

# Moving the Behavioral Health Agenda Forward Together

March 31, 2020

# Speakers



## **MODERATOR**

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



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



**Shawn Griffin**  
President & CEO  
Utilization Review Accreditation  
Commission



**Ann C. Greiner**  
President & CEO  
Primary Care Collaborative

# Mental Health & Substance Use A Public Health Crisis

**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

## 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

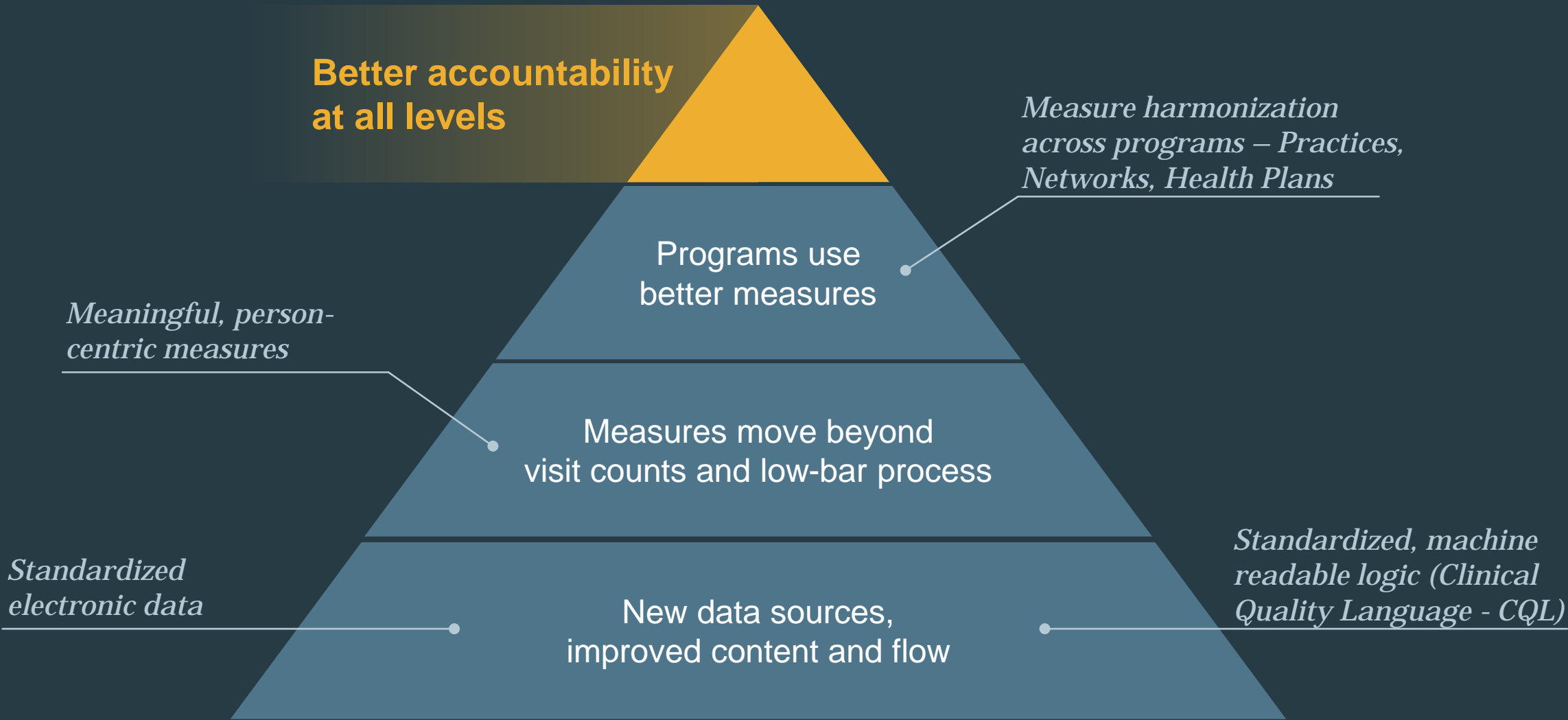


# NCQA Behavioral Health Strategy

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Dr. Michael S. Barr, Executive Vice President, Quality Measures & Research Group

# NCQA's Vision for Quality Measurement



# Current HEDIS® Behavioral Health Measures

*NCQA HEDIS® 2020 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*



### Measurement-Based Care Process Measures

- Standardized **Assessment**
- Monitor **Symptoms & Function**
- **Treatment Adjustment**

