A Decision Support Tool for Payment Design for Coordinated Specialty Care

Date: June 24, 2020 @ 2:00 pm | Online Discussion Session



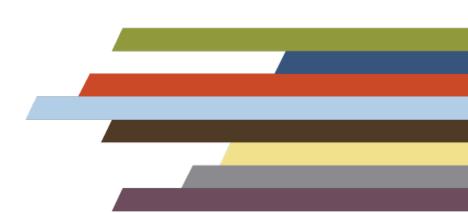
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Presenters:

Yuhua Bao, PhD Weill Cornell Medicine

Lisa Dixon, MD, MPH Columbia University and New York State Psychiatric Institute



Housekeeping Information



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

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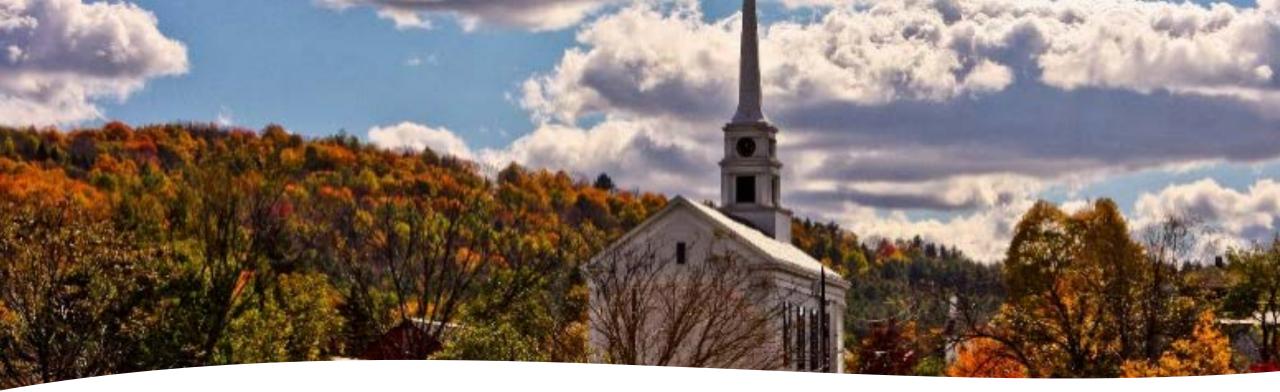
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If you have questions after this session, please e-mail: <u>newengland@mhttcnetwork.org</u>.







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

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
- family members

from each of the six states to guide our activities.

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Acknowledgements

- This research is funded by the Robert Wood Johnson Foundation, Health Systems for Action (S4A) Program
- OnTrackNY, the New York State implementation of Coordinated Specialty Care (CSC), is supported by the NYS Office of Mental Health
- Philip Jeng, Jennifer Scodes, Melanie Wall, Harold Pincus, and David Shern contributed to conceptualization and development of the tool
- Many participants in our stakeholder engagement sessions





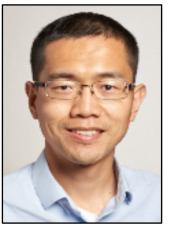
Research Team



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Why does fee-for-service not work for CSC?

- Existing mechanisms typically do not cover SEE, peer services, team supervision and meetings, or community outreach and engagement
- They rarely cover case management or care coordination
- Strong incentives for "productivity" are at odds with the intense service needs for CSC
- FFS discourages innovation and client-centered care
- FFS encourages clients and families to "pick and choose," dampening fidelity
- FFS billing consumes enormous amount of staff time with low "capture rate"





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Why do we need a tool?

- How much should the case rate be?
 - "One-size-fits-all" does not work
- What services are bundled?
 - Flexibility in bundling is important
- Could we build in accountability for client outcomes?
 - An optional outcome-based payment





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Turning the idea into a real tool

- One-year pilot from RWJF S4A to develop a prototype
- Payer stakeholder engagement in NYS
 - Two-year grant from S4A to continue our work
 - CSC provider engagement, summer 2019-winter 2020
- Iterative refinement and implementation of the tool

- User tests with payer and provider dyads
- Wider dissemination of the tool





2020-21

What does our tool NOT do?

- It does not define conditions for payment
 - CSC program certification (including staffing requirements)
 - Client eligibility criteria
 - Client engagement criteria
 - Ongoing fidelity and quality assurance
 - Client discharge criteria
- It does not prescribe CSC team make-up
 - Leaves this to the discussion of key stakeholders
- The tool currently focuses on CSC for FEP, but has potential to support
 - Clinically high risk
 - "Step down" phase



Tool Demo







Thank You! For questions or if interested in user tests of the tool, please contact

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