

Measurement-Based Care Approaches & Incentivization for Alternative Payment Models

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Agenda

- ❑ Introductions and Acknowledgements
- ❑ EBT Performance-Based Incentives Model
- ❑ Measurement-Based Care (MBC) Solutions
 - Why Mirah Inc.?
 - Case example with Data
- ❑ *Systems Application*: Community Health Center, Inc. (CHC) & Child Guidance Center (CGC) of Southern CT
- ❑ Mirah Pilot at CHR and Clifford Beers
- ❑ MBC's Role in APMs/Q & A discussion



EBT Performance-Based Incentives Managed by CHDI & DCF

Performance-Based Metrics

(80% - 90% of funds and per child caps)

1. Engagement
2. Measures collected and entered
3. Improved Outcomes

Training, Coaching, & Workforce Development

(10 - 15% of funds)

1. New, booster, and advanced EBT trainings
2. Time to implement post-training

Best Practice Standard (EBT dependent)

(<5% of funds)

1. Trauma screening



Measurement-Based Care (MBC) Solutions

Evolution of MBC and MBC-platforms

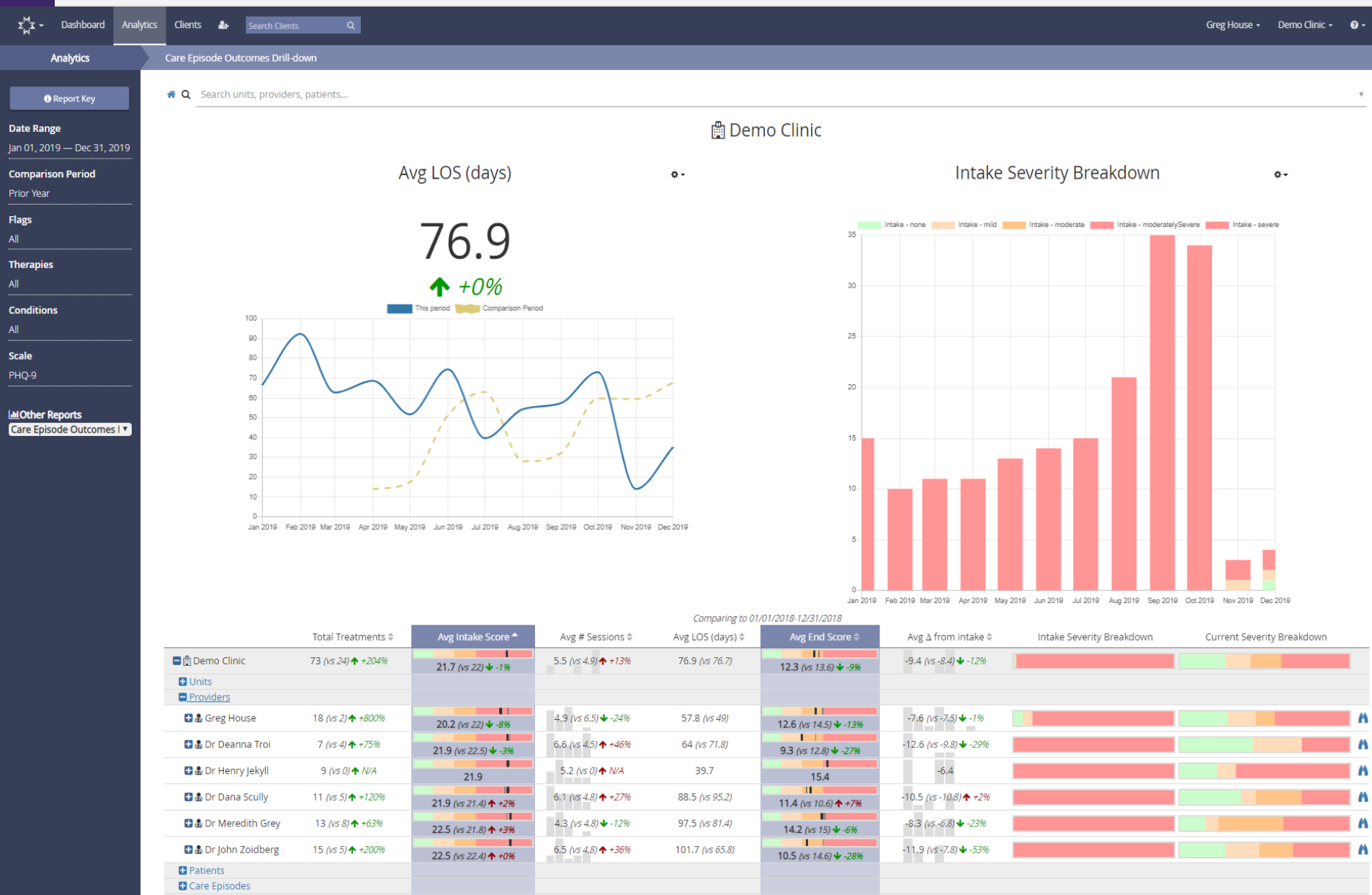
- Platforms developed in response to pressure from payers and The Joint Commission
- TJC standard made numerous demands but provided no funding for achieving this mandate
- Real suggestions included paper and pencil measures and a full time employee whose job was to aggregate this data and share it with clinicians