### Evidence-Based Treatment Measures

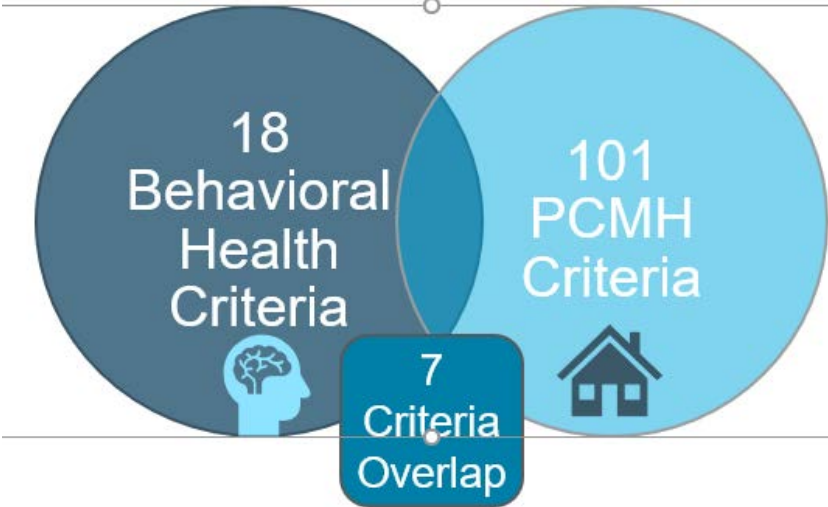
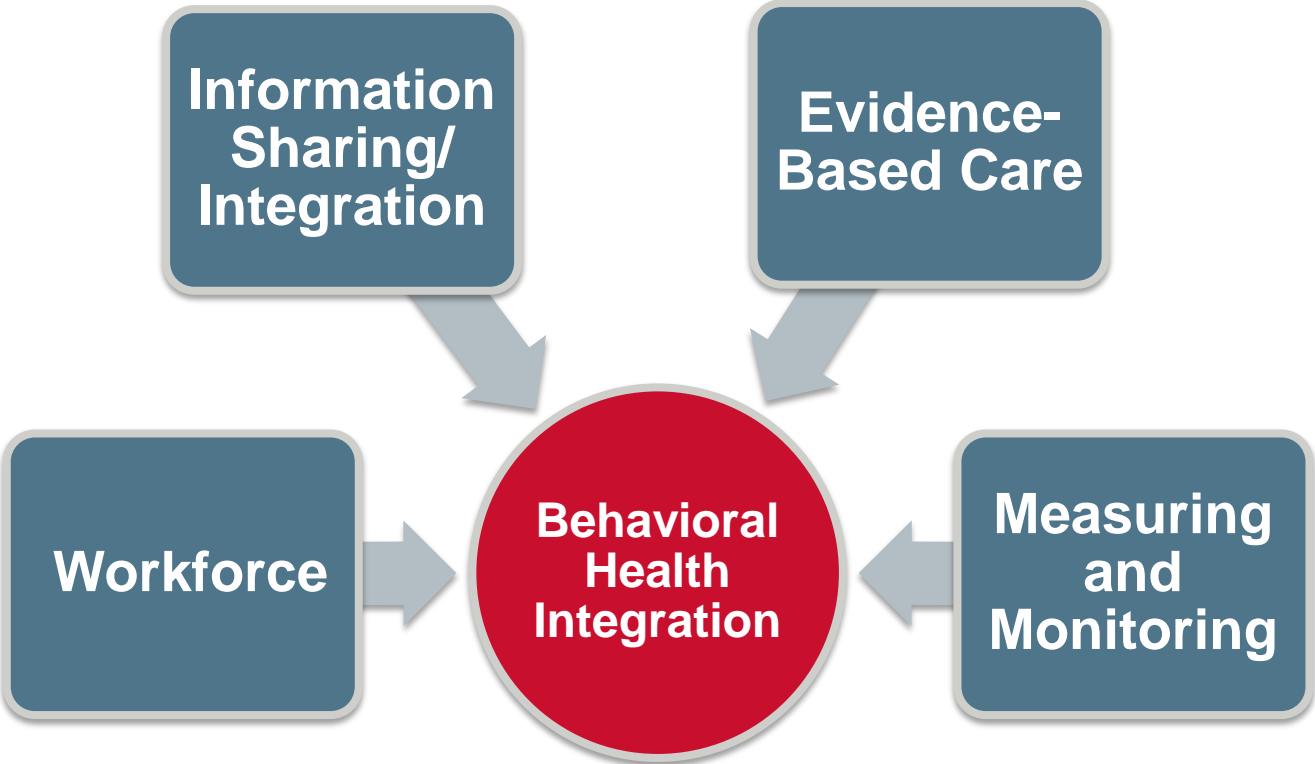
- **Suicide** Safety Plan and Suicide Risk Reduction
- First Episode **Psychosis**
- **Opioid** Misuse

