THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

House Committees on Appropriations, Subcommittee on Article II and General Investigating and Ethics

- Improving Managed Care for People with Mental Illness -

Andy Keller, PhD | June 27, 2018

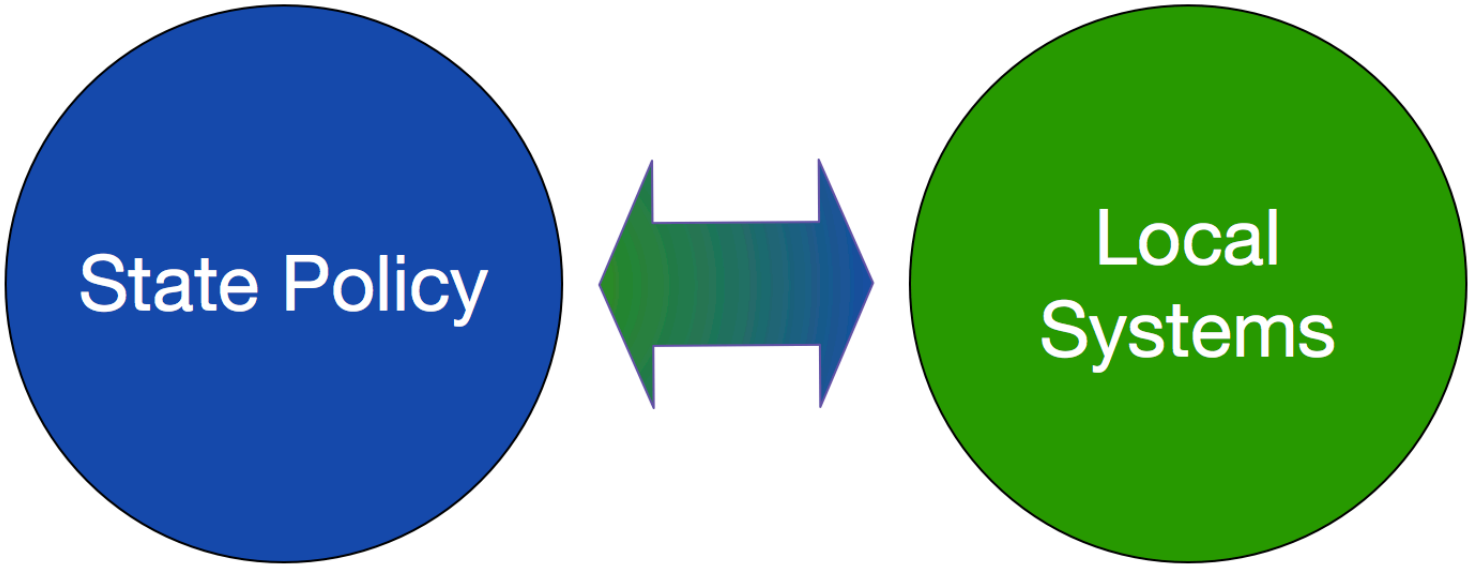
Meadows Mental Health Policy Institute

Vision

We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement

To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



85(R) SB 1 - HHSC Rider 45a

- Requires HHSC to ***improve efforts*** *to* ***better serve*** individuals with serious mental illness.
- Requires HHSC to ***develop performance metrics*** to ***better hold managed care companies accountable*** for care of enrollees with serious mental illness.
  - Metrics include industry standard performance measures for **integrated care**, **chronic illness, inpatient and emergency department diversion**, **post-discharge linkage to care**, and **medication adherence.**
- Report to the Legislative Budget Board and Governor is due no later than **November 1, 2018.**

MMHPI Performance Measures Review

In response to Rider 45a, MMHPI reviewed **performance measures** for individuals with serious mental illness (SMI).

- Reviewed the **STAR+PLUS Medicaid program** in Texas.
- Reviewed **leading states' Medicaid managed care programs.**
- Focused on data typically collected, particularly **Healthcare Effectiveness Data and Information Set (HEDIS) measures.**
  - HEDIS consists of **81 measures across five domains** of care and are used by more than **90 percent of America's health plans** to measure performance, including Texas.

Our recommended performance measures address ***both physical and behavioral health status,*** given that most morbidity and costs involve co-morbid and preventable chronic diseases.

Recommended Performance Measures

MMHPI recommended **ten performance measures** for the SMI population in **STAR+PLUS**, based on national best practices.

- HHSC *currently* collects data for **seven of the ten** measures.

HHSC could monitor the remaining **three** performance measures if **Adult Needs and Strengths Assessment (ANSA) data *are shared with MCOs***.

- The **ANSA** is an **assessment tool** used by local mental health authorities and other providers to **support decision making**, including **level of care and service planning.** The **ANSA** can also be used to facilitate **quality improvement initiatives** and allow for the **monitoring of outcomes.**

Recommendation – Share ANSA Data

Share ANSA data with MCOs.

- Currently, a provider **completes the ANSA and enters data** into the state's Clinical Management for Behavioral Health Services (CMBHS) web-based system.
- CMBHS assigns a **level of care (LOC) recommendation.**
- The provider then **sends a service request** to the MCO that includes the **LOC recommendation**, based on the ANSA.
- However, the **results of the ANSA** are NOT shared with MCOs.

