Moving the Behavioral Health Agenda Forward Together

March 31, 2020
Speakers

MODERATOR
Michael Thompson
President & CEO
National Alliance of Healthcare Purchaser Coalitions

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Executive Vice President
Quality Measurement and Research Group
National Committee for Quality Assurance

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President & CEO
Utilization Review Accreditation Commission

Ann C. Greiner
President & CEO
Primary Care Collaborative
Mental Health & Substance Use
A Public Health Crisis

FIVE INTER-RELATED OPPORTUNITIES TO STEM THE TIDE OF ACCESS ISSUES

A BROKEN SYSTEM

- Phantom networks – difficult to get timely appointments
- Provider shortages, low participation rates
- Most MH medications prescribed by primary care
- No accountability for quality of treatment
- Growing concerns and enforcement of MH parity

A REFORMED SYSTEM

- Reverse declining network participation rates of MH professionals
- Improve quality of care provided and patient outcomes
- Integrate behavioral health screening, coordination and referrals from primary care
- Reduce legacy MH disparities and friction
- Supplement access and integration with virtual care

THE PATH FORWARD executes a disciplined approach to effect market-driven change

Network access

Measurement-based care

Societal Impact
Suicide rates at record levels
Opioid deaths up 400%
Acceptance improving, Access declining

Workforce Impact
Direct impact on performance
Leading cost of disability
Multiplier effect on co-morbidities

MH Parity Compliance

Collaborative Care

Tele-behavioral Health

Mental Health & Substance Use
A Public Health Crisis

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NCQA Behavioral Health Strategy

Dr. Michael S. Barr, Executive Vice President, Quality Measures & Research Group
NCQA’s Vision for Quality Measurement

Better accountability at all levels

- Programs use better measures
- Measures move beyond visit counts and low-bar process
- New data sources, improved content and flow
- Meaningful, person-centric measures
- Standardized electronic data
- Measure harmonization across programs – Practices, Networks, Health Plans
- Standardized, machine readable logic (Clinical Quality Language - CQL)
Current HEDIS® Behavioral Health Measures

NCQA currently maintains:

- **14 measures related to mental health**
  E.g., Depression, Schizophrenia, ADHD

- **6 measures related to substance use disorders**
  Opioid, alcohol, and other drug use disorders

- **3 measures related to high-risk opioid analgesic prescribing**

Consideration of Telehealth is Part of Measure Development Process
American Psychiatric Association (APA) & NCQA CMS Specialty Care Cooperative Agreement

**Development of Provider-Level Quality Measures**

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<tr>
<th>Measurement-Based Care Process Measures</th>
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<tr>
<td>• Standardized Assessment</td>
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<td>• Monitor Symptoms &amp; Function</td>
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<td>• Treatment Adjustment</td>
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<th>Evidence-Based Treatment Measures</th>
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<tr>
<td>• Suicide Safety Plan and Suicide Risk Reduction</td>
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<td>• First Episode Psychosis</td>
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<td>• Opioid Misuse</td>
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<td>• Recovery</td>
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<td>• Care Experience</td>
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PCMH Behavioral Health Distinction Competencies

Introduced in PCMH 2017 Standards
Behavioral Health

Distinction Data

172 Distinguished Sites

30 States

- # of Clinicians at a practice ranges from 1 to 85
- Includes single sites & multi-site groups
- Largest group has 17 sites
Get in touch

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URAC’s ACCREDITATION AND CERTIFICATION PROGRAMS

**PROVIDER INTEGRATION & COORDINATION PROGRAMS**
- Accountable Care Accreditation
- Clinically Integrated Network Accreditation
- Patient-Centered Medical Home Certification
- Provider-Based Population Health Accreditation
- Telehealth Accreditation

**PHARMACY QUALITY MANAGEMENT® PROGRAMS**
- Community Pharmacy Accreditation
- Drug Therapy Management Accreditation
- Infusion Pharmacy Accreditation
- Mail Service Pharmacy Accreditation
- Medicare Home Infusion Therapy Supplier Accreditation
- Pharmacy Benefit Management Accreditation
- Rare Disease Pharmacy Center of Excellence
- Specialty Pharmacy Accreditation
- Workers’ Compensation Pharmacy Benefit Management Accreditation

**HEALTHCARE OPERATIONS PROGRAMS**
- Credentials Verification Organization Accreditation
- Dental Network Accreditation
- Health Contact Center Certification
- Health Content Provider Accreditation
- Health Network Accreditation
- Health Website Accreditation

**HEALTH AND DENTAL PLAN PROGRAMS**
- Dental Plan Accreditation
- Health Plan Accreditation
- Health Plan Accreditation with Health Insurance Marketplace
- Medicare Advantage Accreditation
- Medicaid Health Plan Accreditation

**MH/SUD PARITY PROGRAM**
- MH/SUD Parity Compliance Guide
- ParityManager® Compliance Software
- MH/SUD Parity Accreditation

urac.org
Moving Behavioral Health Forward

• The Integration of Behavioral Health requires Advanced Primary Care Practices with on-site and remote BH clinician access with robust networks.

• Pharmacy Benefits and Standards Must Be Integrated, Including SUD.

• Telemedicine/Telehealth Will Be Key for Improving Provider Access and Achieving Network Adequacy.

