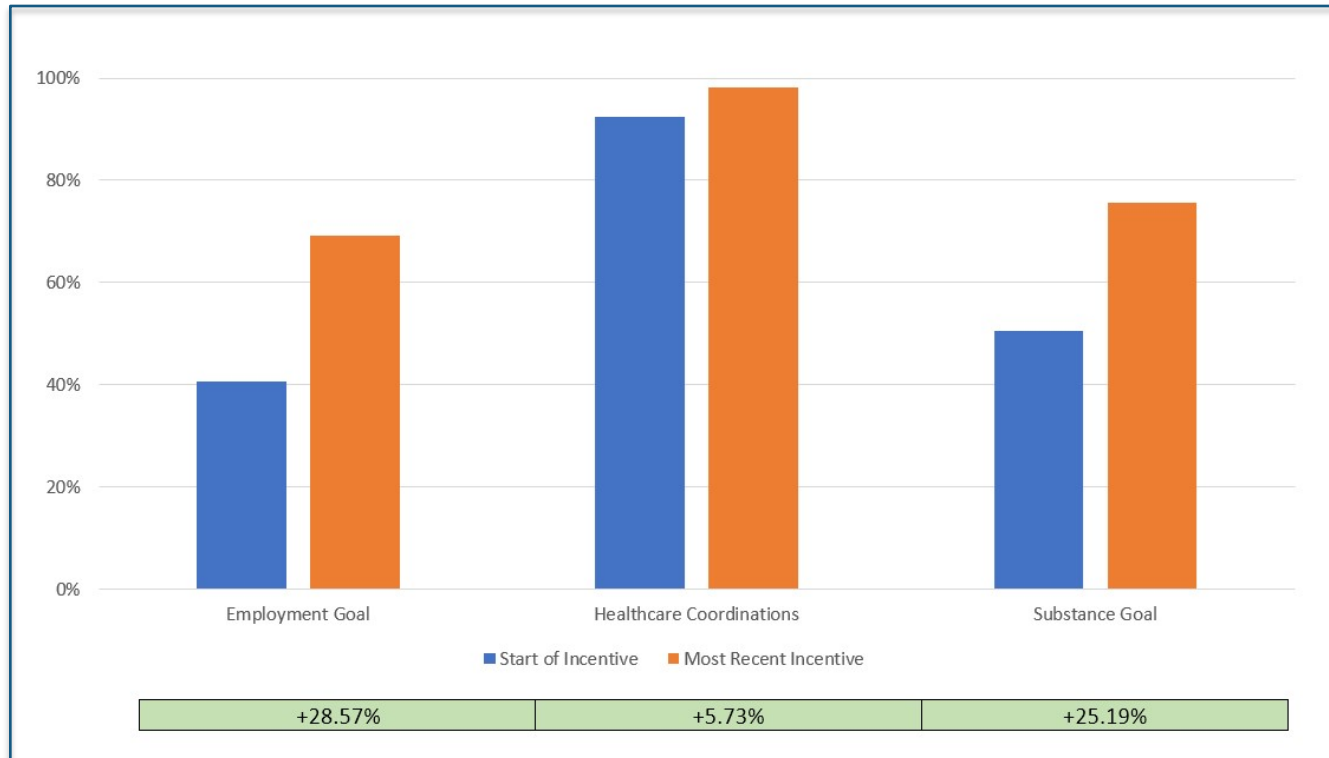
# Assertive Community Treatment: Crisis Contacts



