2019

CollaborativeCare

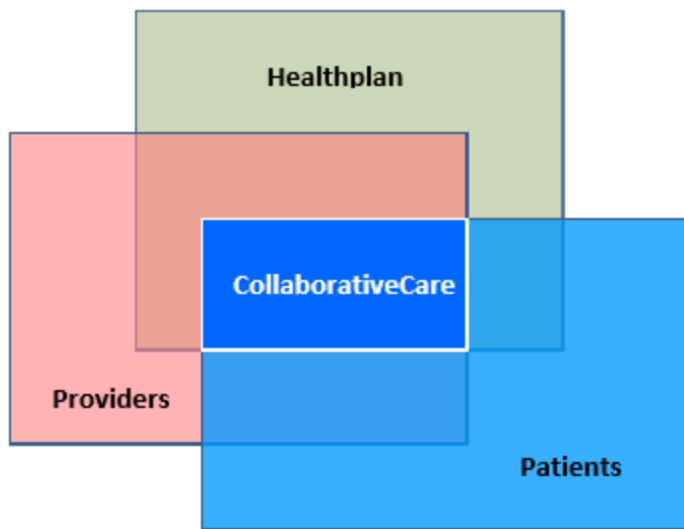Mentor Research Institute, AMHA-OR &
Private Practice Cloud
1/1/2019

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Healthcare Reform

Healthcare reform is based on consensus that healthcare services are often fragmented, uncoordinated and not accountable. Hence, the quality is not optimal. For many patients, satisfaction with care they receive is low. And patients who have preventable emergencies, injury, illness, and disease are unable to afford or obtain health and wellness care. Referrals and coordination of care practices have not been efficient, nor has there an effective means to assure physical, behavioral, and mental health needs are satisfied.

Until the last decade most the focus of healthcare has been concentrated on treating serious and life-threatening illness and disease rather than prevention. Improvements in quality, savings, and better patient care result when the focus shifts. The Health Information Technology for Economics and Clinical Health Act (HITECH) and the Patient Protection and Affordable Care Act (ACA) are central to the resurgence of health care management by public and commercial health care payment sectors. In the mid 1980's and early 1990's, managed care meant "restricting care" based on criteria that that was not transparent or accountable. Beginning with the ACA, healthcare reform is focused on the quality of care. This focus requires that healthcare be measured, accountable, transparent, affordable and available. As a result of the ACA and the HITECH, fee-for-service mental health services will be shifting to coordinated and accountable care.

The Triple Aim of healthcare reform is to (1) ensure reasonable access to care and a positive patient experience, (2) improve patient and group health and well-being, and (3) to manage and contain costs. These three goals are to be implemented in a manner that is transparent and accountable. Measures of the Triple Aim are being created, evolving and beginning to be used. Both healthcare providers and payers will be accountable.

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United States Health and Humans Services – Strategic Goals

Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System

1. *Promote affordable healthcare, while balancing spending on premiums, deductibles, and out-of-pocket costs*
2. *Expand safe, high-quality healthcare options, and encourage innovation and competition*
3. *Improve Americans' access to healthcare and expand choices of care and service options*
4. *Strengthen and expand the healthcare workforce to meet America's diverse needs.*

3 Perspectives

1. Effectiveness
2. Efficiency
3. Equity

Requirements

Frameworks, criteria, measures, control mechanisms, and methods for evaluating health services, systems, and policies.

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CollaborativeCare is accountable care. This service delivery model offers a Patient Reported Outcomes Measurement (PROMS) system to obtain feedback and information on an individual's response to treatment—measurable Clinical Outcome Improvements—that can evolve to Population Focused Improvements. Since 2012 CollaborativeCare been developing and is now engaged in the only feasible model that can engage mental health professionals in a scalable, measurable and accountable manner. CollaborativeCare offer a solution that resolves the infrastructure and system redesign processes promoted by CMS and the Healthcare Payment Learning and Action Network. It offers clinical outcome improvements using an electronic questionnaire builder and delivery system that can be delivered across a broad range of devices gathering, aggregating, processing, analyzing and reporting baselines, progress, satisfaction, and outcome to patients, therapists, physicians and Healthplans.

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Oregon Health Authority - Office of Health Information Technology

Vision

HIT-optimized health care: A transformed health system where health information exchange (HIE) efforts ensure that the care Oregonians receive is optimized by heath information technology (HIT).

Three Goals of HIT-Optimized Health Care:

- Oregonians have their core health information available where needed so their care team can deliver person-centered, coordinated care.

- Clinical and administrative data are efficiently collected and used to support quality improvement, population health management, and incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.

- Individuals and their family's access, use and contribute their clinical information to understand and improve their health and collaborate with their providers.

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Mental Health Transformation

Driving Healthcare Transformation
Coordinated, Integrated and Accountable Care

Traditional Un-Managed Care

Individual Contracts

- Claims based billing
- Low reimbursement
- Poor access
- No reliable quality measures
- Paper charts
- No referral networks
- Focus on paying claim
- Little care coordination
- Individual audits

Coordinated Care & Accountable Care

Partial Integration Group contracts

- Organized care delivery
- Aligned care values
- Clinical practice guidelines
- Integrated provider networks
- Linked by Health Information Technology (HIT)
- Focus on cost, quality & transparency
- Transparent performance management
- Pay-for-performance (P4P)
- Group-auditing

Patient Centered

Integrated Care Full Integration Group contracts

- Personalized healthcare
- Productive and informed interactions
- Cost, performance & quality transparency
- Multiple integrated network & community resources
- Aligned management & reimbursements
- Provider information focus
- E-health capable
- Pay-for-Performance (P4P)
- Group-auditing

Adapted by Mentor Research Institute for Mental Health based the work of Paul MacGann, MD, CMO, Centers for Medicare and Medicaid.

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Antitrust Law Prohibits Solo Practice Influence and Ability to Negotiate

Solo and small group practice psychotherapists are severely limited by the very independence they value. As individuals, they are legally prohibited from discussions of fees-for-service and other group actions that might influence markets and trade. Solo and small group practice psychotherapists cannot come together to set up, direct, coordinate, organize, encourage, help steer, set agendas, aide discussions for the purpose of creating strategies, terms of dealing, agreements for a group in order to restrict competition, secure a higher rate of re-imbursement and/or form anticompetitive agreements. Failure to follow these guidelines can bring the activities of individuals or groups of individuals to the attention of Federal Trade Commission and has the risk of investigation by the Department of Justice for "per se illegal" behavior.