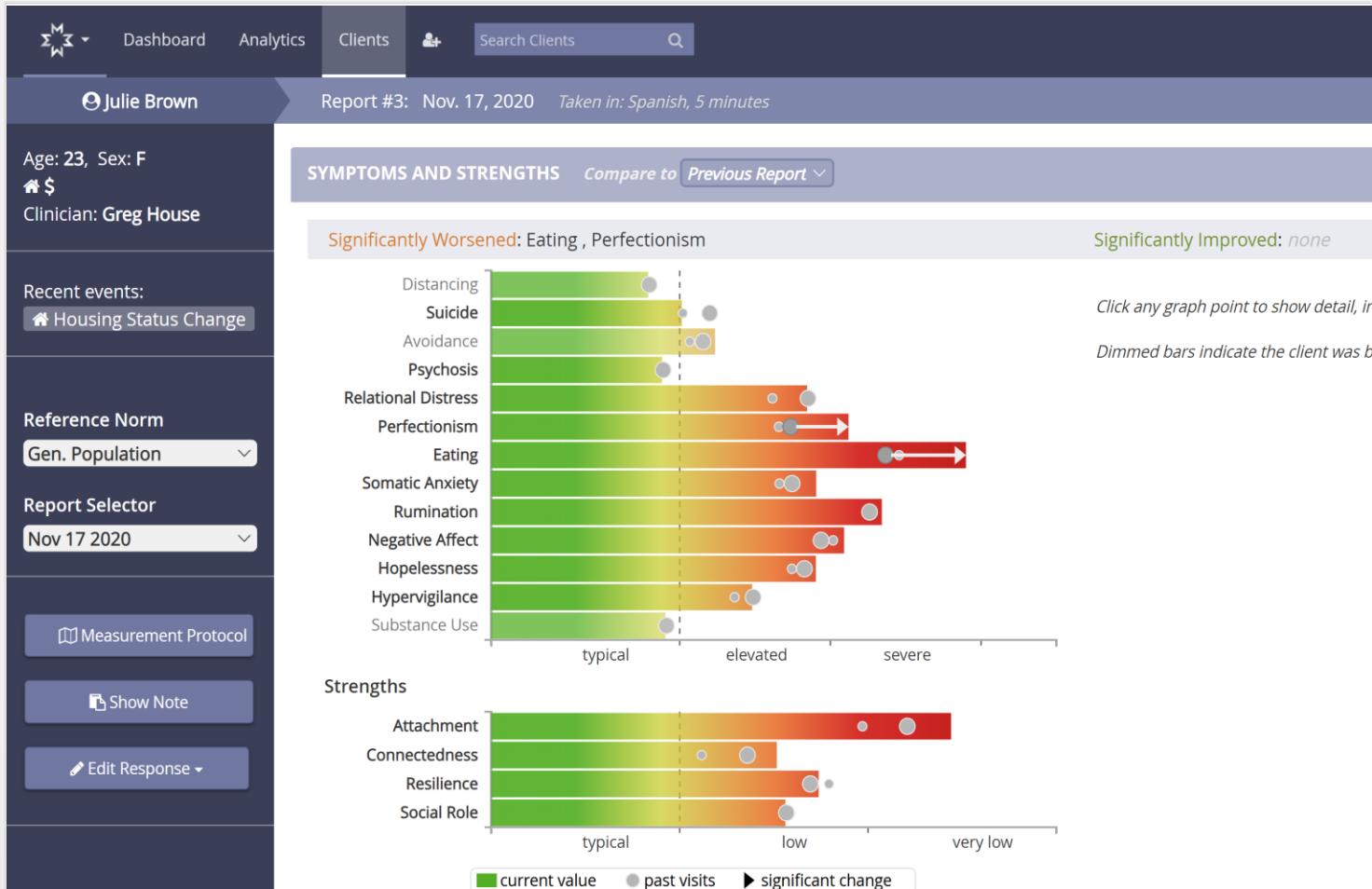
Why Mirah Inc.?

