



Improving Accountability for Behavioral Health Access:

Evaluating the Current Evidence for Behavioral Health Network Adequacy Standards

Julie Seibert, PhD, Assistant Vice President, Behavioral Health
July 11, 2024



About the Sozosei Foundation:

The Sozosei Foundation is a philanthropic arm of Otsuka. The Foundation's primary focus is to eliminate the use of jails and prisons for the diagnosis and treatment of mental illness by improving access to mental health care in communities.

Visit www.sozoseifoundation.org to learn more.

Project Aim

Develop a White Paper that synthesizes the state of the evidence on behavioral health (BH) network adequacy standards and metrics.

Greater understanding on strengths in existing network adequacy **metrics and standards**

Gaps where newly proposed metrics or standards could be developed.

Background and Importance



Despite the Mental Health Parity and Addiction Equity Act (MHPAEA), there continue to be **widening disparities in access to BH care.**

BH specialist participation in health plan networks is limited due to **BH workforce shortages**, low reimbursement rates, prohibitive regulatory barriers, & administrative burden.



Network adequacy standards **vary considerably** from state to state, as do the **systems used by state regulators** to ensure compliance with those standards.

Pending **legislation & regulations** expected to influence access to BH care.

Methods

- ***Environmental Scan***

- ***Review of Peer-Reviewed Literature***

- 2010 – 2023

- PubMed and PsycInfo

- ***Targeted Search for Gray Literature and Legislation/Policy Information***

- 2010 – 2023

- 2023 External Quality Review (EQR) and Quality Strategy (QA) for 50 states

- ***Measures Scan***

- Focus on structural measures

- ***Stakeholder Interviews***

Stakeholder Interviews

17 Stakeholder Interviews

Providers

Consumer Advocates

Policy & Research Experts

Health Plans & MBHOs

Employer Association

Regulators

Interview Objectives



Behavioral Health Networks



Network Adequacy Standards



Monitoring & Enforcement

Access Definition

Penchansky & Thomas (1981)