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Solution

CollaborativeCare is a model with technology and analytic system that creates actionable data which inherently encourages informed decision among Healthplans, providers and patients.
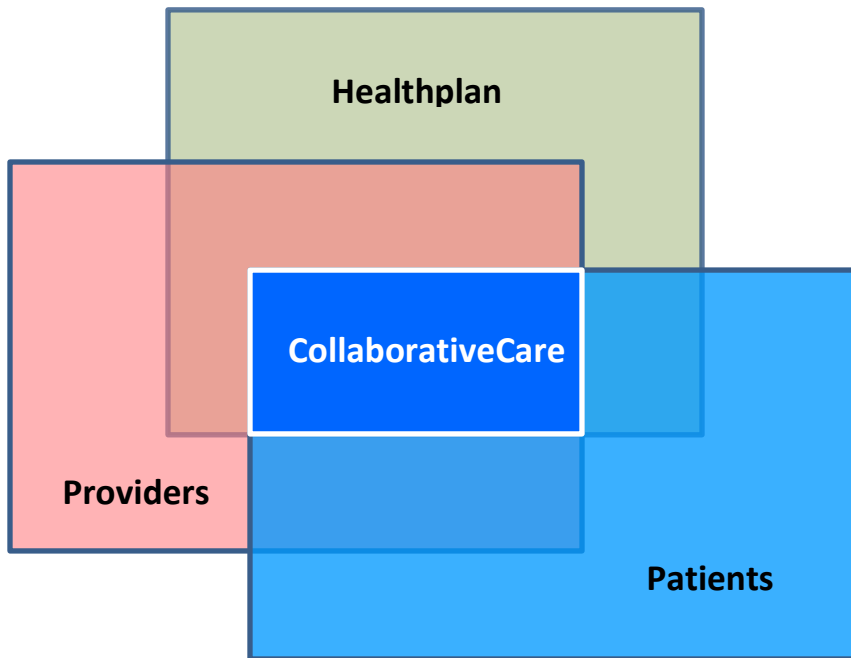
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CollaborativeCare Information Sharing and Analytic System
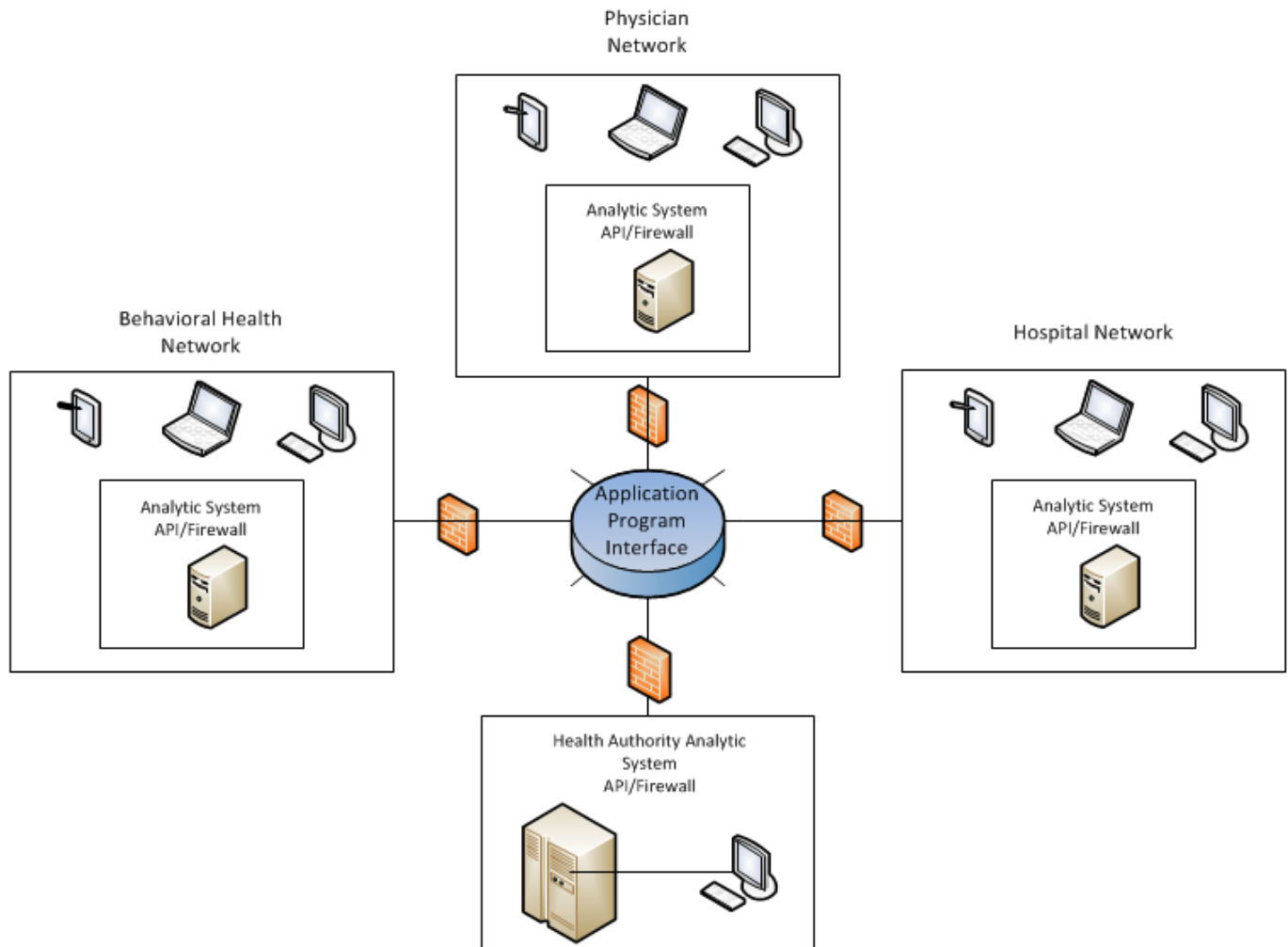
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CollaborativeCare Information Development to Deployment

High Level Diagram of Tableau Reports/Dashboard Development and Deployment.
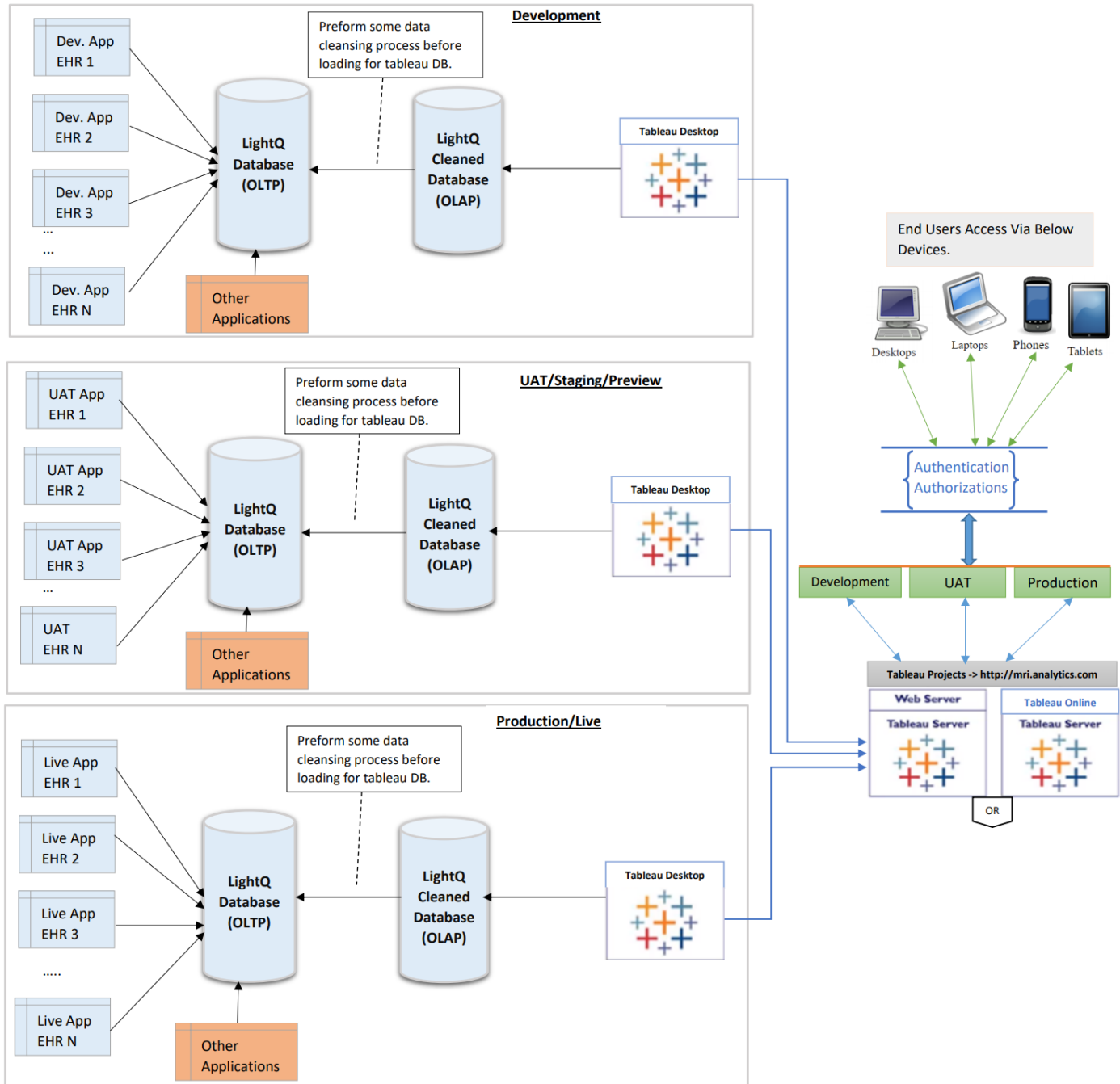
Description:

