

Mental Health/Substance Use Employer Learning Collaborative Session #7

Monday, March 27, 2023



Thank you to our Mental Health/Substance Use
ELC sponsors!



PHARMACEUTICAL COMPANIES OF
Johnson & Johnson

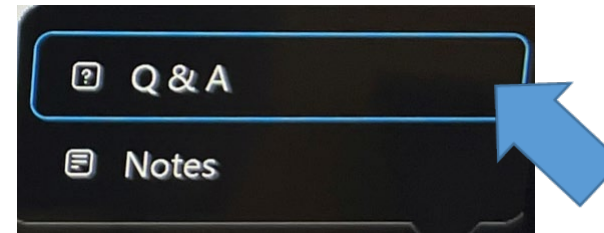


TO ASK QUESTIONS


For most devices, the **Q & A function** can be found by clicking on the ellipses at the bottom of your screen on the far right.



Clicking on the ellipses will open a new menu, which will then allow you to click on **Q & A**.



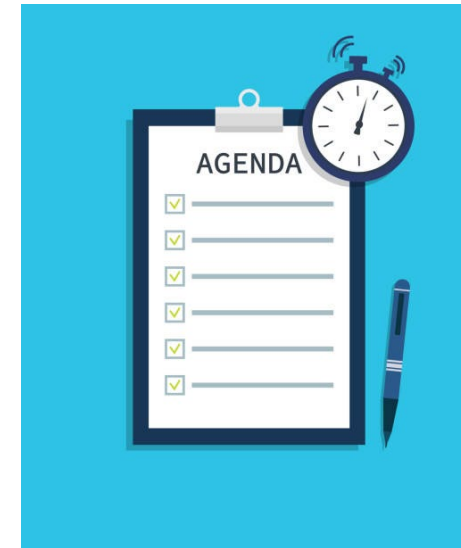
- With the **Q & A** window open, type in your question and send to **HOST** or **Ashley Tait-Dinger**.
- There is a 512-character limit for questions.
- While we would like this to be interactive, we understand sometimes that is not possible.
- Please reserve the **Chat** function for technical questions to the **HOST** – **although today we will be dropping some important materials in the chat!**

 Please bookmark our Mental Health/Substance Use (MH/SU) Employer Learning Collaborative (ELC) webpage. The webpage is home to prior MH/SU ELC webinar recordings and slide decks, as well as important mental health resources.

<https://flhealthvalue.org/our-work/mental-health-substance-use-elc/>

Agenda

- Measurement Based Care
- CAA/Mental Health Parity Update
- Mental Health & Health Equity Grant Update
- Voice of the Purchaser Survey Results
- Mental Health Convening Meeting (in Dallas)



Measurement Based Care (MBC)



Henry Harbin, MD

Healthcare Consultant, Former CEO of Magellan Health Services

Path Forward Steering Committee Member

Plan Sponsor Recommendations for MBC



Draft – For Discussion

03.24.22.CM.1635

Measurement Based Care (MBC)

- Submit letters to accreditation agencies urging that use of MBC be a requirement for accreditation of all providers delivering MH/SUD care

Why

MBC refers to the systematic administration of standardized, validated symptom rating scales to screen for MH/SUD conditions and monitor treatment progress, assess outcomes, and guide treatment decisions. It is considered standard practice in virtually all areas of healthcare except MH/SUD treatment.

Studies show that consistent use of validated symptom measurement tools improves treatment outcomes by 20% – 60% and generates a nearly 75% difference in remission rates between patients receiving MBC and those receiving usual care.

Despite the clear evidence of value, adoption of MBC as a standard of care has been slow and inconsistent. While some strides have been made recently, accreditation agencies have asked for explicit support from TPAs in order to make MBC a universal requirement.

The Joint Commission has made the use of MBC a requirement for some MH/SUD specialists. URAC offers the option of an MBC “designation”. These are steps in the right direction. However, these steps are far from adequate. It is essential that all four accreditation agencies make the use of MBC a requirement for all providers delivering MH/SUD care (MH/SUD specialists and Medical/Surgical providers such as PCPs and OBGYNs). This will drive nationwide adoption of MBC and lay the groundwork for implementation of performance-based reimbursement of MH/SUD providers.