Availability

- Supply of available providers
- Capacity to provide services

Accessibility

- Where services are located
- Travel time

Accommodation

- Address patients needs
- Coordination & integrations of services

Affordability

- Price of services
- Insurance coverage

Acceptability

- Patient satisfaction with services

Network Adequacy Standards

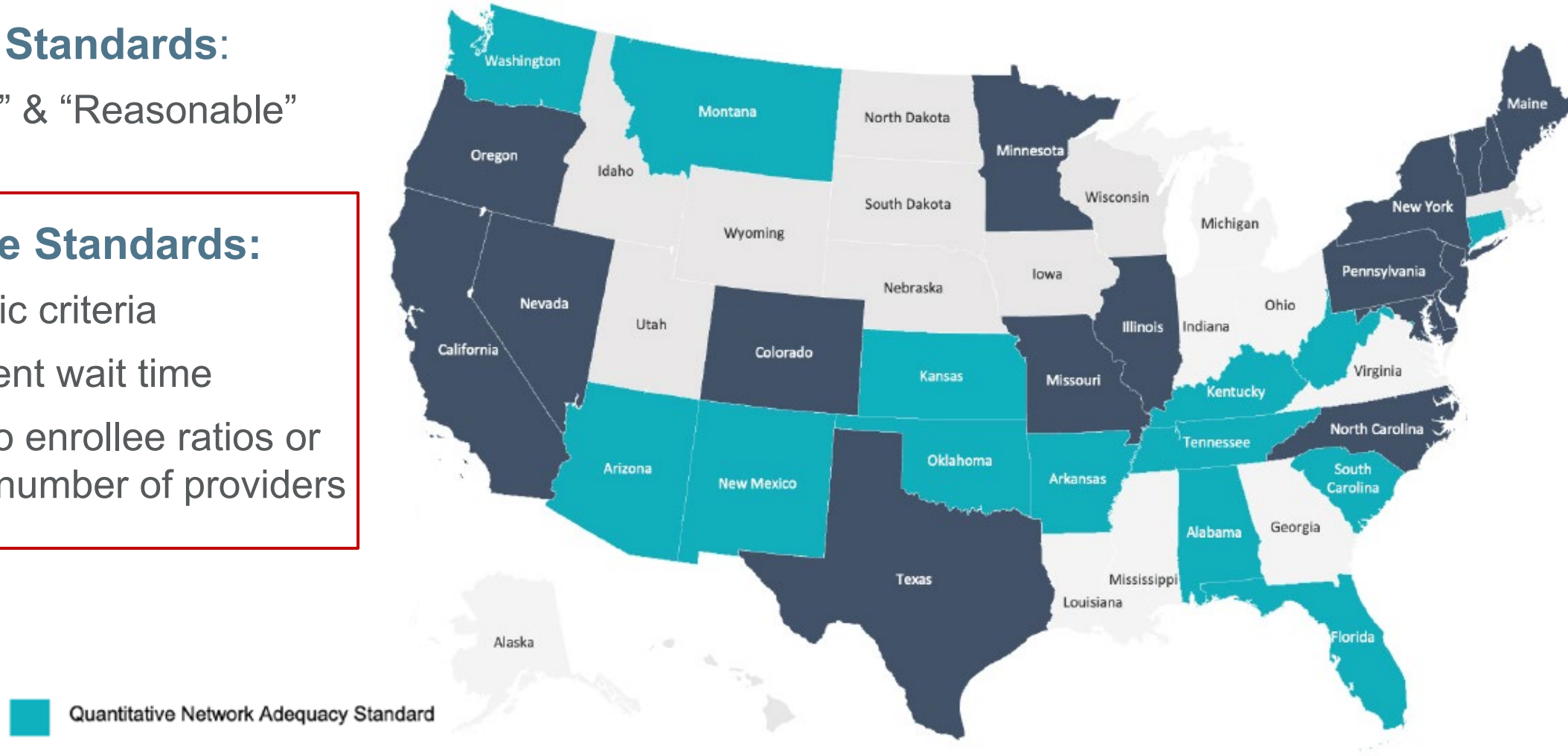
Qualitative & Quantitative Standards

Qualitative Standards:

- “Sufficient” & “Reasonable”

Quantitative Standards:

- Geographic criteria
- Appointment wait time
- Provider to enrollee ratios or minimum number of providers



Does not include standards applied to states' Medicaid Managed Care, for emergency only standards, or states that have adopted national accreditation standards for their network adequacy standards. Data pulled from Legal Action Center and the National Conference of State Legislatures.^{18,65}




Key Findings

Behavioral Healthcare Networks

Key Findings

- Services across the care continuum need to be available
- Tracking behavioral health *services*, rather than *provider types* and *facilities*




“There is a lack of common definitions for behavioral health care providers. There’s a lot of non-psychologists and non-psychiatrists providing a lot of the mental health services that are hard to pull into these network adequacy categories, let alone then have consumers search for these kinds of providers when they try to access them[,] because there’s no consistency.”
— Stakeholder Interviewee

Behavioral Healthcare Networks

Key Findings

- Behavioral health network adequacy standards require a different approach than standards used in other specialized medical services.



“Capacity for behavioral health is very different than capacity for medical. A primary care physician generally has 35 patients coming through a day to meet the needed revenue, a psychiatrist is pushing it if it’s 15 patients, a therapist is generally 6 to 8 patients a day, and those patients are seen weekly. So the numbers are vastly different, and all it takes is 1 case brought in by the therapist to lock up their capacity right away... It’s just very so much more fluid than a primary care practice.” — Stakeholder

Quantitative Standards

Measure only one “A” of Access



- **Provider to enrollee ratio**
- **Geographic Standards**
- Accepting new patients
- Network adequacy & participation for psychiatrists

- **Wait time**
- Tele Services
- Public transit proximity
- Hours of operation

- Cultural competency
- Provider characteristics

- Use of out-of-network providers
- In-network reimbursement rates for BH providers
- Denial rates for BH services