Above high level diagram will help to understand the development, deployment and required infrastructure.

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1. Improve Americans' access to healthcare and expand choices of care and service options

Access – Finding Qualified Providers

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2. Expand safe, high-quality healthcare options, and encourage innovation and competition

Referral - Selecting an Available and Qualified Provider

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Full Provider Profile – includes online appointment booking options

OTC Oregon Therapy Clinics   HOME   SEARCH ▾   FEATURED THERAPISTS   ONLINE SCREENING ▾   APPOINTMENTS ▾   ARTICLES ▾   BLOG

✓ Verified
↗ Send to Friend

Tamazin Heher

📍 201 B Avenue, Suite 255 , LAKE OSWEGO, Oregon, 97034   **Book Appointment**   🔗 http://www.zinheher.com | 📱 (415) 699-9466

Availability

I have a 0 week waiting list.

Provider license

Licensed Clinical Social Worker

Population Served

- Adolescent (11 to 14)
- Adolescent (15 to 18)
- Adult (18 to 59)
- Bisexual
- Child (3 to 10)
- Couple
- Elder (65+)
- Family
- Gay
- Heterosexual
- Lesbian
- LGBTQ

Scheduling

- Book online an initial consultation
- Call for an appointment

Office Days & Hours

Tuesday
- 9am to noon
- Noon to 5pm
- Hours after 5pm

Wednesday
- 9am to noon

Services

abusive/aggressive child | ADJUSTMENT Stress
adverse childhood experience | aging parents | ANXIETY
blended family | child issues | childhood trauma
COMMUNICATION skills | DEPRESSION | DIVORCE prevention
domestic abuse | family caregiving | FAMILY conflict
FAMILY Problems | life STRESS | marriage without love
OPPOSITIONAL & DEFIANT Child | PANIC/anxiety attacks
parenting & co-parenting | PARENTING differences | perfectionism
personal growth | postpartum mood | romantic love | self-esteem
SOCIAL Anxiety | social anxiety/phobia | SUICIDAL thoughts
Transition to PARENTHOOD

Skills & Methods

- behavioral health
- COGNITIVE BEHAVIORAL
- couple counseling
- interpersonal therapy
- life COACHING
- MARITAL therapy/counseling
- mindfulness-based cognitive therapy
- motivational interviewing
- positive psychology
- PSYCHOTHERAPY
- solution focused

Education

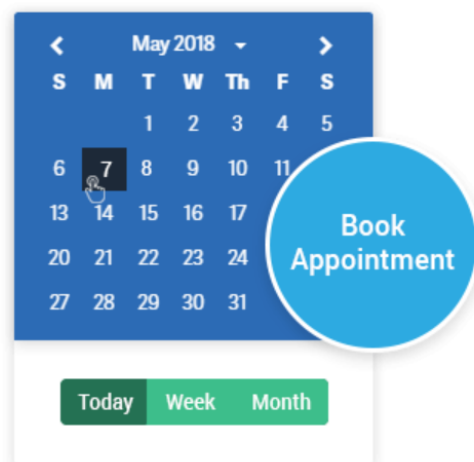## Online Scheduling - For Initial Appointments

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Initial Consultation

Book Now

You may book your first appointment now. The provider will call you to confirm the appointment. They may give you an access code or send you an online screening by text of email.

Fetch Provider List

Online Screening and Outcome Measures – **Onsite and Anonymous**
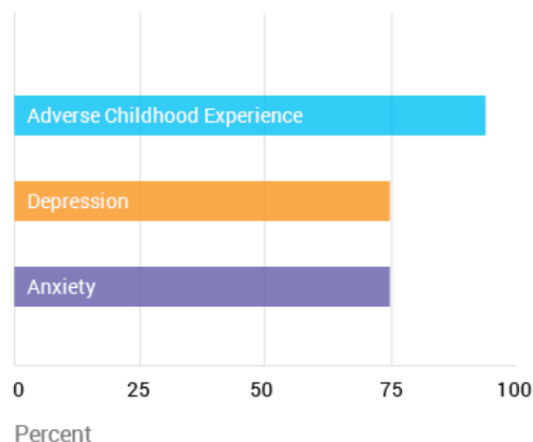
Screening & Outcomes

We Offer Valid Screening and Progress Measures

1. Screening for symptom severity for depression, anxiety, mood disorder and physical symptom burden that you can give to your physician or a mental health professional.
2. Screening for Adverse Childhood Experience (ACE) that can cause health problems, substance abuse, emotional and relationship difficulty.

Write down your access code and share with any provider on this site. (Providers cannot retrieve your code if you lose it.)

Comprehensive Screening

Use Provider Access Code for Screening

3. Strengthen and expand the healthcare workforce to meet America's diverse needs.

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Strengthen and expand the healthcare workforce - To meet America's diverse needs

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Measurement and Analytic System Administration

Administrator

🔍⊕ **Diagnoses** →	👥 **Business Account Name for Individual or Group** →	⊕ **Create & Edit an Individual Clinical User/Provider** →
🛍 **Create or Edit a Business Clinical Group Practice** →	🪪 **Associated Accounts** →	💬 **Create and manage Questionnaire** →

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Community Education and Marketing – Unlimited no cost Websites

Portland Oregon

Panic and Anxiety Clinic

Michael G Conner, PsyD
Clinical Psychologist

Fear is not real.
    The only place that fear can exist is in our thoughts of the future.
It is a product of our imagination causing us to fear things that are not happening and may never happen.
    That is near insanity.
Danger is real. But fear is a choice.
    We are all telling ourselves a story. Sometimes we need to change that story.

o

Practice Information

Address	965 NE Wiest Way, Suite 2
Phone	541 388-5660
Fax	541 323-2000
Email	conner@BendPsychology.com
Secure email	
License	#1197

See more

About Dr. Conner

The panic and anxiety has been in existence since 2012. The founder is Dr. Michael Conner who was a clinical psychologist with an extensive background in medical and mental health care. He is the sole proprietor who has been in license practice since 1995.