TPA Pushback

- (1) We do not see the need to write this type of letter. We interact with accrediting agencies regularly and they are aware of our support for MBC

Employers Response: This could be said of all TPAs, yet at least one major organization – United/Optum – has already written such a letter to URAC, and copies were sent to the other accreditation agencies. We see no reason that [TPA] would not be willing to write a similar letter.

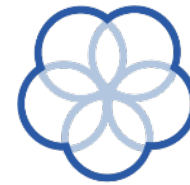
Both TPAs and employers want to know which treatments and which providers are most able to deliver improved clinical outcomes. MBC lays the groundwork for implementation of performance-based reimbursement of providers.

MH and Health Equity Learning Collaborative



- The FL Alliance was **selected to receive this grant** to participate with five of our employer members:

- **Kick-off meeting** to take place on March 31
- **Convening meeting** in late April
- **Bi-monthly workgroup** meetings between May and September



The Path Forward
for mental health and substance use
Health Equity for all Americans

Background



- The Collaborative will offer education in areas of **MH/Health Equity that are relevant for employers**
- Will provide a forum for individual organizations to assess current MH/Health Equity strategy **and develop action plans that can enhance/impact their approach** for their workforce in late 2023 and into 2024
- National Alliance will develop an **Employer Playbook on Mental Health & Equity**

FL Alliance Activities



- FL Alliance will work with **Miami-Dade County Public Schools, Orange County Government, the City of Miami, The School District of Palm Beach County, and NBCUniversal Parks and Resorts**
- FL Alliance proposed to focus on **four areas**:
 - Benefit design changes and plan offerings that **reduce barriers to care**
 - Addressing underlying **social determinants of health**
 - Supporting **integration and expansion of MH/SU services** into primary care
 - Making benefits and health care **easy to navigate**

Voice of the Purchaser FL Responses



FLORIDA RESULTS	Aetna/ Healthagen	Anthem/ Beacon/ Elevance	Cigna/ Evernorth	UHC/ Optum	Other Blues Plan	Lyra	Magellan	New Direction BH	Virgin Pulse
Provides effective and timely access to in-network BH providers					Not Aware				
Systematically assesses and addresses gaps in access for in-network BH providers					Not Aware		Not Aware		
Facilitates appointments for members having problems accessing timely BH services as necessary									
Provides a directory that accurately reflects in-network BH providers accepting new patients									
Satisfied									
Somewhat Satisfied									
Somewhat Dissatisfied									
Dissatisfied									

Voice of the Purchaser FL Responses



FLORIDA RESULTS	Aetna/ Healthgen	Anthem/ Beacon/ Elevance	Cigna/ Evernorth	UHC/ Optum	Other Blues Plan	Lyra	Magellan	New Direction BH	Virgin Pulse
Manages access to medications with an appropriate orientation toward patient success			1/2 Not Aware						Not Aware
Administers denials that are clinically justified and sensitive to patient needs			1/2 Not Aware	1/3 Not Aware	Not Aware		Not Aware		Not Aware
Provides effective tele-behavioral health services									Not Aware
Includes health equity lens to support diverse workforces (e.g. diversity representation within the network)			1/2 Not Aware		1/2 Not Aware		Not Aware		1/2 Not Aware
Provides appropriate reports to support plan sponsor compliance with MH parity (e.g. CAA)					1/2 Not Aware	1/2 Not Aware			
Satisfied									
Somewhat Satisfied									
Somewhat Dissatisfied									
Dissatisfied									

MH/PCORI Convening Meeting - Dallas – 4/24



- **Funded by the Patient Centered Outcomes Research Institute (PCORI)**
- **Attending from the FL Alliance** – Karen van Caulil, Rosa Novo (Miami-Dade Schools) and Brandi Kissel (The Mosaic Company)
- Panel Sessions on **Equitable Access and Measurement Based Care, Integration of BH into Primary Care, and Workforce MH Support** using Voice of the Purchaser Results
- **Afternoon Sessions with Health Plans** – United Healthcare, Cigna, and Anthem confirmed
- Also in attendance – America’s Health Insurance Plans, BCBS Association, and the Association for BH and Wellness



Next Meeting

We are skipping April because of our Annual Conference and the MH Convening Meeting in Dallas.

Next Meeting will be in May –
report back on new Health Equity
initiative and MH/PCORI
Convening Meeting takeaways/call
to action