- Consumer experience of care surveys

Monitoring & Enforcement

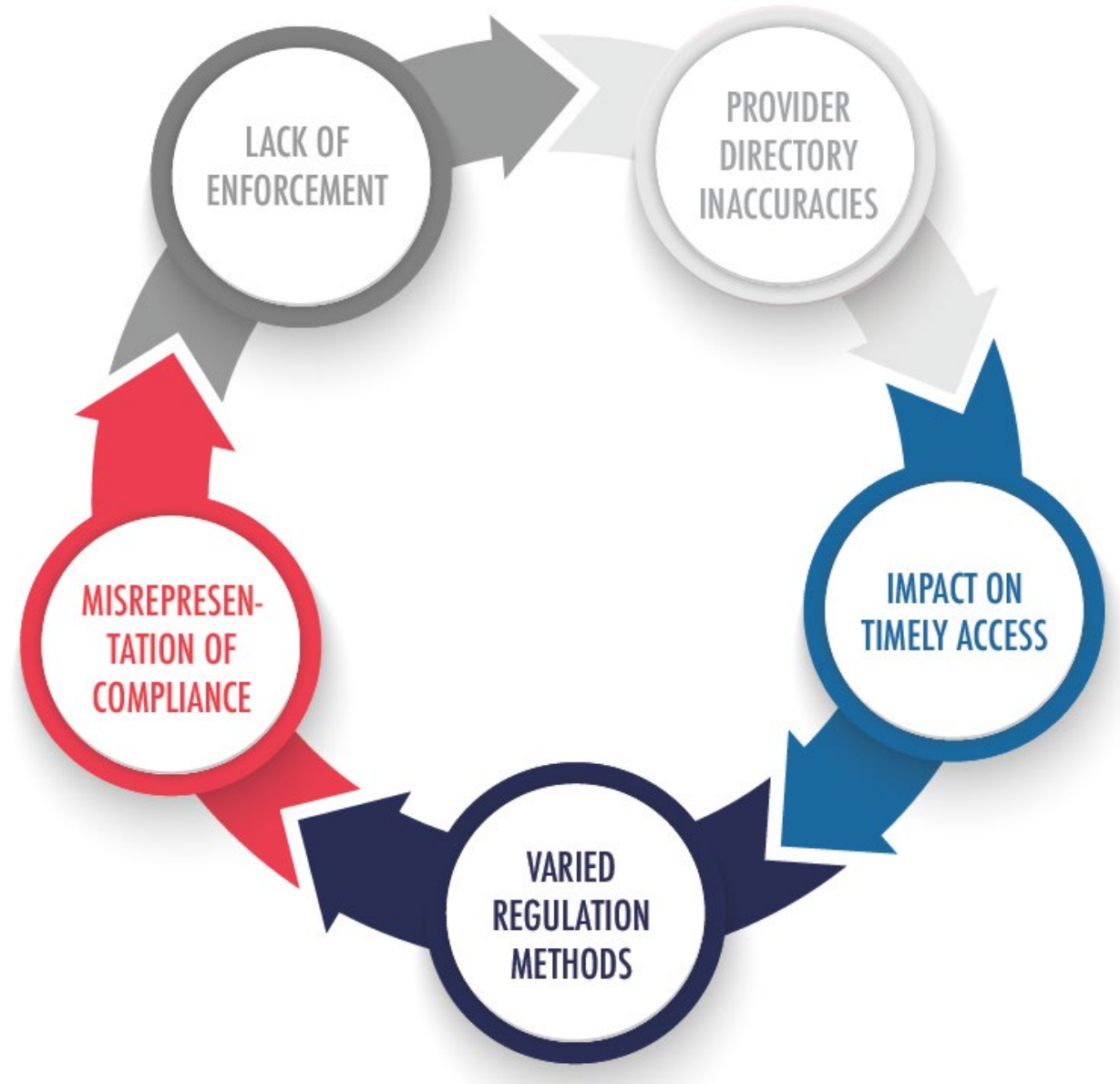
Key Findings

Lack Standardization and Accuracy

- Provider Directories highly inaccurate
- Limited transparency of data sources
- Varied adoption of standards