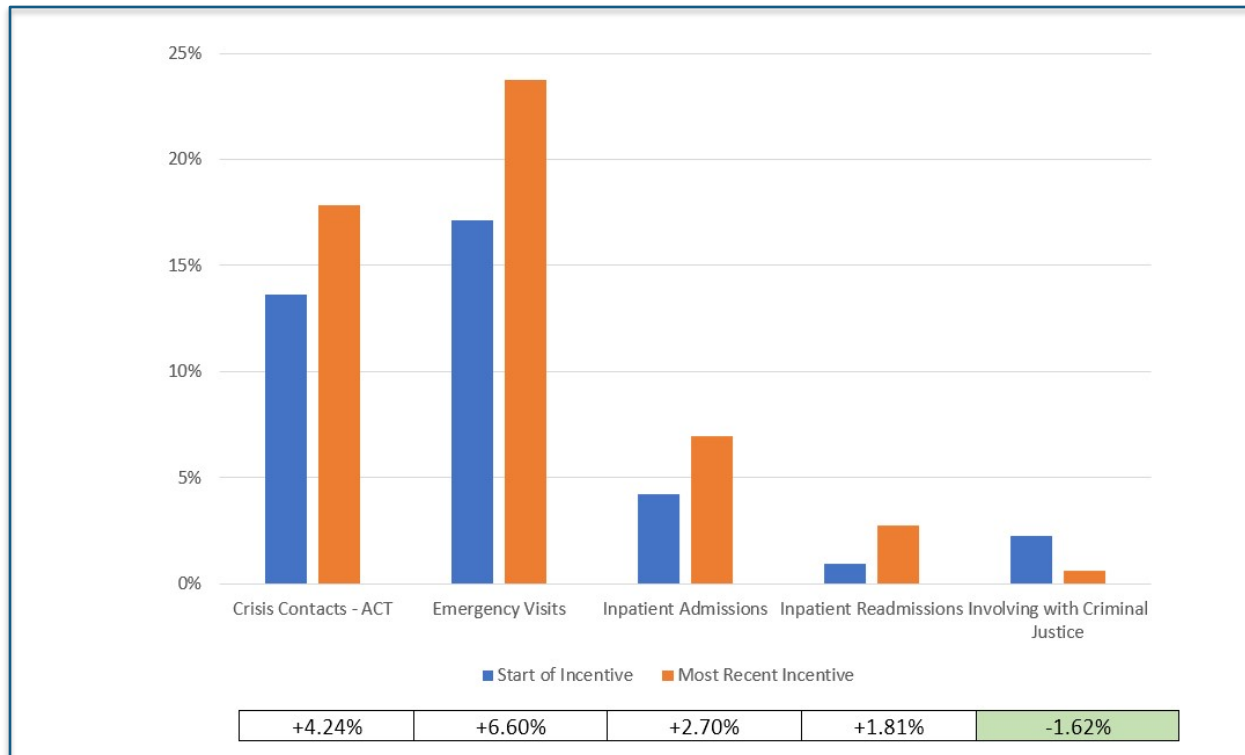
# Assertive Community Treatment: Inpatient Readmissions



# Change Statistics for Assertive Community Treatment



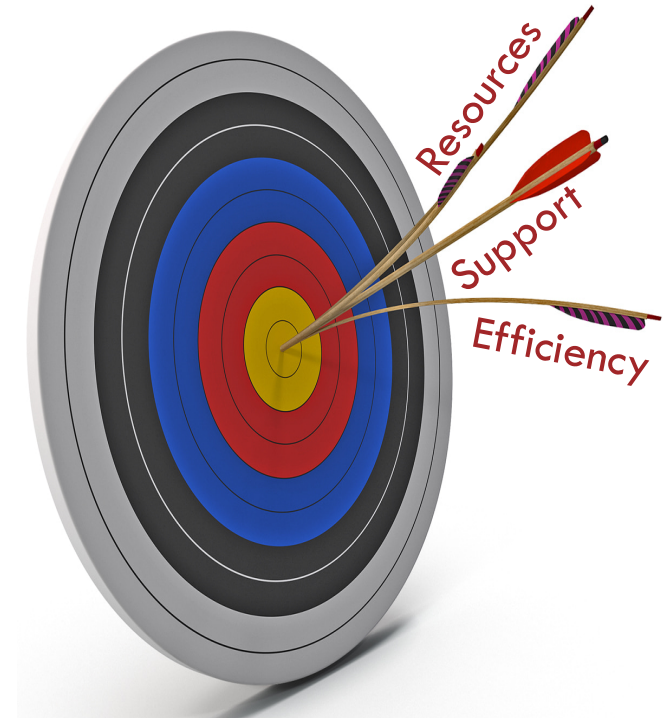
# Change Statistics for Assertive Community Treatment





# Targeted Case Management (TCM)

- ❑ Implemented - 10/1/17
- ❑ Monthly case rate for service groups
- ❑ Therapy services paid per occurrence with an enhanced rate for Evidence Based Practices (EBP) supported by OCHN