• Employers are recognizing their MHP liability.

• URAC Working with Key Advocacy Groups around Measurement Based Care Designation Program/Program.
Embracing the RESET Framework

• Employers are driving improved BH/SUD care. “Kingdoms (not silos) are falling.”

• URAC is the **only** national organization with current solutions and standards in every RESET framework area.

• URAC is the **leader** in tele-medicine / tele-health accreditation (Teladoc, 98point6, etc.) – a key component to improve access.

• Employers, advocacy groups, and accreditors must work together to improve patient care.
URAC’s Measurement Aims

- Quality Improvement, Efficiency and Effectiveness
- Manageable Administrative Burden
- New Measures Development Only When Needed
- Measures Should Be Public Domain, Nationally Endorsed
Final Thoughts….

• Recognizing multiple approaches to coordinating care, any program must provide a “glide-path” to create the bridge between current programs status and the unified vision of integrated behavioral health.

• Our industry-leading pharmacy programs provide a unique opportunity for MH/SUD program integration with all care.

• Employers should drive the market to the whole-person focus recognizing that divisions in care hurt people and increase cost.

• Mental Health Parity law provides new incentive for payers, employers, and patients to work together on a national solution.

• The best programs will continue to evolve. Everyone must work together to get there! We are always looking for interested groups to work on making our programs better.
Behavioral Health–Primary Care Care Integration

MARCH 31, 2020 | ANN GREINER, PRESIDENT & CEO
Primary Care Collaborative

Mission
The Primary Care Collaborative advances comprehensive primary care to improve health and health care for patients and their families by convening and uniting stakeholders around research, care delivery and payment models, and policies.
Results Fueled by Executive Members

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Alzheimer's Association
- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics (AAP)
- American Academy of PAs (AAPA)
- American Association of Nurse Practitioners (AANP)
- American Board of Family Medicine Foundation (ABFM Foundation)
- American Board of Internal Medicine Foundation (ABIM Foundation)
- American College of Clinical Pharmacy (ACCP)
- American College of Lifestyle Medicine (ACLM)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Osteopathic Family Physicians (ACOFOP)
- American College of Physicians (ACP)
- American Osteopathic Association (AOA)
- American Psychiatric Association Foundation
- American Psychological Association
- America's Agenda
- Anthem
- Bess Truman Family Medical Center
- Boehringer Ingelheim Pharmaceuticals, Inc
- Black Women's Health Imperative (BWHI)
- Blue Cross Blue Shield Michigan
- Blue Cross Blue Shield of North Carolina
- CareFirst BlueCross BlueShield
- Collaborative Psychiatric Care
- Community Care of North Carolina
- Community Catalyst
- CVS Health
- Doctor on Demand
- Geisinger Health
- Harvard Medical School Center for Primary Care
- HealthTeamWorks
- Humana, Inc.
- IBM
- Innovaccer
- Institute for Patient and Family-Centered Care (IPFCC)
- Johns Hopkins Community Physicians, Inc.
- Johnson & Johnson
- Mathematica
- Mental Health America
- Merck & Co.
- Morehouse School of Medicine - National Center for Primary Care
- National Alliance of Healthcare Purchaser Coalitions
- National Association of ACOs (NAACOS)
- National Coalition on Health Care
- National Interprofessional Initiative on Oral Health (NIIOH)
- National PACE Association NCQA
- Pacific Business Group on Health (PBGH)
- Permanente Federation, LLC
- PCC EHR Solutions
- Primary Care Development Corporation (PCDC)
- Society of General Internal Medicine (SGIM)
- Society of Teachers of Family Medicine (STFM)
- SS&C Health
- St. Louis Area Business Health Coalition
- Takeda Pharmaceuticals U.S.A.
- The Verden Group’s Patient Centered Solutions
- University of Michigan Department of Family Medicine
- UPMC Health Plan
- URAC
- YMCA of the USA

Results Fueled by Executive Members
PCC Levers to Achieve Mission and Vision

Advocate to influence public and private policymakers

Provide tools and TA to inform policy and practice

Disseminate evidence & exemplar models
This workgroup issued **consensus recommendations** on BH integration, created an initial evidence base, and organized educational programs.

**Workgroup 2020 priorities:**

- **#1:** Including behavioral health in state-based primary care investment legislation
- **#2:** Advancing virtual support for the integration of behavioral health and primary care
Momentum: PC Investment

• 13 states have introduced/passed related legislation
• 6 states passed legislation/regulation in 2019 – CO, DE, VT, ME, WA and WV – focused on reporting primary care spending levels to achieve more comprehensive PC
• At least 3 states have set targets for primary care spending w/out growing total cost of care
  • Rhode Island – 10.7%  Connecticut – 10%
  • Oregon – 12%

• PCC Behavioral Health Integration Recommendations provide guidance to state leaders on where to channel their attention/resources to support a more comprehensive model of primary care that includes behavioral health services.
• PCC Shared Principles undergirds all regulatory and legislative efforts

• Shape CMMI primary care delivery and payment models, including emphasizing behavioral health integration

• Weigh in on and/or support relevant draft legislation, e.g., “Protecting Jessica Grubb’s Legacy Act”

• Participate in key coalitions and advisory groups, e.g., Alliance for Addiction Reform, Bi-partisan Policy Committee