CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

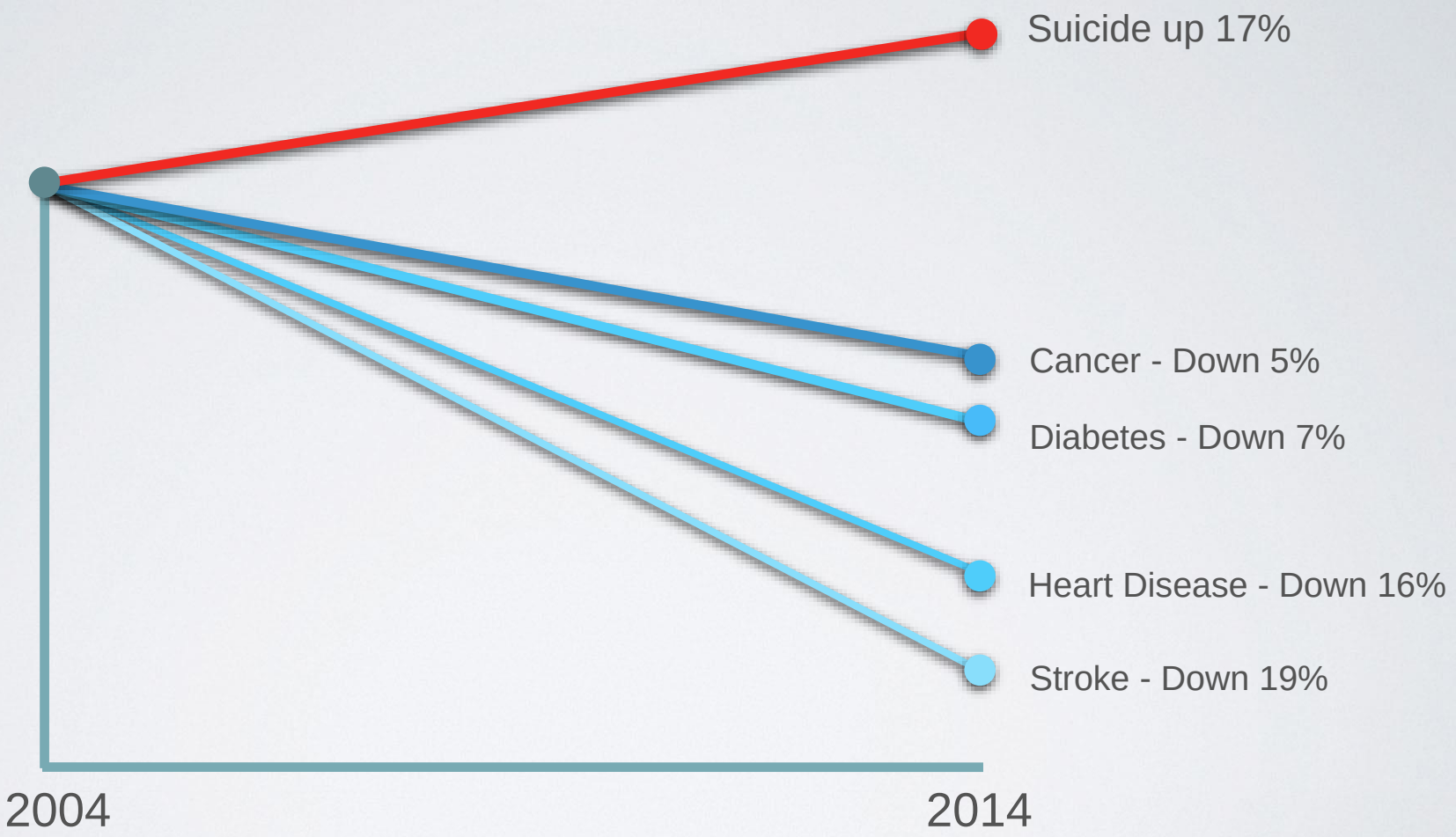
Alternative Payment Models for Behavioral Health

