Recognizing & Incentivizing Behavioral Health Integration: What's Next from Accreditors and Employers

Monday, March 2, 2020 11:30-12:30 ET

1. PCC Announcements & Introductions
2. NCQA Presentation
3. URAC Presentation
4. National Alliance Presentation
5. Participant Q&A

agenda

Welcome & Updates

Become a Member!

Save the Date: PCC 2020 Annual Conference

November 5 & 6

Moderator introduction

agenda

Today's Speakers

Moderator:

Julie Schilz

Mathematica

Michael Barr

NCQA

Shawn Griffin

URAC

Michael Thompson

National Alliance of Healthcare Purchaser Coalitions

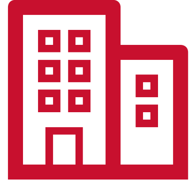
NCQA PCMH
Behavioral Health Integration Distinction

Dr. Michael Barr, Executive Vice President Quality Measurement and Research Group

Primary Care Collaborative, March 2, 2020

Behavioral Health

Distinction Data



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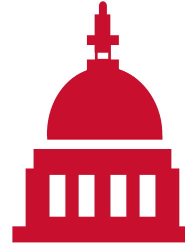
Distinguished Sites



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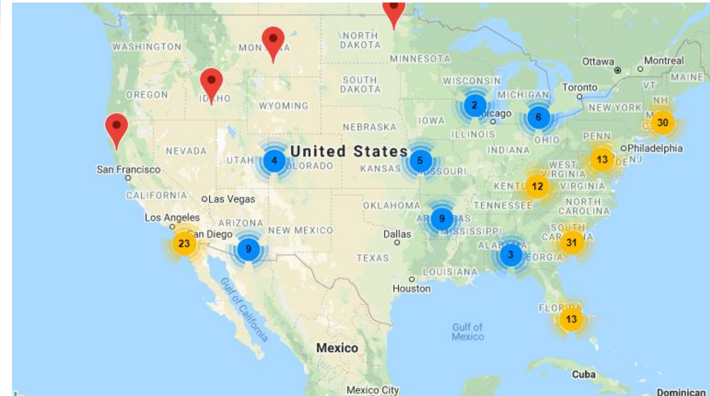
States

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



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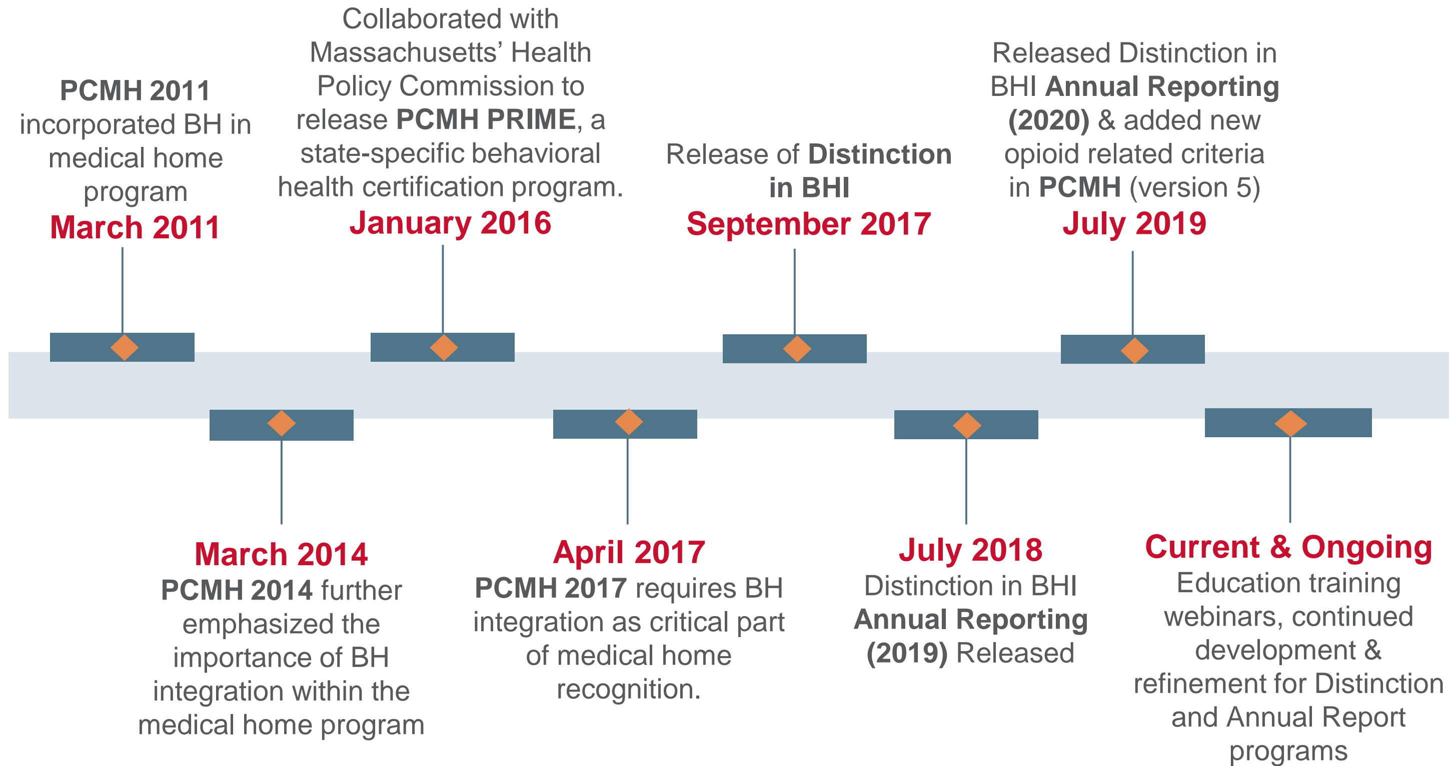
Behavioral Health Integration Activity Timeline



