Behavioral Health

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WELCOME !!!

Providing Behavioral Health Services
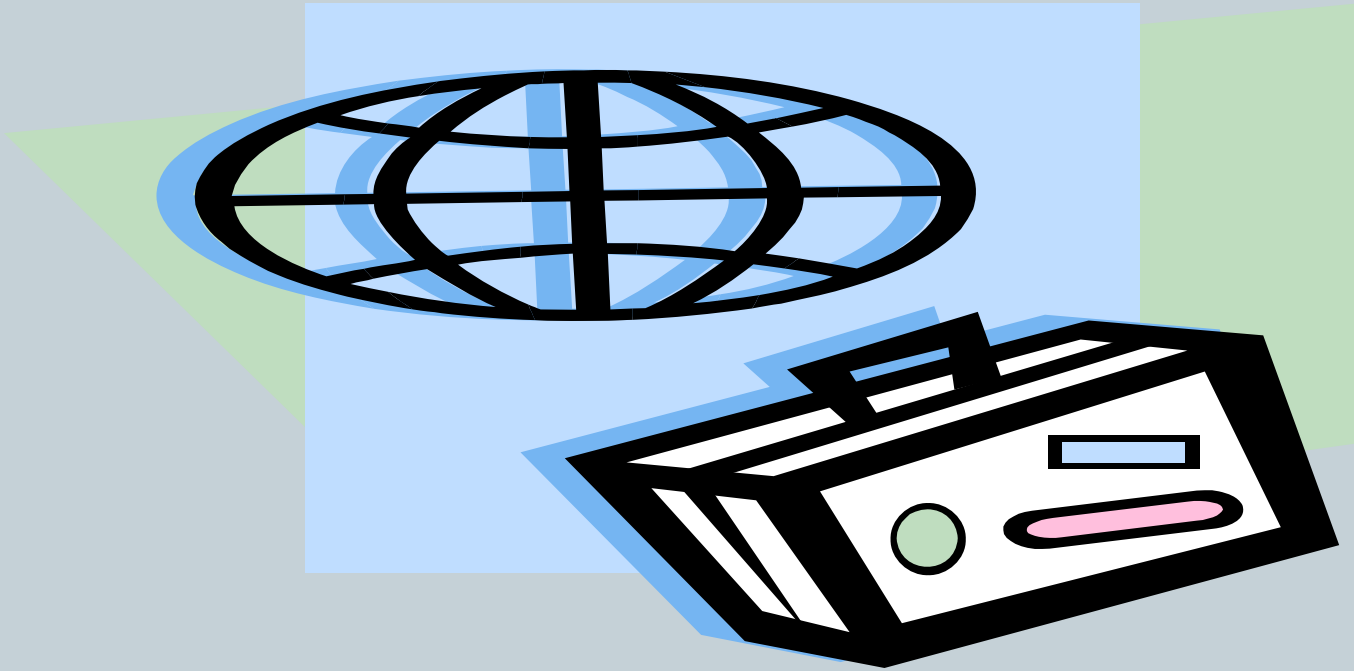
THE WORLD CHANGED !!!
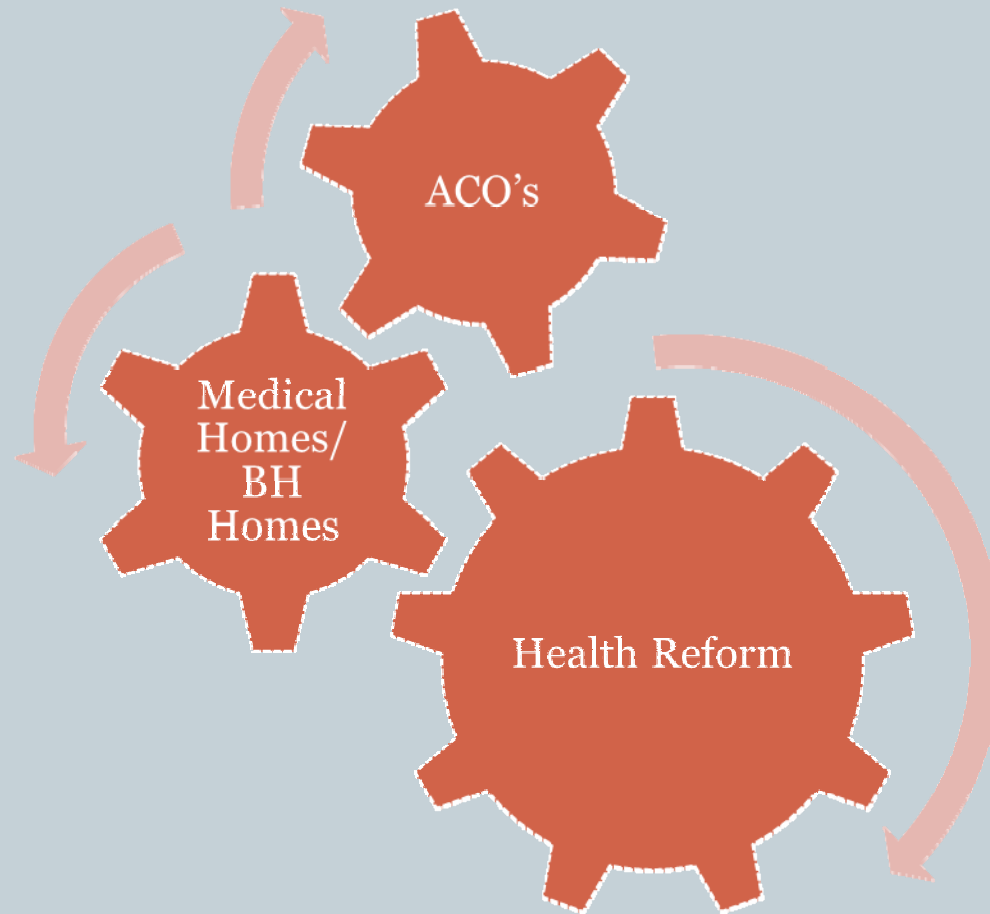
Pack your Bags !!!

