National Dialogues on Behavioral Health Outcomes: Measuring Value
A NYS Approach

Presented by:

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Agenda

- **Introductions**

- **Assumptions**

- **Data**

- **Partnerships**

- **Difficulty of Obtaining Outcomes**

- **Struggle Beyond Partnerships**

Presenters

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The NYU McSilver Institute for Poverty Policy and Research

- McSilver is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action.

- McSilver houses training, consultation, and educational resource centers serving all behavioral health agencies in New York State: the Community Technical Assistance Center of New York (CTAC) and the Managed Care Technical Assistance Center of New York (MCTAC).

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Technical Assistance Experience

McSilver's technical assistance (TA) helps agencies strengthen their clinical and business infrastructure through training opportunities focused on implementing evidence-based practices and addressing the challenges associated with the recent changes in regulations, financing and overall healthcare reforms.

McSilver offers TA to all NYS behavioral health, children welfare, and intellectual and developmental disability organizations.

Since 2011, McSilver has offered over 1,000 training offerings to more than 14,000 individuals.

McSilver's work is funded through a blend of state, city, and foundation contracts.

McSilver has developed a robust infrastructure to manage its TA.

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Framing Thoughts: A NYS Perspective

- Data capacity in behavioral health is limited
- Ability to use data to monitor financial, process and outcome measures is critical in a VBP world
- There is a significant amount of under utilized data in EHRs and other databases
- Partnerships across providers must grow in order to survive
- Outcome measures will have unintended consequences
- Data & financial literacy among behavioral health staff is low

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Data

Types of Data

Data Sources

Government/ Grantor
- Demographics
- Reports
- Payment Data

Payer
- Demographics
- Medicaid & Medicare
- Private/Commercial Insurance
- Utilization Management

Regional Health Information Organization (RHIO)
- Demographics
- Clinical
- Payer

Provider
- Demographics
- Clinical
- Service/Billing

Data: Lessons Learned in NYS

- Common Data Set

- Standardized Data Format

- Actionable

- Interoperability

Data: Considerations and Barriers

- Tangible Improvements

- Real Time vs. Batch

- Client Identification Across Systems

- HIPPA & 42 CFR

- Determine Methods Used to Collect Data

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Considerations for Enhancing Agency Data Capacity

- As organizations start to enhance their data capacity, they should consider:
  - Flexibility
  - Responsive to agency needs
  - Ability to connect financial, clinical, and administrative data…as well as the social determinants
  - Ability to handle data from multiple platforms

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Setting Up Systems that Prioritize Measures and Implements Them: *Infrastructure Areas*

Ongoing IT Support and Development

- Hardware
- Software
- Staffing

Ongoing Quality Improvement Support and Development

- Tool Development
- Staffing

Finance

- New financial structure/reporting
- Budgeting/projections
- Staffing

Human Resources

- Hiring and promotion practices
- Training and development of performance driven culture
- Job description/skills

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Partnership Strategies in NYS

Key Reasons for Partnership in a Value-Based Environment

Preference for models that integrate healthcare, social determinants of health and coordination of services for complex consumers

Reimbursement models focused on outcomes and value-based payment methodologies

Competitive bidding and selective contracting by payers

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Outcomes

Impact of Partnerships on Outcome Measurement

- Standardization is critical

- Important to be able to measure impact within the network

- Consideration of flexible systems that allow for integration of multiple different data sources

- Flexible enough to work with multiple funders and other partners

Outcomes vs. Measures

Outcomes
• Increased use of primary care
• Decreased psychiatry emergency room visits
• Increased number of people who quit smoking

Measures (Not Outcomes):
• Number of therapy sessions provided
• Number of people served
• Number of individuals screened

<u>Measuring Recovery and Social Determinants Goals</u>

- **What existing data do organizations have which can address recovery & SDH?**

- **How do you quantify person centered recovery?**

  - o Employment

  - o Education

  - o Community connection

  - o Social connectedness

- **How is this data actionable?**

- **How do you differentiate between screening and outcomes?**

Difficulty in Obtaining Outcomes

- Data Definition Issues

- Most "outcomes" are process measures and don't measure "real" outcomes

- What do to with info once you have it: i.e. do referral sources exist etc.

- Collecting data is hard

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Promising Steps

- Broad consensus across government, payers (Managed Care Organizations), and providers that recovery & social determinants of health are critically important to improve population

  - NYS established an offer on the social determinants of health

Questions?