

Improving the Provision of Care

Disclosures



I have no financial disclosure or conflicts of interest with the presented material in this presentation.

Agenda

- Mental Health Services Overview
- Moving Past Traditional Screening
- Increasing Mental Health Access and Workforce
- Addressing Referrals, Linkage and Transitions of Care
- Integration of Healthcare Services
- Innovative Billing and Payment Solutions

Mental Health Services

Core Benefits

- Screening, brief intervention, and referral to treatment,
 - Psychotherapy (various modalities)
 - Prescribed medications and devices
- Inpatient stays or residential treatment
 - Intensive outpatient therapy
 - Case management and care coordination services
- Skills development and assistance with employment, education, and housing
 - Peer and Social Support
- Education, engagement, and services for family members or others important to recovery
 - Mobile crisis teams and other crisis response services.

Extended Benefits

- Applied Behavioral Analysis
 - Day Treatment
 - Respite Care
- Therapeutic Group Home
- Motivational Interviewing
- Electroconvulsive therapy (ECT)
- Transcranial Magnetic Stimulation
- Complementary and alternative treatment (meditation, yoga, equine, art etc.)
 - 12 step Program
 - Support Groups
- Telehealth/Telemedicine
- Wellness and Health Coaching
 - Digital Applications
- Outreach and engagement services

Moving Past Screening



Identification and Screening

- The impact depression and anxiety has on the global economy can be measured in **\$1 trillion in lost productivity each year**
- Severe mental health conditions **cost the U.S. economy \$193.2 billion in lost revenue** each year.
- In 2022, around **\$280 billion were spent on mental health services**, with Medicaid providing approximately a quarter of these funds
- The percentage of U.S. **adults receiving mental health treatment rose** from 19.2% in 2019 to 21.6% in 2021
 - In 2021, 51.7% of U.S. women received mental health services, while only 40% of men received mental health services
 - In 2022, 27% of U.S. women received mental health treatment or counseling in the past year
- More than **one in five women** in the U.S. experienced a mental health condition in the last year.
 - The prevalence of any mental illness was higher among women (27.2%) than men (18.1%) in 2021
 - Women are diagnosed with serious mental health conditions at higher rates than men, 7% to 4% respectively
 - 19.1 million adults in the U.S. ages 19 to 54 experience an anxiety disorder
- The average delay between the onset of mental illness symptoms and treatment is 11 years.

Identification and Screening

- A significantly **higher share of women (50%) than men (35%) thought they needed mental health services** in the past two years.
 - Among those who thought they needed mental health care, about **six in ten women sought care** in the past two years.
 - Nearly **two-thirds of young women ages 18-25** report needing mental health care in the past two years compared to **one-third of women ages 50-64**.
 - Among all women ages 18-64 who thought they needed mental health services in the past two years, just **half tried and were able to get an appointment** for mental health care, **10% tried but were unable** to get an appointment, and **40% did not seek care**.
- Almost **half of women who needed mental health services and tried to get care** were able to get an appointment **within a month**, but more than **one-third of women had to wait more than a month**.
 - Among those who could not get an appointment, women cite **limited provider availability and cost** as the main reasons they were unable to access mental health care.
 - **Two in ten privately insured women** with a mental health appointment in the past two years say **their provider did not accept their insurance**.
- **Sixty percent of women** had a **telemedicine/telehealth visit** in the past two years.
 - Mental health care was the third most common reason women cited for accessing telehealth/telemedicine services, with 17% saying it was the primary purpose of their most recent telemedicine visit.
 - The majority report that the quality of their telehealth visit was the same as an in-person visit.

