Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems
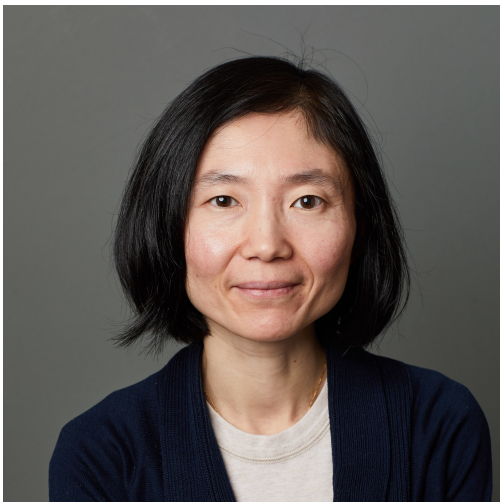
Financing Integrated Health and Social Services for Populations with Mental Illness

Research In Progress Webinar
Wednesday, June 20, 2018
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

UK College of Public Health
Center for Public Health Systems and Services Research

Funded by the Robert Wood Johnson Foundation

Agenda

Welcome: **Shana Moore, PhD**
Director of Dissemination and Research Development, RWJF Systems for Action National Coordinating Center
University of Kentucky College of Public Health

Presenters: **Yuhua Bao, PhD**
Associate Professor
Healthcare Policy & Research,
Division of Health Policy and Economics
Weill Cornell Medical College

Lisa Dixon, MD, MPH
Professor
Psychiatry
New York State Psychiatric Institute
Columbia University Medical Center

Commentary: **Thomas Smith, MD**
Associate Medical Director
NYS Office of Mental Health &
Medical Director
Division of Managed Care
NYS Office of Mental Health

Q & A: Moderated by Dr. Shana Moore

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Systems for Action

Yuhua Bao, PhD

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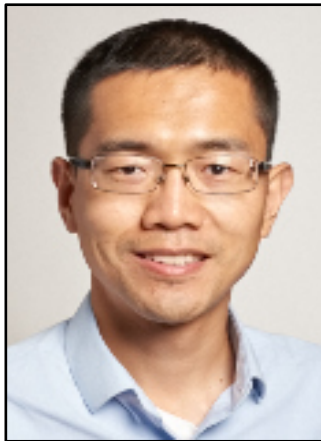
Research team

Yuhua Bao, PhD

Lisa Dixon, MD, MPH

Jennifer Humensky, PhD

Marleen Radigan, DrPH, MPH, MS

Yan Li, PhD

Jessica Ancker, PhD, MPH

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Philip Jeng, MS

Outline of the presentation

- Brief background

- A conceptual model to pay for early interventions for psychosis

- Progress so far

- Prototype of payment tool

Schizophrenia and other psychosis are among the most serious and disabling mental health conditions

- Peak onset between 15 and 25 y.o.

- It can be years before a formal diagnosis is made

- Onset of condition usually derails an individual, leading to disruption in school or employment

- Without addressing recovery and function, it can lead to life-long disability

- Prior to 2005, many countries started developing early interventions for psychosis, but not US except OR and CA

Policy environment circa 2005 not congruent with early interventions

- Community mental health centers focus on individuals with chronic mental illness and existing disability

- "Disability" as an eligibility requirement for Medicaid and other public services made early intervention less possible

- Emerging identification of evidence-based practices

Dixon et al. Annual Review of Clin Psych, 2018

Coordinated Specialty Care (CSC) changes the paradigm of treating early psychosis

- Principles
  - Recovery orientation
  - Shared decision-making
  - Team of specialists (both clinicians and non-clinicians)
  - Minimize Duration of Untreated Psychosis (DUP)

- Key Service Elements
  - **Case management**, **Supported Employment/Education**, Psychotherapy, Family Education and Support, Pharmacotherapy and **Primary Care Coordination**

- Core Service Processes
  - Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, Shared decision-making

https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-csc.shtml

New Federal Funding Accelerates Adoption of Evidence-Based Care for Early Psychosis

Dates and Milestones
July, 2009:   RAISE studies begin
December, 2013:   RAISE feasibility study completed
January, 2014:   H.R. 3547 ($25M set-aside for FEP)
April, 2014: NIMH/SAMHSA provide guidance to states
December, 2014:   H.R. 88 ($25M set-aside for FEP)
October, 2015:   RAISE clinical trial completed
October, 2015:   CMS coverage of FEP services
December, 2015:   H.R. 2029 ($50M set-aside for FEP)