- You can not longer do what you have always done........
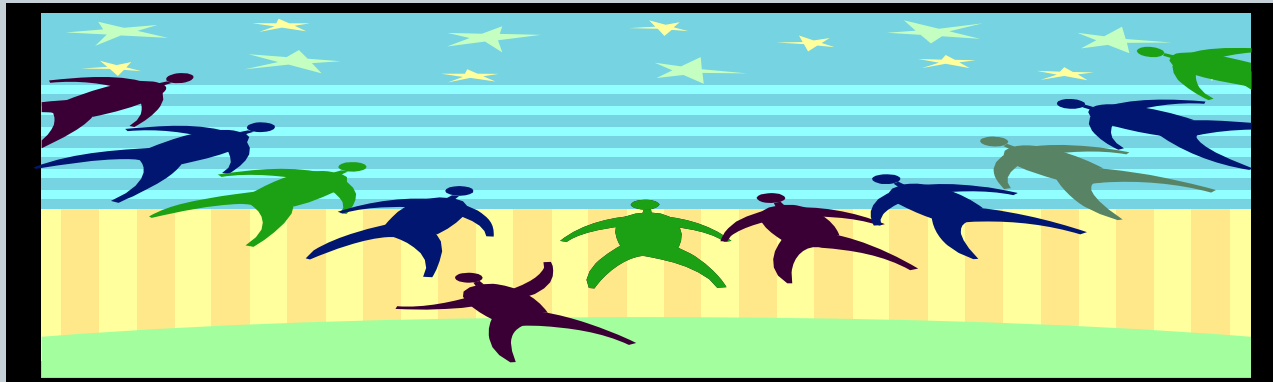
Health Reform in the Works

Technology- Using it to solve problems
How can the system solve this problem ?

Starting to Think Differently

- The mental health field failed to train staff for todays practice- how can we train our workforce ?
- Focus is only on individuals
- Care is too expensive
- Quality doesn't meet the cost

Triple AIM

- Improve Patient experience
- Decrease Costs
- Improve Quality

How Do We Measure Up?

- What are some clinical outcomes we currently track, and how do we do it?

- Do we track patients and populations ?

- How do we track the quality of patient experience?

- Name a new piece of information that would be helpful for tracking a quality measure of population management
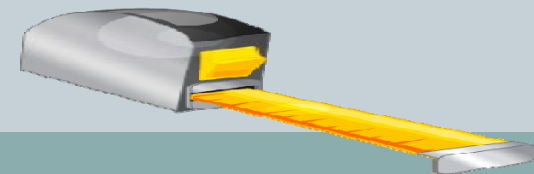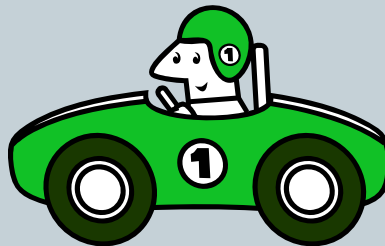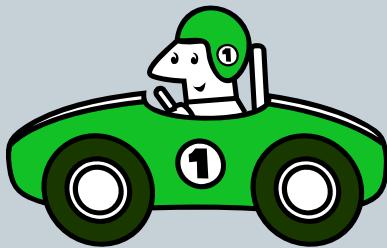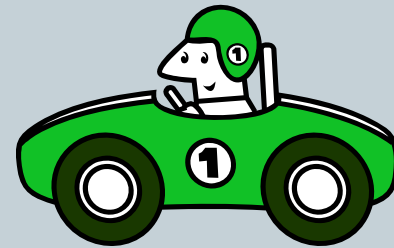
What do I Need to Do ?

