CCBT: An Independent Practice Association

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Structure

- Independent Contractors are Sole Proprietor or Incorporated
- CCBT Provides Goods and Services in Support of Their Practice
- Patient Ownership Rests with Provider
- Clinical Records Owned by Provider
- Business Records Owned by CCBT
- No Financial Investment by Provider to Join
- Clinical and Financial Integration with Accountability
Branding

- Based on Identification with Specialty
- Pay for Board Certification
- Blogging
- Leadership Activities
Contracting

- Independence Detailed Throughout Contract

- Provider Requirements Include
  - CCBT Named as Co-Insured on Provider Liability
  - Test Kits Provided
  - Additional Clinical Forms Permitted
  - Use of Term “Independent Practice Affiliate”
  - Oversight Only Focused on Consistency with Health Care Metrics and Compliance with Rules, Ethics and Professional Standards of Care
Contracting: CCBT Provides

- Referrals and Insurance Benefit Verification
- Business Risk Management
  - Patient Services Agreement, HIPAA, Insurance Payment Assignment, etc.
  - Access to Consultations on Risk Management
- Business Operations
  - Billing, Posting Payments, Account Management, Scheduling, Marketing and Advertising, Equipment Access
  - Contract is not Shared Risk—It is Payment for Services
Financial Integration

- Data Driven Business Management
  - Monthly Review of Provider Productivity and Cost-Benefit Analysis (RVU)
  - Use of Electronic OMS for Reports on Utilization by Dx, Carrier
Clinical Integration

- Treatment Model (CBT) Basis of All Services
- Use of Standardized Clinical Forms
- Routinized PCP Communication Protocol
- EHR Available for Use Within OMS
- Continuing Education in CBT Provided 12-18 Times per Biennium Free of Charge to Providers
- Quality Measures Provided by CCBT (UHC ACE, WHODAS 2, PHQ-9, Adapted HCAHPS)
- Integration of Bio-Psycho-Social Assessment through Pearson Innerview
HealthCare Reform

Based on IHI’s Triple Aims

Improve Population Health: Disease Prevention
  • Community Workshops and Financial Support of Injury Prevention
  • PQRS/PHQ-9 Data
  • WHODAS 2 Data

Reduce Per Capita Cost: Cost Reduction
  • Monitoring of Utilization Levels across Dx and Codes
  • On-going Training in Research Supported Treatments

Improve Patient Experience:
  • Patient Experience (Based on HCAHPS Questions)
  • Adapt Questions from HCAHPS
Next Steps

- MSO Model Under Development
- New EHR System that Allows Support of IPAs and MSO Subscribers and Measurement of Metrics
  - Anticipation of VBC, ACOs and Medical Homes
- Routinized Communication with PCPs on Innerview and Follow-along Treatment Outcomes
  - Symptom Impact
  - Functional Impact
  - Patient Experience