



ADVANCING INTEGRATED HEALTHCARE

IBH Program Virtual Binder

*2021 IBH Cohort with a focus on Virtual IBH services
and NCQA BH Distinction*

Kickoff Meeting: March 5, 2021

Virtual Resource Binder

This is a resource for practices participating in the CTC-RI / PCMH Kids IBH Learning Collaborative: With a focus on Virtual IBH services and NCQA BH Distinction.

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Project Background and Objectives

With the impact of the COVID pandemic significantly altering the operation and delivery of primary care in Rhode Island, integrated behavioral health has experienced a different but equally challenging dilemma. Behavioral health has traditionally been able to be offered through a variety of virtual approaches, but integrated behavioral health has been defined through best practices as physically embedded within primary care at the highest standard along the continuum of options. As primary care practices have transitioned to telehealth rapidly in light of COVID, integrated behavioral telehealth has been left without similar guidance and focus.

Over the last year, OHIC has revised and updated the Affordability Standards around IBH. Beginning in 2021, OHIC will implement new pathways for IBH within the state of Rhode Island. These important pathways will support the use of best practices and gold standards in the delivery of IBH services. In order for a practice to earn the designation of a Qualifying Integrated Behavioral Health Primary Care Practice, it must achieve NCQA BH Distinction within 3 years.

The CTC -Integrated Behavioral Health Learning Collaborative is designed to assist practices transition to providing integrated behavioral health either on-site (or virtually) and demonstrate NCQA Behavioral Health distinction competencies. It is expected that participating practices that implement an evidenced based and systematic approach to virtual IBH will improve access to care, patient experience, team experience, clinical outcomes and position the practice for success in the value based comprehensive primary care payment model. This IBH Readiness Learning Collaborative includes real-time consultation around behavioral health issues that arise in patients who are served by primary care.

This project is funded through generous support from UnitedHealthcare.



Project Objectives

1. Tele-IBH

- Practices develop and implement best practices for Tele-IBH during COVID and post-pandemic
 - Workflows and scheduling for virtual-only and hybrid approaches
 - Ethics/confidentiality/etiquette
 - Patient selection
 - Data

2. NCQA BH Distinction

- Practices prepare to apply for (or renew) NCQA BH Distinction by the end of 12 months

3. Learning Collaborative meetings

- Practices share successes and challenges with each other
- Practices learn from content expert(s)

Learning Collaborative Meeting Information

Learning Collaborative Meeting Dates (both cohorts)

Kickoff: March 5, 2021 – 9:00am-10:00am

Midpoint: September 9, 2021 - 7:30am-9:00am

Final: March 10, 2022 - 7:30am-9:00am

Meeting Location

At this time, it is expected that all meetings will be held virtually via zoom. Please refer to your calendar invite or reach out to ctcibh@ctc-ri.org for the Zoom link.

Meeting Recordings, Materials

All learning collaborative Meetings will be recorded and posted on the learning collaborative page, along with meeting PowerPoints and other materials. Please visit [Tele-IBH and NCQA BH Learning Collaborative | CTC-RI \(ctc-ri.org\)](#) to access materials for past meetings.

Practice Facilitator Meetings

Sites are expected to meet monthly with their practice facilitator.

- For practices assigned to Kristin David: please schedule via Calendly: <https://calendly.com/drkristindavid/ibh-telehealth-ctc>
- For practices assigned to Liz Cantor: she will reach out to you directly