### Measurement-Based Care Outcome Measures

- Function
- **Recovery**
- Care Experience

# PCMH Behavioral Health Distinction Competencies

*Introduced in PCMH 2017 Standards*



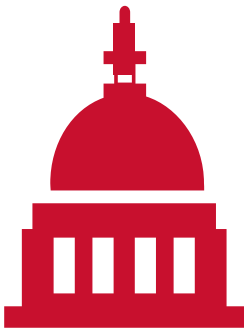


# Behavioral Health

*Distinction Data*



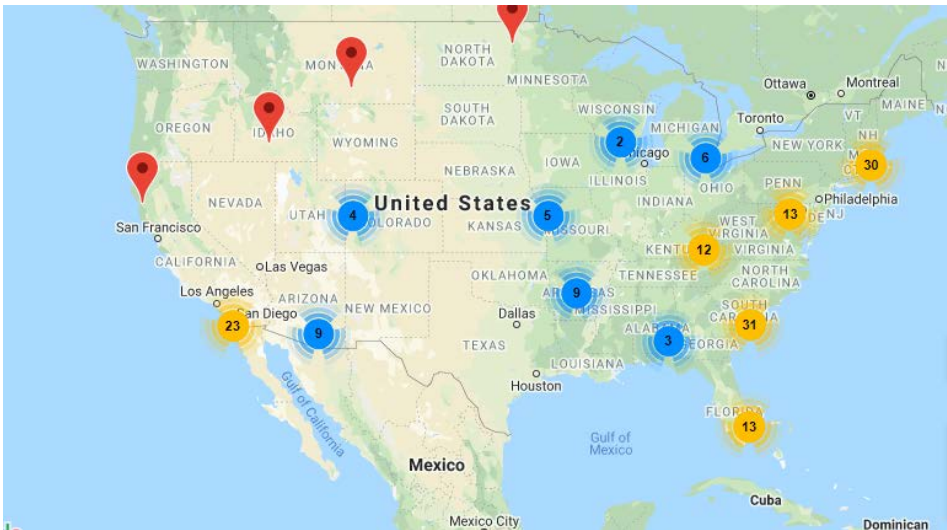
**172**  
Distinguished  
Sites



**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*

[www.ncqa.org](http://www.ncqa.org)

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[Barr@ncqa.org](mailto:Barr@ncqa.org)

[Borden@ncqa.org](mailto:Borden@ncqa.org)

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NCQA Corporate Office  
1100 13th St., NW Suite 1000  
Washington, D.C. 20005

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# Moving the Behavioral Health Agenda Forward Together

Shawn Griffin, MD, URAC President and CEO  
[sgriffin@urac.org](mailto:sgriffin@urac.org)



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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 MANAGEMENT PROGRAMS

- Case Management Accreditation
- Disease Management Accreditation
- Health Call Center Accreditation
- Health Utilization Management Accreditation
- Independent Medical Examinations Accreditation
- Independent Review Organization Accreditation
- Organizational Management Certification
- Workers' Compensation Utilization 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



