



Defining High-Value Behavioral Health Providers for ACO Partnerships

A leader's guide to potential partner assessment

As the health care industry moves toward population-based models of care, providers are seeking partnerships to help manage the continuum of services. Many will rely on existing partnerships while others will need to develop new relationships. The overall brief series is designed to give provider leadership guidance on how to begin that evaluation process in a time when performance data is scarce. This brief looks particularly at behavioral health providers and the specific considerations that should be included in a qualitative assessment of a potential behavioral health partner.

AN ESSENTIAL PARTNER

Behavioral health is a critical, but often overlooked, element of successful population health management.¹ Although it directly impacts overall medical costs,² because behavioral health has historically been carved out,³ physical care providers do not have much experience working with behavioral health care providers. Additionally, physical care providers do not have ample experience directly treating behavioral health conditions.⁴ Therefore, an ACO's potential positive impact is limited without the expertise of behavioral health provider partners. Partnerships that support the integration of physical and behavioral health services should be a clinical and business priority for organizations participating in value-based payment(s) due to the clear financial and quality benefits.⁵

OPPORTUNITIES FOR BEHAVIORAL HEALTH IN AN ACO

Behavioral health providers have unique insight into patients' mental, social, and physical needs, including important barriers to care that are unknown to other members of the care team. This insight can be used to offer both intensive case management and broad population-level support by identifying high-risk patients.⁶ Additionally, behavioral health providers can help to engage patients in self-management to improve lifestyle behaviors, enhance compliance with preventive care, and improve the effectiveness of chronic disease treatment.¹ Often acting as the hub connecting physical care and social services,⁷ behavioral health providers can encourage the most appropriate utilization of ACO and community resources, mitigating unnecessary ED visits and admissions, and improving overall quality.

EVALUATING BEHAVIORAL HEALTH PROVIDERS

Because of the inadequate supply of behavioral health providers nationwide,⁸ partnership options are much more limited to ACOs than other types of providers, particularly for those in rural areas. Therefore, an ACO will have to be opportunistic when it comes to behavioral health partnerships. When they do have an opportunity to partner, their assessment approach should focus more on the provider's collaborative disposition and willingness to pilot various care delivery and payment approaches as both groups learn to integrate in new ways. Whoever the partner, an ACO should always conduct a thorough assessment to understand the strengths and weaknesses of its new partner in order to better work together.

The table below summarizes the key qualitative attributes of high-value behavioral health providers. ACO leaders should consider these attributes when assessing behavioral health providers, while keeping in mind that almost any of these provider partners is better than none.

EXAMPLE HIGH-VALUE ATTRIBUTES

- Committed to recovery-oriented treatment
- Treats behavioral health care as a scarce resource and works to enhance access
- Follows predetermined course of treatment based on patient-centered best practices
- Infrastructure for collecting and sharing data

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METHODOLOGY

Research findings represent an 18-month project which included: (1) Literature review of resources discussing high value in health care; (2) Expert panel meeting with 13 leaders from a variety of health care sectors to establish high-value domains and provider categories; (3) Interviews with ACOs and provider associations to field-test high-value criteria; and, (4) Transcript coding and qualitative analysis of interview findings.

"Behavioral health provider" definition: A provider trained to address issues related to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include mental disorders as well as substance abuse disorders.

Note: Individuals with behavioral health conditions can be referred to as *patients, clients, consumers, or persons*. In this brief, we use the term *patient*.

Example settings:

- Community behavioral health center
- Residential treatment facility
- Intensive outpatient treatment
- Psychiatric hospital
- State mental health department

Example clinicians:

- Psychiatrist
- Psychologist
- Licensed clinical social worker

1. Integrating Physical and Behavioral Health, HFMA. 2. Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry, The American Psychiatric Association. 3. Mental Health Parity, Health Affairs. 4. In Focus: Integrating Behavioral Health and Primary Care, The Commonwealth Fund. 5. Creating a Culture of Whole Health: Recommendations for Integrating Behavioral Health and Primary Care. 6. Dissemination of Integrated Care within Adult Primary Care Settings: The Collaborative Care Model, American Psychiatric Association and Academy of Psychosomatic Medicine. 7. Addressing Patients' Social Needs: An Emerging Business Case for Provider Investment, The Commonwealth Fund. 8. Building The Mental Health Workforce Capacity Needed to Treat Adults with Serious Mental Illnesses, Health Affairs