Today, the state *only collects* the ANSA information for **local mental health authorities (LMHAs)** and *only reports back* to LMHAs.

10 Recommended Measures

Performance Indicator	
1.	Number of members with SMI and ANSA determination of Level of Care (LOC) 4 that receive Assertive Community Treatment (ACT) services (ANSA)
2.	Percentage of members with SMI and ANSA determination of Level of Care 4 who receive a face-to-face ACT service within 48 hours of discharge (ANSA)
3.	Percentage of members with SMI in competitive employment or in school/GED program (ANSA)
4.	Metabolic Screening: Percentage of members with SMI screened in previous 12 months; Metabolic screening includes BMI, blood pressure (BP), HDL cholesterol, triglycerides, and HbA1c or FBG
5.	Follow-Up After Hospitalization for Mental Illness (FUH) – at 7 and 30 days
6.	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
7.	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
8.	Follow-Up After Emergency Department Visit for Mental Illness (FUM)
9.	Adherence to Medications: Antipsychotic Medications for Individuals with Schizophrenia (SAA), Mood stabilizer Medications for Individuals with Bi-polar Disorders, and Antidepressants for Individuals with Depressive Disorders
10.	Cardiovascular Monitoring for People With Cardiovascular Disease & Schizophrenia (SMC)

Recommendation – Add Value-Based Contracts

Add value-based purchasing requirements for members with SMI.

- Current contract language requires MCOs to use **value-based payments** for **at least 25% of their purchases**, of which at least 10% must share financial risk and rewards with providers.
- MMHPI has *not been able to identify* any current value-based purchasing approaches in use by MCOs **for members with SMI.**

HHSC should designate a percentage of value-based purchasing for providers delivering care to the SMI population.

Recommendation – Add to Pay for Quality

Add SMI measures to the Pay for Quality (P4Q) program.

- HHSC utilizes a **Pay for Quality program** that creates *incentives* and *disincentives* for MCOs based on performance.
- MCOs that excel at meeting the at-risk measures and bonus measures may be **eligible for additional funds**, while MCOs that do not meet their at-risk measures can **lose up to three percent (3%) of their capitation rate.**
- Currently, only one **at-risk measure** focuses on **SMI** and no **bonus measures** focus on **SMI.**

HHSC should expand the number of measures relating to SMI.

Recommendation – Enforce Network Adequacy

- Throughout Texas (and nationally), there is a **shortage of psychiatrists** (especially for **children** and in **rural areas**).
- HHSC's **monitoring strategies** for ***provider network adequacy*** are consistent with CMS rules and other states' approaches.
- **To ensure that members have timely access to care, HHSC should continue implementation and increase enforcement of:**
  - **84(R) SB 760 network adequacy standards; and**
  - **New CMS Medicaid managed care rules.**

Contract standards without enforcement are meaningless, and **MCOs will have to pay more** in some cases. Therefore, **rate-setting must incorporate these higher rates** by **amounts that may exceed the fee-for-service schedule**.

Recommendation – Leave FFS Behind

The state must move away from FFS requirements for MCOs.

- **Fee-for-service (FFS) utilization management requirements** (such as those specified in the Texas Resilience and Recovery Utilization Management Guidelines) *make no sense in managed care and are often barriers to care*.
- These guidelines were created under FFS for LMHAs and are *outdated and inconsistent with person-centered practices*.

Provide financial incentives for MCOs to support Health Homes and integrated service coordination for members with SMI (including use of value-based purchasing).

Allow provider rates to follow the market, not the old FFS schedule.

Addressing Gaps in Pediatric Networks

75% of children with mental health issues who receive care, receive it in a primary care setting (family doctor, pediatrician).

- With **the right early support**, ***most would not need a specialist***.
- In addition to routine care for most (including victims), it is **key to early identification, referral,** & **coordination** for **higher risks.**
- Over a decade of research demonstrates that primary care providers can treat behavioral health issues as they would any other health issue – **treating mild and moderate cases** and **detecting** the **more complex or severe cases** for specialists.

Current Barriers

- **limited time** during each visit
- **minimal training** and a lack of confidence in **knowledge** of behavioral health disorders
- **limited capacity** to link cases to needed specialists and behavioral health consultation

Leveraging Primary Care: Child Psychiatry Access Programs (CPAP)

- **Nearly 30 states** have implemented CPAP programs.
- The **Massachusetts Child Psychiatry Access Program**, established in 2004, is the longest-running program.

A statewide system of regional children's behavioral health consultation and referral hubs.

Each hub is located at an **academic medical center**.

Each hub can build over a few years to support the primary care needs of 900,000 children and youth.

Once fully operating, the **cost is $2 a year per child**.

Recommendation – Expand CPAP

Expand the Child Psychiatry Access Program (CPAP) across the entire state using Texas medical schools.

- In response to **Hurricane Harvey**, **local philanthropy** developed a **CPAP model** in **Harris County** and **the region** through **Baylor College of Medicine**, **UTHealth Houston**, **Texas Children's Hospital**, and **Harris Health**.
- **Dallas Children's Medical Center**, in partnership with **UTSW**, has a **DSRIP-funded project**.

Expanding CPAP will **expand access** to needed behavioral health services, **improve detection**, and **increase early intervention**.

Maximizing use of primary care capacity is essential to **solving our behavioral health workforce shortages**.

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The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org

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