Henry Harbin, MD

Health Care Consultant
Former CEO of Magellan Health Services

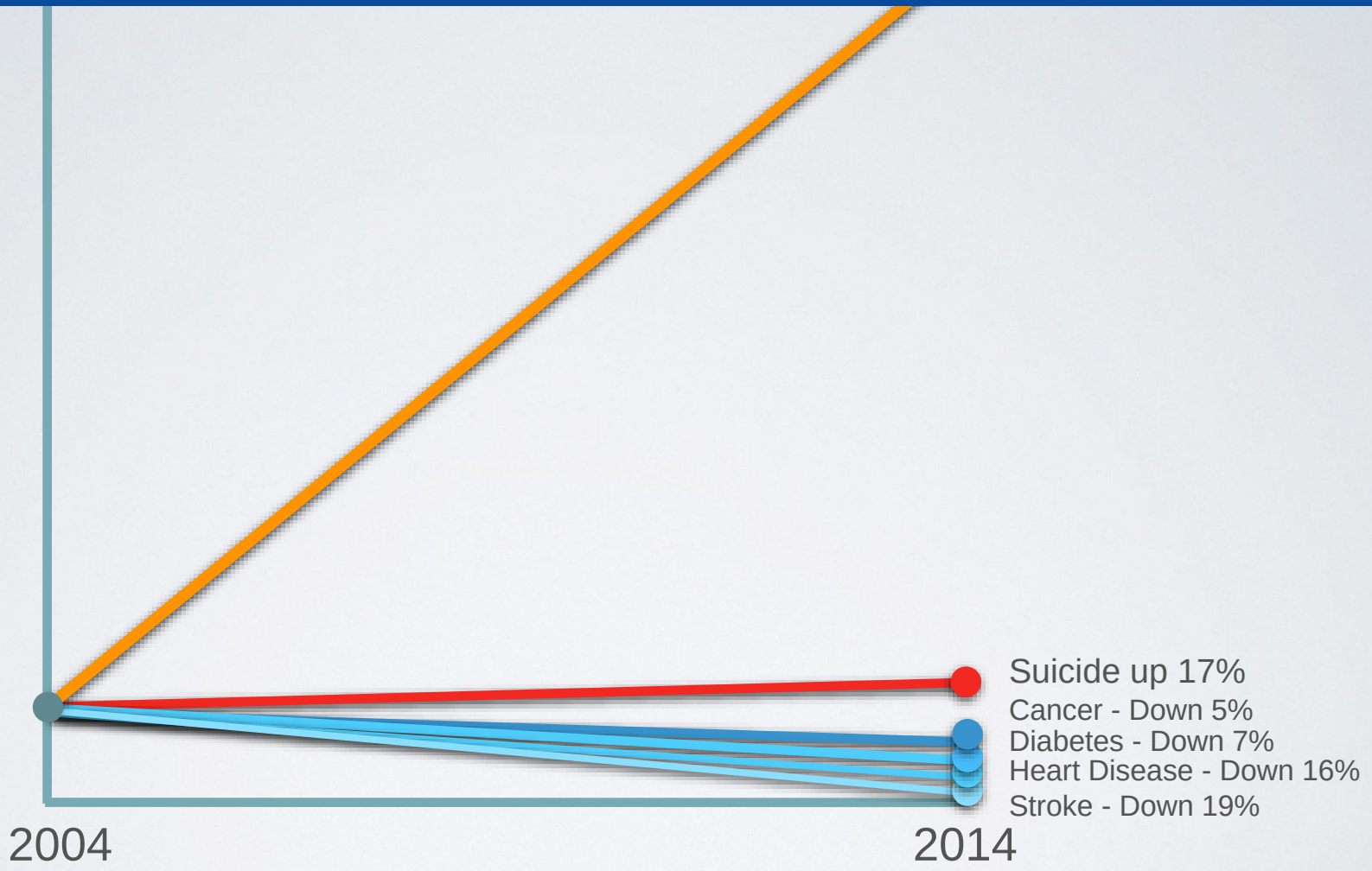
September 8, 2017

DEATH RATE CHANGES FROM 2004 TO 2014



Percent change in the fraction of total US deaths due to selected medical and behavioral causes: 2004-2014
Adapted from: Wilson, TW; Carneal GU., Harbin HT. Issue Brief: Top 10 causes of death + opioid related deaths in the United States: 2004 - 2014 www.phiinstitut.org