- Mike Conner is one of the leading psychologists practicing in the areas of crisis intervention, family psycholog

See more

Accountable Therapy

The Accountability Verdict is In

Outcome research is clear in the United States and Internationally. In general, a therapist or counselor's experience, training and credentials alone do not predict positive treatment outcomes. The model or theory of therapy generally does not predict treatment outcomes. Instead, the model used within an aligned patient-therapist relationship will make the biggest difference. Most patients will experience a 50% reduction of symptoms within the

See more

Services

Service That I Provide
- behavioral health
- biofeedback
- COGNITIVE BEHAVIORAL
- couple counseling
- cranial electrotherapy stimulation(CES)
- EMDR
- humanistic therapy
- interpersonal therapy
- life COACHING
- mental health screening
- positive psychology
- psychological EVALUATION
- solution focused

See more

Screening Questionnaire

Take a Reliable, Valid & Anonymous Screening

PRIVATE, NO COST, TAKES 10 TO 12 MINUTES

The most commonly used screening questionnaire for psychological and physical symptoms are the GAD7, PHQ9, PHQ15 and MDQ13.

Measure your Progress

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Patient Reported Outcome Measures – Multiple delivery and processing methods including cellphone, tablet and computer

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Integrated Test & Questionnaire Builder – Supports standardized and copyleft patient reported outcomes (PROMs)

Dashboard	Create and Manage Question	LogOut
Preface Builder	Create Question	
Question Element Builder		
Response Builder	Search	
Question Builder		
Test Builder		
Questionnaire Builder		
Manage Tags		
Manage Branching of Question		
Questionnaire Report		
Manage Branching of Test		

Question Variable	Question Preface	Question Text	Answer SetName	
	How often in the past MONTH have you been bothered by	constipation, loose bowels or diarrhea?	Not At All - A Lot	
	Growing up and before the age of 18	did a member of your childhood home go to prison?	No - Yes	
	Growing up and before the age of 18	did a parent or other adult in the household often act in a way that made you afraid that you would be physically hurt?	No - Yes	
	Growing up and before the age of 18	did a parent or other adult in the household often swear at, insult, or put you down?	No - Yes	
	Growing up and before the age of 18	did a parent or other adult in your household often hit you so hard that you had marks or were injured?	No - Yes	
	Growing up and before the age of 18	did a parent or other adult in your household often push, grab, shove, or slap you?	No - Yes	
	Growing up and before the age of 18	did an adult or person at least 5 years older ever attempt or actually have oral, anal, or vaginal intercourse with you?	No - Yes	
	Growing up and before the age of 18	did an adult or person at least 5 years older ever touch or fondle you or have you touch their body in a sexual way?	No - Yes	

Measurement Based Care (MBC) – Symptoms burden, functionality, Rx adherence, alliance and satisfaction

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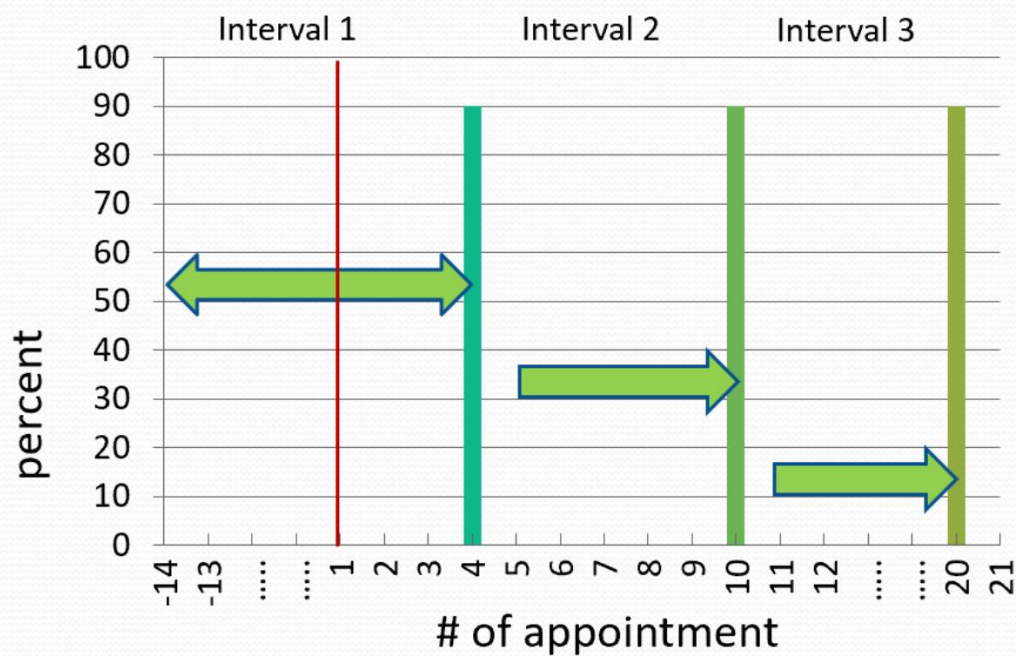
Alternative Payment Methods (APM) – Require analytics

The healthcare industry is under pressure to reduce costs, while keeping the customer front and center. The following provides a walkthrough of methods to achieve greater affordability by increasing fee for value programs and sharing how a self-service visual analytics reporting platform enables individuals and groups of providers to drill into actionable trends.

Visual Analytics – Reveal Opportunities to Discuss and Improve Quality

The following reports and screens from an information gathering, aggregation and reporting software system that allows providers to steer patients to higher quality specialists, reduce unnecessary care and target quality of care for treating, preventing and managing potentially chronic health problems. Extending this methodology beyond the CollaborativeCare's firewall to external partners, this secure, group-specific dynamic reporting system is accessible via a multi-use web portal.
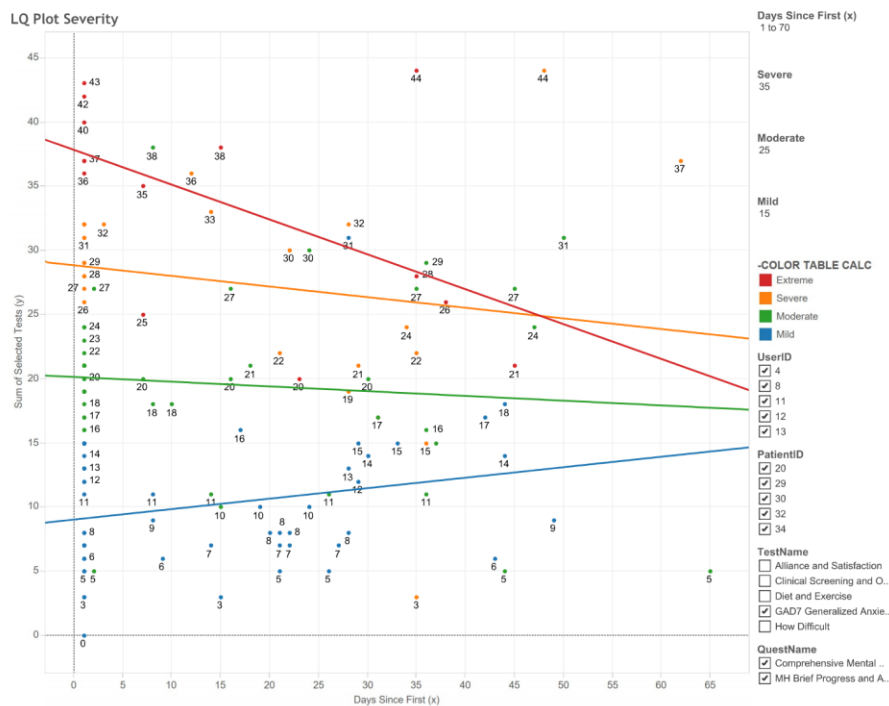
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Business Logic for Standardized Costs and Effect Size

