

Speaking to Payors

Understanding what your “customer” wants!

May 6, 2020, 2:00 p.m. | Online Discussion Series



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

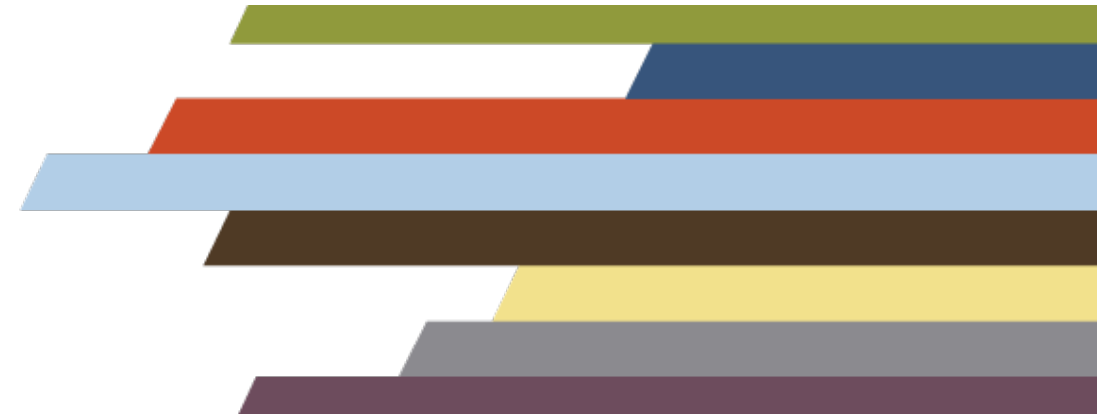
Funded by Substance Abuse and Mental Health Services Administration

Presenter:

Ian Lang, MBA

Executive Director

The Brookline Center for Community Health



Housekeeping Information



Participant microphones will be muted at entry – you will be able to unmute during the discussion portion of our webinar.



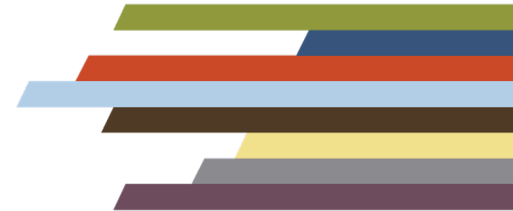
If you have questions during the webinar, please use the chat or use the “raise hand” feature during discussion to have your microphone unmuted.



This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.





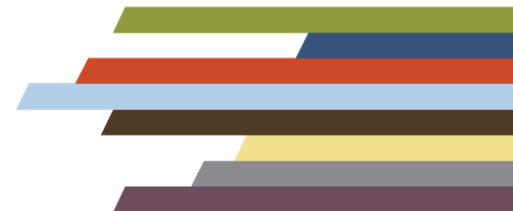
New England MHTTC

Mission

To use evidence-based means to disseminate evidence-based practices across the New England region.

Area of Focus

Recovery-Oriented Practices, including Recovery Support Services, within the Context of Recovery-Oriented Systems of Care.





Ensuring Inclusion

New England MHTTC, 2020

To ensure the responsiveness of our work, we will actively develop and maintain a network of government officials, policy makers, system leaders, administrators, community stakeholders, providers, researchers, youth and adults, and family members from each of the six states to guide the New England MHTTC's activities.

To learn more about us, visit:

<https://mhttcnetwork.org/centers/new-england-mhttc/home>

Speaking to Payors

Understanding what your “customer” wants!

