

Framing the Future of Behavioral Health Services: What's the Next Step

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Celebrated Accomplishments

- Behavioral Health is Understood to be Part of Health Care:
 - Integration efforts have increased exponentially
 - Plan level
 - Provider level
 - Mental Health and Substance Use Disorder (SUD) Services are an Essential “Health” Benefit
 - Recognition that SUD should be treated as any other Chronic Disease

Celebrated Accomplishments

- Expectation that Access to Behavioral Health Care Should be Consistent with Health Care:
 - Commercial and public payer requirements re: network adequacy
 - Mental Health Parity and Addiction Equity Act
 - “Treat First” Approach versus endless assessments/treatment plans prior to rendering services
 - CCBHC demonstration

Celebrated Accomplishments

- Significant Barriers to Receiving Behavioral Health Care Are Being Chipped Away:
 - Access to Coverage (Insurance)
 - Modernization of Service Coverage
 - Attempts to Address Workforce Issues—
expanding practitioners scope of practice

Threats Remain

- Continued attempts by Congress to repeal/replace ACA
- Recent Presidential Order Regarding Small Group and Individual Market
- Federal/State Policymakers View Growth of Medicaid as Unsustainable
- Perennial Issues:
 - Workforce
 - State and Local Budgets
 - Spreading and Sustaining Practice

Opportunities and Threats

- Value Based Purchasing
- Focus on Pharmacy
- Demand for Information by Consumers
- Changes to Medicaid

Value Based Purchasing (Opportunities)

- Commercial Payers and States will continue to develop/implement strategies for VBP
 - Increase in expectations from elected officials for accountability
 - Increase need for consistent data across managed care plans/delivery systems
 - Increased pressure for real time data to make decisions and take action

Value Based Purchasing (Opportunities)

- Mental Health and Substance Use Disorder Measures—are they the right measures?
 - 10+ number of MH/SUD measures in HEDIS/ CMS Quality Measures
 - Process versus Outcome measures
 - Great interest in measures that will address crisis and impact costs
 - Gaps in national measures

Value Based Purchasing (Opportunities)

- Push toward VBP and Changes in Social Determinants of Health—are we ready?
 - SDHI area of focus: housing, employment, incarceration
 - No “standardized measures” in SDHI areas
 - Challenges with having NOMs “dating” Medicaid claims data
 - What’s the payment strategy--who and how much are key drivers

Value Based Purchasing (Challenges)

- Lack of Clarity re: the Locus of Accountability
 - Managed Care Plans
 - ACOs/ACHs
 - Physician groups
 - Providers
- VBP Leverage
 - Is the size of the reward worth the effort?
 - Does the VBP process allow for a period of readiness?
 - Readiness for providers to accept downside risk
 - Lack of consumer role in shaping VBP

Pharmacy (Opportunities)

- Focus on Pharmacy
 - Greater focus on pharmacy—costs and expediency
 - 40-50% of all premium increases can be attributed to rise in pharmacy costs
 - Drivers:
 - Monopoly on the drug—one drug maker
 - Small market only a few—no need for much competition
 - Challenges that don't allow competitors to create generic

Pharmacy (Opportunities)

- Focus on Pharmacy
 - Pressure to fast track new generic drug applications
 - More scrutiny on pay for delay strategies
 - Leveraging MHPAEA to prevent treatment limits including substitutions
 - Increased attention to Medication Assisted Treatment

Pharmacy (Threats)

- May be challenging to follow changes—maybe payer specific at first
- This may be a multi-year legislative strategy
- Still a bias against pharmacological treatment for SUD
- Data analytic processes could be perceived as “prescriber” profiling—may result in fewer prescribers/prescriptions

Better Informed Consumers (Opportunities)

- Possible increase in out of pocket consumer costs:
 - Higher deductibles
 - Health savings accounts
 - Other types of contributions
- Impact: consumers will be looking for value
- Current discussions re: value dashboards for plans and providers
- Increase in web based technology for appointments AND treatment

Better Informed Consumers (Threats)

- More information available to consumers than ever before
- Information is not always digestible—even if it real time
- Individuals may be ill equipped to be better consumers

Changes in Medicaid (Opportunities)

- Medicaid
 - Increased flexibilities provided to states
 - Clear interest in assisting states re: critical issues SUD
 - Solid commitments to offer technical assistance (IAP)
 - States still seeking to address priorities—behavioral health is still a major focus:
 - Integration with physical health and behavioral health
 - Pay for performance
 - New services

Changes in Medicaid (Opportunities)

- Medicaid
 - 21st Century CURES requires CMS to develop guidance regarding mental health services
 - Last month CMMI solicited innovative ideas for pay for performance specific to mental health

Changes in Medicaid

- Medicaid—Threats
 - Increased expectation re: personal responsibility
 - Work and work requirements
 - New and existing Medicaid expansion efforts
 - Draconian cost containment efforts (per capita limits or block grants)
 - Regulations and Enforcement
 - Little experience with pay for performance

Changes in Medicaid

- States Moving Forward with Sweeping Medicaid Changes will propose:
 - Requesting a block grant for some of its Medicaid funding
 - Eliminating retroactive eligibility
 - Eliminating duplicity re: administrative functions at state and federal level (e.g. rate setting)
 - Waiving requirements for new rules (e.g. access rule)

Final Thoughts

- Changes in health care reform is in evitable
- Insurers and not government are in the driver seat
- Data will play a more important role than ever for health care industry and consumers
- We will continue to get more precise on what constitutes quality