Financing Coordinated Medical and Social Services for Patients with Psychosis

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-in-Progress Webinar November 2, 2022 12-1pm ET





Payment Design Tool for Coordinated Specialty Care

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It takes a village

• Robert Wood Johnson Foundation, Systems for Action (S4A) Program



- OnTrackNY, the New York State implementation of Coordinated Specialty Care (CSC)
- Our highly interdisciplinary team from Weill Cornell, Columbia/NYSPI, Mount Sinai, and Hunter College
- Many participants in our stakeholder engagement sessions and user tests
- PEPPNET CSC financing workgroup





Plan for today

Yuhua –

- What is the system alignment problem?
- Our journey with the CSC payment tool, with a video
- Some insights gleaned from dissemination of our tool

Monica –

- My journey with mental health advocacy
- What we are doing in MA to get CSC paid for

Everybody -

Open discussion





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



PRINCIPLES

- Recovery orientation
- Shared decisionmaking
- Team of specialists (both clinicians and non-clinicians)
- Minimize Duration of Untreated Psychosis

KEY SERVICE ELEMENTS

- Case management
- Supported Employment/Educ ation (SEE)
- Family Education and Support
- Psychotherapy
- Pharmacotherapy
- Primary Care Coordination
- Community outreach and engagement

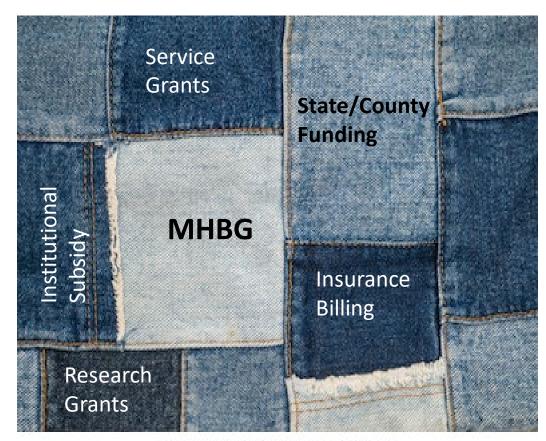
https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-rsc shtml





Patchwork approach to CSC financing is inadequate and unsustainable

- Mental Health Block Grant funding jump-started national implementation, but
- is seriously inadequate for population-wide deployment
- Increased interest in payment innovations (e.g., a bundled payment) that
 - Comprehensively covers the cost of CSC, and,
 - Encourages patient-centeredness and therapeutic innovations



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We anticipated a need for decision support for bundled payment design for CSC

- What services are bundled?
 - Flexibility in bundling is important
- How much should the case rate be?
 - It depends on services bundled, specific care model adopted, and local costs of operating the program
- How do we build in accountability for client outcomes?
 - An optional outcome-based payment





Turning the idea into a real tool

2017-18

• One-year pilot from RWJF S4A to develop a tool prototype

Payer stakeholder engagement in New York State

2019-20

- Two-year grant from S4A to continue our work
- CSC provider engagement (19 programs in 14 states), Summer 2019-Winter 2020
- Iterative refinement and implementation of the tool

2020-22

- User tests with provider stakeholders
- Debugging and further refinement of tool design
- Targeted dissemination efforts





A video is more than a thousand words





Who are using the tool? What are they using it for?

- Our original thinking a dvad of payer and providers takeholders could use the tool to make condesign and payment
- In reality:
 - Provider and public stakeholders are taking leading roles
 Of the ≥ 14 individuals/institutions from 12 states who requested access
 - CSC Providers 5
 - Public Payers/State Agencies 5
 - Researchers/CSC tech support 4
 - Private payers 0
 - Users who requested access to the tool invariably used it unilaterally
 - Providers would like to have an idea of the "bottom line" before negotiating with payers
 - State agencies are an important user group and are using the tool for planning purposes
 - The tool may not adequately meet their needs the case of MA





More importantly, so much more than a payment design/rate needs to happen to get CSC paid for!

Let's turn to Monica Luke, Mental Health Advocate in MA





Thank You!

Contact: yub2003@med.cornell.edu

To request access to the free tool or for more information, please visit:

bit.ly/cscpayform





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