Category	Episode of Care (months)	Basis for Case Rate	Codes														
Ancillary Services - Peers	1	Historical average provider cost	H0038														
Case Management	1	Caseload, Engagement factor, Staffing (34% fringes) and Historical provider cost	T1017	H00H003H00T10	01	1	32	01									
Community Integration Supports	1	Historical average provider cost	H2014	H20H202	15	3											
Community Living Supports - Per Diem	1	Historical average provider cost	H0043														
Housing Assistance	1	Cost settled based on expense as accrued	T2038														
Med Mgmt - Health Services	1	Historical average provider cost	99211	S94S944T10	45	6	02										
Medication Management	1	Historical average provider cost	90791	9079637992	92	2	01	99	99	99	99	99	99	99	99	99	99
Therapy - Group	6	Historical average provider cost per unit, based on 20 units per EOC	90853	H00	05												
Therapy - Individual	6	Historical average provider cost per unit, based on 20 units per EOC	90806	9089083908	32	4	37										
Therapy - EBP	6	Group or Individual Case Rate plus EBP Add On	G0177	H20H201S51T10	19	9	TT	10	15								

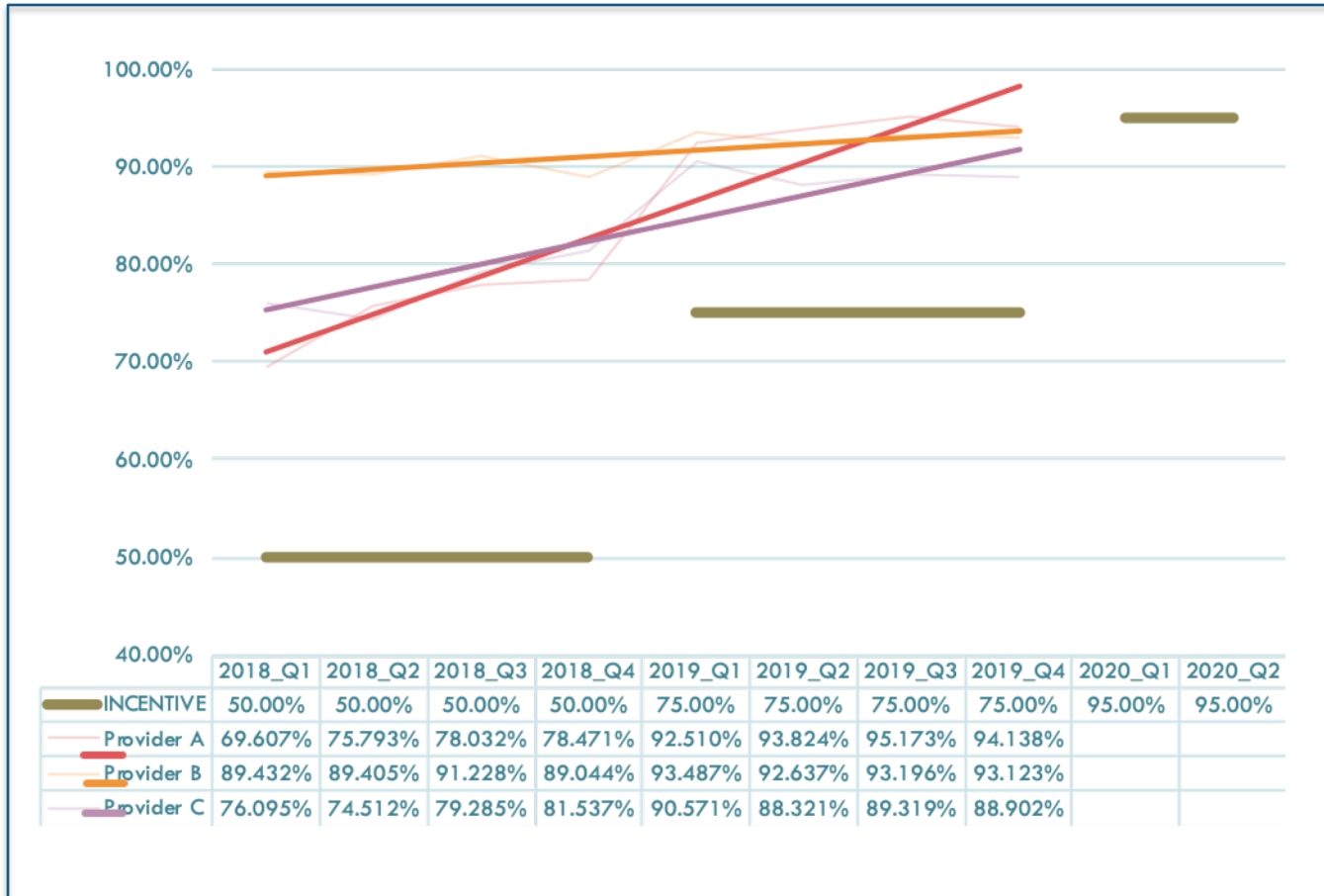
# TCM Cost Analysis

TCM Cost / Service	FY17 Pre-Service Model Cost	FY18 First Year Cost	FY19 Second Year Cost	from 18-19	from 17-19
TCM - average cost pmpm	\$ 521.10	\$ 460.48	\$ 463.80	0.7%	-12.4%
TCM - average cost per readmission	\$ -	\$22,451.85	\$ 7,695.50	-65.7%	