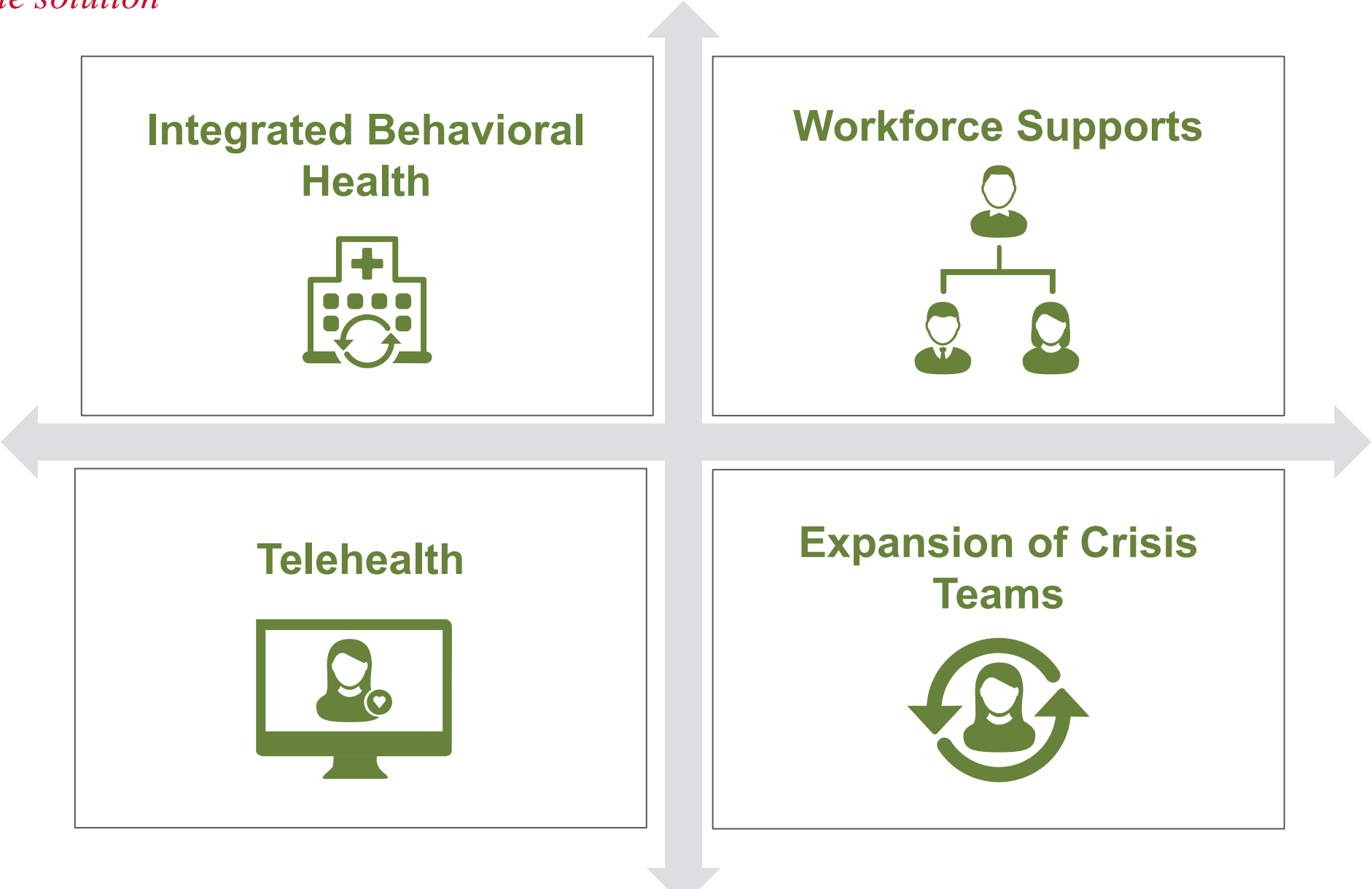
Lack Enforcement and Accountability

- Complexity of assessing compliance
- Limited enforcement actions taken or incentives for improvements



Extensions of BH Networks to Improve Access

No single solution



Future Considerations

Development of measures or metrics

- Bundle of metrics
- Consumer perspective & satisfaction

Standardized monitoring and evaluation

- Services vs provider types & facilities
- Standardized monitoring methodology
- Greater penalization for noncompliance & incentives for improvements