**Cumulative Number of States with Early Psychosis Intervention Plans**

Mental Health Block Grant Plans: https://bgas.samhsa.gov/

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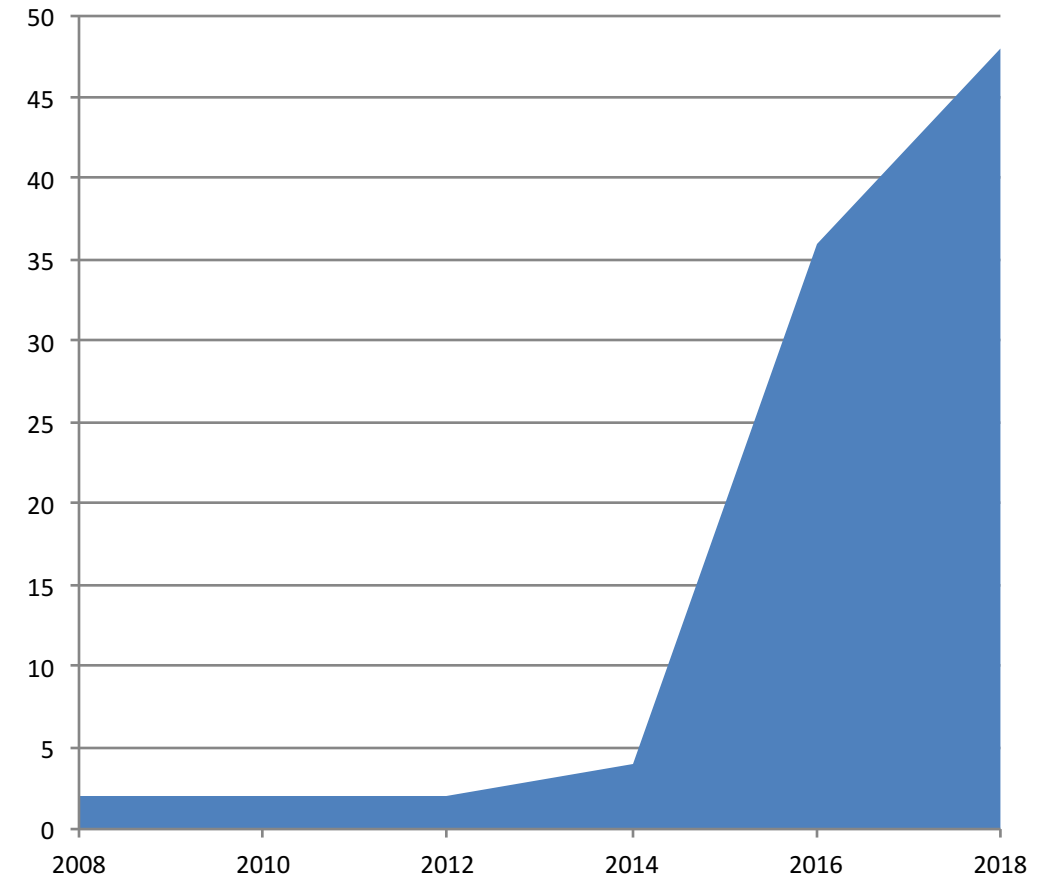
OnTrack NY
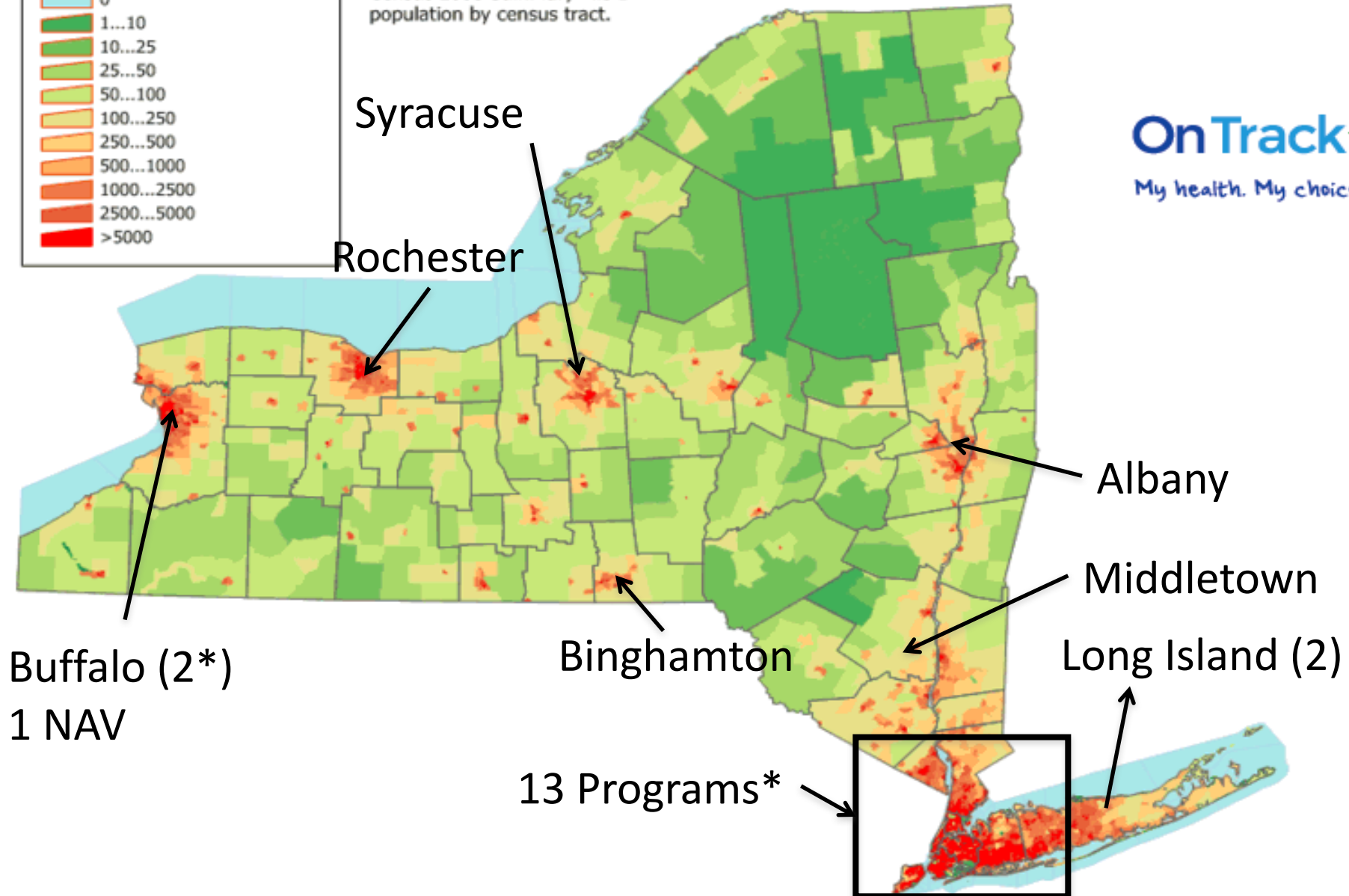My health. My choices. My future.