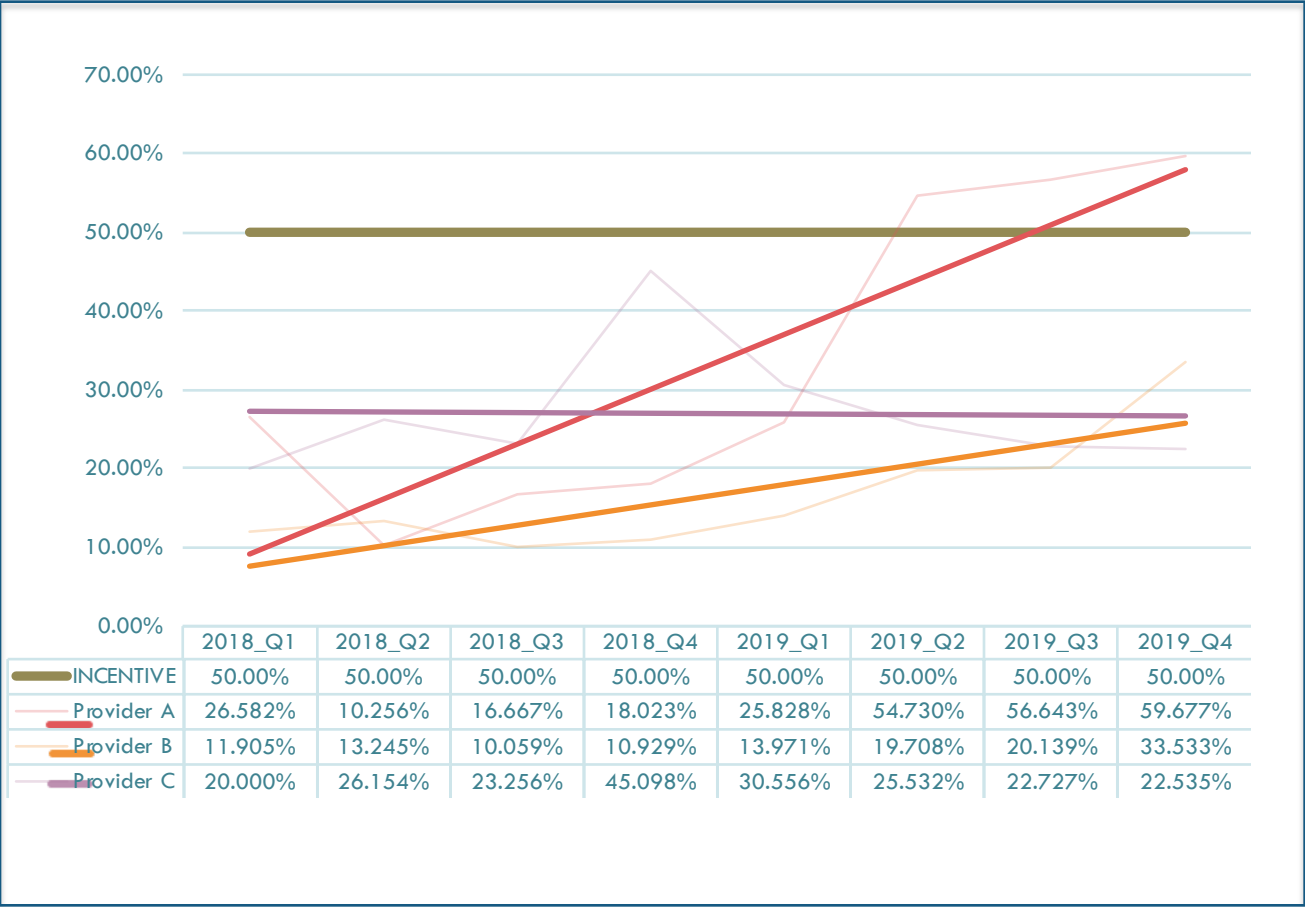
# TCM Dashboard Example



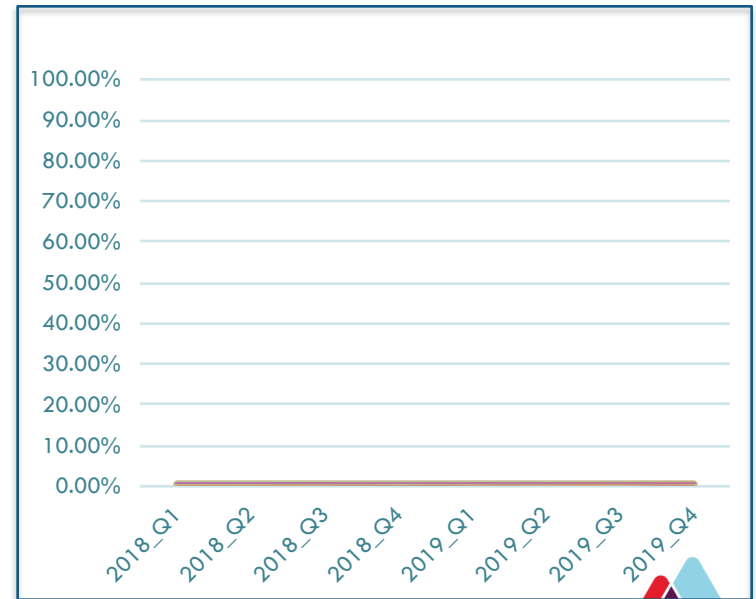