Standardized Data Example

The following is a simulation

Purple cells are number that come from the providers EHR and drive the calculations.
The light red Salmon color are reimbursement rate that are entered for Tableau for Healthplans an represent what providers are paid.
You can change the values marked in light Yellow to see and test the results.
The Effect Size is a number that will come from the current Tableau Dashboard. It is a calculation.
We will want a filter for the Healthplan in Tableau.
We will want a filter for diagnosis (This is complex and we would do later)
Each data point (X,Y) will be a color for the healthplan.
The volume of each data point will be the number of appointments.

Data pulled from LightQ provider EHR
Number of sessions.
Number of CPT codes.
Health insurance.

Date entered into Tableau
CPT code number (90791, 90837, 90834, 90832, 90839, 90840, etc...)
CPT reimbursement by Healthplan
Dates of Service
Provider ID
Patient ID

Independent Variables
Healthplans ID
CPT codes
CPT codes reimbursement rates
Providers IDs/names
Patients IDs/Names
Date of Service (DOS)

Dependent Variables
Effect Size
Standardized costs

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Population Variance Driving Quality – Rate of Change, Effect Size & Reliable Change Index

The following images illustrate how self-service visual analytics can create measurable business benefits and superior patient outcomes.

SW plot with range

Days Since First (x)
1 to 90

-RANGE TABLE CALC
15 to 35

Input MeanPre to est Effect Size
23

Input Days Since 1st Day to est MeanY
60

Quest Name
- ☑ 1 MH Comprehensive Screening
- ☑ 3 MH Brief Progress and Alliance
- ☑ 4 MH Comprehensive Progress

Test Name
- ☐ Brief
- ☐ CSOQ19
- ☑ GAD7
- ☐ MDQ
- ☑ PHQ9
- ☐ PHQ15
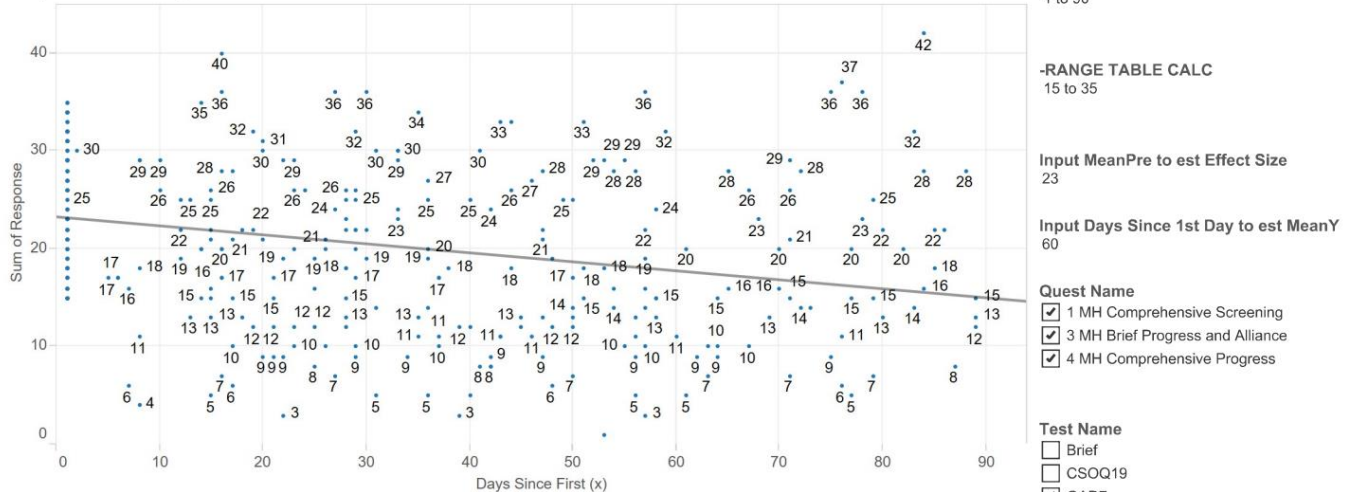
SW Calcs with range

1. Rate of Change (m) along Days Since First (x)	-9.20%
2. Y intercept (B) along Days Since First (x)	23.2
Input MeanPre to est Effect Size	23.0
3. MeanPre along Days Since First (x)	21.1
Input Days Since 1st Day to est MeanY	60.0
4. MeanY along Days Since First (x)	17.7
5a. SD of Patients' Scores on First Day	6.1
5b. SE	0.5
6a. (MeanPre - MeanY)/SD along Days Since First (x)	0.6
6b. AVE along Days Since First (x)	24.4
7a. Number of subjects	180.0
7b. Adj for Effect Size (1-(3/4n-5))	1.0
8. Effect Size (d) along Days Since First (x)	0.6
9. Reliable Change Index	1.2

SubjectID (SOSubjects)1
- ☑ 131438
- ☑ 131448
- ☑ 133488
- ☑ 134524
- ☑ 134526
- ☑ 135552
- ☑ 135553
- ☑ 135570

CustomerID (Customers)1
- ☑ 1002
- ☑ 1004
- ☑ 1005
- ☑ 1007
- ☑ 1010
- ☑ 1011
- ☑ 1012

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Individual Provider Variance Driving Quality – Rate of Change, Effect Size & Reliable Change Index

LQ Scatter Plot with Range

LQ Calcs with Range

1. Rate of Change (m) along Days Since First (x)	-12.47%
2. Y intercept (B) along Days Since First (x)	33.34
Input MeanPre to est Effect Size	33.00
3. MeanPre along Days Since First (x)	29.23
Input Days Since 1st Day to est MeanY	40.00
4. MeanY along Days Since First (x)	28.35
5a. SD of Patients' Scores on First Day	4.80
5b. SE of Patients' Scores on First Day	0.86
6a. (MeanPre - MeanY)/SD along Days Since First (x)	0.18
6b. AVE along Days Since First (x)	34.69
7a. Number (n) of Patients in Range	31
7b. Adj for Effect Size (1-(3/4n-5))	0.97
8. d along Days Since First (x), PatientID	0.18
9. Reliable Change Index along Days Since First (x), PatientID	2.39

Days Since First (x)
1 to 74

-RANGE TABLE CALC
29 to 50

Input Days Since 1st Day to est MeanY
40

Input MeanPre to est Effect Size
33

QuestName
- ☑ Comprehensive Mental Health Screening
- ☑ MH Brief Progress and Alliance (1)

TestName
- ☐ Alliance and Satisfaction
- ☐ Clinical Screening and Outcome Questio..
- ☐ Diet and Exercise
- ☑ GAD7 Generalized Anxiety Disorders
- ☐ How Difficult
- ☐ Mood Disorder Questionnaire (MDQ13)
- ☑ PHQ9 Physical Health Questionnaire (De..
- ☐ PHQ15 Physical Health Questionnaire (D..
- ☐ Substance Use (CSOQ)

PatientID
- ☑ 20
- ☑ 29
- ☑ 30
- ☑ 32
- ☑ 34
- ☑ 35
- ☑ 36
- ☑ 43
- ☑ 45

UserID
- ☑ 4
- ☑ 8
- ☑ 11
- ☑ 12
- ☑ 13
- ☑ 14

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LightQ EHR Analyze Patient Progress

Analyze

CREATE PDF

✓ **Linear Regression**

Test Data	Days From First Measurement(0 is first day)	Timespan to Measure (Days)
GAD7 Generalized Anxiety Disorders ▾	0	200

FETCH DATA

Trendline slope: 14.38 %.