OnTrack NY

My health. My choices. My future.

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.
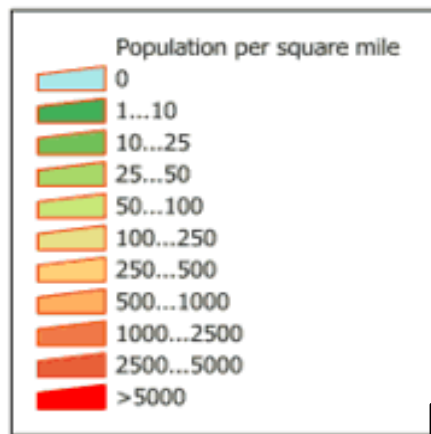
Financing early interventions for psychosis: Current approach remains idiosyncratic

- Mental Health Block Grant is seriously inadequate for population-wide deployment

- CSC teams typically take a patch-work approach to financing
  - MHBG funding
  - Insurance billing
  - Grants
  - Institutional supplements

- Scaling-up and sustaining CSC calls for a payment system that
  - Adequately covers the cost of evidence-based care
  - Aligns incentives with patient-centered, recovery-oriented care
  - Tailored to local preferences and practices

A conceptual model for a multi-part payment system
Frank, Glied, McGuire (2014)

Part I. Per-case payment
covering team leadership, community outreach, case management, supported employment and education (SEE)

Part II. Per-service payment
covering pharmacotherapy, psychotherapy, family psychoeducation, SEE(?)

Part III. Outcomes-based payment
rewarding providers for achieving pre-defined target(s)

How will a payer/administrator operationalize this model?

How much should the payment rate be?

How much would they expect to pay, say, over 3 months?

OnTrack NY
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Our S4A developmental project aims to

- **Develop analytical algorithms** of an innovative, multi-part payment system for CSC

- **Develop and pilot test a decision support tool (DST)** that enables CSC payers to tailor payment design to local needs and circumstances

