



Beyond the Metrics: Transforming the Culture of Value in Mental Health Services

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1. Guiding Principles for Choosing Meaningful Measures



Population Indicators



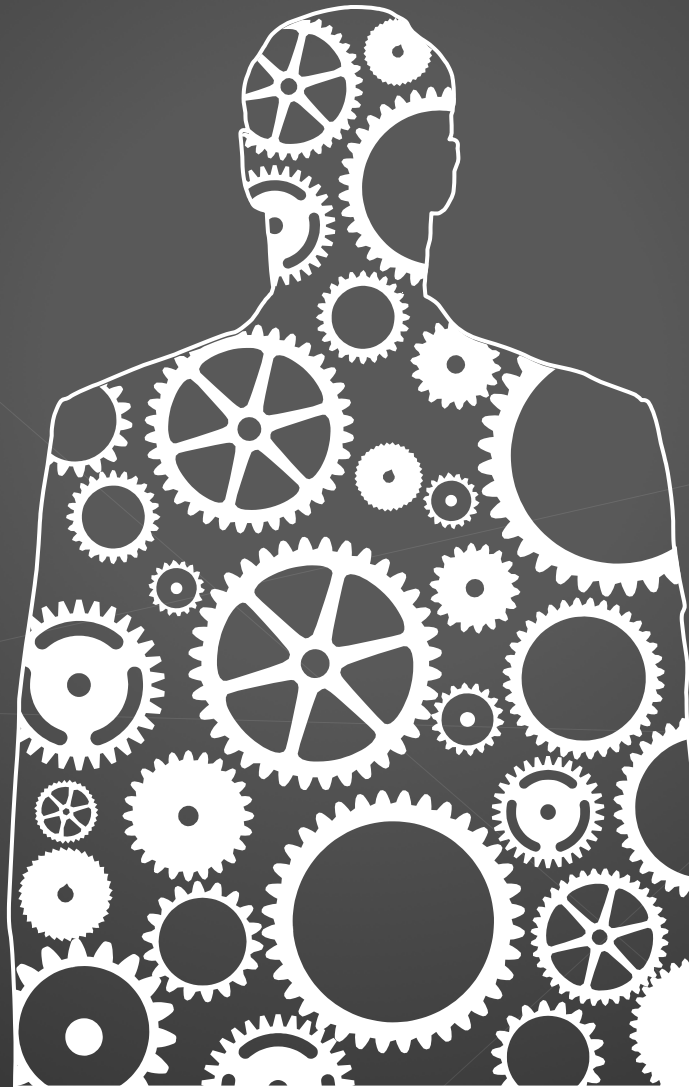
Standardization



Administration




Incentive



Quality



Objective



Transparency



Value

What are we trying to do?