May 6, 2020, 2:00 p.m. | Online Discussion Series



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

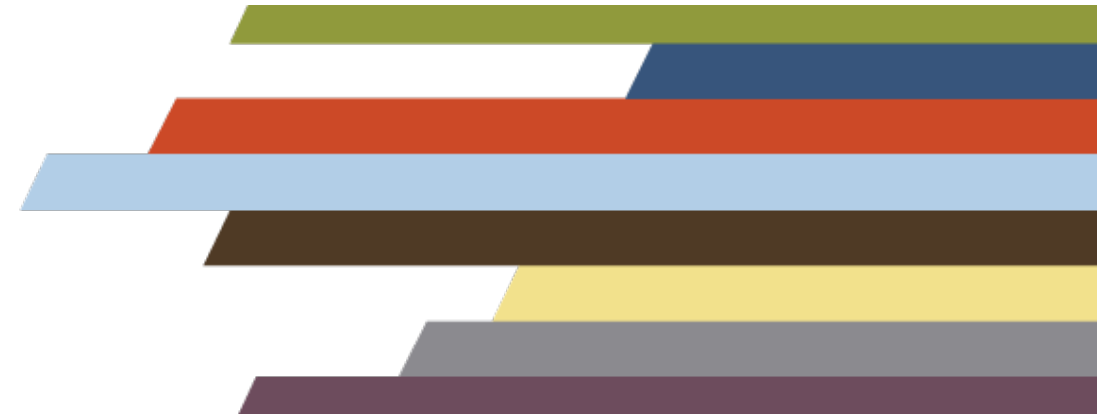
Funded by Substance Abuse and Mental Health Services Administration

Presenter:

Ian Lang, MBA

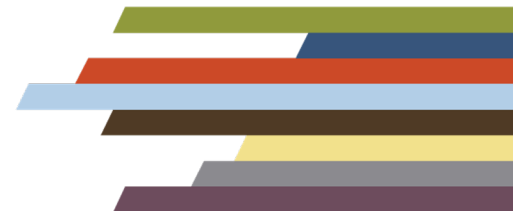
Executive Director

The Brookline Center for Community Health



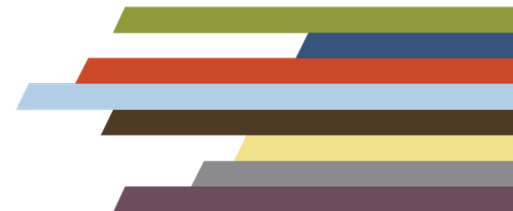
Working with Insurance Companies

- They don't understand
- They only want to deny care
- Anything new is risky
- They always say no never yes

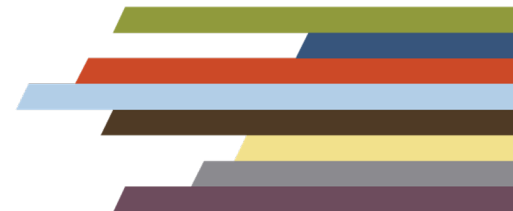


Why does this happen?

- Because we forget who the customer is?
- We often lead with what matters to us instead of what matters to them.
- This is not a value judgement – but instead an acknowledgement of reality.

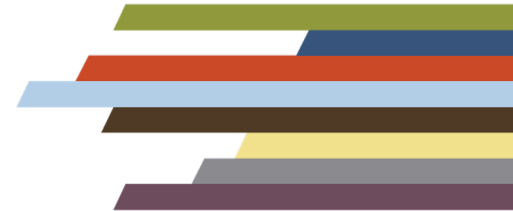
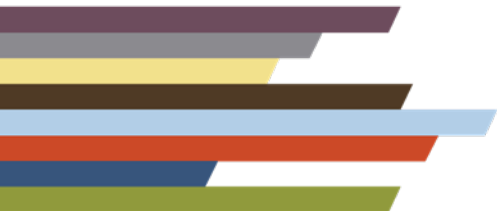


**Why do
insurance
companies
pay for gym
memberships?**



What Matters to Insurance Companies

- Total cost of care for all members
 - Cost leads to amount of premium increase
- Who purchases health insurance
 - 56% insured through employer; 19.3% Medicaid; 17.2% Medicare; 16% Direct Purchase; 4.8% Military
- Member Churn
 - A Center for Health and Research Transformation (Michigan) study found the following rates of insurance churn: 45% under 24; 31% between 25-39; 24% between 40-55; 18% of those over 55
- NCQA Measures – Access/Availability of Care; Utilization; Data collection; Quality



Behavioral Health Specific Outcome Measures

NCQA BH Quality Metrics

- Antidepressant Medication Management
- Follow-Up Care for Children Prescribed ADHD Medication
- Follow-Up After Hospitalization for Mental Illness
- Follow-Up After Emergency Department Visit for Mental Illness
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

Why does behavioral health struggle to make the case?