Tele-IBH/NCQA IBH Distinction Milestones Summary

	Cohort 1 (March 2021-March 2022)	Cohort 2 (May, 2021-May, 2022)	Notes
Important Meetings			
3 Learning Collaborative Meetings: 1. Kickoff 2. Mid-point check-in 3. Wrap-up meeting Monthly Meetings with IBH Consultant	March 5, 2021 9:00-10:00AM September 9, 2021 7:30 - 9:00AM March 10, 2022 7:30 - 9:00AM March, 2021-February, 2022	March 5, 2021 9:00-10:00AM September 9, 2021 7:30 - 9:00AM March 10, 2022 7:30 - 9:00AM May, 2021-April, 2022	The expectation is that these will be virtual meetings; Zoom invitations will be sent out by CTC
Assessments			
Complete Tele-IBH Pre-Assessment	Submitted with application	Submitted with application	
Complete NCQA BH Distinction Self-Assessment – baseline* <i>*only applicable for practices without BH Distinction</i>	Due prior to 1st PF meeting	Due prior to 1st PF meeting	Complete on Q-PASS (NCQA portal)
Complete Tele-IBH Post-Assessment	Due March 1, 2022	Due May 1, 2022	Submit to: CTCIBH@ctc-ri.org
Complete NCQA BH Distinction Self-Assessment – final* <i>*only applicable for practices without BH Distinction</i>	Due March 1, 2022	Due May 1, 2022	Submit at: https://www.surveymonkey.com/r/teleibhpost
PDSA			
PDSA Plan for addressing a need identified in either the Tele-IBH self-assessment OR the NCQA self-assessment	PDSA Plan Due Sept 1, 2021	PDSA Plan Due Sept 1, 2021	Submit to: CTCIBH@ctc-ri.org
Updated PDSA Plan reporting out on progress, challenges and outcomes	PDSA Plan Due March 1, 2022	PDSA Plan Due May 1, 2022	Submit to: CTCIBH@ctc-ri.org
NCQA Application/Renewal			
Submit application/renewal to NCQA OR Submit Action Plan to CTC	Due March 1, 2022	Due May 1, 2022	Submit to: CTCIBH@ctc-ri.org

Summary of Participating Practices

Practice	Cohort	Practice Facilitator
Associates In Primary Care Medicine	Cohort 1	Liz Cantor
Brown Medicine - Internal Medicine	Cohort 1	Kristin David
Anchor Medical - Lincoln Adult Medicine	Cohort 2	Kristin David
Anchor Medical - Providence	Cohort 2	Kristin David
Anchor Medical - Warwick	Cohort 2	Kristin David
Anchor Pediatrics	Cohort 2	Liz Cantor
CNEMG Family Care Center	Cohort 2	Kristin David
Providence Community Health Centers - Capitol	Cohort 2	Kristin David
Providence Community Health Centers - Central	Cohort 2	Kristin David
Providence Community Health Centers - Olneyville	Cohort 2	Kristin David
Providence Community Health Centers - Prairie	Cohort 2	Kristin David

CTC-RI Contact Information, Project Team

Name	Role	Contact Information
Nelly Burdette, PsyD	Senior Program Director	nellyburdette@gmail.org 401-258-3358
Liz Cantor, PhD	Practice Facilitator <ul style="list-style-type: none"> • Anchor Pediatrics • Associates in Primary Care Medicine 	Liz.cantor@gmail.com 401-487-1566
Kristin David, PhD	Practice Facilitator <ul style="list-style-type: none"> • Anchor Medical—Adult Practices • CNEMG Family Care Center • Brown Internal Medicine • Providence Community Health Centers 	drkristindavid@gmail.com 401-465-2670
Sarah Summers	Program Coordinator	ssummers@ctc-ri.org

CTC-RI Management Contact Information

Debra Hurwitz, MBA, BSN, RN

Executive Director

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Senior Project Director

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Links to Tele-IBH and NCQA BH Distinction Resources

Virtual IBH Resources	
AMA Telehealth Implementation Playbook	<p>AMA Telehealth Implementation Playbook</p> <p>This 128-page document is a guide to implementing telehealth in a medical practice; contains useful checklists and other step-by-step guides.</p> <p>The section titled “Key Considerations for Designing a Telehealth Workflow,” on pages 110-118, may be particularly useful.</p>
SBIRT and Telehealth Guide from Peer Assistance Services	<p>SBIRT and Telehealth</p> <p>Guide to SBIRT in virtual settings; particularly useful resource for tele-IBH workflow considerations.</p>
American Psychiatric Association and American Telehealth Association Guide	<p>Best Practices in Videoconferencing-Based Telemental Health</p> <p>Concise best-practice guide created before the pandemic in partnership between the APA and American Telehealth Association.</p>
Hasbro Medicine Pediatrics	<p>Mental health services in primary care: Evidence for the feasibility of telehealth during the COVID-19 pandemic</p> <p>This study examined the transition to telehealth services during the COVID-19 pandemic in terms of attendance rates, the provision of evidence-based interventions (EBIs), and clinical outcomes.</p>
Clinical Psychology Review	<p>Journal Article—Title: Are videoconferenced mental and behavioral health services just as good as in-person? A meta-analysis of a fast-growing practice</p>
National Register of Health Service Psychologists	<p>A Telepsychology Primer</p>