Identification and Screening

- In 2021, **67.6% of females with serious mental illness (SMI)** received mental health treatment, compared to 61.3% of males with SMI
- **Perinatal mental health conditions** are the leading cause of U.S. maternal mortality, responsible for **23% of such deaths**. Rates among Black and Native American patients are even higher.
 - For comparison, excess bleeding is responsible for 14% of maternal deaths.
 - Some women are particularly sensitive to the dramatic hormonal shifts of pregnancy, and some women are genetically predisposed to mental illness.
 - Sleep deprivation, frustrations with inadequate support for breastfeeding, and prior pregnancy-related traumas such as miscarriage also play a role.
 - Major changes in a new mother's relationships, responsibilities, and core self-identity.
- Causes include:
 - Too many maternity care deserts across the country.
 - Too little resources after screening
 - Shame regarding these feelings or the situation
 - Fear of losing their child or appearing unfit can deter mothers from seeking help.

Moving Past Screening

- Education and Awareness
- Stigma
- Attitude
- Identification
- Risk Stratification
- Social Determinants of Health
- Industry Alignment
- Tools
- Feasibility
- Barriers to Care
- Payment
- Access and Availability

Increasing Mental Health Access and Workforce



10 Given the expansion of services and screening efforts as well as with a substantial behavioral health workforce shortage, many state strategies focus on options that extend the workforce

Mental Health Access and Workforce

- **Seeking mental health** support (including online therapy) and **gaining access** to affordable resources are two separate issues, as recent trends in mental health treatment suggest.
- Access to behavioral health services in the United States is becoming increasingly difficult and, at the same time, the need for these services is growing.
- The lack of adequate access to care for people with mental health conditions and behavioral health needs is multifactorial and includes:
 - A shortage or maldistribution of providers
 - Prohibitive cost
 - Limited availability of mental health education and awareness
 - Stigma in accessing care

Expanded Mental Health Workforce

Clinical

Physicians

Nurse Practitioners

Physician Assistants

Midwives

Psychologists

Counselors

Clinicians/Therapists

Clinical Social Workers

Non-Clinical

Peer Supports

Community Health Workers

Case Managers

Care Coordinators

Care Coaches

Pastoral Counselors

Social Workers

Doulas



Increasing Mental Health Access and Workforce

- Leveraging the full extent of the expanded workforce
 - Educating and awareness of behavioral health conditions
 - Task-shifting, such as using community health workers or peer navigators to provide some services, can augment the workforce.
- Reimbursing for new provider types
- Adding provider types that can bill without a supervising practitioner
- Using tele-behavioral health
 - Loosening restrictions on in-person requirements
 - Spreading use of new technologies that leverage the workforce such as digital apps
- Reimbursing for care delivered by trainees or the license-eligible workforce
- Funding well-tested programs that could encourage new entry into the behavioral health services field
- Providing opportunities for providers to learn principles of care coordination
- Improving access to culturally relevant care through advancing workforce equity, as well as cross-cultural and implicit bias training.

Medicare Access and Workforce Expansion

- Beginning in 2023, Medicare allows licensed professional counselors, licensed marriage and family therapists, and other practitioners to provide mental health or substance use disorder services
 - Further, in changes adopted as part of the Consolidated Appropriations Act, 2023, Medicare directly reimburses marriage and family therapists as well as mental health counselors, such as certified or licensed clinical professional counselors, or professional counselors, for the provision of mental health services.
- During the COVID-19 public health emergency and extended through December 31, 2024 (based on changes in the Consolidated Appropriations Act, 2023), beneficiaries in any geographic area can receive telehealth services, and can receive these services in their own home, rather than needing to travel to an originating site.
- The HHS Office of Inspector General provided flexibility for providers to reduce or waive cost sharing for telehealth visits
- Medicare now permanently covers audio-only visits for mental health and substance use disorder services when the beneficiary is not capable of, or does not consent to, the use of two-way, audio/video technology.
- CMS has proposed to add three new provider specialty types or categories to Medicare Advantage network adequacy requirements: (1) clinical psychology, (2) clinical social work, and (3) prescribers of medication for Opioid Use Disorder.