● Scores —— Trend Line

GAD7 Generalized Anxiety Disorders

Weeks Since First Measurement

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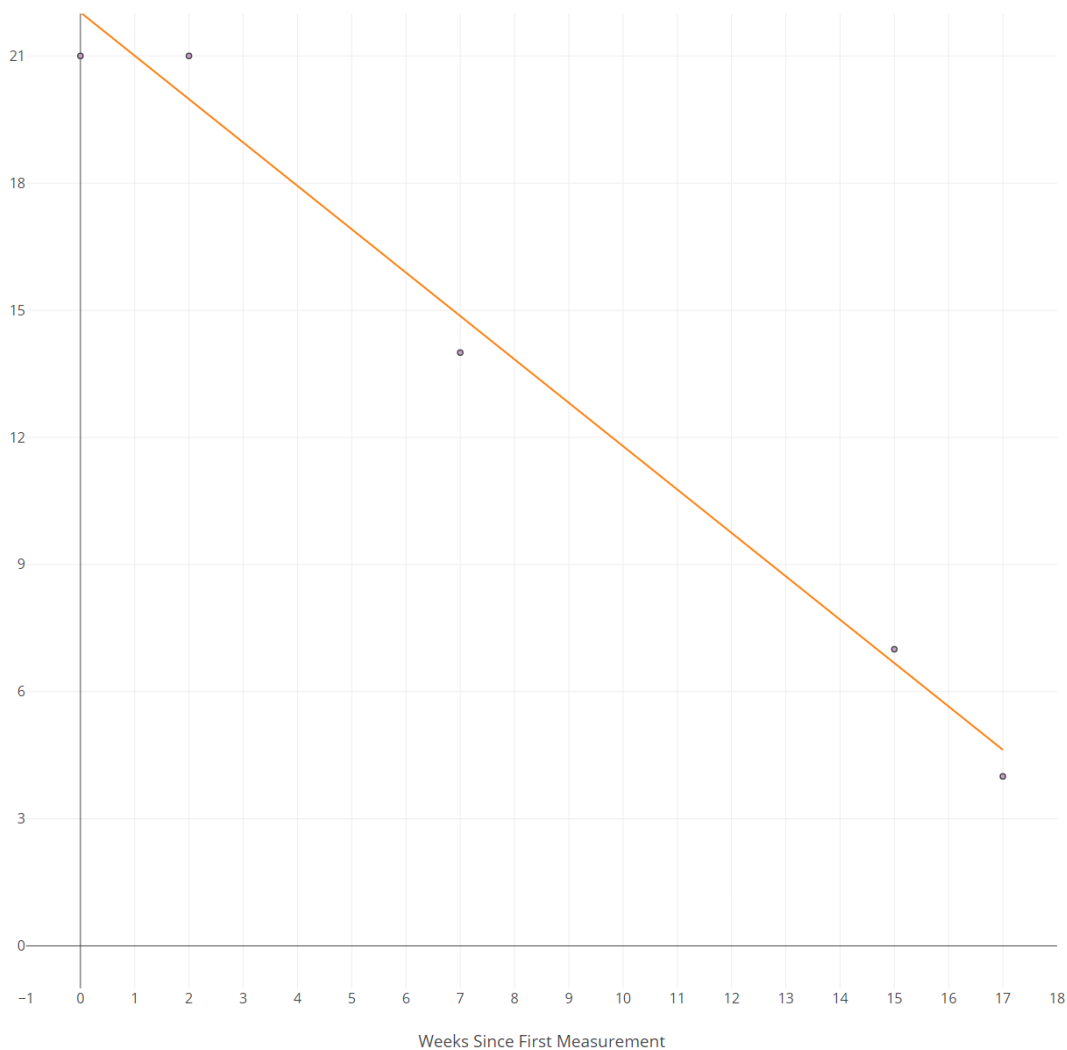
Individual Patient Variance – Reveals Treatment is On-Track or Off-Track

Patient Name: Mike Rennoc   **Date of Birth:** 10/13/1992

Patient Progress And Coordinated Care Chart Note

Gender: Male
Health Record Number: 1000011
Provider Name: Test Demo

Primary Diagnosis: F321 - Major depressive disorder, single episode, moderate
Secondary Diagnosis:

Prognosis: Very Good
Patient Status: Stable
Progress: Good
Date of Initial Test 9/24/2017   **Trendline:** 33.48 %.

Global Distress
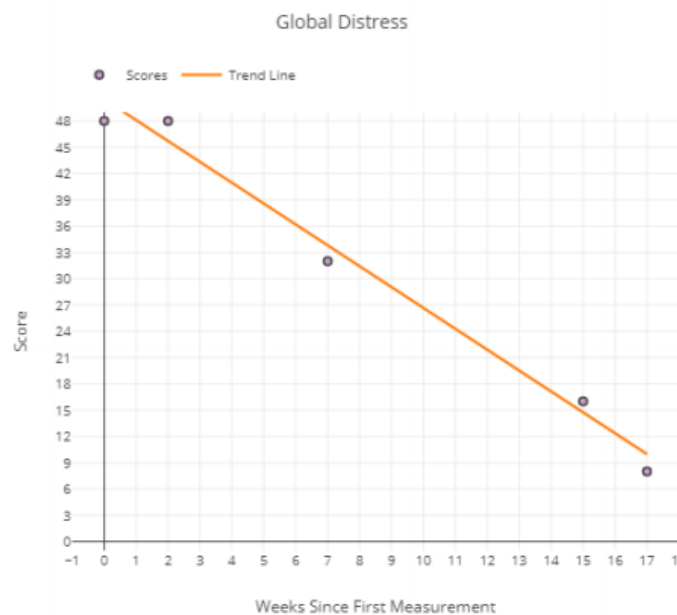
Note:
This patient has been in treatment for approximately 17 weeks. His rate of improvement is

excellent. His initial scores were in the severe range and are now in the low clinical range. He wishes to continue in therapy while reducing his medications. I will continue to see him weekly monitoring his symptom burden so as to ensure it remains subclinical. He will consult with his physician regarding titrating off his antidepressant. At that time I will continue to see him every other week for the next two months. Then monthly for the next several months.