- Concurrent Documentation
- Treatment Planning
- Transdisciplinary Care
- Clinical Necessity
- Population Management
- AND YOU ARE OFF TO THE RACES !!

The "Holy Grail" of Documentation?

- Fast and easy to perform
- Completed in a timely manner
- Preferred by clinicians and clients
- Guides clinical activity and episodes of care in a rational direction

What is the Concurrent Documentation Model?

- There is no *single* model
- Common element is that the model should support the recording of services on the appropriate forms at:

  -During the service for diagnostic assessments, psychosocials, treatment plans and updates

  -At the end of the service for progress notes

       ("1st 5 and last 5")

Common Reactions

- The computer is an "intrusion" into the therapeutic process
- Documentation "takes up the client's time" in the session
- I am afraid of what the client will think if they know what I write in my notes about them
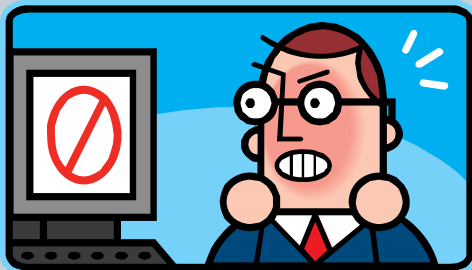
But…

- The computer can be seen as a tool in the therapeutic process – a collaborative effort between therapist and client
- Concurrent documentation is not a waste of the client's time, but rather creates *more* time for them to reflect on their progress in treatment
- Sensitive clinical issues can be restated without any effect being lost:

  "Client is upset about changes in meds" rather than "Client continues to be demanding and difficult to please"

Concurrent Documentation

A WIN-WIN-WIN!!

- Improved clinician quality of life
- Improved compliance – timeliness and clinical necessity!
- Improved capacity
- Improved patient engagement in care
- Improved treatment outcomes

Treatment Planning

- The patient has to know where the bus is going- Why am I in treatment ?

- Treating symptoms and diagnosis

- Documentation of Improvement

- Required

Treatment Planning

- 90 Days-without fail !!!
- Goals and Objectives
- Modified with each change-psychosocial, diagnostic or modality
- Matches axis 1 and problem list
- Doable, measurable , achieveable

Clinical Necessity-

- Required for payment
- Must talk about diagnosis-DSM
- Review and assess symptoms –DSM
- Document Clinical Intervention
- Reference Plan
- The 3 E's !

Every discipline Every Discipline	Every problem Every Problem	Every visit Every Visit

What is Difference and Why !!

- Psychotherapy Note
- Progress Note

Why Documentation Matters!

- Remember that if clinical necessity is not documented in assessments, treatment plans, and progress notes, it *doesn't exist!*

- A good test is to read your own documentation and ask yourself:

1) Would you pay out of your own pocket for that service?

2) Could "anyone" provide that service?

The Documentation Linkage

Psychosocial Assessment

Treatment Plan

Progress Notes

The Documentation Linkage

Psychosocial
- Diagnoses
- Strengths/Challenges
- Assessed Needs/Personal Goals

Treatment Plan
- Goals and Objectives
- Should link to assessed needs and goals from initial assessment

Progress Notes
- Interventions
- Clinical progress

Most Common Deficiencies*

Psychosocial Assessments:

- Not enough symptom information in assessment to support diagnosis

- Not capturing clinical baselines

- No documentation that clients were given the opportunity to identify their own goals for treatment

*Based on NYSCRI regulatory review

Continued…

Treatment Plans

- Not completed within required timeframes (90 days)
- Goals are not clearly related to assessed needs
- Interventions not included

Continued…

Progress Notes

- Not tied to treatment plans in a meaningful way
- No documentation of skilled interventions provided
- No documentation of clinical progress (symptom resolution, etc.)

Conclusions

- Documentation compliance matters because it stems from quality, patient-centered care (and also happens to be mandated by several regulatory bodies!)