Intent

The practice integrates behavioral health services and support to enhances the care provided within the primary care setting.

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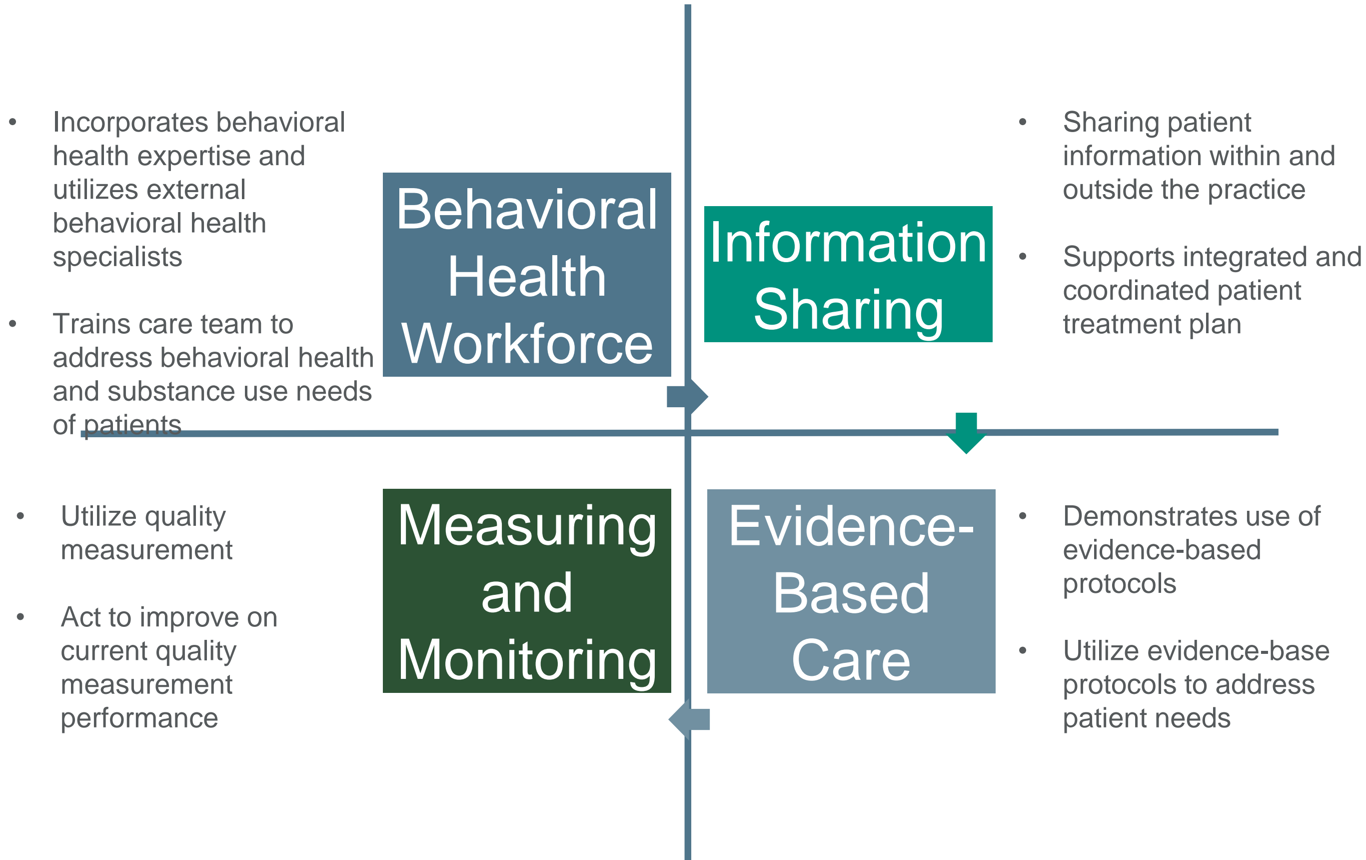
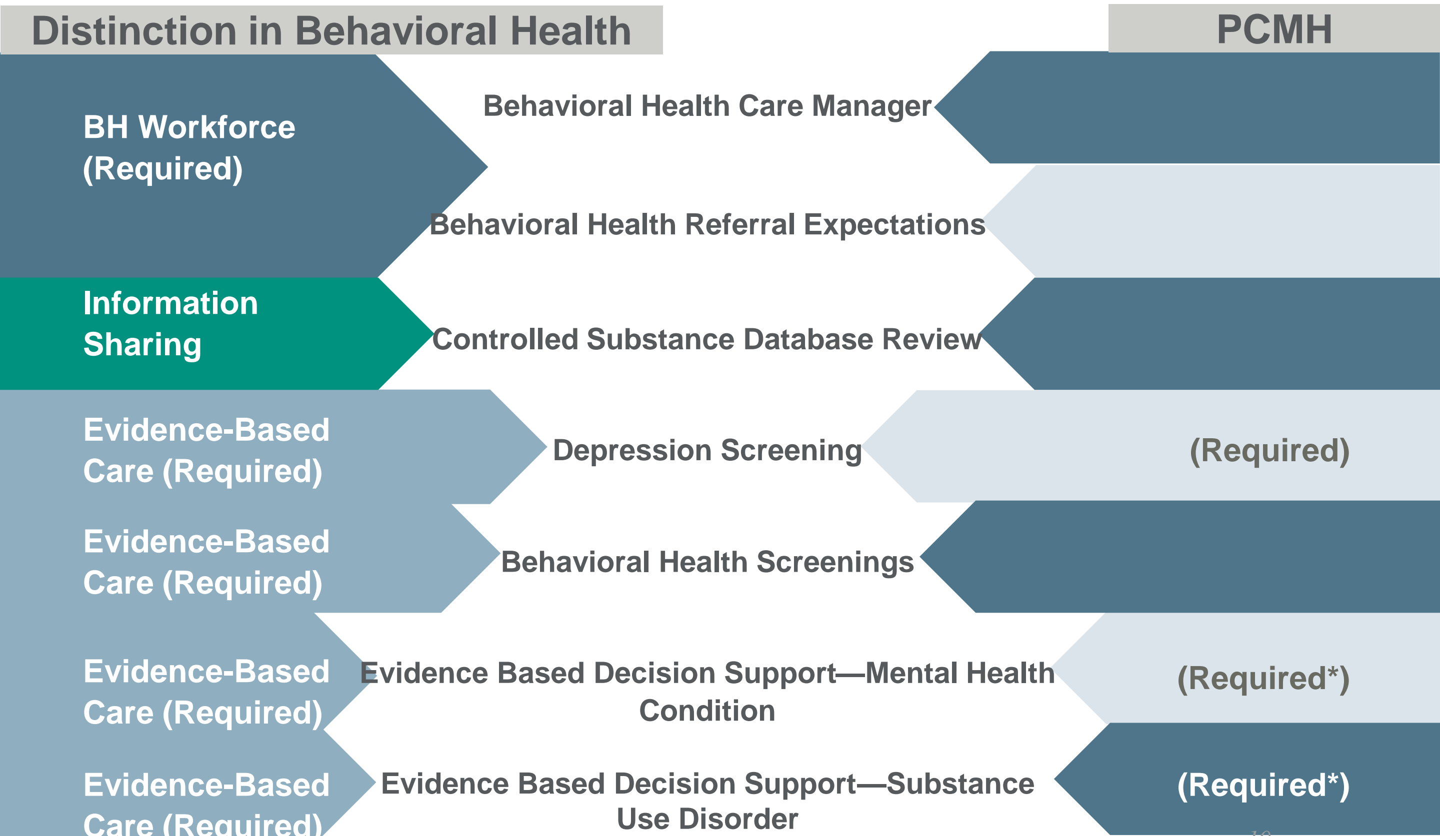
Distinction in Behavioral Health Integration

