

Clinical Services Branch: Preparing for the Drug Medi- Cal Organized Delivery System (DMC-ODS)

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Substance Abuse Prevention and Control

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Outline

- Clinical Services Branch: Preparing for the DMC-ODS
 - Quality Improvement / Utilization Management (QI/UM) Program
 - Clinical Standards and Training
 - Data Reporting / Evaluation
 - Other Clinically-Related Issues

Quality Improvement / Utilization Management Program

- **Quality Improvement (QI) Program**

- The purpose of the Quality Improvement (QI) program is to ensure that SUD services follow a standard of practice consistent with medical necessity, best practice, and level of care guidelines described by the American Society of Addiction Medicine (ASAM). The QI program also ensures a fair process of dispute resolution by establishing a complaint/grievance/appeal process for dispute resolution.

- **Utilization Management (UM) program**

- The Utilization Management (UM) program will assure effective and efficient utilization of services through an ongoing monitoring program designed to identify patterns in under-utilization, over-utilization, and inappropriate utilization of services across the service continuum.
- This will be achieved by authorizing residential services and MAT for youth, and confirming DMC eligibility and medical necessity.

Key Components of QI/UM Program

- Internal (SAPC) and external Committee structure
 - External Committees → Community Liaison Committee with Adult, Youth, & Consumer/Family Sub-Committees
- Access standards
- Workforce standards
- Documentation standards
- Medical necessity criteria for the provision of services
- SUD Service Guidelines
 - Assessments
 - Psychosocial interventions (at least 2 evidence-based practices)
 - Medication-assisted treatment
 - Physician consultation services
 - Culturally, linguistically, and developmentally appropriate, services
 - Special populations
- Level of care transition standards

Key Components of QI/UM Program (cont'd)

- Authorize DMC-ODS eligibility and verify medical necessity
- Authorize residential services and MAT for youth
- Ensure consistent application of standards of practice guidelines outlined in QI program
- Case management / care coordination guidelines
- Recovery support service guidelines
- Performance measure standards
- Peer review at provider sites
- Quality improvement projects at provider sites
- Risk management standards (establishment of Risk Management Committee at provider sites)
- Compliant/grievance/appeal process

Key goal of QI/UM program: Ensure provision of the right service, at the right time, for the right duration, in the right setting.

Training

- Monthly trainings coordinated through both SAPC and the State will focus on preparing providers for the DMC-ODS, and SAPC is committed to assisting providers as much as possible with this training effort.
 - <http://publichealth.lacounty.gov/sapc/Event/event.htm>
- SAPC will be working with UCLA to develop a train-the-trainers curriculum to scale up training efforts.
- However, SAPC will likely not be able to meet all of the training needs of its network and thus it will be incumbent on providers to ensure that their staff have the training and skills to perform the high quality, evidence-based services that are expected with the DMC-ODS.

Training Topics

- Core SAPC- and State-sponsored DMC-ODS training topics include:
 - American Society of Addiction Medicine (ASAM) Criteria
 - Documentation
 - Evidence-based practices (motivational interviewing, cognitive behavioral therapy)
 - Medication-assisted treatments
 - DSM-5
 - Quality Assurance
 - Data integrity
 - Case management

Data Reporting / Evaluation

- DMC-ODS includes State and Federal data reporting requirements that SAPC will integrate into its performance measures and data reporting system.
 - These data elements focus on ensuring access, appropriate utilization, and quality of client services.
- SAPC is currently revising its data collection system (LACPRS; Los Angeles County Participant Reporting System) to meet the requirements of DMC-ODS in terms of data reporting and evaluation in order to track utilization, effectiveness, and outcomes.

Other Clinically-Related Issues

- Electronic information system
- Medication-Assisted Treatment
- Withdrawal Management
- Physician Consultation Service
- Case Management
- Recovery Support Services
- Sober Livings / Recovery Residences
- Telehealth

Implementation of QI/UM Program & Other Clinical Components

- Recognizing the changes that need to occur at provider sites as a result of the various requirements of the QI/UM program, the various QI/UM components will be implemented in a PHASED APPROACH.
 - Now – June 30, 2017 → Pre-DMC-ODS (Phase 0)
 - July 1, 2017 → Start of DMC-ODS (Phase 1)
 - July 1, 2018 → Phase 2 of DMC-ODS
- In Phase 0, SAPC will be piloting various projects to prepare for the start of DMC-ODS and will be reaching out to providers to participate, with the plan to refine the tools/processes so that it can be shared more widely with providers prior to the start of DMC-ODS on July 1, 2017. As such, providers will have the opportunity to familiarize themselves with these tools/processes and prepare accordingly.