Date Signed: 4/15/2019
Signed: Test Demo

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Group Provider Variance of Measurement – Reveals Actionable Opportunities

ScreeningWare Data for Providers signed up with ScreeniingWare-beta: Measures in First 90 days Since 03/01/2016

Total number of providers	34.0
Total number of providers who have given initial screenings	34.0
Total number of initial screenings given	184.0
Average number of initial screenings given per provider	5.4
Standard deviation of total screenings provided	0.0
Total number of patients who have completed the initial screening only	167.0
Total number of patients who have completed 2 questionnaires (initial + 1)	11.0
Total number of patients who have completed 3 questionnaires (initial + 2)	6.0
Total number of patients who have completed 4 questionnaires (initial + 3)	0.0
Total number of patients who have completed 5 questionnaires (initial + 4)	0.0

ScreeningWare Data for Providers signed up with ScreeniingWare-beta: All Measures in First 90 days

Total number of providers	59.0
Total number of providers who have given initial screenings	52.0
Total number of initial screenings given	725.0
Average number of initial screenings given per provider	13.9
Standard deviation of total screenings provided	0.4
Total number of patients who have completed the initial screening only	523.0
Total number of patients who have completed 2 questionnaires (initial + 1)	115.0
Total number of patients who have completed 3 questionnaires (initial + 2)	62.0
Total number of patients who have completed 4 questionnaires (initial + 3)	19.0
Total number of patients who have completed 5 questionnaires (initial + 4)	2.0

ScreeningWare Data for Providers Sighned up with LightQ: Measures in First 90 days Since 03/01/2016

Total number of providers	32.0
Total number of providers who have given initial screenings	30.0
Total number of initial screenings given	486.0
Average number of initial screenings given per provider	16.2
Standard deviation of total screenings provided	0.4
Total number of patients who have completed the initial screening only	312.0
Total number of patients who have completed 2 questionnaires (initial + 1)	97.0
Total number of patients who have completed 3 questionnaires (initial + 2)	54.0
Total number of patients who have completed 4 questionnaires (initial + 3)	17.0
Total number of patients who have completed 5 questionnaires (initial + 4)	2.0

The table above is an example illustrating a preliminary data set for a group of providers. This illustrates naturalistic use of screening and outcome measures when frequency and the number of measures is not required.

Individual Provider Measurement Statistics – Reveal Actionable Opportunities

SW MODA Incentive

Total number of initial appointments (CPT 90791)	23.00
Total number of patients terminated (not seen in 8 weeks)	23.00
Percentage of patients terminated	100.00%
Total number of visits for terminated patients	99.00
Average number of visits for patients terminated	4.30
Median number of visits for terminated patients	3.00
Total number of patients offered Comprehensive Screening	14.00
Total number of patients that completed Comprehensive Screening	14.00
Percentage of patients that completed at least one follow-up measure	60.87%
Percentage completed in 1st interval	52.17%
Number completed in 1st interval	12.00
Percentage completed in 2nd interval	17.39%
Number completed in 2nd interval	4.00
Percentage completed in 3rd interval	4.35%
Number completed in 3rd interval	1.00

providerkey
- ☑ 15857
- ☑ 17212
- ☑ 17746
- ☑ 17927
- ☑ 18218
- ☑ 18455
- ☑ 19459
- ☑ 19873
- ☑ 20096
- ☑ 20762
- ☑ 21682
- ☑ 22882
- ☑ 23472
- ☑ 25270

The table above is an example illustrating a preliminary data set for an individual provider. This illustrates a potential feedback system to a provider and their use of screening and outcome measures when the frequency and the number of measures is not required.

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Provider CPT Code Variance – Reveals Opportunities for clinical conversation and actional opportunities
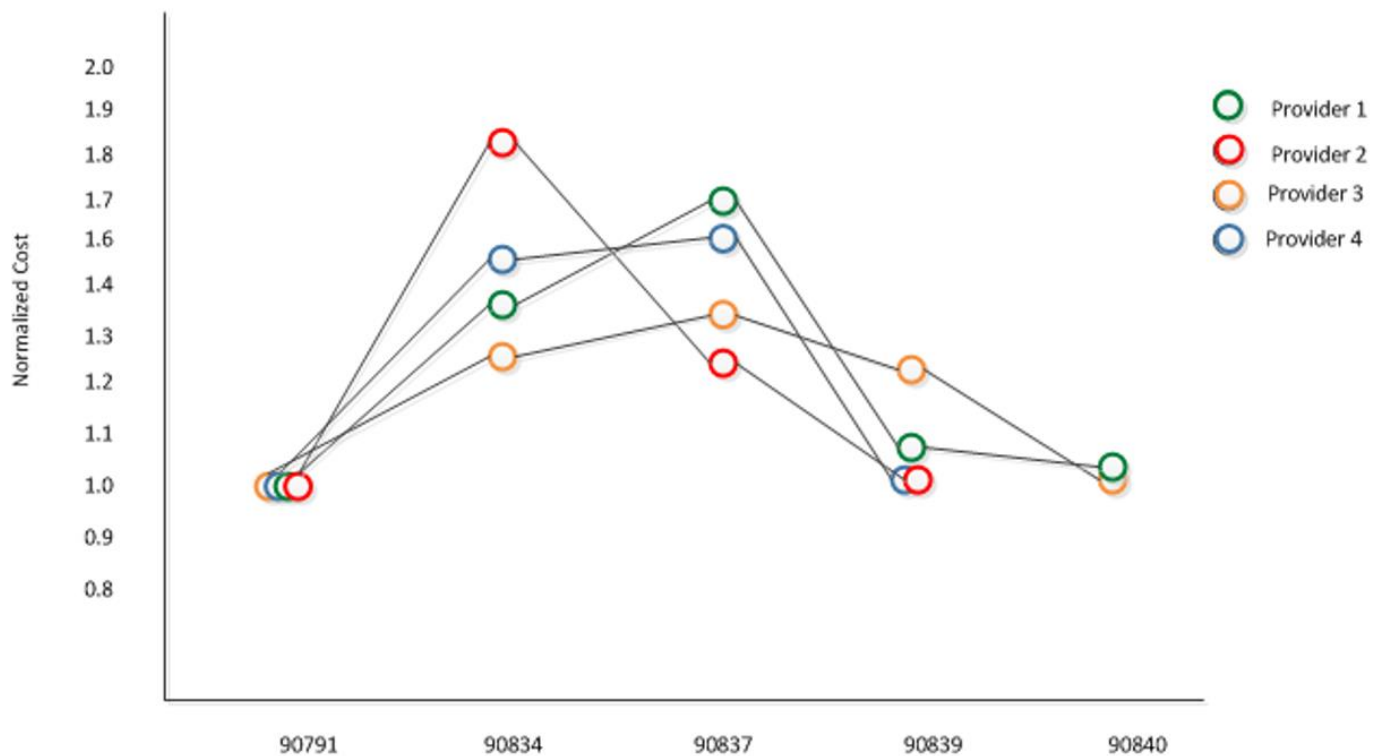
Each colored circle represents a provider. The elevation of the circle represents the normalized cost of CPT codes reimbursed by the Healthplan for that provider. The variance depicted draws attention to areas of treatment for which conversation among providers might lead to greater efficiencies or value.