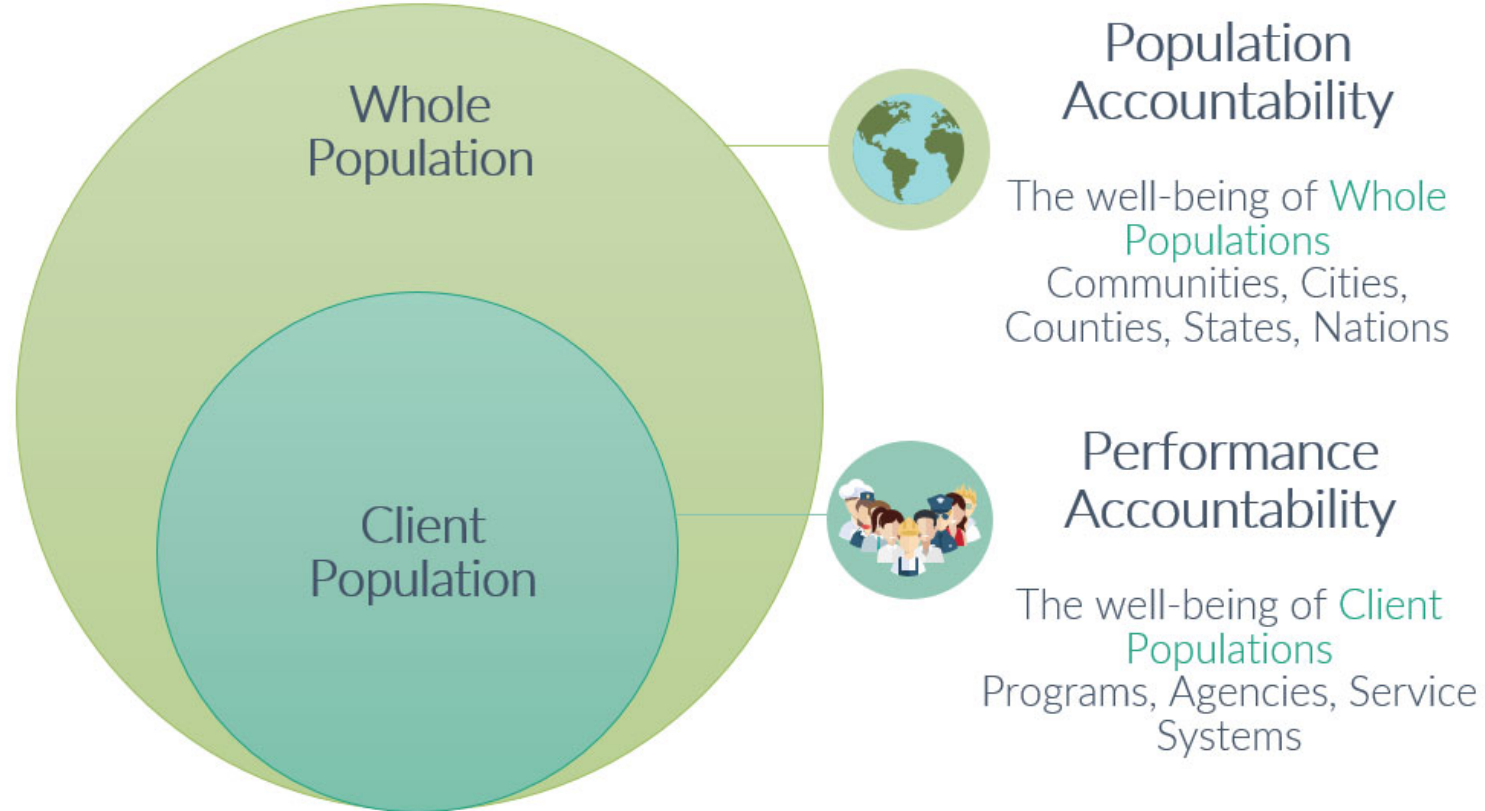
Increase the quality and value of services provided.



Move away from measuring *time spent* with individuals toward capturing **meaningful** metrics about the people we serve and the system that serves them.



Results Based Accountability



Outcomes	Pregnant women and young children are thriving	Families/Communities are safe, stable, nurturing, and supported
Population Indicators	<ul style="list-style-type: none"> a. Demonstrates Resilience / Flourishing b. Prevalence of Emotional, mental or behavioral conditions c. Level of severity of Emotional, mental or behavioral conditions d. How often have these conditions affect child's ability to do things, severity of impact 	<ul style="list-style-type: none"> a. Family Strengths b. Child involvement in Community Activities c. Parent's physical health, mental/emotional health

Performance Measures proposed for Payment Reform – Children's Mental Health

How Much?	How Well?		Is Anyone Better Off?	
Delivery System Measure	Process Measure	Patient Experience Measure		Outcome Measure
<ul style="list-style-type: none"> • # of children/youth (0-17) served • #of eligible children/youth (0-17) served [per 1,000 children residents] • SED prevalence for 0-17* • SED prevalence for 18-22* <p>*SED determination based on diagnosis, duration, and functional impairment (using CANS)</p> <p>10/16/19</p>	<ul style="list-style-type: none"> • % of clients offered a face-to-face contact within five days of initial request • % of clients seen face-to-face within 14 calendar days of intake assessment • % of clients with a CANS update recorded within the last 6 months 	<ul style="list-style-type: none"> • Array of Services <ul style="list-style-type: none"> • % of clients indicate services were right for them • % of clients indicate they received the services they needed • Client Interactions <ul style="list-style-type: none"> • % of Clients indicating they were treated with respect 	<ul style="list-style-type: none"> • Array of Services <ul style="list-style-type: none"> • % of Clients who indicate services made a difference <p>5</p>	<ul style="list-style-type: none"> • % of clients improved upon annual review of Plan of Care