NCQA BH Distinction Resources	
CTC-RI IBH Module	Online training module covering NCQA BH Distinction will be made available soon
NCQA	<p>PCMH Distinction in Behavioral Health Integration—Overview of PCMH BH Distinction</p> <p>NCQA BH Annual Reporting Requirements</p>

Plan, Do, Study, Act Template (PDSA)

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do

Describe what actually happened when you ran the test

Study

Describe the measured results and how they compared to the predictions

Act

Describe what modifications to the plan will be made for the next cycle from what you learn

**Participative Agreement
Integrated Behavioral Health (IBH) Learning Collaborative:**

With a focus on NCQA Behavioral Health Distinction in Primary Care and Virtual IBH

Consisting of 3 pages

Practice Organization _____

Practice Site(s): _____

Cohort 1 (March 1, 2021-February 28, 2022) ____

Cohort 2 (May 1, 2021-April 30, 2022) ____

1. Introduction/Purpose

The Care Transformation Collaborative of Rhode Island (CTC-RI/PCMH Kids) has selected your practice site/organization to participate in the 12 month Learning Collaborative: “Integrated Behavioral Health (IBH) Learning Collaborative: With a focus on NCQA Behavioral Health Distinction in Primary Care and Virtual IBH.”

The goal of this program is to provide primary care practices and those they serve with primary and secondary prevention models and access to high-quality, affordable, on-site (or virtual) licensed behavioral health clinicians which will include the development, implementation and evaluation of best practices for integrated telehealth models and practice assistance in preparing to apply for NCQA Behavioral Health Distinction. Practices participating in the learning collaborative are eligible to receive up to \$10,000 per practice or practice site.

This IBH Learning Collaborative is financially supported through UnitedHealthcare.

2. Telehealth Learning Collaborative Participative Agreement Scope of Work

The Tele-IBH/NCQA BH Distinction Learning Collaborative Participative Agreement Scope of Work outlines the mutual responsibilities of each party as outlined in the “**Integrated Behavioral Health (IBH) Learning Collaborative: With a focus on NCQA Behavioral Health Distinction in Primary Care and Virtual IBH**” application process.

Learning Collaborative Objectives:

- Practices engage in monthly individualized virtual practice facilitation focused on topics critical to tele-IBH and NCQA BH Distinction readiness. Topics can include but are not limited to: ethics and confidentiality within a virtual IBH model, adaptation of critical IBH elements when providing tele-IBH, and methods for maintaining the primary care collaboration needed for successful IBH in both a virtual pandemic environment, as well as transitioning to a post-pandemic in-person environment.
- Practices participate in learning collaborative meetings to share successes and barriers and bring in content expert(s) to support collaborative learning in the areas of ethics and confidentiality within a telehealth IBH model, and other best practices.
- Practices demonstrate competency in applying a telehealth model to integrated behavioral health as measured by a survey provided by CTC (baseline and final).

- Practices apply/prepare to apply for BH Distinction/renewal through NCQA by end of 12-month engagement with CTC.

Services to Be Provided

Participating Primary Care Practices will be provided with infrastructure and incentive funding payments, practice facilitation, quality improvement, technical assistance, access to NCQA BH Distinction self-assessment materials, and three “best practice sharing” peer learning meetings.

Practice Requirements

General:

- Pre-schedule and attend monthly virtual IBH practice facilitation with membership to include practice leadership, physician/clinical champion, other staff as needed
 - practices participating in cohort one will attend 12 monthly IBH practice facilitation meetings between March 2021 and February 2022
 - practices participating in cohort two will attend 12 monthly IBH practice facilitation meetings between May 2021 and April 2022
- Commit to and participate in virtual / in person learning collaborative meetings which will bring both cohorts together: one kick off (March 5, 2021) one midpoint (September 9, 2021), and one wrap up meeting (March 10, 2022)
- With the support of the Practice Facilitator, develop and implement a PDSA (Plan-Do-Study-Act) for improving a need, or needs, identified in the tele-IBH self-assessment and/or the NCQA self-assessment

Tele-IBH:

- Complete Tele-IBH Pre-Assessment-- *already completed as part of the learning collaborative application (see appendix B)*
- Complete Tele-IBH Post-Assessment

NCQA BH Distinction:

- Complete NCQA BH Distinction Self-Assessment – baseline (see appendix B)
- Complete NCQA BH Distinction Self-Assessment - final
- Submit application/renewal to NCQA OR Submit Action Plan to CTC

3. Payment Schedule:

Practices will be eligible to receive up to \$10,000 infrastructure/incentive financial payments during the funding period as outlined below. CTC reserves the right to delay/withhold payments if the practice fails to meet any of the practice requirements.