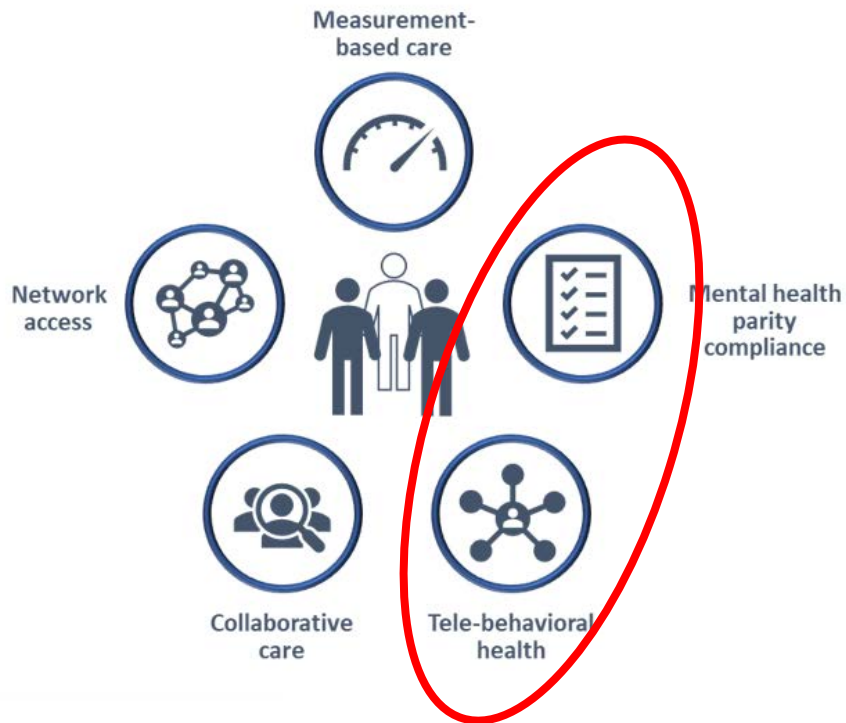
## MH/SUD PARITY PROGRAM

- MH/SUD Parity Compliance Guide
- ParityManager™ Compliance Software
- MH/SUD Parity Accreditation

# 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



New Measures  
Development Only When  
Needed



Quality Improvement,  
Efficiency and  
Effectiveness



Measures Should Be  
Public Domain,  
Nationally Endorsed



Manageable  
Administrative Burden





# 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 Integration

MARCH 31, 2020 | ANN GREINER, PRESIDENT & CEO

# @Primary Care Collaborative

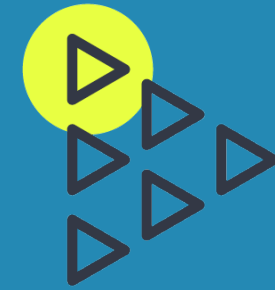
## Mission

*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.*

## Vision



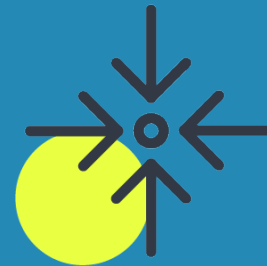
PERSON AND  
FAMILY-  
CENTERED



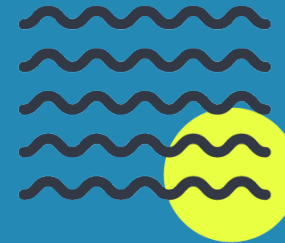
TEAM-BASED &  
COLLABORATIVE



COMPREHENSIVE &  
EQUITABLE



COORDINATED &  
INTEGRATED



CONTINUOUS



ACCESSIBLE



HIGH-VALUE

# Results Fueled by Executive Members

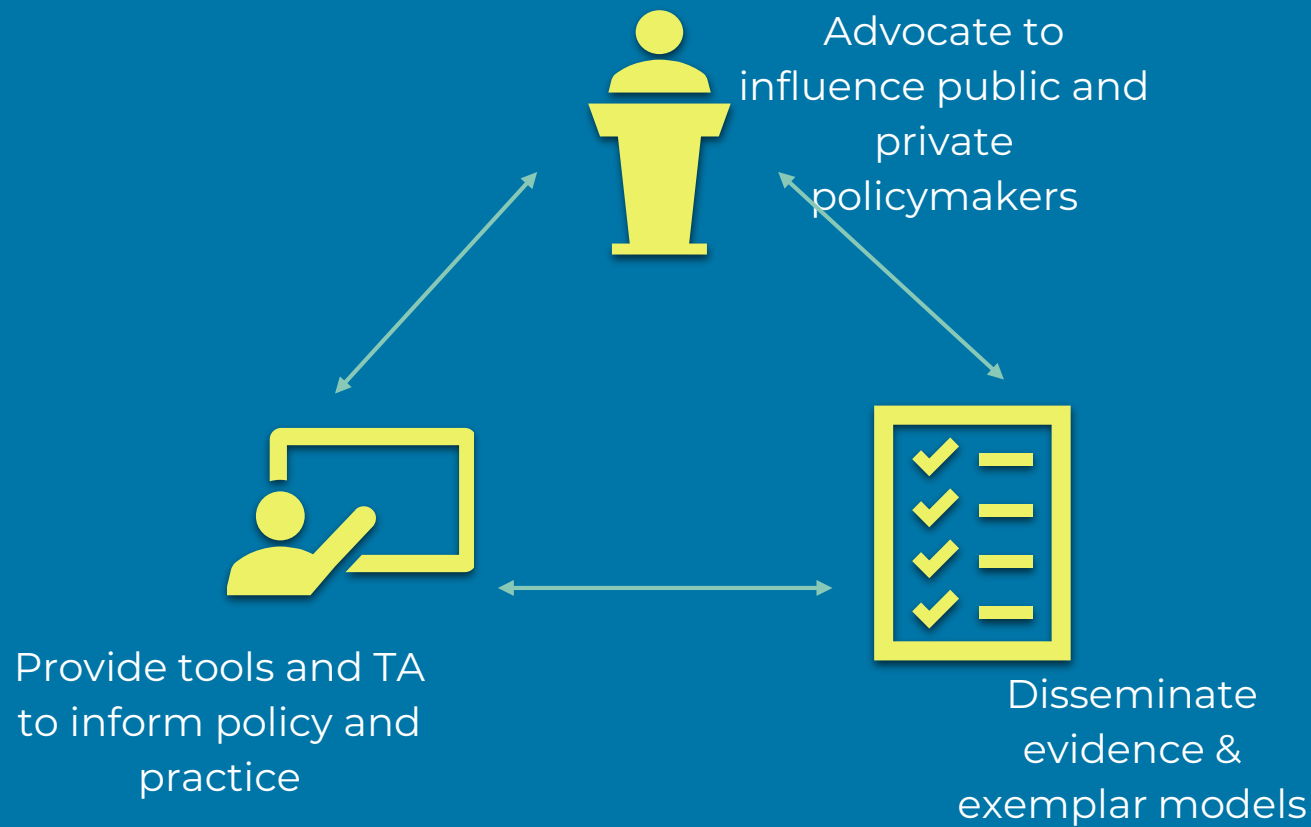
Accreditation Association for Ambulatory Health Care (AAAHC)  
Alzheimer's Association  
American Academy of Child and Adolescent Psychiatry (AACAP)  
American Academy of Family Physicians (AAFP)  
American Academy of Pediatrics (AAP)  
American Academy of PAs (AAPA)  
American Association of Nurse Practitioners (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 (ACOFP)  
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