- Proprietary measures (CAMS and PTPB) vs measurement batteries
- Pricing
- Dedicated MBC platform
- Flexible measurement planning
- Valuable analytics making success easier



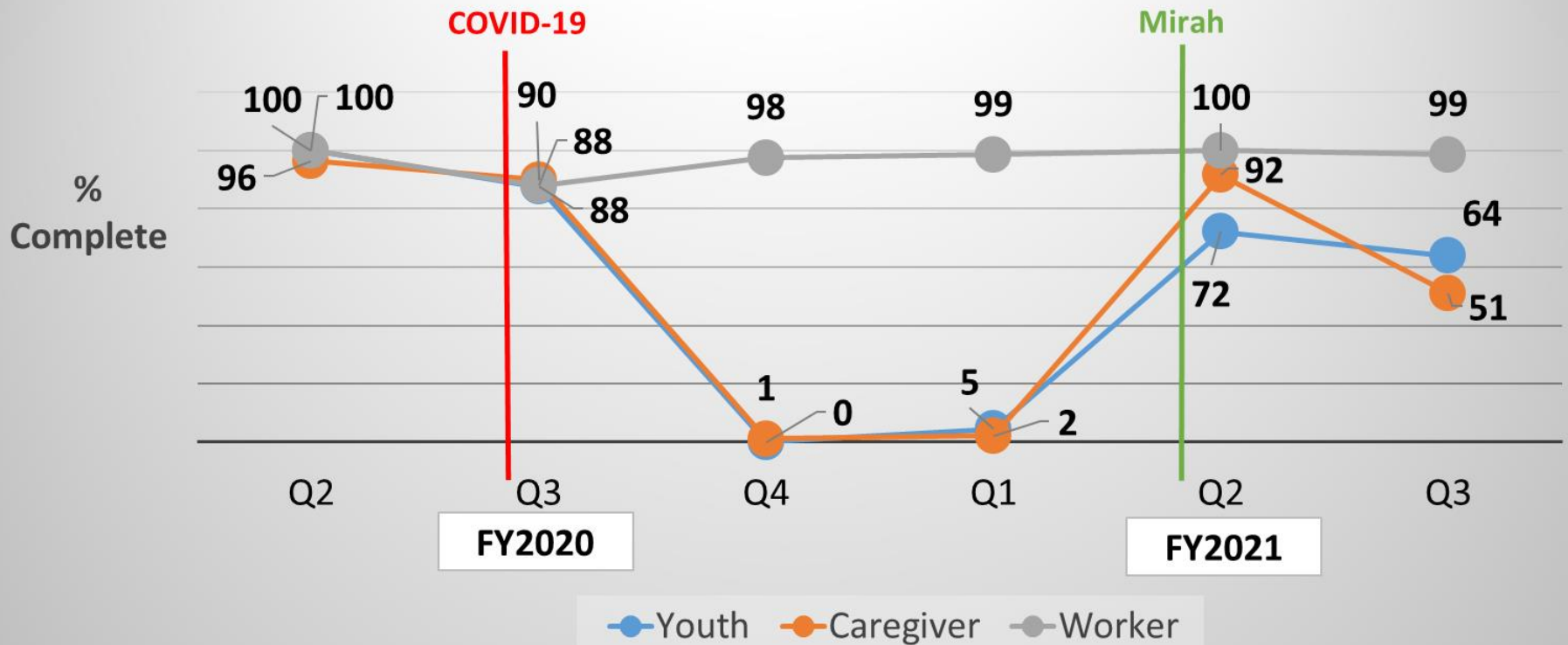
Outcomes Over Time





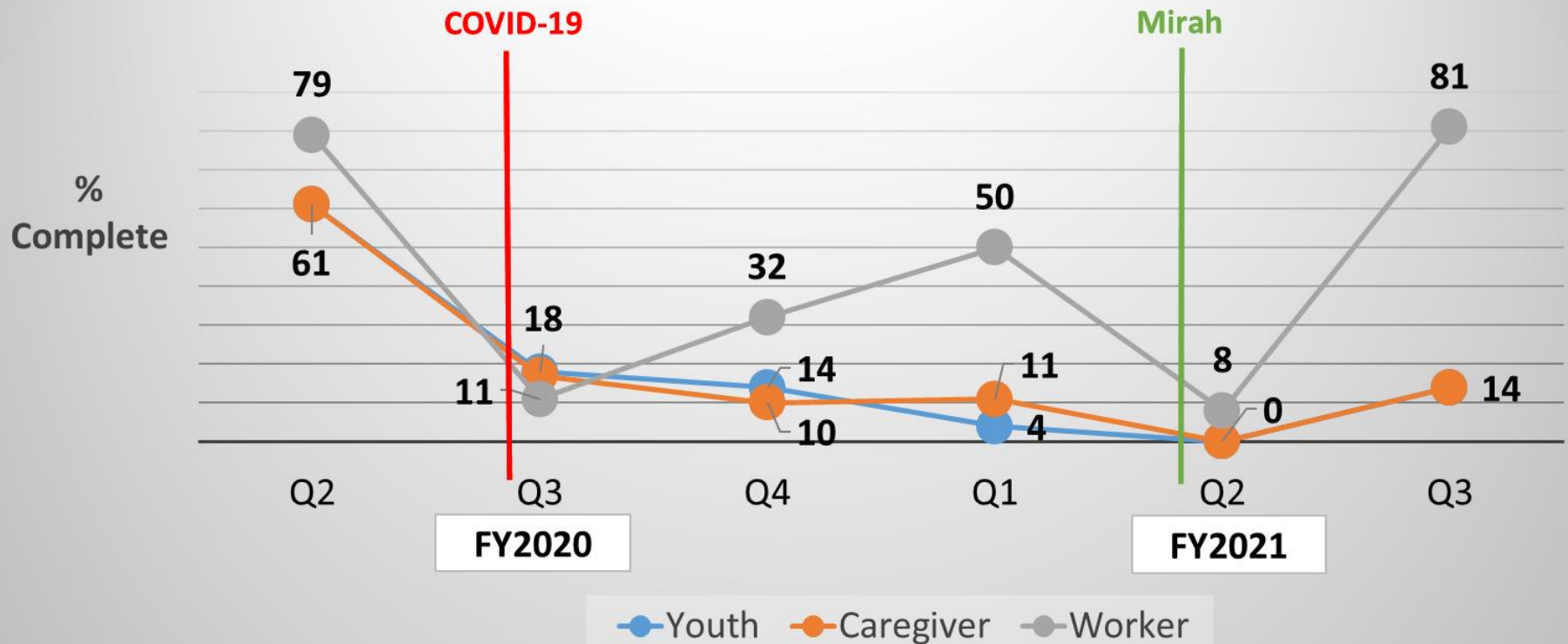
CGC Southern Early Implementation amid COVID-19

Intake Ohio Scale Data Collection Rates



CGC Southern Early Implementation amid COVID-19

Discharge Ohio Outcome Data Collection Rates



CHC/CGC Southern of CT

Time Commitment & Effort: 6 clinicians part of a 3 month pilot

- Weekly 1 hour meetings
 - Pilot team + QI directors + Clinical Director
- 3-4 clients per clinician as part of pilot
- Learning curve without formalized training initially
- Development of MIRAHA play book
 - (1-2 hours per week for 2 months) (QI director and Intake Director)
- *Train the trainer model*
 - 8 weeks 1 hour sessions
 - Same time commitment as clinician training
- IT/Clinical collaboration of new MIRAHA questions into clinical charting



Time Commitment & Effort: ROLL OUT

- Two, 1-hour presentations on MIRAHA to all clinical staff (18 staff members)
 - Review of playbook
 - Rollout of manual set up to 2-3 cases per clinician
- *Train the Trainer Model*- Full roll out
 - Split into 2 groups with 2-3 trainers per group
 - Automatic scheduling turned on, all clients receive measures
- Weekly 1 hour, weekly meetings (trouble shooting, feedback, using analytics for monitoring compliance/development)
- BI report outside of MIRAHA for clinician compliance and tracking reasons not completed, batching of required data (OHIO) into outside PIE system



Longitudinal Benefits

Built in reporting provides insight in usage, outcomes, engagement, and predictive analytics.