Addressing Referrals, Linkage and Transitions of Care

Addressing Referrals, Linkage and Transitions of Care

- Effective transitions in care can help reduce worsening mental health conditions and suicide risk among identified individuals
- Planning for care transitions and making them as easy as possible for patients and providers, is an important part of a comprehensive approach.
 - Transmit patient health information to referral providers.
 - Involve family, friends, and other loved ones in the plans for care transition.
 - Make follow-up contacts (e.g., by e-mail, text, phone calls) with the patient and check with providers to make sure that the person is receiving follow-up care.
- Engage patients in scheduling and use electronic referrals
 - Patients are more likely to comply when they directly interact with the referral coordinator to schedule the appointment.
 - Electronic referrals allow specialists to quickly review and schedule appointments, which can reduce wait times for patients.
- Develop agreements among hospitals, behavioral health providers, crisis centers, and others to facilitate safe transitions between settings if in crisis or acute care.
 - Make a follow-up appointment for the patient before discharge from the hospital or inpatient psychiatric facility (ideally, for within 48 hours of discharge).

Further Addressing Referrals and Linkage

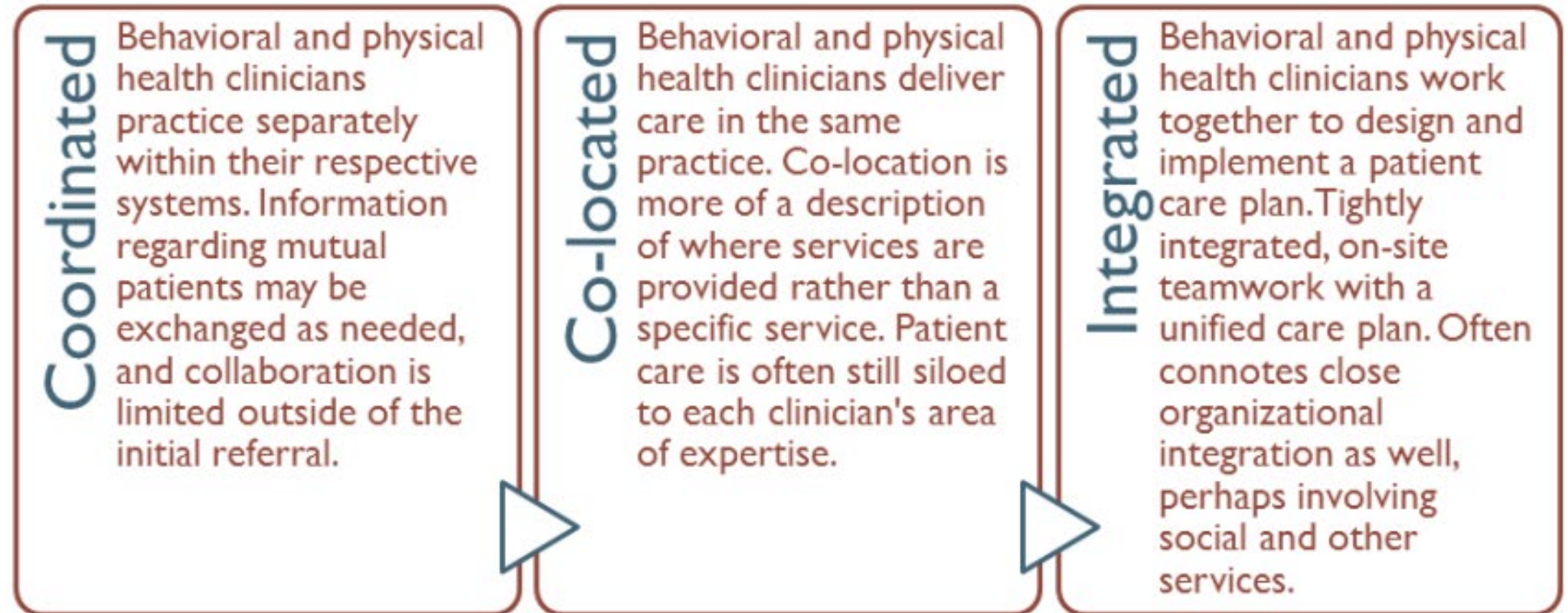
- Automated Processes to coordinate and inform
 - Use automated appointment reminders
 - An automated system can book follow-up appointments and send reminders to patients.
 - Keeping in touch with patients between visits
 - Email communication systems can help generate recall and follow-up appointments.
- Using virtual care options
 - Video visits and other virtual care options can be effective tools for follow-up visits, medication adjustments, and monitoring chronic conditions.
- Educate and inform patients on the process and persons involved
 - Improved education can decrease the need for follow-up appointments for patients with previously inadequate prep.
- Reinforce care instructions
 - Follow-up is crucial to monitoring patients' symptoms and level of improvement, and confirming that patients adhere to care instructions
- Verify follow-through on referrals