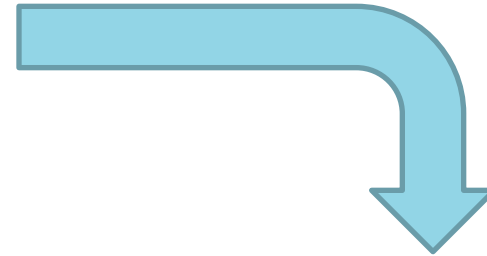
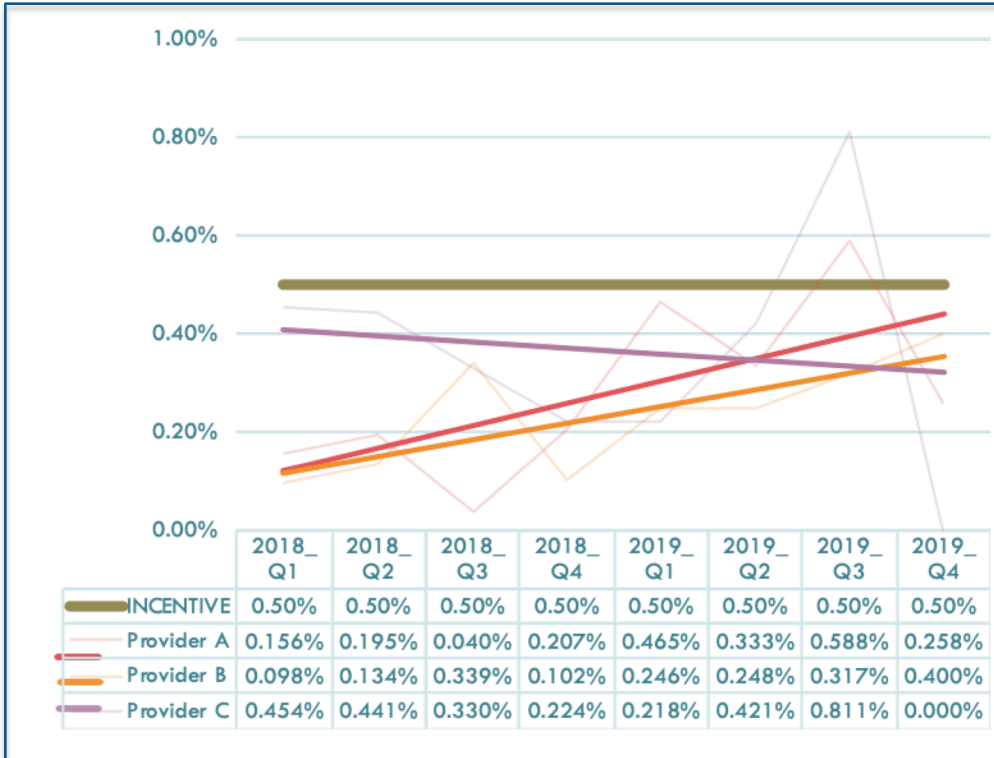
# Targeted Case Management: Healthcare Coordination