Investment in models of care and technology

- Technology to improve data accuracy and reduce administrative burden
- Standards account for multidisciplinary care teams
- Insurance coverage for models that improve access to care



Next Steps for NCQA



Workforce Considerations



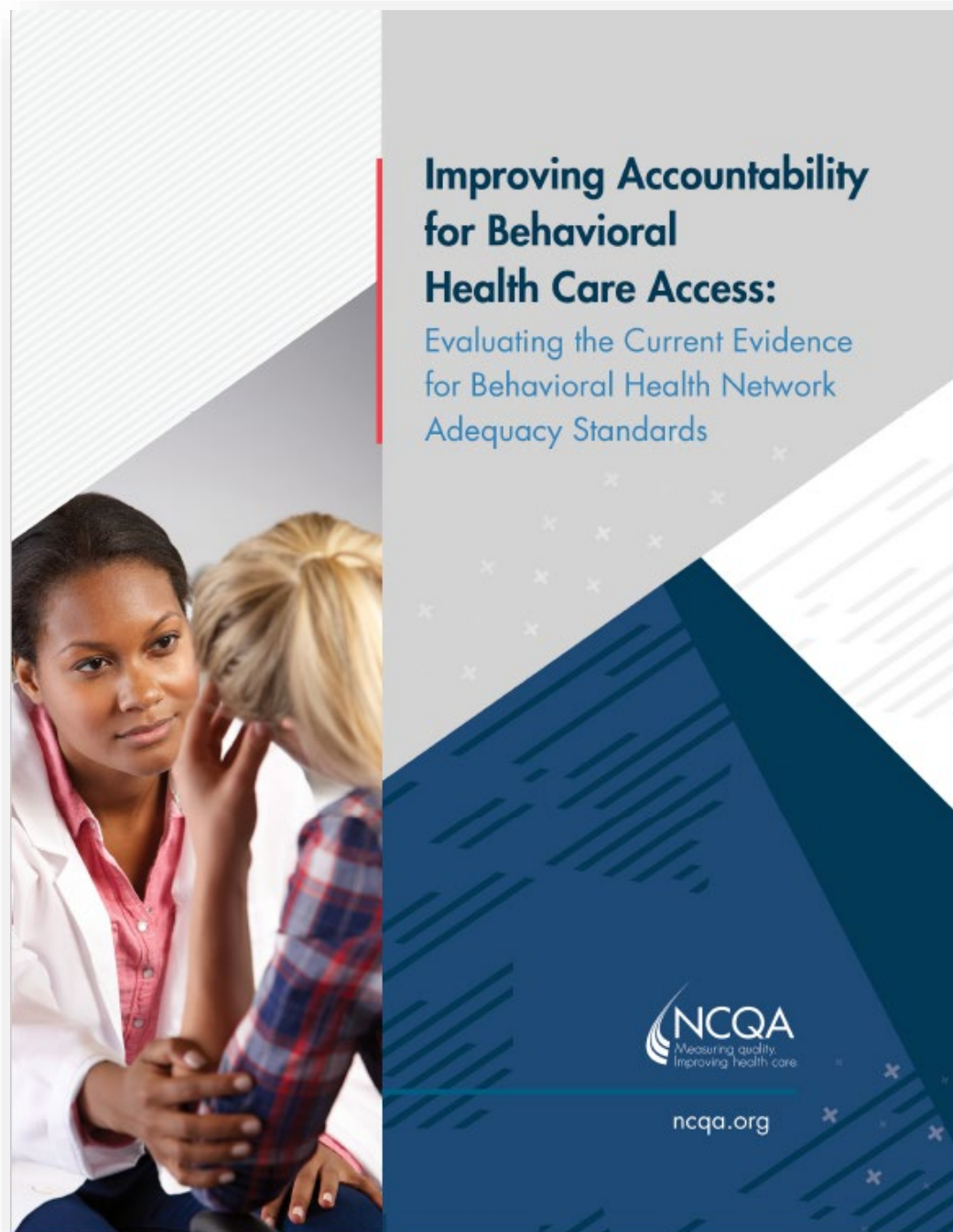
Measures of consumer perspective



Bundle of measures

Published Online

[Download the report!](#)





Questions