QI/UM Program

| Requirement | Prior to DMC-ODS Implementation | July 1, 2017 | July 1, 2018 |
|--|---------------------------------|--------------|--------------|
| Train all staff on ASAM Criteria & documentation | X | | |
| Use of the brief triage assessment tool (at provider site) before conducting full ASAM assessment | | X | |
| Use of full ASAM assessment tool (either SAPC-developed version, or version that was developed by provider and approved by SAPC) | | X | |
| Conduct assessment and intake within 15 business days of brief triage assessment | | X | |
| Provide services on at least one weekend day and two evenings (5pm – 9pm) | | X | |

QI/UM Program (cont'd)

| Requirement | Prior to DMC-ODS Implementation | July 1, 2017 | July 1, 2018 |
|---|---------------------------------|--------------|--------------|
| Ensure culturally, linguistically, and developmentally appropriate services | X | | |
| Implement at least two of the required Evidence-Based Practices (Motivational Interviewing and CBT) | X | | |
| Preauthorization of residential services | | X | |
| Use standardized treatment plan & progress note documentation templates | | X | |
| Patients have access to full continuum of SUD care (withdrawal management, OP, IOP, residential, OTP) | X | | |
| Medication-assisted treatment capability (provision of service or referral) | X | | |
| Prepare and implement electronic information system | X | X | |

QI/UM Program (cont'd)

| Requirement | Prior to DMC-ODS Implementation | July 1, 2017 | July 1, 2018 |
|---|---------------------------------|--------------|--------------|
| Provide and expand case management services | | X | |
| Provider access to QI/UM process for Complaints/Grievances/Appeals | | X | |
| Recovery Support Services capability (provision of service or referral) | | X | |
| Patient access to Recovery Residences (aka: Sober Livings), either provided through provider or by referral | | X | |
| Physician Consultation Service available to DMC physicians | | X | |
| Expanded telehealth program | | | X |

Clinical Services: Preparing for DMC-ODS

- **Culture**
 - Establish a “culture of quality” within provider agencies
 - Peer reviews
 - Quality Improvement Projects
 - Sufficient clinical supervisors to support staff
 - Establishing a Risk Management Committee
 - Patient-centered culture

Clinical Services: Preparing for DMC-ODS (cont'd)

- **Preparing for QI/UM Requirements**

- Short-term

- Familiarize and train staff on:

- ASAM Criteria
- Definition of medical necessity
- Documentation, including documenting medical necessity
- Evidence-based practices – most importantly Motivational Interviewing and Cognitive Behavioral Therapy (CBT)
- Case management / care coordination

- Long-term

- Establish regional networks of SUD and other health providers to ensure clients have access to a continuum of SUD care, as well as other necessary services (Recovery Support Services, Recovery Residences, health and mental health services, social services etc)

Clinical Services: Preparing for DMC-ODS (cont'd)

- **Staffing**

- Ensure sufficient staff training

- SAPC and the State are investing in trainings for providers. It will be essential that providers invest their time and resources into trainings as well.

- Hire more LPHAs

- Terms & Conditions of the DMC-ODS waiver expand the types of providers who are able to sign treatment plans. LPHAs will soon be able to serve some of the functional roles that medical directors previously served. This affords providers more flexibility.

- Opportunity to repurpose Medical Director's time to provide/lead:

- Medication-assisted treatment (MAT)
- Clinical supervision
- Quality-focused initiatives: Quality Improvement Projects or Peer Review
- Trainings: MAT, co-occurring physical and mental health conditions, etc. 16

Clinical Services: Preparing for DMC-ODS (cont'd)

- **Technology**

- As SUD treatment enters into mainstream healthcare, providers will need electronic information systems to better share information with:

- Other SUD providers
- Providers in other systems (physical and mental health)
- SAPC for utilization management (authorization of services), data reporting, as well as other functions

Clinical Services: Preparing for DMC-ODS (cont'd)

- **Technology (cont'd)**

- Functional requirements of electronic information system:

- Longitudinal management of care (incorporates progress notes, treatment plans, etc)
- ASAM Criteria integration (either paper-based or electronic)
- Service authorization and utilization management
- Case management
- eBilling
- eContract Monitoring
- Interoperability with other information systems
- 42 CFR Part 2 compliance

Clinical Services: Preparing for DMC-ODS (cont'd)

- **Technology (cont'd)**

- Pending approval of County leadership, SAPC is working to acquire an electronic information system that meets the needs and requirements of DMC-ODS, and can be used by its providers who do not currently have such electronic systems.
- Providers who already have electronic information systems can continue to use their original systems provided that they possess the functional requirements of DMC-ODS. In these cases, providers will be expected to work with SAPC's IT team to ensure interoperability and appropriate information exchange.

Clinical Services Branch: Key Contacts

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Questions?

“The opposite of addiction is not sobriety. The opposite of addiction is connection.”

Johann Hari