DEATH RATE CHANGES FROM 2004 TO 2014



Percent change in the fraction of total US deaths due to selected medical and behavioral causes: 2004-2014
Adapted from: Wilson, TW; Carneal GU., Harbin HT. Issue Brief: Top 10 causes of death + opioid related deaths in the United States: 2004 - 2014 www.phiinstitut.org

Impact of MHSUD on Medical Costs

Mental Health Costs

POPULATION	% WITH BEHAVIORAL HEALTH DIAGNOSIS	PMPM WIHTOUT BH DIAGNOSIS	PMPM WITH BH DIAGNOSIS	INCREASE IN TOTAL PMPM WITH BH DIAGNOSIS
Commercial	14%	$340	$941	276%
Medicare	9%	$583	$1429	245%
Medicaid	21%	$381	$1301	341%
All Insurers	15%	$397	$1085	273%

Melek S, Norris D, Paulus J: Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. Edited by Milliman I. Denver, CO, Prepared for American Psychiatric Association; 2014. pp. 1-39.

Promoting a More Effective Behavioral Health System of Care

Challenge no. 1: Enhancing the effectiveness of the general medical system to treat behavioral disorders

- Majority of behavioral conditions are screened and treated in primary care
- This care is often suboptimal and use of evidenced based interventions is rare
- Limited supply of specialty behavioral professionals especially psychiatrists
- We have a number of well researched solutions that need full implementation and reimbursement

Solution:

- Urgent need for all Medicaid and Commercial payers to follow Medicare's lead and reimburse Collaborative Care (CoCM) which has 80 RCTs and a payment code

Challenge no. 2: Lack of measurement based care

- Primary care and specialty behavioral clinicians rarely use quantifiable and standardized outcomes measures

Solution:

- CMS , AHIP, Joint Commission , CARF, NCQA and NQF can and should require the use of standardized and quantifiable outcomes measure for ALL common behavioral disorders

Promoting a More Effective Behavioral Health System of Care (con't)

Challenge no. 3: Lack of new technologies for treating these conditions

- Most behavioral interventions are 3 to 4 decades old
- Slow adoption and reimbursement of new technologies

Solutions:

- Identify strategies for rapid assessment of emerging technologies by CMS ,FDA and commercial insurers
- Digital interventions have great potential for expanding the reach of psychosocial treatments and for enhancing current face to face therapies
- Non-invasive Neuro modulation interventions (TMS CES) show great promise but barriers exist for reimbursement and quick translation for the Lab to the Clinician's office
- Accelerate Science to Services by NIH and SAMHSA and Academic Medical Centers

Reforming Reimbursement for Behavioral Treatments

Recommendation no. 1: Many essential interventions can be expanded quickly without a new Alternative Payment Mechanism

- Tele-mental health
- Collaborative Care (CoCM)

Recommendation no. 2: Many behavioral interventions could be assisted via a range of alternative or value-based payments

- Coordinated Specialty Care (RAISE) for first episode psychosis
- Case rates for Addictions services
- MAT plus Collaborative care or case rates for counseling and care management services
- Case rates for each level of addictions treatment: acute detox to residential to intermediate to office based treatment: Existing model in New Jersey
- Multi payer Collaborative Care demonstration: Medicare plus Medicaid plus Commercial Insurance in a specific region
- Full capitation for all mental health services for SMI population: Existing model in Baltimore City Medicaid ACO demonstration with screening for all common MHSU Disorders and use of quantifiable outcomes monitoring for Depression, Anxiety, Psychosis, Opiate Addiction
- Behavioral Health ACO: full capitation to qualified providers for all inpatient and outpatient services
- CPC+ BH-Add. CPC+ is a multi-payer model aimed at improving primary care through an innovative payment structure. Adapt for Behavioral Health

Summary of Alternative Payment Models (APM)

SCATTERGOOD FOUNDATION

An Important Resource: Scattergood Foundation Issue Brief on APMs for behavioral services

- An interim draft is available at this meeting
- Have reached out to hundreds of providers (medical and behavioral) , insurers, advocates, professional associations, researchers
- Have listed a number of key service categories that can benefit from an APM
- Some models are in practice today and some are proposed
- The draft will be on the Scattergood web site and we welcome all participants at this conference to comment of what is in the draft and to propose others models

See www.scattergoodfoundation.org