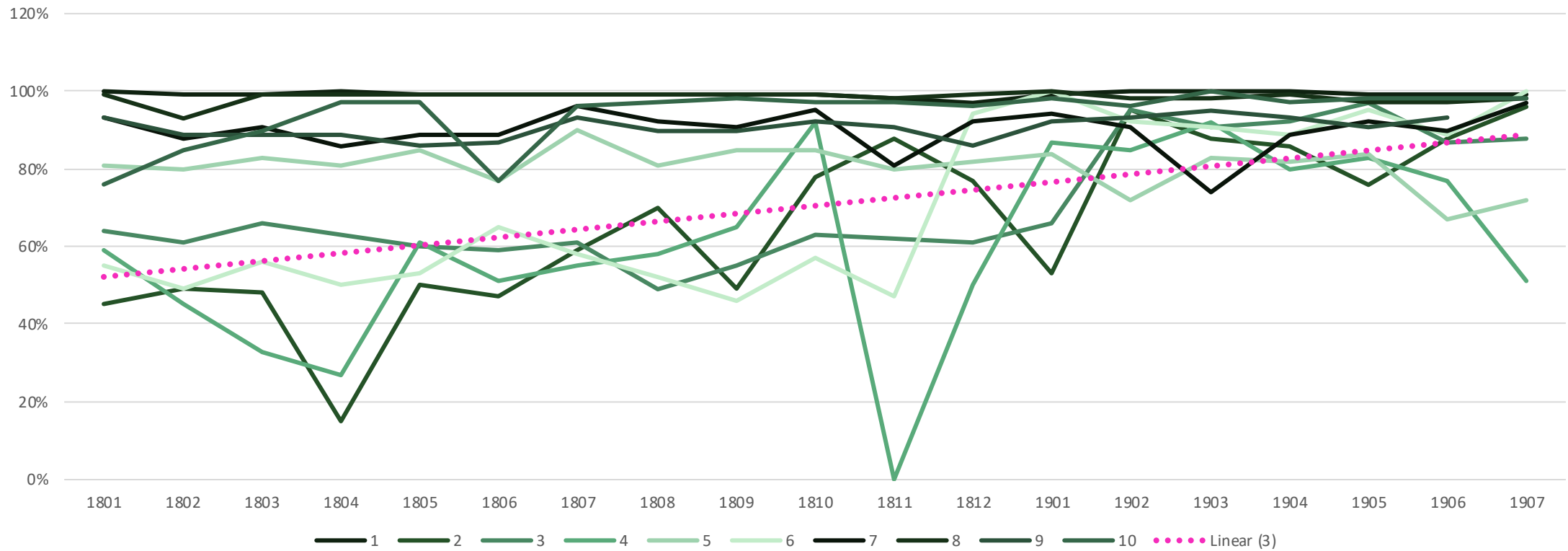


Data Quality and Standardization

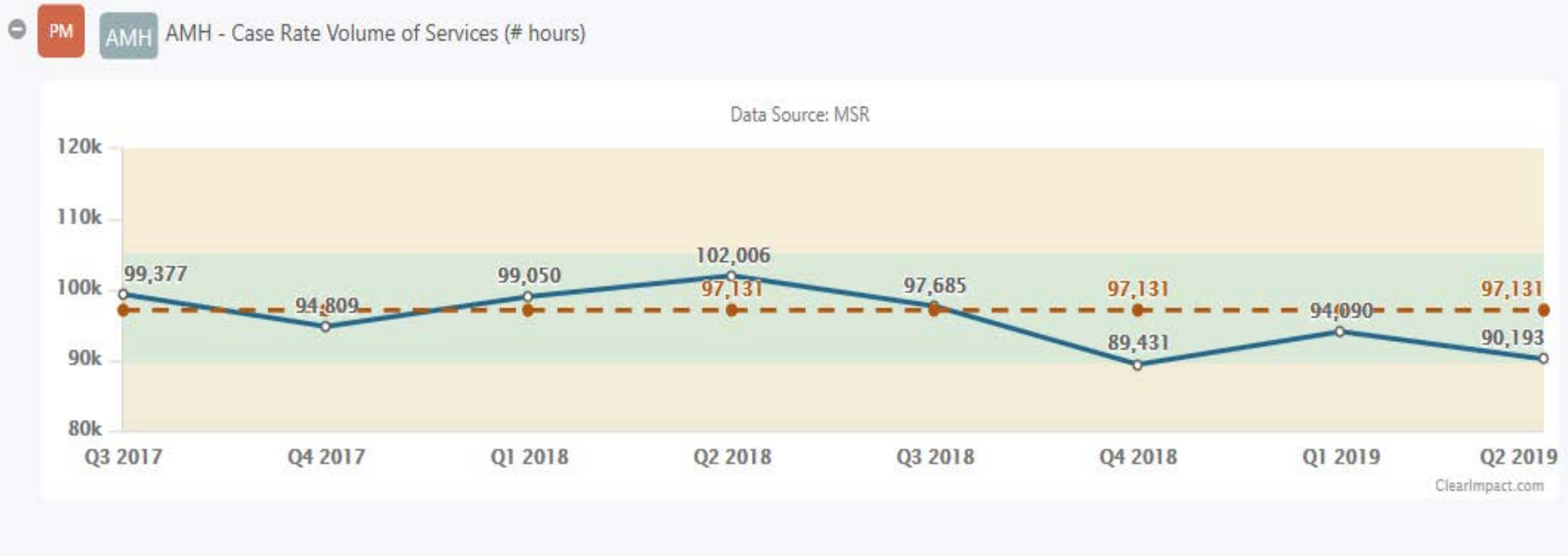
1. Incentivize standard and complete submission of data.
2. Look at the data. Make the data transparent.
3. Phase in additional VBP quality incentives.