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4. Promote affordable healthcare, while balancing spending on premiums, deductibles, and out-of-pocket costs

Provider Quality Among 4 Healthplans – Cost, Effect Size, Volume of Care and Value
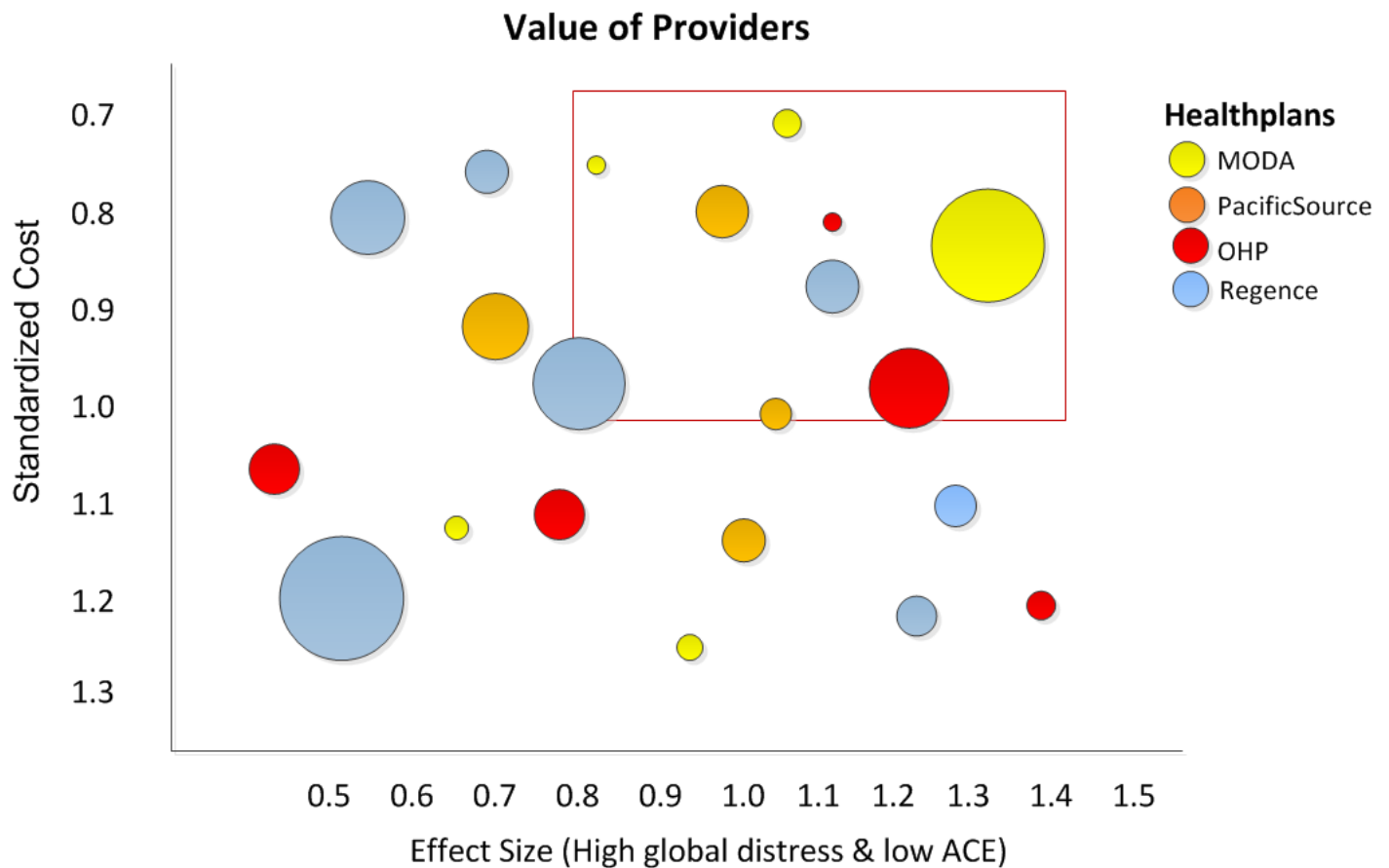
Each circle represents a provider. The size of the circle represents the number of patients the provider treats. The color represents the patients in a Healthplan. The effect size is the number of standard deviations of change. And effect size of 0.8 is consider significant. The standardized cost is degree to which the reimbursements for care deviates from the average of the total reimbursement. Effect size in this case mix is derived from global distress and adverse childhood experience questionnaires.

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High Level Visual Analytic Security Architecture
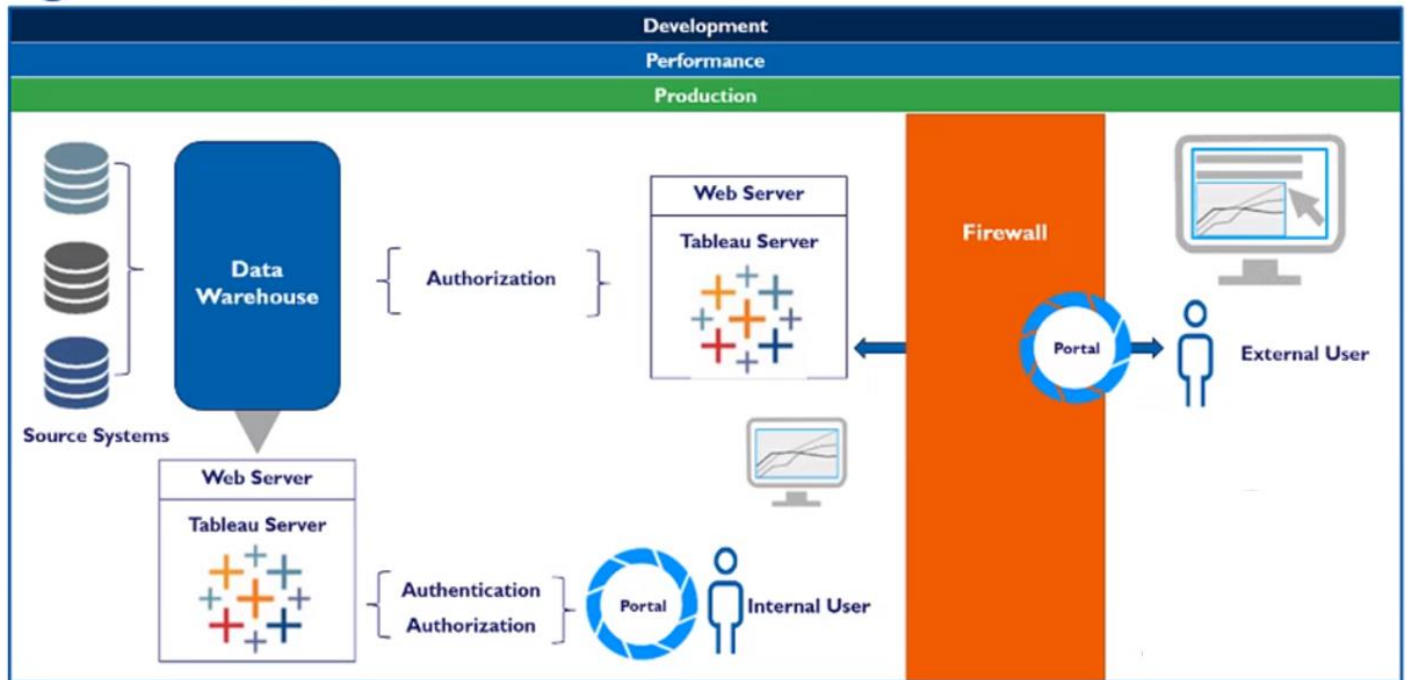
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CollaborativeCare Technology and Related Costs

Software $250/month
Secure Server $625/ month
3rd party HIPAA Assurance $200/month
Liability Insurance $400/month for $2,000,000
Software Engineer $180/hour
Tableau Analyst $180/hour