Model & Competencies



Distinction in Behavioral Health & PCMH Overlap

Aligned Criteria



*Not explicitly required in PCMH; but can be selected to fulfill 4 of 7 Evidence Based Decision Support options to meet requirement

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Additional Behavioral Health Distinction Criteria

Criteria that do not overlap with PCMH

Behavioral Health Workforce	Information Sharing
Care Team with Access to Behavioral Health Resources and Training ***Clinician who can directly provide brief interventions (Required)*** *Clinician Practicing Medication-Assisted Treatment* ***Behavioral Health Referral Relationship (Required)***	***Behavioral Health Referrals Tracking and Monitoring (Required)*** *Integrated Health Record* *Integrated Care Plan*

Evidenced Based Care	Measure and Monitoring
All required core criteria which overlaps with PCMH criteria	***Monitors Symptoms and Adjust Treatment Plan—Mental Health or Substance Use Disorder (Required)*** ***Monitors Performance—Behavioral Health Measures (Required)*** *Goals and Actions to Improve Behavioral Health Clinical Quality Measures*

DISTINCTION

ELIGIBILTY

TRANSFORM

Practices in the process of earning NCQA PCMH recognition

Recommended

SUCCEED

Recognized practices seeking NCQA Distinction during Annual Reporting.

Recommend

Recommendation: Align submission with Transform or Annual Report

Annual Reporting Behavioral Health Distinction

The practice continues to support the needs of patients with behavioral health conditions.