Insurance Doesn't Understand BH as Chronic Condition

Especially true for populations we are discussing today



Treatment System Exists Separately from Insurance System

Insurance doesn't have to pay true BH costs of population

Close to 50% of psychiatrists don't accept insurance

Majority of private practices don't accept Medicaid



Lack of Outcome Studies

Including lack of definition of success



Seen as cost add – not cost saver



Variation in treatment methodology and outcomes

Changing the Paradigm and Speaking to the Customer



When you design your programs
make sure you incorporate
outcomes in the following areas:

Clinical
Outcomes
Patient
Experience
Medication
Compliance
Total Cost

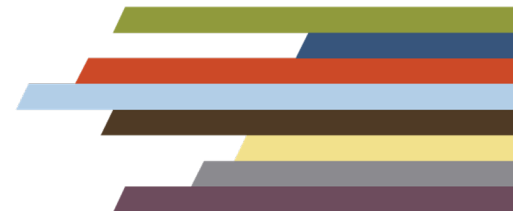


Outcomes need to be both
short and long-term



What is Healthpath?

- The nation's first health home program for commercially insured and Medicare adults.
- Clinical approach based on Assertive Community Treatment model.
- Bundled monthly payment covers all services – including supportive services which have not traditionally been paid for on the commercial insurance side.
- Program expected to last for 9-12 months.
- Primary diagnosis include personality disorder, mood disorder, bipolar disorder, substance use, and psychotic/schizophrenic disorder:
 - 50% co-occurring substance use disorder.
- Insurance risk scores rate this population as much as 18x riskier than average population.



Shared Outcomes Foster Trust and Continued Collaboration

Customer Care & Experience

- **Pilot participation of 91 (target ~120 @ 180 days)**
- **Program retention* 100 of 108 (target 90%)**
- Successful completion of program
- Financial Barriers² (4/235)
- **DLA³ score/improvement %**
- **Days in Community¹**
- **Readmission rate % (new)**
- Patient satisfaction scores
- Timely meeting w clinician after discharge (Hedis)
- Medication Adherence¹

Financial

- PMPM Reduction in total medical expenses from relevant baseline
- Shared savings distribution aligned with investment

Administrative/Operational

- Timely and accurate payments
- Timely and accurate information exchange
- Timely and accurate performance reporting
- Accuracy of processing participant cost share
- Adequacy/right-size of staffing model

Market Impact

- Pilot acceptance rate
- Number of employers participating
- Number of participating/referring orgs
- Perception of quality/service/reputation
- Brand recognition/positive press impressions



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Questions?

Visit:

<https://mhttcnetwork.org/centers/new-england-mhttc/home>

E-mail: newengland@mhttcnetwork.org

New England MHTTC

Manager, Maria E. Restrepo-Toro

maria.restrepo-toro@yale.edu

Housekeeping Information



You are now able to unmute your microphone for Q&A.



You may use the chat or speak up for the Q&A.



This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.

Upcoming Sessions

Date/Time: June 10, 2020 | 2:00 p.m. – 3:00 p.m.

Yuhua Bao, PhD

Weill Cornell Medical College
Departments of Healthcare Policy and Research
and Psychiatry

&

Lisa Dixon, MD, MPH

New York State Psychiatric Institute
Columbia University
Vagelos College of Physicians and Surgeons
and New York-Presbyterian

Visit our website to register:

<https://mhffcnetwork.org/centers/global-mhffc/training-and-events-calendar>