- Episodes of care should show a clear and clinically meaningful progression

- Best supported through use of concurrent documentation to encourage client engagement in progress

Contents

- Reason for visit- diagnosis
- Review of symptoms-if its not in the DSM don't put it here !!!
- Clinical Interventions- if its not evidence based don't put it here
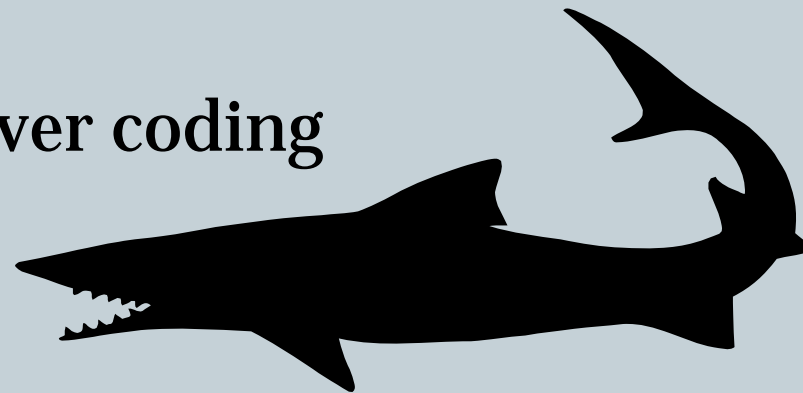- Plan-progress towards treatment plan goals

OMIG

Treatment plans

Clinical necessity

Coding –under and over coding

Tools What is the Big Deal ?

- Common Language
- Measureable
- Reportable

Why set up a compliance program?

- To comply with all federal and state laws
- Compliance = best possible care for patients
- To stay in business!
- If a problem arises, having a compliance program in place can help!

What makes up an effective compliance program?

- Compliance Officer
- Policies and Procedures
- Training
- Communication Lines
- Internal Monitoring/Auditing
- Responding appropriately to reports
- Disciplinary procedures
- Whistleblower Protection

Where Organizations Go Wrong

- Registration of patients
- Billing and coding
- Claims for services not rendered
- Claims containing known false information
- Clinical necessity
- Confidentiality violations
- Management of grants
- Whistleblower protection
- Conflicts of Interest

What you can do TODAY!

- Make sure you have comprehensive policies in place
- Know where you stand – do a risk assessment
- Add to your CQI process
- Implement an "open door" policy
- Make sure your staff are providing the best possible care (and documenting it)

Compliance Resources

- OIG website – http://oig.hhs.gov

- OMIG website – http://www.omig.ny.gov

- National Council Compliance Watch Newsletter
  http://www.thenationalcouncil.org – search for "compliance"

- Health Care Compliance Association (HCCA)
  http://hcca-info.org – sample job descriptions, "Compliance Today" newsletter
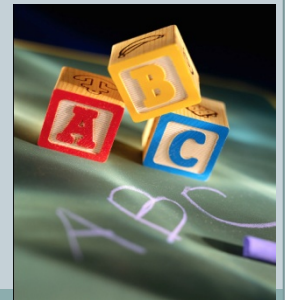
Education and Training

- All team members need to be trained-not to become experts- but to know enough about what other team members do ....

A mental health provider should know about chronic medical illnesses to understand basic care and implications for mental health service delivery , treatment and planning
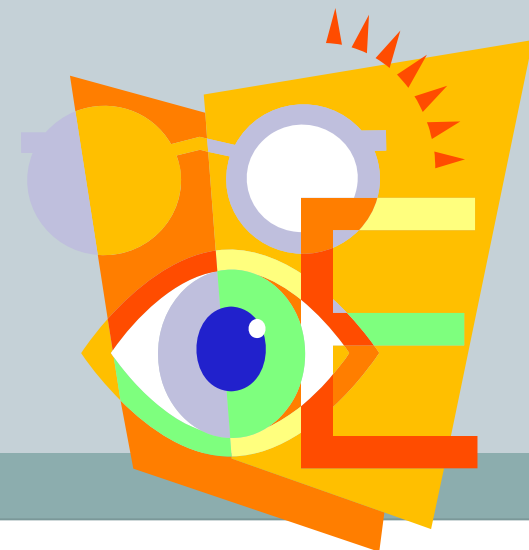
Transdisciplinary team based care planning

- Longitudinal care planning- care planning across disciplines on the team

- Care plans that involve the patient as a member of the treatment team

- Reinforcement of care plans ......

Every Problem

Every Discipline

Every Time

PCMH Framework

- 9 Core Measures

- Critical Elements

- Practice's 3 Clinically Important Conditions
  - Clinically Important Condition: A chronic or recurring condition that must be behavioral health related.
- Data Sources
  - Worksheets, procedure, numbers, screenshots, procedures, meeting minutes, or supporting documentation.

2011 PCMH Standards

- **6 Standards**
  - Enhance Access and Continuity
  - Identify and Manage Populations
  - Plan and Manage Care
  - Provide Self-Care and Community Support
  - Track and Coordinate Care

  "Must Pass" Elements
  - Access during office hours
  - Use of data for population management
  - Care management
  - Support self-care process
  - Track referrals and follow up
  - Implement continuous quality improvement

It's a balancing act....