PUBLICATION

Appendix 4 | Distinction in Behavioral Health Integration

(In the PCMH Publication)

NCQA Store
(1st time download)

Download Center
(Subsequent downloads)

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What's Next

Shawn Griffin, MD, URAC President and CEO

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urac®

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

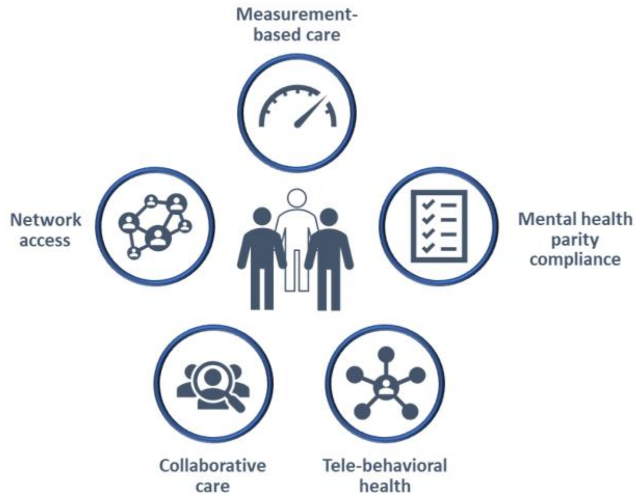
Why is URAC Different?

- 30-Year History of Accreditation
- Largest Independent Accreditor that Does Not Sell Consulting to Avoid Conflicts of Interest
- Extensive Experience with Pharmacy Benefits and Standards Allows Integrated Standards Including SUD
- Multiple Government Deemed Programs Demonstrating Support for Government Initiatives
- Leading Nationally Recognized Telemedicine/Telehealth Will Be Key for Improving Provider Access and Network Adequacy

My Experience as a Physician

- Medical and Behavioral Care were paid (and regulated) as though there was no relationship.
- Created Kingdoms of Care.
- Patient-Centered Care was Delivered Recognizing the Relationship in the Whole Person.
- “Carve-outs” Only Mattered to Payers, not Patients.
- Employers Did Not Know How To Be Involved – Left it to Payers.

Recognizing the RESET Framework



- URAC is the **only** national organization with current solutions and standards in every framework area.
- URAC partners with interested groups to improve each area to create new broadened IBH program.
- URAC works with constituency groups to improve the measurement-based care integration across our programs.

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 SUD program integration with behavioral components of all care.
- Employers can drive the market to the whole-person focus recognizing that divisions in care 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 to match the needs of everyone.

The Path Forward for Mental Health and Substance Use

Primary Care Collaborative

March 2, 2020

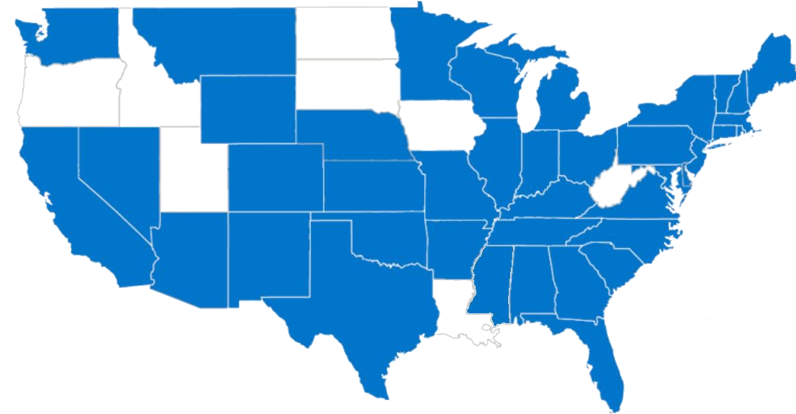
Michael Thompson, President and CEO
mthompson@nationalalliancehealth.org

About the National Alliance

- The only nonprofit, purchaser-led organization with a national and regional structure dedicated to driving health and healthcare value across the country