Improvement in Monthly Service Reporting Completeness

MSR Completeness Over Time for DA's
Jan 2018 - July 2019



Adult Case Rate Volume of Service Monitoring



Progress Monitoring Tools

- Phased implementation of clinically meaningful tools.
- Move away from claims data.
- Communicate clearly with clients, families and treatment teams the needs and strengths.
- Monitor outcomes over time.
- Support utilization review.

Individual Baseline Report

23613 - DUCK, DONALD

Client age: 54

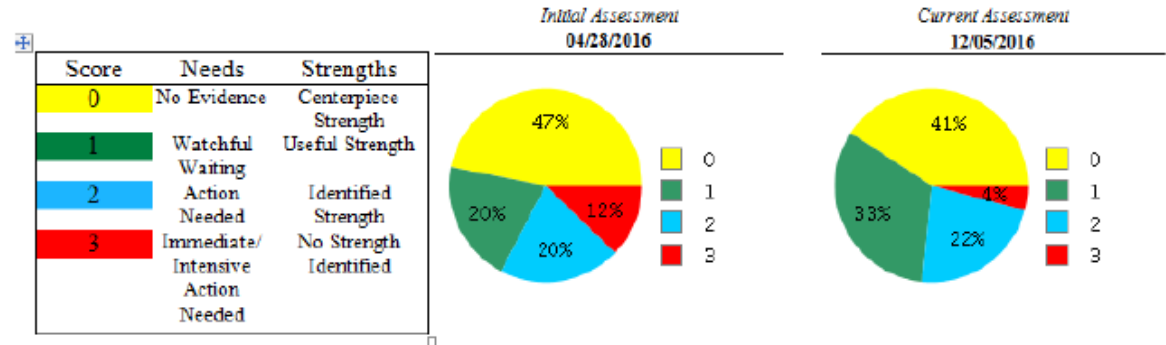
Date of Assessment: 12/05/2016

Caregiver Evaluated: Kinship caregiver

DCF Custody? Y

What CANS is this? Review

Staff: KROMPF, ALISON



Immediate/Intensive Action Needed

-OPPOSITIONAL- Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others

-FAMILY RELATIONSHIPS- Child is having severe problems with parents, siblings and/or other family members.

Action Needed

-ADJUSTMENT TO TRAUMA- Child presents with a moderate level of symptoms as a result of traumatic or adverse childhood experiences that need to be addressed

-ANGER CONTROL- Moderate anger control problems.

-CULTURAL STRESS- Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.



2. The role of Value-Based Payment Measures



2. The role of Value-Based Payment Measures

1. Transparency

- Quality
- Progress
- Outcomes

2. Accountability

- Reward/Risk
- Profit/Loss
- Carrots/Sticks

The problem with Carrots and Sticks

Choosing the wrong
measure can create a
perverse incentive.

Be careful not to
overstate the objectivity
of any standardized
measure that evaluates
human experience.





So, what can we do?

Daniel H. Pink. [Drive: The Surprising Truth About What Motivates Us](#)

COCKTAIL PARTY SUMMARY

When it comes to motivation, there's a gap between what science knows and what business does. Our current business operating system—which is built around external, carrot-and-stick motivators—doesn't work and often does harm. We need an upgrade. And the science shows the way. This new approach has three essential elements:

- 1. *Autonomy* — the desire to direct our own lives.
- 2. *Mastery* — the urge to get better and better at something that matters.
- 3. *Purpose* — the yearning to do what we do in the service of something larger than ourselves.