Integration of Healthcare

Integrated Healthcare Overview

- To improve the complicated, fragmented health care system; the movement towards integration of **behavioral health into primary care settings** has gained tremendous support
- The integrated behavioral health continuum is a range of services that can be provided by a collaborative team of primary care providers and behavioral health specialists. **The continuum includes prevention, health promotion, and mental health interventions.**
- Integrated care removes stigma associated with mental health care and increases access to behavioral health services.
- Despite these trends and advantages, many general primary care practices still do not provide integrated services.
 - A recent survey of all NCQA certified Patient-Centered Medical Homes found that less than 40 % of responding practices had any mental health, substance abuse, and health behavior services within the practice
- As of 2020, 97% of Federally Qualified Health Centers (FQHCs) reported having a behavioral health provider on staff.
 - This is a 63% increase from 2010, when 71% of FQHCs provided mental health services and 20% provided substance abuse treatment services.

Figure 1. Stages of Behavioral Health Integration



Source: Agency for Healthcare Research and Quality, 2011.

Benefits of Integrated Healthcare

- **Improved access to care**
 - Integrated behavioral health care can improve mental health services access for individuals who face challenges seeking or obtaining behavioral health services due to various factors like stigma, limited transportation options, or lack of insurance coverage.
- **Improved coordination care**
 - Integrating mental health services into primary care settings facilitates more coordinated and comprehensive care, with primary care and mental health professionals collaborating to address physical and mental health needs.
- **Improved health outcomes**
 - Studies have shown that integrated behavioral health care results in improved health outcomes, such as improved management of chronic conditions, decreased hospitalizations and ER visits, and improved overall quality of life for patients.
 - Associated with improved outcomes in depression and anxiety and physicians report integrated care decreases their own personal stress level and improves the care provided by their practice.
- **Increased patient satisfaction**
 - Patients frequently express high satisfaction with behavioral health care, like increased convenience, reduced stigma, and improved communication between healthcare providers.
- **Decreased health care costs**
 - Integrated behavioral health care has the potential to reduce costs for patients, providers, and health plans by improving the management of chronic conditions and minimizing unnecessary medical procedures and hospitalizations.

Reproductive Integration

- Many women of reproductive age (RA) consider their ob-gyn to be their primary care clinician.
- Nearly 60 percent of RA women reported seeing their ob-gyn on a regular basis, and a third of RA women viewed their ob-gyn as their main health provider.
- Further, 70 percent of women with undiagnosed and untreated mental health needs had contact with a healthcare provider in the previous year, many for reproductive health services.
- Thus, reproductive health providers such as obgyns, nurse practitioners, midwives and doulas can play a unique and critical role in the diagnosis and treatment of mental health issues.
- But to do so, resources must be invested to ensure reproductive health providers have the capacity, ability, and resources to join efforts to integrate primary care and behavioral health to help RA women access the behavioral health services.
- Policies that reduce or even prevent reproductive health providers from participating in these efforts will only hurt efforts to improve outcomes, lower costs, and enhance patients' experiences.