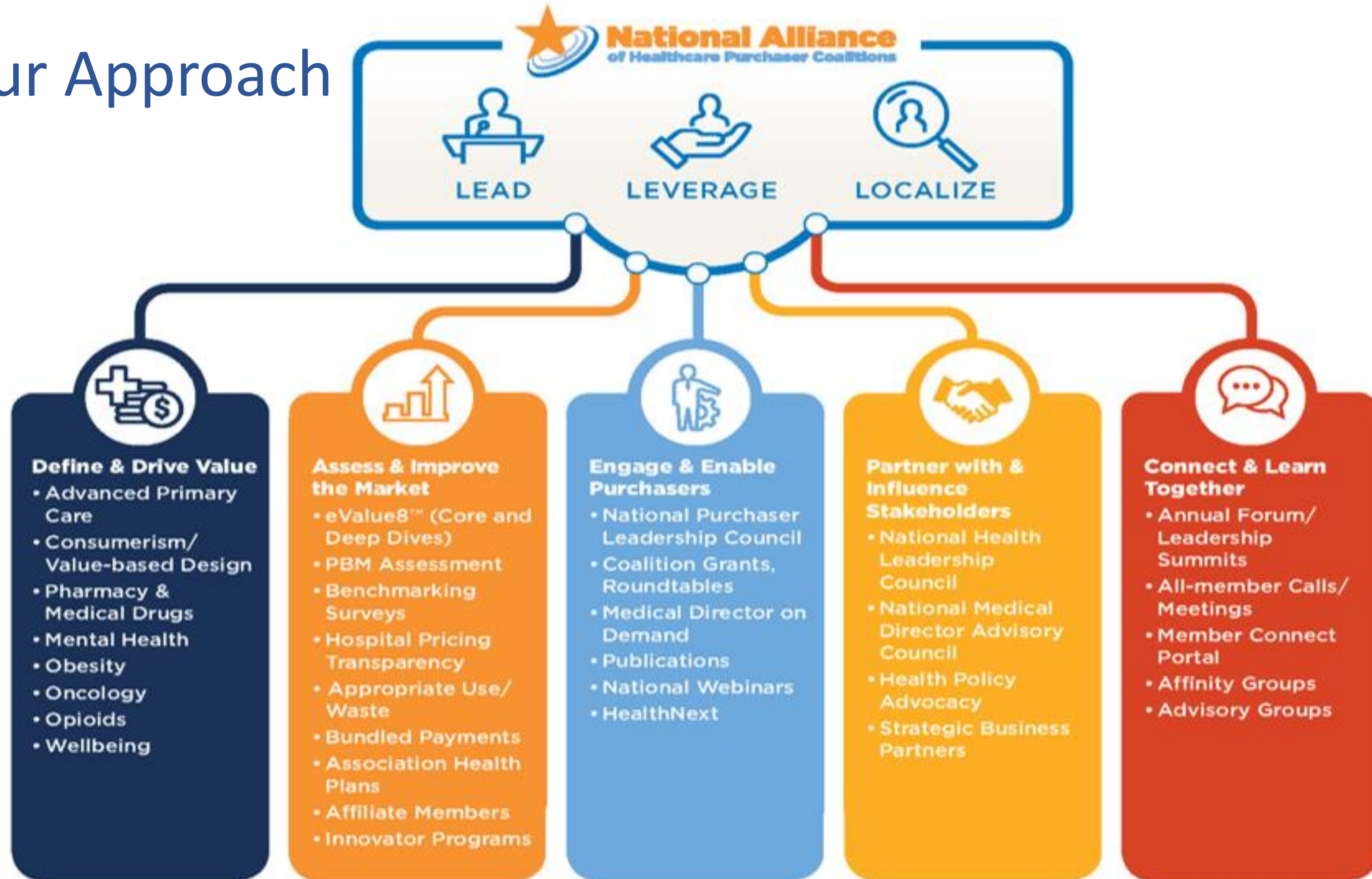
- Represents over 45 million Americans, spending over $300 billion annually on healthcare
  - Cross-section of Private Sector including 60% Fortune 100
  - Public Sector including states, cities, school districts and the federal government
  - Union organizations (eg UAW, UAW Trust, 32 BJ)

2020 Coalition Membership Map