<https://www.danpink.com/books/drive/>

Value-Based Payment Measures in Context

Value-based Payment Measures

Payment Model & Policy Change

•Quality

•Access

•Outcomes

•Accountability

•Wellness & Prevention

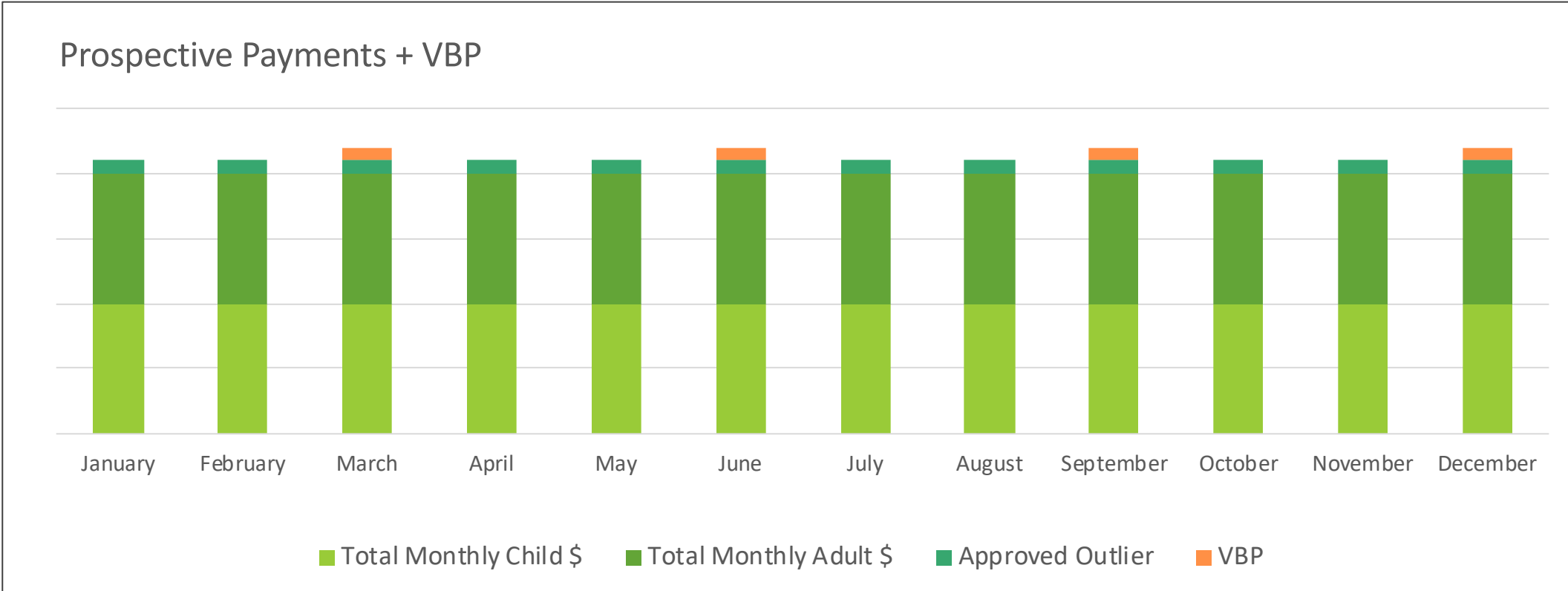
•Care Coordination

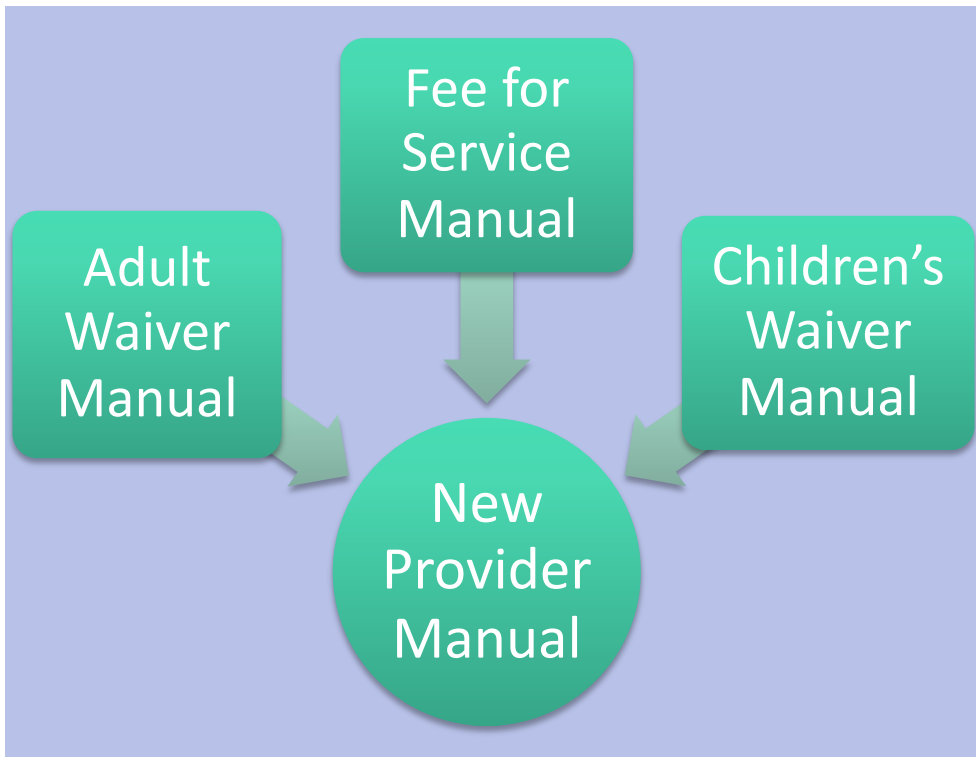
•Flexibility

•Predictability & Simplification



In Vermont, VBP are ~ 1% of annual revenues.





Enabling Flexibility and Supporting Simplification

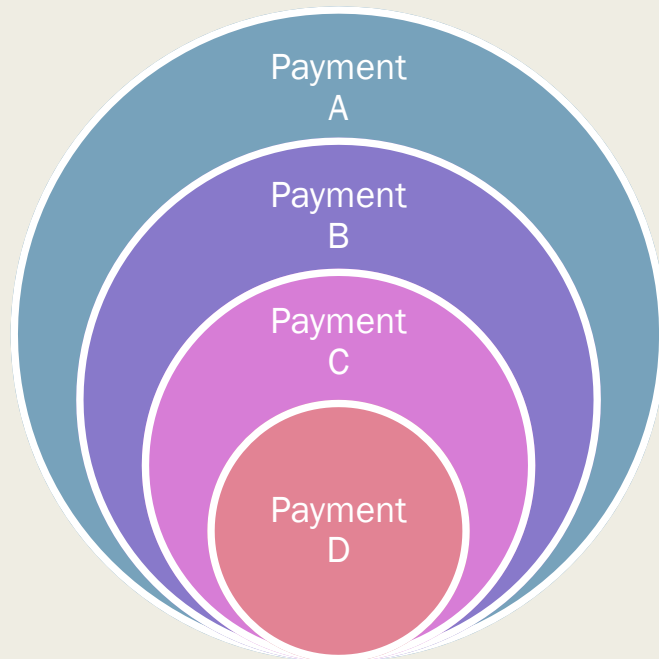
- Place of Service** Limitations were eliminated
- Concurrent billing** issues were alleviated
- Set **minimum standards** for documentation for all services
- Threshold billing** parameters set for services to qualify as a billable
- Prospective Payments** made in 12 monthly installments

Bundled Payments

- Vermont's Mental Health Payment reform was not about adding new money to the system; it is about reducing barriers and increasing flexibility to meet the needs of individuals and families.

