Discussion Paper:
Practitioner Credentialing, Performance Measurements and Funding Methodology

In 2009, the Iowa Department of Public Health Division of Behavioral Health (IDPH) initiated a transition to a comprehensive and integrated recovery-oriented system of care for addictive disorders, built on coordination and collaboration across problem gambling and substance abuse prevention and treatment.

Key system transition elements include:

- program licensure standards
- practitioner credentialing
- workforce development and training
- client/family leadership
- geographic service areas
- local collaboration
- funding/funding methodologies
- crisis services and wraparound supports
- data systems
- outcome/performance measures

Currently separate IDPH contracts for substance abuse comprehensive prevention, substance abuse treatment, and problem gambling prevention and treatment will all end June 30, 2014. IDPH anticipates release in 2013 of an integrated RFP for local contractors who will together assure coordinated provision of addiction services – problem gambling and substance abuse prevention and treatment and associated recovery support services – in designated geographic service areas statewide, effective July 1, 2014.

To be effective, the system of care must encompass community partners, prevention organizations, the recovery community, treatment providers, and other state and local stakeholders, as well as IDPH.

This is the final IDPH strategic planning discussion paper. This paper provides background information on practitioner credentialing, performance measurement, funding methodologies, offers general discussion considerations on certain related issues, and poses questions to facilitate input from stakeholders.

DISCUSSION ISSUES:
(Please note that questions are at the end of the document)

Practitioner Credentialing
The workforce section of SAMHSA's *"Description of a Good and Modern Addiction and Mental Health Services System"* notes the following: "The modern system must have experienced and competent organizations and staff that can deliver the services. Licensure requirements need to evolve and certification requirements strengthened for those professions that do not require formal licensure." Some states, such as Ohio and Indiana, have moved from counselor certification to professional licensure to better meet insurance and Medicaid requirements. As health care reform moves forward, Iowa needs to determine what type of credentialing for substance abuse and problem gambling counselors, as well as prevention specialists, is most advantageous for the field in terms of access and funding.

Performance Measures
Over the past several years, the NIATx principles of access, engagement and outcomes have been utilized in substance abuse and problem gambling treatment and prevention. These same

principals are consistent with the recovery-oriented system of care (ROSC) approach, as well as health care reform. As the IDPH continues its addictions system transition, these principles could be incorporated into performance measures aligned across all programs.

The Quality and Performance Management section of the *"Description of a Good and Modern Addiction and Mental Health Services System"*, states that "quality improvement through the use of outcomes and performance measures are a cornerstone of the Accountable Care Act (ACA). A renewed focus on quality will also help payers link performance improvement and payment while moving away from the current incentives to provide more care without evidence of improved outcomes."

Funding and Funding Methodology

The *"Description of a Good and Modern Addiction and Mental Health Services System"* notes that funding strategies must be sufficiently flexible to promote efficiency, control costs, and pay for performance. Health care payment reform is intended to align quality and cost and reinforce desired client and system outcomes. The ACA envisions a variety of new purchasing strategies, including episode-based payments, risk-based inpatient/outpatient bundled payments, shared savings, and financial consequences for "never events". In the public sector, individuals/families/youth with complex mental and substance use disorders receive services funded by federal, state, county and local funds. These multiple funding sources often create a maze of eligibility, program and reporting specifications that create funding silos featuring complicated administrative requirements**.** If services are to be integrated, then dollars must be also intertwined. In the same way that Medicaid will be required to streamline eligibility and enrollment, the good and modern system must either blend or braid funds in support of comprehensive service provision for consumers, youth and families.

Iowa must develop a uniform cost structure that is aligned with all services in the geographic service area. Some of the different funding structures that IDPH could consider for substance abuse problem gambling treatment and prevention include:

- block grants
- fee for service
- case rates
- designation of specific funding amount for each service area paid out as a block grant for infrastructure support and as fee for service for specific services
- outcome based funding

DISCUSSION QUESTIONS:

(If you would like to receive this discussion paper as a Word document so responses can be entered directly after each question, please e-mail Janet Zwick at janetzwick9@gmail.com)

Practitioner Credentialing

1. What issues should be considered related to practitioner credentialing – certification and/or licensure?

2. What might be some of the reasons Iowa shouldn't move towards licensure?

3. Other comments regarding practitioner credentialing?

Performance Measures

1. What would you consider to be the top three performance measures for substance abuse and problem gambling prevention and treatment services?

2. Do these performance measures also apply to recovery support services like in Access to Recovery? Are there different measures you'd suggest for ATR?

3. How can IDPH monitor contractor performance?

4. What types of outcomes should be measured?

5. List the three most important outcomes you think should be measured.

6. Are there specific incentives and disincentives that can help contractors reach those outcomes?

7. What outcomes are meaningful to customers – clients, family members, participants in prevention services? How do they measure whether or not they've been helped?

8. Other comments on performance measures?

Funding

1. What funding methods do you think would work best for Iowa?

2. How can IDPH funding support Iowa's safety net infrastructure for substance abuse and problem gambling prevention, treatment, and recovery support services?

3. Other comments on funding structure?

Please send all comments to janetzwick9@gmail.com by July 20, 2011