National Alliance of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Our Approach



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

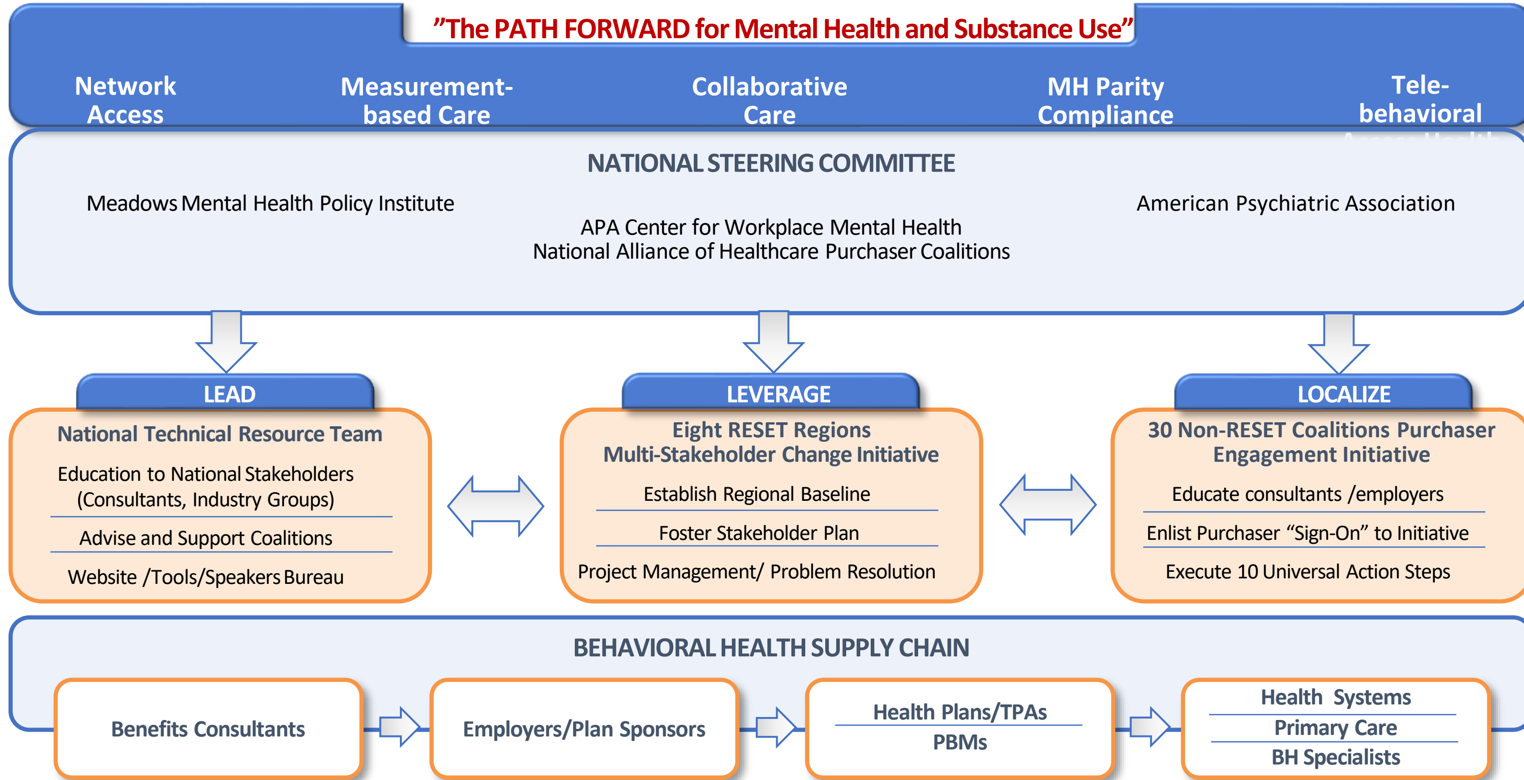
- Phantom networks – difficult to get timely appointments
- Provider shortages, low participation rates
- Most MH medications prescribed by primary care
- No accountability for quality of treatment
- Growing concerns and enforcement of MH parity

