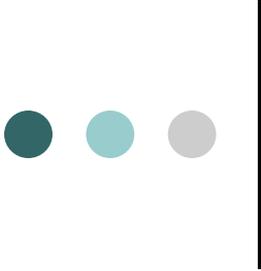


Clinic Reform: The Clinical Model

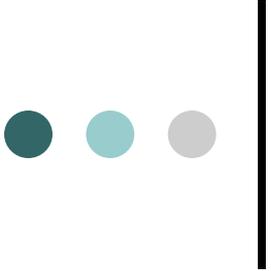
Lloyd I. Sederer, MD
Medical Director, NYS OMH

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Medical Director, Adults Services, NYS OMH



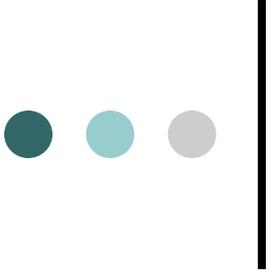
Changes are more than fiscal: Opportunity for clinical transformation

- Evidence that change is needed
 - Modal number of outpatient visits is 1
 - (Next highest frequency is 4)
 - People wait too long or fail to get access to clinic services
 - Almost 1/3 of hospital discharges wait > 1 months for a clinic visit
 - Too many people with SMI are stuck in non-clinic services (ACT; CDT)



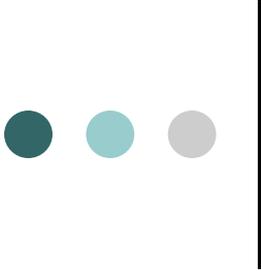
Clinic Reform: Opportunities for clinical transformation

- Driving frame for clinic reform:
 - What do clinics need to do better in order to promote recovery
 - How can reimbursement reform assist clinicians and clinics with tools that will add dimensions of flexibility and broaden the spectrum of services available in clinics



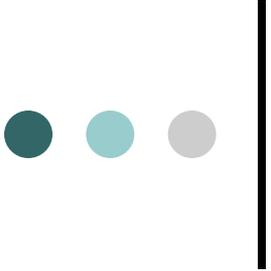
Clinic Reform

- Meet the client where he/she is
 - Flexibility to tailor services
 - Outreach
 - Crisis
 - Home visits
 - Flexibility for complex care
 - Multiple service per day reimbursed for certain services
 - Complex Care Management
 - Opportunities for integrated physical/mental health care
 - Health and wellness services
 - Consultation Services
 - Integrated Dual Diagnosis Screening and treatment



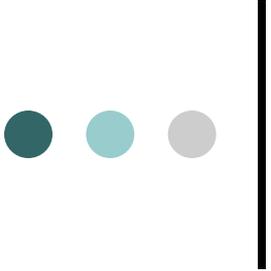
Elements of Reimbursement System

- **Services Billed using Ambulatory Patient Groups (APGs)**
 - based on CPT/HCPC Codes
- **Non Face-to-Face:** Bill for non face-to-face time spent coordinating care for complex patients
 - Time spent must be medically necessary and documented in the consumer's chart
- **Multiple Same Day Services:**
 - Reduce the need for consumers to make multiple trips
 - Minimize missed appointments
 - Some limits will be established
- **Physician Billing:** For some services the physician component will be billed using the physician fee schedule



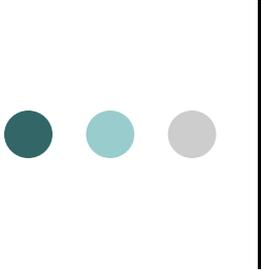
Elements of Reimbursement System

- Payment adjustments for:
 - Visits in a language other than English
 - Visits delivered outside of normal business hours
 - Visits provided in off-site non-licensed locations
 - Restricted to services for children up to and including age 18 and for homebound adults
 - Outreach and engagement will always be done offsite
- Medicaid/Medicare cross-over clients will be reimbursed the same as Medicaid fee-for-service clients



APGs Replace “Threshold Visit”

- Uses CPT codes to consolidate related procedures
- Establishes procedure weights based on factors affecting resource use
 - service duration, location, practitioner qualifications
- OMH procedure weights will be based on the *minimum qualifications* for staff to be permitted under OMH regulations to deliver a particular procedure;
 - Doctors
 - Psychologists
 - Nurse Practitioners/Physicians’ Assistants
 - LCSWs/LMSWs/RNs/psychoanalysts/other licensed counselors
 - Peers/family advocates/approved others
- Payments for a visit is the service weights (added together and discounted as appropriate) times a base rate

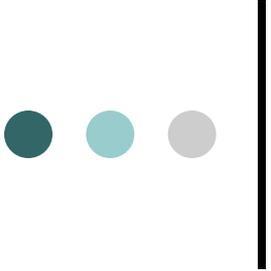


Guiding principle:

How do we promote recovery?

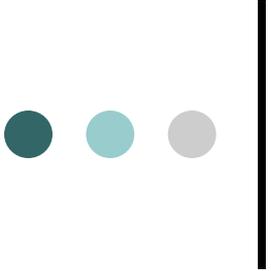
- What works

- Flexibility/ Mobility
- Groups
- Integrated health and mental health services
- Integrated substance abuse and mental health services



Clinic Reform: Synergies

- Strategies that will work together to boost transformation
 - Clinic Reform
 - Clinic Licensing:
 - Standards of Care
 - Adoption of “tracer methodology”
 - Focus on what clinics do and the outcomes they achieve---transformed services will be recognized
 - Care Monitoring Initiative:
 - Focuses on outreach, mobility, and engagement of patients at risk of falling out of care
 - Integrated Dual Diagnosis Treatment:
 - Encourages the treatment of substance abuse and mental illness at one site, by the same team
 - ACT Transformation:
 - Focuses on moving patients out of ACT services into more integrated community settings, such as clinic based services



Conclusion

- Clinic Reform: Model for transformed services that will
 - Enhance recovery and health in those who receive our services
 - Allow and promote a healthy “bottom line” for doing the right things