HV DOMAIN	CHARACTERISTIC/ABILITIES	POTENTIAL CRITERIA
 Patient-centeredness	Actively seeks patient perspective and feedback to inform organizational strategy and policy	<ul style="list-style-type: none"> Do they enable and encourage patients to provide feedback through multiple channels? Can they demonstrate specific changes made as a result of patient feedback?
	Treats behavioral health care as a scarce resource and works to enhance access	<ul style="list-style-type: none"> Do they have extended hours? Are they available by phone? Do they have an accessible website with usable resources for patients and families?
	Has insight into patients' financial situations and works to overcome financial barriers to care	<ul style="list-style-type: none"> Do they know the cost of treatments they provide? Do they have payment options or resources for patients who are unable to pay? Are they willing and able to help patients navigate insurance reimbursement?
 High Value Culture	Demonstrates a real desire to learn about and adapt to health care's changing environment	<ul style="list-style-type: none"> How well does their leadership understand the principles of value-based care? Are they willing to make organizational and cultural changes to align with the ACO? Have they made efforts to adapt to the changing environment prior to the ACO's interest in partnering?
	Demonstrates a commitment to recovery-oriented treatment	<ul style="list-style-type: none"> Do they create thoughtful care plans designed to help patients eventually become self-sufficient? Do they practice recovery-oriented activities with patients and families (e.g., early screening before onset, assessment of lifestyle factors, education for self-direction, etc.)? Can they demonstrate improved functional results from patients post-treatment?
	Has a case management strategy that takes into consideration varying levels of behavioral health needs	<ul style="list-style-type: none"> Do they have an intensive case management model focused on the fierce and persistently ill? Are case managers trained to monitor patients' behavioral, social, and physical needs? Are case managers given the tools to connect patients with appropriate supports?
	Has a crisis intervention plan	<ul style="list-style-type: none"> Do they make efforts to mitigate unnecessary ambulance and ED use for patients' acute behavioral health needs (e.g., relationships with ED intake, emergency transportation services, patient and family education, overnight stabilization if necessary)?
 Team Based Care	Proactively seeks to collaborate with other types of providers to co-manage patient care	<ul style="list-style-type: none"> Have they ever contacted a patient's physical care provider to discuss treatment options? Do they work with primary care providers to create comprehensive care plans? If not, are they willing to?
	Understands the impact of behavioral health conditions on physical health and assumes responsibility for helping patients understand those impacts when appropriate	<ul style="list-style-type: none"> Do they include patients' medical conditions and lifestyle factors in initial needs assessments? Do they design treatment plans to maximize patients' overall health? Do they take opportunities to teach patients how their behavioral health conditions may impact their broader health?
	Flexible in supporting the ACO through a variety of practice settings and arrangements	<ul style="list-style-type: none"> Are they willing to practice onsite at ACO locations? If not practicing, will they come to team meetings onsite?
 System & Public Accountability	Continually develops and refines treatment protocols to follow best practices that are tailored to the patient	<ul style="list-style-type: none"> Do they use any tools to assess a patient's level of need prior to beginning treatment? Do they follow an evidence-based, predetermined course of treatment based on the patient's level of need?
	Leverages relationships with community agencies to benefit patients and families	<ul style="list-style-type: none"> How often and to what level do they work with social support services in the community? Are they engaged in community projects to promote behavioral wellness and reduce social stigmas?
 Performance Improvement	Conducts ongoing measurement to assess the success of an intervention and inform future treatment	<ul style="list-style-type: none"> Do they work with patients to establish treatment goals, then monitor progress in a systematic way? Do they measure care processes and clinical outcomes (i.e., reduced symptomatology and increased functioning)? <i>(Doesn't have to be comprehensive, but should show thoughtfulness)</i> Have they established a specific process for modifying treatment plans when necessary?
	Includes all levels of staff in improvement initiatives and regularly discusses organizational performance	<ul style="list-style-type: none"> Can they demonstrate past quality improvement efforts? How thoughtful and thorough? Is their leadership dedicated to ongoing improvement and open to suggestions from all levels of staff? Do they have regular team meetings?
 HIT Systems	Systematically collects data	<ul style="list-style-type: none"> Do they have an EHR, however basic? What data is collected and how consistently? <i>(Not realistic to expect a comprehensive health record, but should be making efforts)</i> Are they able to navigate data challenges specific to behavioral health?
	Uses collected data to inform care delivery and business practices	<ul style="list-style-type: none"> Do they have a system, however unsophisticated, to help stratify patients? Do they have a process for prioritizing limited resources based on greatest need and impact?
	Promotes data sharing	<ul style="list-style-type: none"> Do they, to the best of their ability, share data with other providers on the care team? Have they made any arrangements to access other data sources?
 Financial Readiness	Willing to take some share of financial and leadership responsibility	<ul style="list-style-type: none"> Are they willing to contract under non-volume arrangements? Are they willing to support the ACO in new ways that may not result in immediate financial gains?