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

National Alliance of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

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



RESET

R egional
E mployer
S takeholder
E ngagement
T eam

National Alliance
of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

RESET Regions and Coalitions

California – Pacific Business Group on Health and Silicon Valley Employers Forum

Florida – Florida Alliance for Healthcare Value

Kansas – Kansas Business Group on Health

Maryland, DC and Northern VA – MidAtlantic Business Group on Health

Minnesota – Minnesota Health Action Group

NYC metro area including northern NJ and southern CT – Northeast Business Group on Health

Tennessee – Memphis Business Group on Health and HealthCare 21 Business Coalition

Texas – DFW Business Group on Health and Houston Business Coalition on Health

Q&A Discussion

Appendix

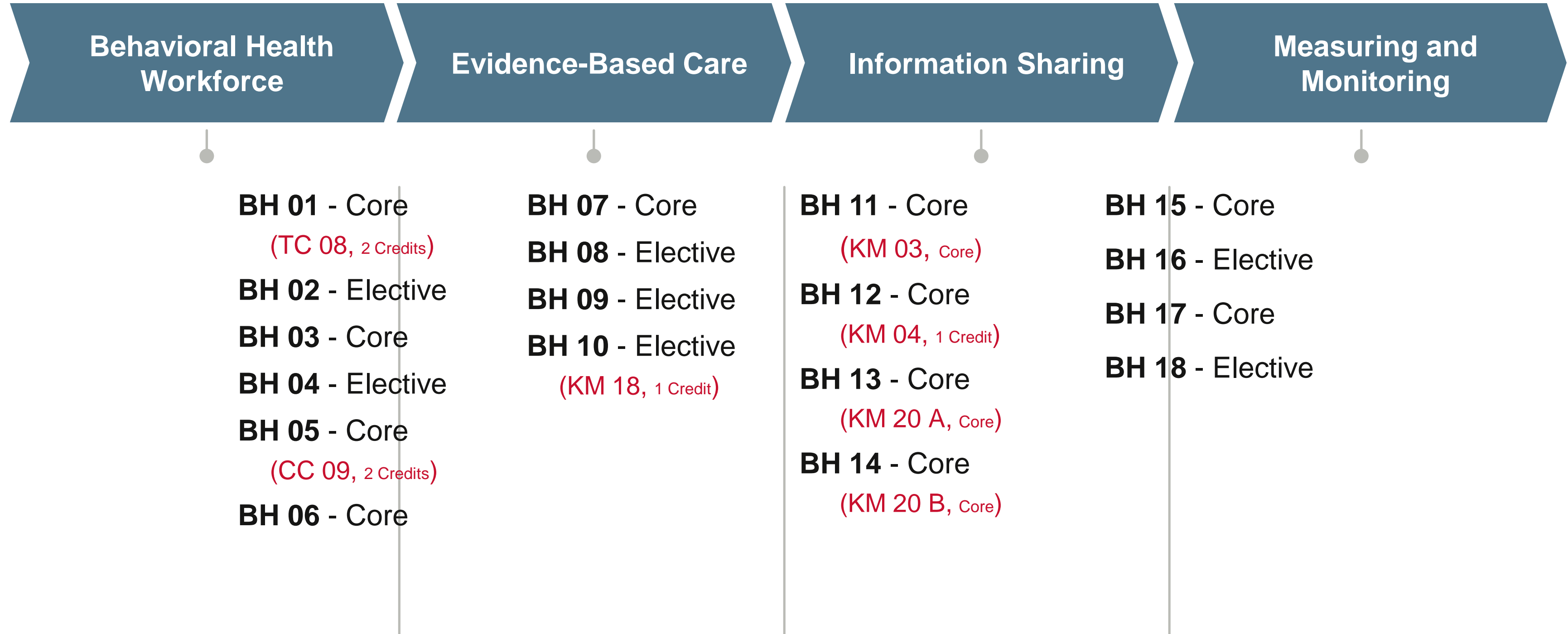
Appendix

Specific Program Requirements and Details

NCQA

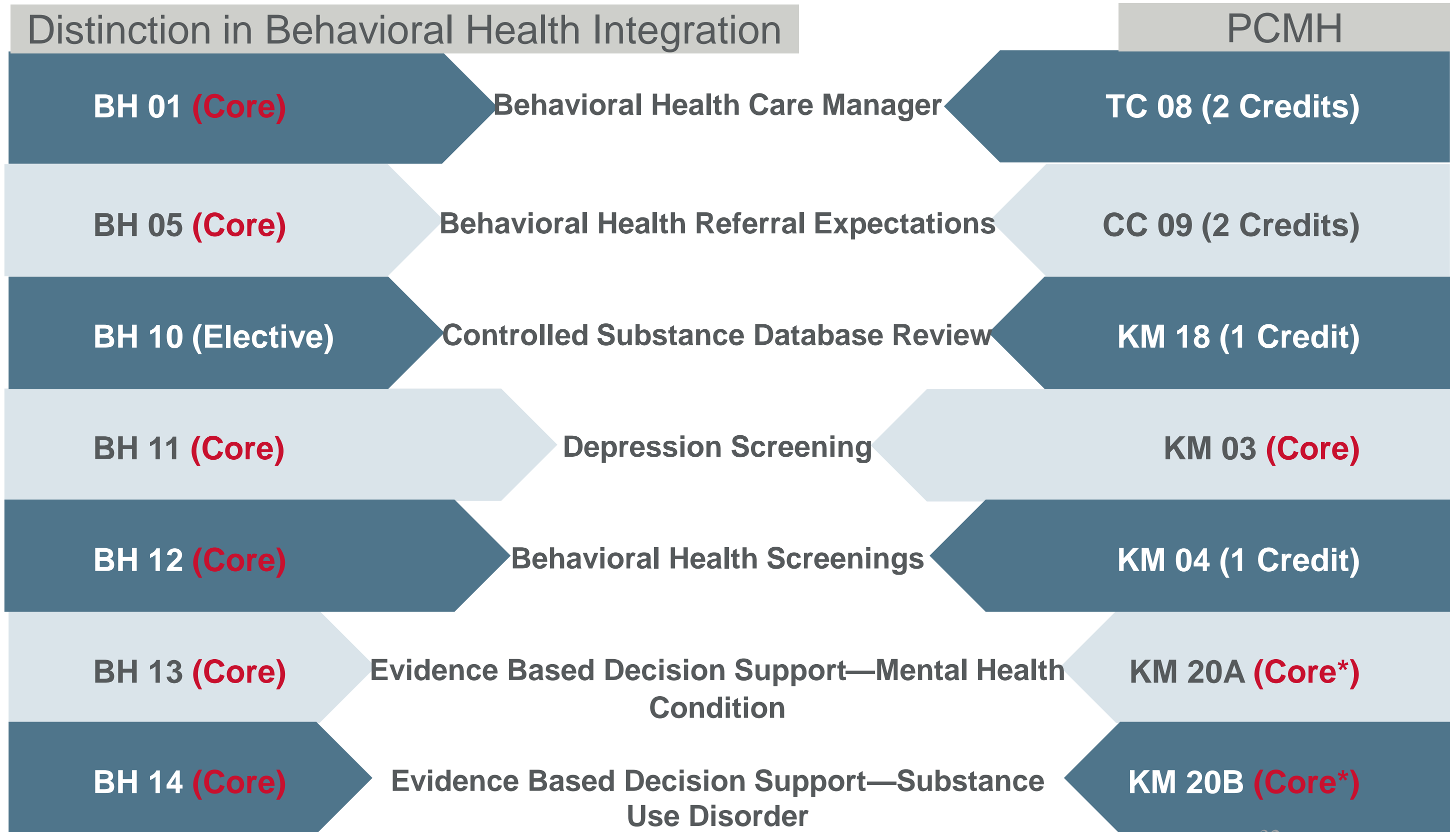
Distinction in Behavioral Health Integration