Innovative Billing and Payment



Traditional Billing and Payment

- Fee-for-service: A traditional model where providers receive a flat fee for each service
- Pay-for-performance incentives: A model that some studies have associated with improved outcomes
- Grant funds: A model that 31.8% of practices receive
- Collaborative Care Management billing (CPT) codes: A model used by 13.6% of practices
- Episode-based payments: A model that provides a discounted payment or a set price for a specific condition over a set time frame

Billing and Payment Innovations

- Case rate or population-based payment models tied to performance enable greater flexibility in service delivery and provide a more meaningful financial incentive than pay-for-performance.
- Value-based payment models
 - Compensates caregivers and healthcare institutions for improving health outcomes and meeting quality measures.
 - A model that can be designed to cover a range of services or focus on specific populations
 - Can encompass nontraditional provider types and services
- Alternative payment models (APMs)
 - Shift from volume-driven systems to value-oriented models that align reimbursement with cost-efficient, high-quality care.
 - Examples of APMs include accountable care organizations (ACOs), bundled payments, and provider capitation.
 - A model that offers more flexibility for clinicians and may help integrate physical and behavioral health care

Billing and Payment Innovations

- Screening for social determinants of health (SDOH) is important because it helps identify and address barriers to care, which can improve health.
- Social determinants, such as unemployment, discrimination, housing instability, and food insecurity, are both risk factors for and consequences of behavioral disorders, like serious mental illnesses and substance use disorders.
- Patients may not volunteer this information because they do not see the connection between SDOH and their health
- It is important that providers understand the importance of having structured screening tools available and understand the availability to bill for these screenings
 - The International Classification of Diseases 10th Revision (ICD-10) code categories Z55–Z65 identify SDoH and can help physicians, hospitals, and payers track patient needs and identify solutions to improve community health.
 - SDoH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools.

CMS Innovation in Behavioral Health Model

- On January 18, 2024, the Centers for Medicare & Medicaid Services (CMS) announced the Innovation in Behavioral Health (IBH) Model.
- The IBH Model seeks to bridge the gap between behavioral and physical health; practice participants under the IBH Model will screen and assess patients for select health conditions, as well as mental health conditions and/or SUD, in **community-based behavioral health practices**.
- IBH is focused on improving quality of care and behavioral and physical health outcomes for Medicaid and Medicare populations with moderate to severe mental health conditions and substance use disorder (SUD).
- Medicare and Medicaid populations experience disproportionately high rates of mental health conditions and/or substance use disorders (SUD), and as a result are more likely to experience poor health outcomes and experiences, like frequent visits to the emergency department and hospitalizations, or premature death.
- IBH is a state-based model, led by state Medicaid Agencies, with a goal of aligning payment between Medicaid and Medicare for integrated services.

CMS Innovation in Behavioral Health Model

- The IBH model is one of the first major federal APMs centered on mental health and substance use seeks to improve the quality of behavioral health care while **integrating physical health care and other services into behavioral health settings**.
 - It focuses on building capacity for behavioral health specialty care practices, while offering a way for them to engage with an alternative payment model designed specifically for mental health and substance use.
 - When treated in an IBH model, patients can expect:
 - tailored treatment provided by a multidisciplinary care team, which might include a case manager, peer support specialist, primary care provider, and community-based organization
 - **physical health screenings and care planning and coordination** to address physical health and behavioral health needs together
 - identification of drivers of health needs and support in accessing services from community-based organizations
 - greater use of telehealth and other technologies to promote behavioral and physical health inside and outside the clinical setting.
- If successful, the model will enable behavioral health practices to meaningfully participate in the future of value-based payment. It also may enable general APMs, like ACOs, to address behavioral health more effectively in the future, because behavioral health specialty care providers will be better equipped to participate.

Innovative Billing and Payment: Doulas

- Can be important for mental health because they can provide emotional support, education, and guidance during pregnancy, labor, birth, and postpartum
- Doulas can help families express their concerns about the birthing process, parenthood, and mental health in a nonjudgmental space.
- They can also offer reassurance during challenging times, which can help alleviate feelings of isolation and anxiety
- Doulas can also help identify and provide initial support for clients with perinatal mental health (PMH) and substance use disorders (SUD).
- They can offer screening, education, and support that may be more acceptable to clients than healthcare systems, without the barriers of stigma and mistrust.
- Doulas can also promote the importance of postpartum doctor visits and are trained to recognize common mental health issues.

There has been growing support in national politics for including doula services in Private Pay, Community Based Organizations, Medicaid and Value Based coverage.

Thank
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