# Targeted Case Management: Crisis Plan

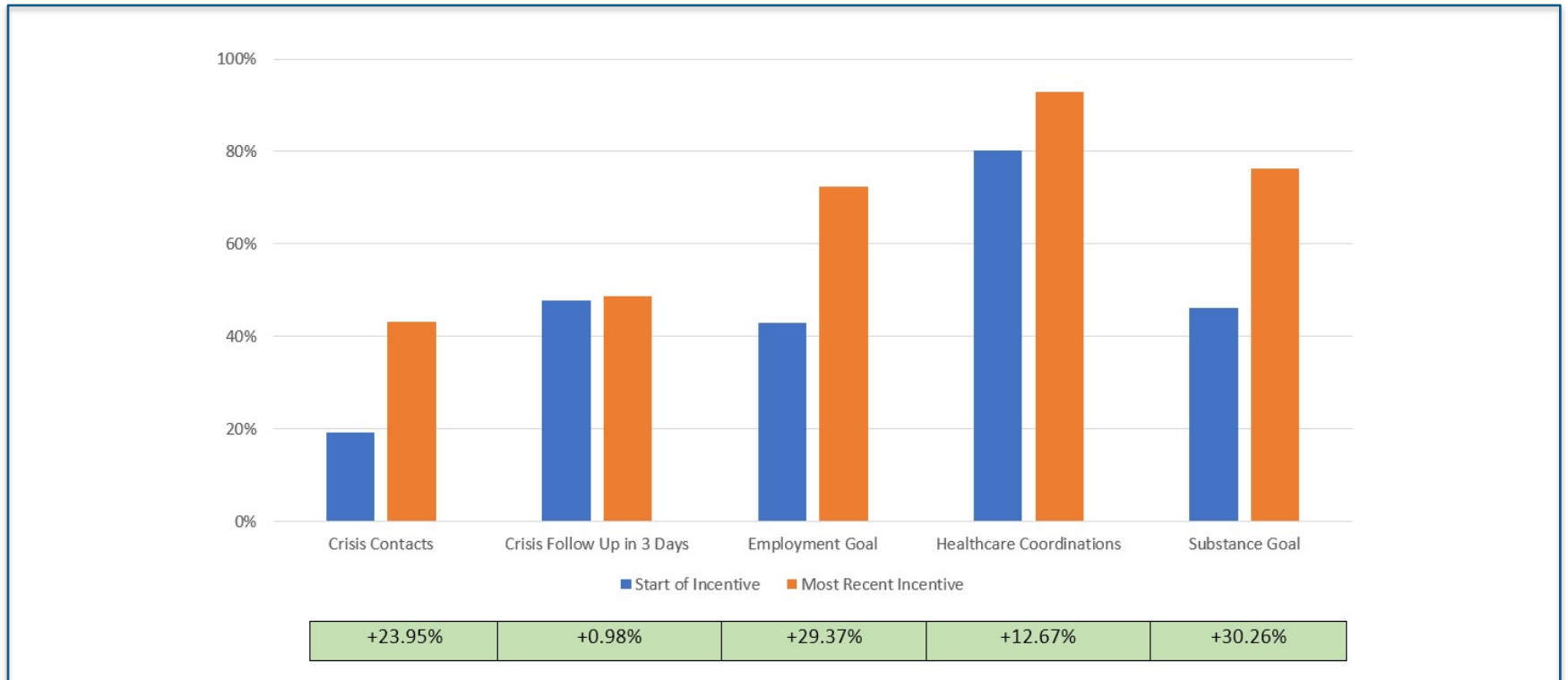


# Assertive Community Treatment: Inpatient Readmissions

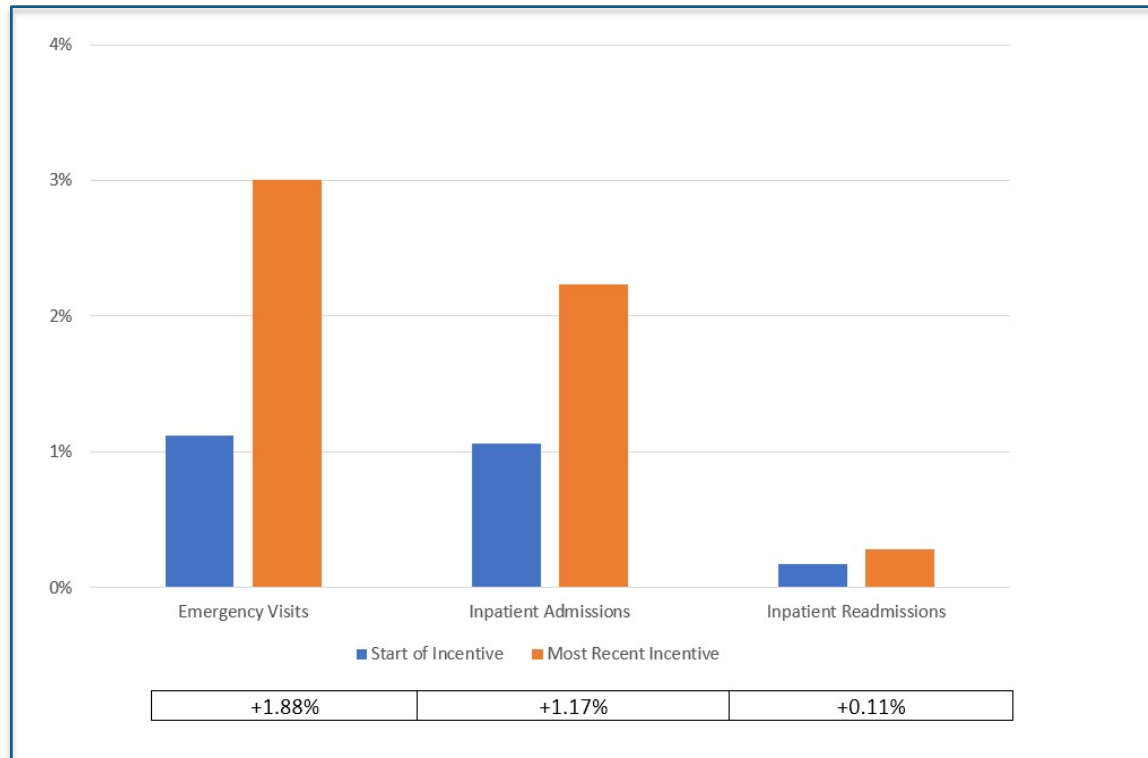




# Change Statistics for Targeted Case Management



# Change Statistics for Targeted Case Management



# Lessons Learned

- Communicate EARLY and OFTEN
- Logic for Incentives –Simple is best!
- Use of existing or easily created data points
- Incentives / Outcomes: Less = More

**Anya Eliassen:**

[eliasena@oaklandchn.org](mailto:eliasena@oaklandchn.org)

**Nicole Lawson:**

[lawsonn@oaklandchn.org](mailto:lawsonn@oaklandchn.org)



# Thank you

For more information,  
please visit our website:

[deltacenter.jsi.com](http://deltacenter.jsi.com)

For questions, please email:

[deltacenter@jsi.com](mailto:deltacenter@jsi.com)