Behavioral Health: Core & Elective with PCMH Overlap



Distinction in Behavioral Health & PCMH Overlap

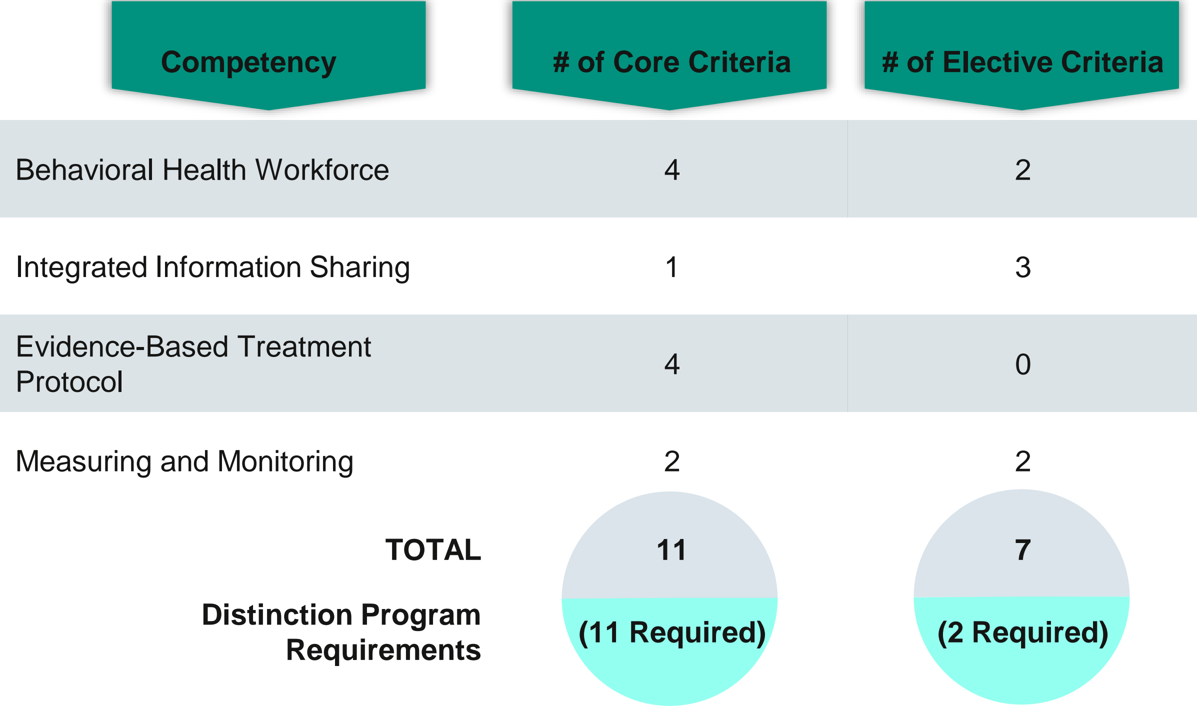
Aligned Criteria



*KM 20A and B are not explicitly required in PCMH; any 4 of 7 item in KM 20 are required.

Distinction in Behavioral Health Integration

Scoring



Competency	# of Core Criteria	# of Elective Criteria
Behavioral Health Workforce	4	2
Integrated Information Sharing	1	3
Evidence-Based Treatment Protocol	4	0
Measuring and Monitoring	2	2
TOTAL	**11**	**7**
Distinction Program Requirements	**(11 Required)**	**(2 Required)**

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Annual Reporting Distinction in BH Integration

Requirements and Options

Report the following:

AR-BH 01 Continued Behavioral Health Referral Monitoring

*Choose to report **one** of the following:*

AR-BH 02 Continued Training and Resources for Behavioral Health

OR

AR-BH 03 Continued Use of a Behavioral Health Clinician in the Practice

OR

AR-BH 04 Prescribing Clinician Providing Medication Assisted Treatment

Report the following:

AR-BH 05 Behavioral Health Screenings and Assessments

AND

AR-BH 06 Behavioral Health Clinical Quality Measures

Annual Reporting Behavioral Health Integration

Scoring: Required and Optional Criteria

- *Each row represents a topic which is laid out with the number of requirements represented by a circle.*
- *Red circles are the requirements that all Distinguished practices must respond to.*
- *Yellow circles are the options available for the Distinguished practices to select from.*

Annual Report vs. Distinction in Behavioral Health

Annual Report Requirement and Aligned Criteria

Annual Reporting – Distinction in Behavioral Health Integration	Distinction in Behavioral Health Integration
AR-BH 01 (Required) *Continued Behavioral Health Referral Monitoring*	**BH 07 (Core)** *Behavioral Health Referrals Tracking and Monitoring*
AR-BH 02 (Option) *Continued Training and Resources for Behavioral Health*	**BH 02 (Elective)** *Care Team Behavioral Health Resources & Training*
AR-BH 03 (Option) *Continued Use of a Behavioral Health Clinician in the Practice*	**BH 03 (Core)** *Behavioral Health Clinician in the Practice*
AR-BH 04 (Option) *Prescribing Clinician Providing Medication Assisted Treatment*	**BH 04 (Elective)** *Clinician Practicing Medication-Assisted Treatment*
AR-BH 05 (Required) *Behavioral Health Screenings and Assessments*	**BH 12 (Core)** *Behavioral Health Screenings*
AR-BH 06 (Required) *Behavioral Health Clinical Quality Measures*	**BH 17 (Core)** *Monitors Performance – Behavioral Health Measures*

PUBLICATION

PCMH Distinction in Behavioral Health Integration Annual Reporting Requirements (2019)

(Standalone Publication)

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(1st time download)

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