# PCC Levers to Achieve Mission and Vision





# PCC PC – BH Integration Workgroup

## Co-Chairs

*Charles Gross, Anthem*

*Ronald Szabat, American Academy of Child & Adolescent Psychiatry*

*Michael Thompson, National Alliance of Healthcare Purchaser Coalitions*

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

Workgroup 2020 priorities:

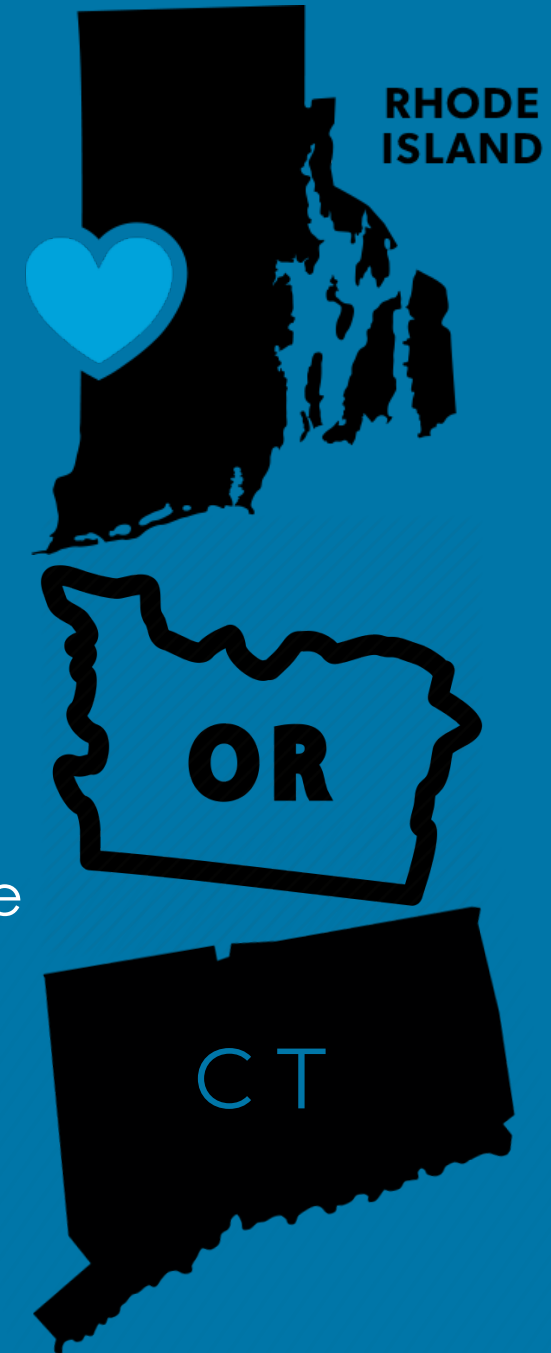
#1: Including behavioral health in state-based primary care investment legislation

#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 Federal Policy Efforts

- 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

# Questions?



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