Two unique sources of data from OnTrackNY

OnTrackNY Medicaid time study

Conducted in June 2017

73 randomly selected Medicaid clients

    Stratified by acuity

Detailed services (and duration) over a two-week window

Credential of service provider

→Relative resource use among

    Different types of services

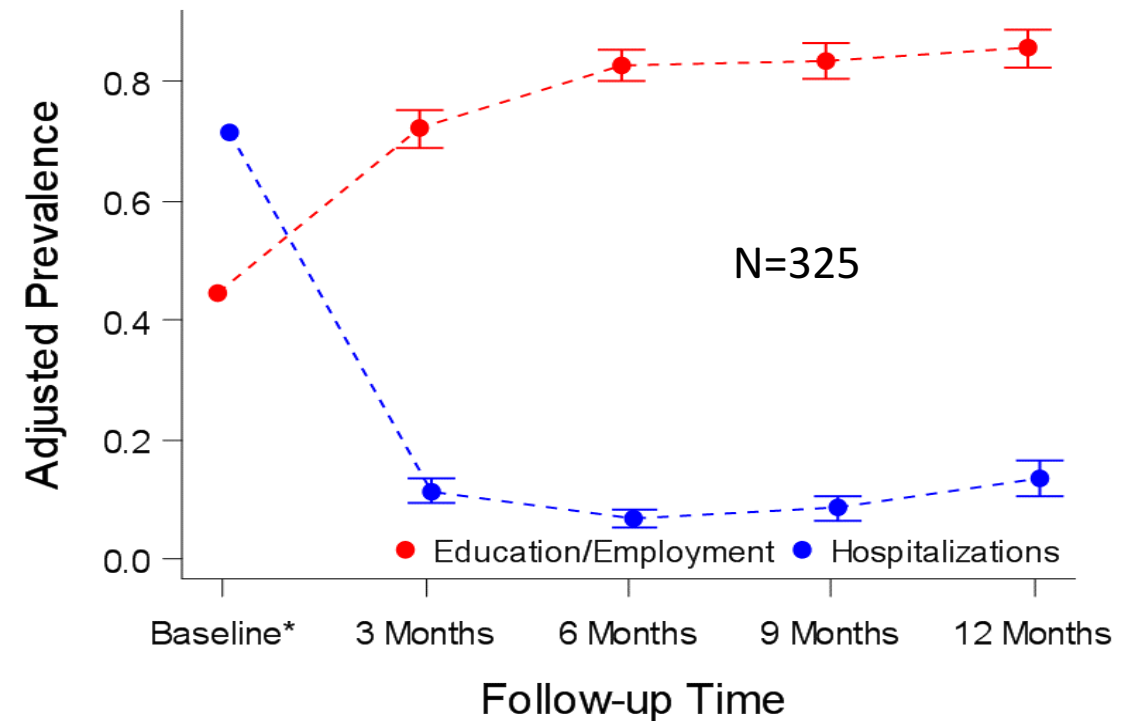   Clients of different acuity

→Informs analytical algorithms of <u>case rate</u> and <u>per service</u> payment designs

OnTrackNY client assessment

Every 3 months for each client

Assesses clinical, vocational, and other patient-centered outcomes

→Informs <u>outcome-based</u> payment design

N=325

● Education/Employment ● Hospitalizations

Baseline* 3 Months 6 Months 9 Months 12 Months

Follow-up Time

Adjusted Prevalence

Project Progress and Future Steps

Done
- Access OnTrackNY data
- Develop analytical algorithms for payment design
- Develop prototype for CSC payment tool

Ongoing
- Implement prototype into an interactive tool
- Develop user testing protocol and interview guide
- Recruit test users for beta version of tool

To come
- User tests of tool (Target = 10 test users)
- Analysis of user test interview data
- Refine payment tool based on findings of user test

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The CSC payment tool prototype

Thank You!

Contact: yub2003@med.cornell.edu

Upcoming Webinars

S4A
Systems for Action

Archives

http://systemsforaction.org/research-progress-webinars

Upcoming

Wednesday, July 11, 2018, 12 p.m., ET
Systems for Action Individual Research Project
Redesigning Health and Social Systems for the Cheyenne River Sioux Tribe Using Community-Engaged Decision-Making
Barbara J. Quiram, PhD, and David Washburn, ScD, SM, Texas A&M University

Wednesday, July 25, 2018, 12 p.m., ET
Systems for Action Individual Research Project
Integrating Health and Social Services for Veterans by Empowering Family Caregivers
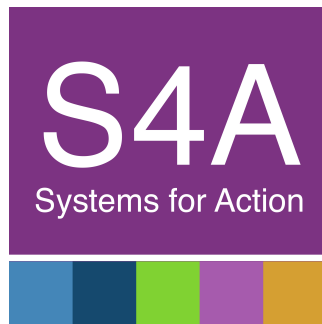*Megan Shepherd-Banigan, PhD, MPH, Department of Veteran Affairs and Duke University*

Wednesday, August 8, 2018, 12 p.m., ET
Systems for Action Individual Research Project
Testing a New Terminology System for Health and Social Services Integration
Miriam Laugesen, PhD, and Sara Abiola, PhD, JD, Columbia University Mailman School of Public Health

Questions?

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www.systemsforaction.org

Acknowledgements

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and

Gatton College of Business and Economics