*Medicaid Redesign Team Behavioral Health Work Group*

# Managed Care Principles--Addendum: Special Issues in Behavioral Health

*Mike Hogan, Ph.D.*
*Commissioner, OMH*

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# Special Issues in Behavioral Health

- 1) All general principles apply, with a few twists:

  **Special considerations:**

  - *Paradox: Most patients "seen" in primary care, but most are untreated/inadequately treated.*
  - *Stigma of seeking behavioral health care.*
  - *Specialty BH services provided by distinct set of providers.*
  - *Outpatient care (psychotherapy) is more price sensitive than primary care.*
  - *Targeted/"indicated" prevention (especially for children/families) is imperative but is currently missing.*
  - *Mental health conditions can specifically impair help-seeking.*
  - *Availability of care subject to "market failure" in the past.*
  - *Non health/Medicaid services are crucial to health outcomes.*

# Most patients "seen" in primary care, but most are untreated/ inadequately treated

- Evidence of poor detection/treatment:
  - *Data on physician competence, attitudes.*
  - *Data on utilization.*
  - *SBIRT experience: payment is not enough.*
- Solutions:
  - *Collaborative care as model.*
  - *Requires standards, reimbursement, technical assistance, systems redesign, monitoring.*

# 1) Stigma of seeking behavioral health care
# 2) Psychotherapy is more price sensitive than primary care

- Barriers to entry/access must be reduced: encourage access to a few sessions of counseling, cultural competence is unusually important:
  - *Commercial example: EAP services without co-pay.*
  - *Increase BH capacity in primary care.*
  - *Network adequacy by service, specialty, geography, culture.*
  - *UM not applied to routine psychotherapy.*
    - Controls achieved via network management, training (e.g. CBT, IPT, brief solution-focused therapy.

# Specialty BH services provided by distinct set of providers

- One rationale for carve-out
- Mainstream plan arrangements could work with adaptations/functional equivalency:
  - *Point leadership (e.g. use of carve-out vendor);*
  - *Same principles, requirements, metrics for BH services as specialty arrangements.*

# Targeted/"indicated" prevention (esp. for children/families)

- Evidence is now in on the:
  - *Magnitude and impact of untreated child trauma (e.g. ACE study)*
  - *Effectiveness of targeted/indicated preventive interventions, e.g.,:*
    - Treating maternal depression
    - Interventions with high-risk parents
- Imperative of including targeted prevention as a funded plan responsibility.

# Mental illness can specifically impair help-seeking

- In addition to access considerations (just discussed) …
- Measurement of engagement/utilization of low cost ambulatory services a core measure.
- Outreach and engagement is crucial:
  - *Welcoming environment in office settings;*
  - *Open scheduling/immediate access is imperative;*
  - *Shared decision-making is imperative;*
  - *Mobile outreach and services when people cannot or will not come in;*
  - *Special role of peer outreach, wellness coaching, support;*
  - *Peer operated alternatives must be part of system of care;*
  - *Use of "leverage" is necessary. Principle of "procedural justice";*
  - *Continuum of methods includes legal tools as necessary.*

# Past availability of care subject to "market failure"

- Insurance markets failed behavioral health care due to:
  - *Lack of parity;*
  - *Lost coverage;*
  - *Presence of state safety net.*
- Future plan arrangements will BE the safety net
  - *Risk arrangements typically preserve services "spend"/capacity: plans paid agreed management fee, risk-sharing, performance incentives rather than simple capitation;*
  - *Enrollment must be "no reject, no eject";*
  - *Enrollment/network arrangements must not impair neighboring communities;*
  - *Stance vis-à-vis state hospitals, undocumented immigrants, safety net services not available in commercial insurance?*

# Non health/Medicaid services are crucial to health outcomes

- Examples of crucial non-Medicaid services/supports:
  - *Housing;*
  - *Employment and income supports; benefit advice/assistance;*
  - *Accommodations in criminal justice, juvenile justice, schools;*
  - *IMD's.*
- Alternatives:
  - "*Partnership management" e.g. by LGU's;*
  - *Transform health plans to "Social HMO's."*

# Questions and Discussion