1. Infrastructure Payment Schedule: April 2021 (cohort 1) or June 2021 (cohort 2)
 \$5,000 with execution of the Participative Agreement, team completion of the NCQA BH Distinction Self-Assessment, team participation in the Orientation meeting and team participation in the first practice facilitation meeting;

2. Incentive payment schedule: April 2022 (cohort 1) or June 2022 (cohort 2)
 - \$2,500 at the completion of the project when all deliverables/outcomes have been achieved
 - \$2,500 at the completion for applying for NCQA Behavioral Health Distinction or the renewal of NCQA Behavioral Health Distinction if initial designation has already been achieved. Exceptions will be considered if a practice is not ready to apply for NCQA Behavioral Health Distinction based on extenuating circumstances. In these cases, a work plan and timeline outlining the steps the practice needs to take to prepare for NCQA Behavioral Health Distinction can suffice.

Care Transformation Collaborative of RI

Primary Care Practice name.

Signature: Debra Hurwitz,

Signature of authorized staff:

Executive Director, CTC-RI

Name: _____

Tele-IBH Self-Assessment

[\(Survey Monkey Link to post-assessment\)](#)

1. The practice has policies and procedures about when and why to use telehealth for IBH
2. The Practice has put policies and procedures into place that allow access to tele-IBH for patients with disabilities and other access challenges (e.g. patients without computers or poor internet connections)
3. Practice has a process for assessing patient readiness and providing necessary patient education regarding tele-IBH
4. Practice solicits patient experience feedback on tele-IBH services
5. The practice/clinicians understand federal/state requirements/standards for the practice of tele-IBH and the practice has mechanisms in place to ensure standards are met
6. The practice has mechanisms in place to ensure appropriate patient privacy for tele-IBH (e.g. HIPAA-compliant platform, protocols for ensuring privacy in patient's home, etc.)
7. The practice has a procedure for obtaining informed consent for tele-IBH
8. The practice staff/providers have sufficient knowledge of how to use the technology as it relates to tele-IBH
9. The practice has all the equipment needed to conduct tele-IBH efficiently/effectively
10. The IBH clinician conducts brief assessments, brief interventions, and psychoeducation using telehealth
11. The providers conduct warm hand-offs to the IBH clinician using telehealth
12. The IBH clinician can document in the EHR while conducting a tele-IBH session
13. The practice has created a process for collecting annual BH screening information for patients who are only being seen via telehealth
14. The practice can collect data to track tele-IBH visits (e.g. visit type, provider, WHO)
15. The practice is utilizing relevant billing codes/modifiers to maximize revenue for tele-IBH (e.g. CR modifier)

NCQA Behavioral Health Self-Assessment—Available on Q-PASS

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V2.5 [Test] Organization 1 / BH Distinction Assessment Tool

[← Back to site selection](#)
[← Back to](#)

Readiness: **Core Criteria:** 0/11 **Elective Criteria:** 0/7 **Status:** ✘ **Not Ready**

Behavioral Health Care Manager (Core) 🔍				
e Manager	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2: Care Team Behavioral Health Resources and Training (Elective) 🔍				
MAT - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BH Specialist - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Training - Documented Process	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
id Resources - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
creening for Depression - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
creening for Alcohol - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Clinician in the Practice (Core) 🔍				
ician in the Practice - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4: Clinician Practicing Medication-Assisted Treatment (Elective) 🔍				
edication-Assisted Treatment - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Referral Expectations (Core) 🔍				
erral Expectations - Agreement	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
erral Expectations - Documented Process	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
erral Expectations - Evidence of Implementation 🔍	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Referral Relationship (Core) 🔍				
erral Relationship - Documented Process	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
erral Relationship - Agreement	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
erral Relationship - Evidence of Implementation	UAT V2.5 [Test] Site 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Referrals Tracking and Monitoring (Core) 🔍				