RESULTS

Observed Results with Mirah

120% | Improvement in adult depression remission

20% | Decrease in no-show rate

40% | Faster reduction in child symptom severity



CHC/CGC Southern of CT – Next Steps

EBT (TF-CBT and MATCH) investment

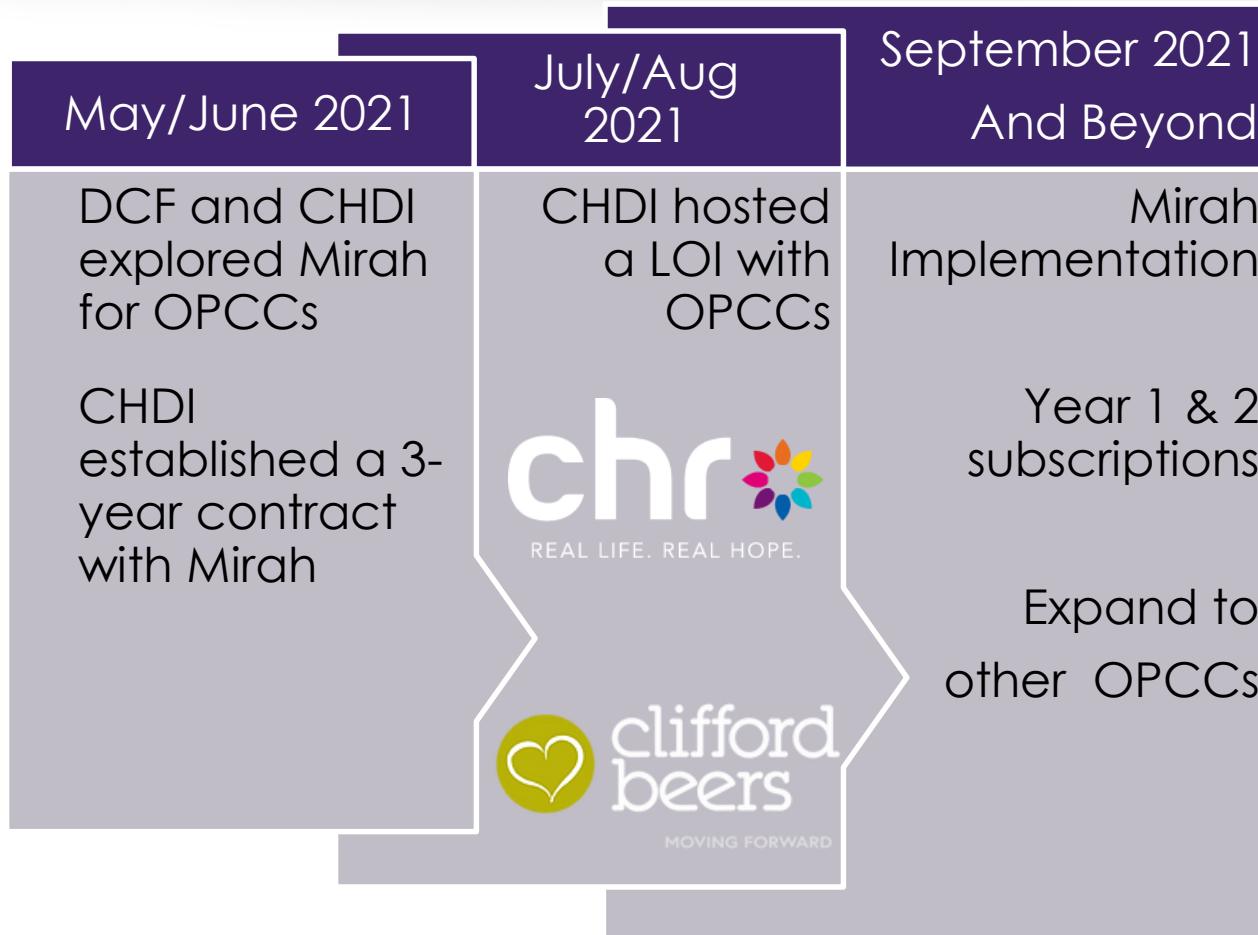
- Build out of TF-CBT measures in MIRAH (complete)
- Pilot clinician to test (pilot stage)
- Batching from MIRAH into EBP (pilot stage)
- Future roll out to TF-CBT team to save clinician data entry time, and get clinicians into one fewer system
- Future hope: Expand MIRAH to ARC

Research

- Large scale data collection of this kind presents significant opportunities for research
- Nearly limitless opportunities for monitoring interventions



DCF OPCC Pilot of Mirah Services



MBC's Role in Alternative Payment Models (APMs)

MBC

- “Evidenced-based practice”
- Real-time, accurate data collection
- High quality feedback loop for families and youth
- System measurement and reporting
- Feedback for workforce development and performance improvements

MBC & APMs

- Responsive input
- Accurate activity captures to improve timely reimbursement
- Emerging “Best Practice”
- System-level enhancement





Q & A Discussion