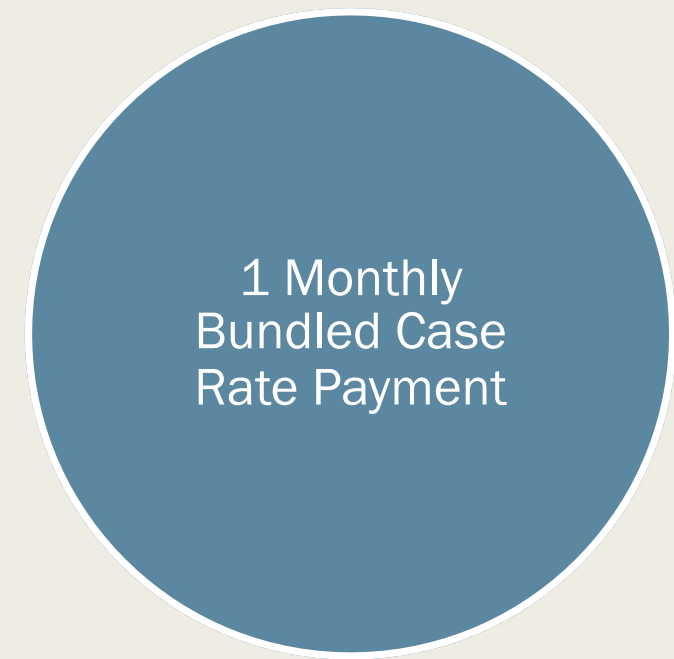
Current State

Multiple discreet payments supported by varying programmatic requirements, indicators & outcomes.



Future State

One bundled payment supported by aligned programmatic requirements, indicators & outcomes.





*"I'm afraid you misunderstood.
... I said I'd like a mango."*

You've agreed on a payment model- now what?

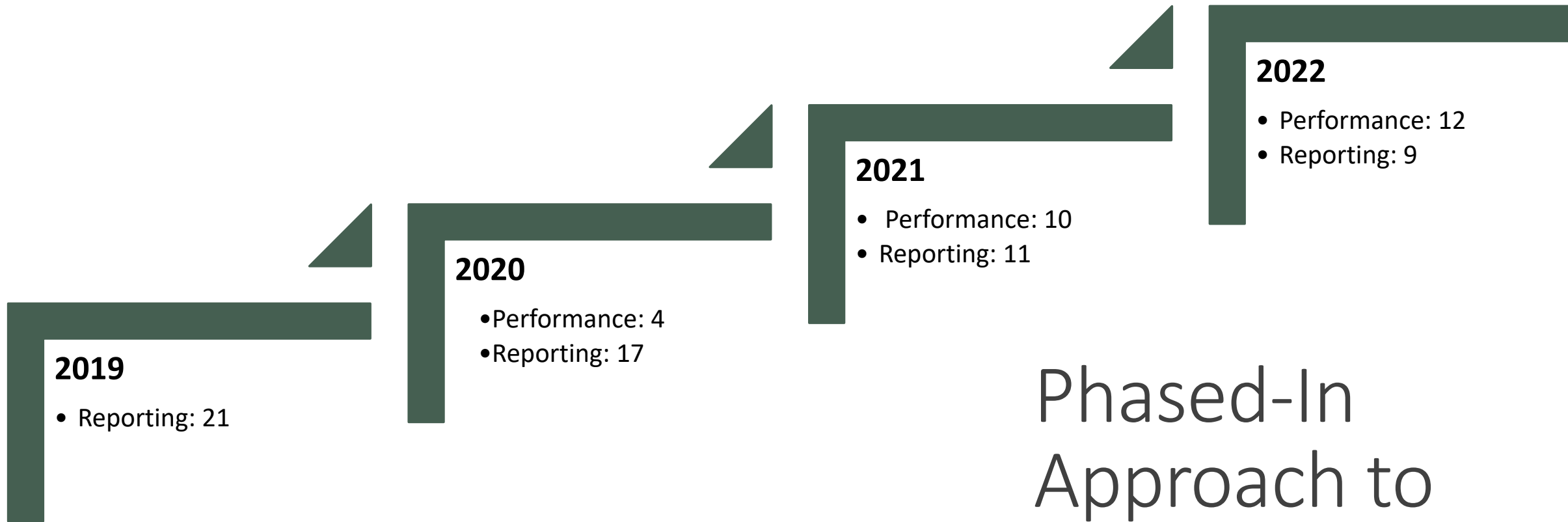
HOW THE NECESSARY INGREDIENTS FOR
REFORM WILL CHANGE OVER TIME.

Implementation is as important as design!

Implementation Check List:

- ❑ Organizational change management plans
 - ❑ Quality Improvement process: Identify how providers and payers are checking in over time
 - ❑ Staffing: Identify changing roles/responsibilities
 - ❑ Monitoring: Identify and create tools and reports necessary to manage performance
 - ❑ Evaluation: Establish and implement a process and timeline
 - ❑ Managing Programs and Services: adjust to new payment and performance parameters
- ❑ VBP Measure evolution and scoring methods
 - ❑ Oversight: Identify how the scoring and evaluation will be performed, by whom
 - ❑ Operationalize the new measures: publish clear and detailed methodologies
 - ❑ Compliance: establish and communicate how the payer will assess compliance with new rules, standards and expectations

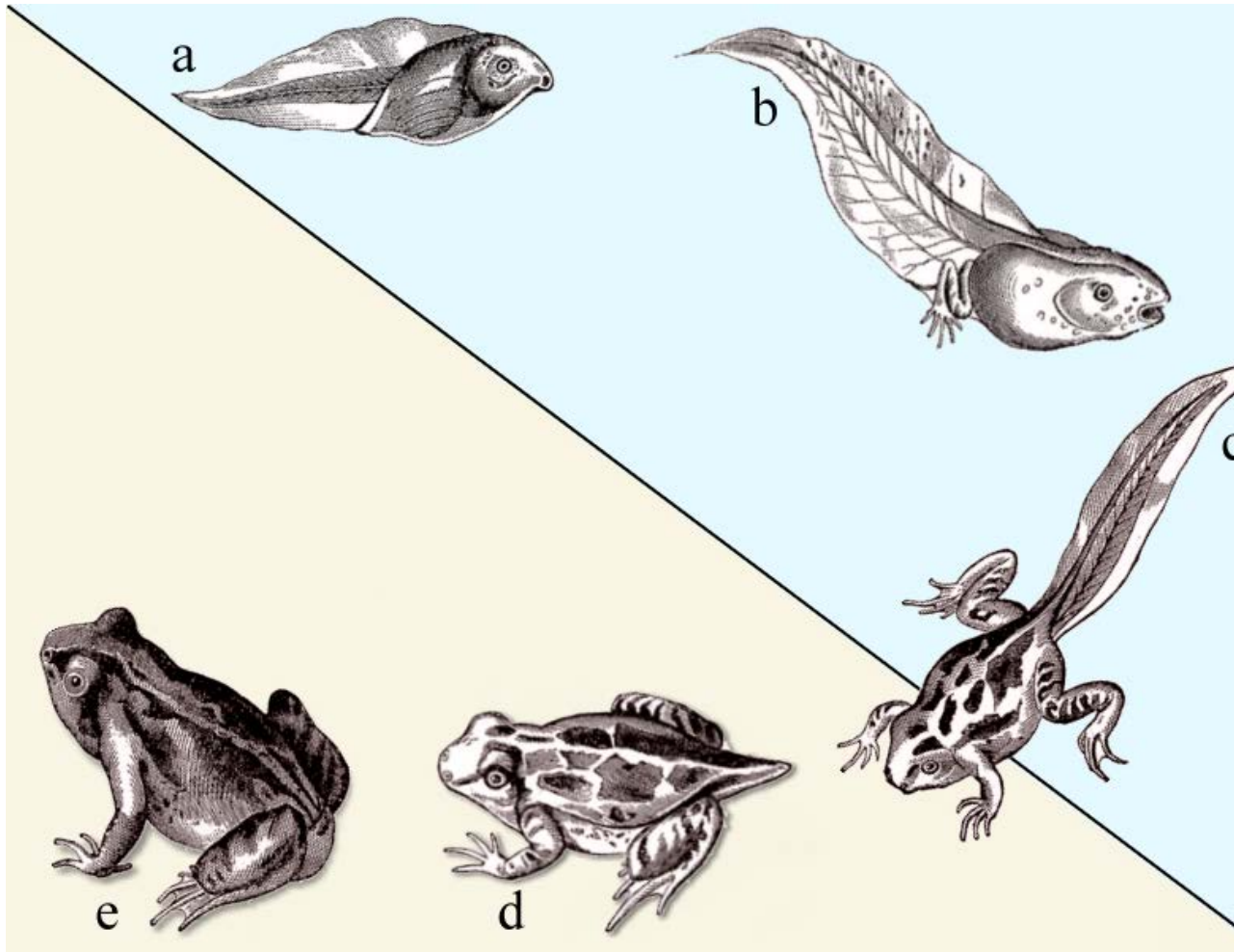




Phased-In Approach to Value-Based Purchasing

Mechanisms that allow for a phased-in approach include:

- Pay-for-reporting in the first year
- Limited pay-for-performance measures in second year; adding in additional pay-for-performance measures in subsequent years



Summary

- Measures are only one part of the puzzle...but choose them wisely.
- Keep your measures in context of the larger reform goals.
- Be ready to use other tools to incentivize reform.
- Remember not everyone is motivated by carrots and sticks.
- Expect the process to evolve.

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