Consumer Centricity: Expanding Behavioral Health Services

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Consumer-centricity
Meeting the needs of the member with the right service

Looking beyond traditional behavioral services:

• Evidenced-based treatment
  • Intensive in-home services

• Specialty services
  • Eating Disorders
  • Substance use

• Consumer tools

• Medical-Behavioral integration
Following the first year of program discharges:

<table>
<thead>
<tr>
<th>In-Home Program Discharges 9/2013 - 9/2014</th>
<th># of IP/RTC Admits</th>
<th># of IP/RTC Days</th>
<th># of ER Visits</th>
<th># of PHP Days</th>
<th># of IOP Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>One year Pre-program</td>
<td>134</td>
<td>1137</td>
<td>210</td>
<td>279</td>
<td>505</td>
</tr>
<tr>
<td>During In-home Program</td>
<td>31</td>
<td>319</td>
<td>61</td>
<td>122</td>
<td>418</td>
</tr>
<tr>
<td>0-180 days Post Program Discharge</td>
<td>37</td>
<td>370</td>
<td>88</td>
<td>93</td>
<td>231</td>
</tr>
<tr>
<td>181-365 days Post Program Discharge</td>
<td>24</td>
<td>227</td>
<td>58</td>
<td>54</td>
<td>114</td>
</tr>
</tbody>
</table>

- Discharged members had a 38 percent lower rate of one-year readmissions than the child and adolescent population as a whole
- All key UM metrics decreased
- Member satisfaction was quite high
Consumer-centricity

Provider Collaboration

Contracting for specialty programs and measuring outcomes

- **Eating Disorder** – evidenced-based treatment programs
  - Intensive Family Therapy weeklong ambulatory program
  - Integrated clinical rounds with provider team and insurer focused on aftercare

- **Substance Use**
  - Multi-disciplinary clinical ambulatory program led by licensed providers
  - Embedded peer recovery supports for extended duration focused on relapse and prevention

- **Consumer tools and leveraging technology**
  - Expansion of on-line psychotherapy
  - CCBT and other on-line supports as appropriate
  - Apps used for monitoring by providers and/or case managers
Medical-Behavioral Health Integration

Provider Collaboration

• **Building out a medical neighborhood to include BH Providers**
  - Improve access for early identification
  - De-stigmatize behavioral health treatment
  - Establish incentives and reimbursement for BH providers
  - Implement measured based care metrics

• **Provider supports and resources**
  - Develop and conduct learning collaboratives for PCPs and office staff
  - Assist with workflow development and change management in a medical office
  - Development of PCP Patient Indicator reports
    - Identifies members with BH dx on a claim
    - Increases their acuity to rise to top for PCP to evaluate and monitor further
  - Access to a team of dedicated Anthem BH Case Managers for PCPs
Medical-Behavioral Health Integration
Provider Collaboration

• **Encouraging integration on both sides**
  
  • Promote the use of integrated care billing codes
    
    • Depression, substance, alcohol misuse screenings, behavioral counseling for cardiovascular and obesity by PCP (various G-codes including SBIRT)
    
    • Health & Behavior assessment and brief interventions (CPT codes 96150 – 96154) for medical conditions provided by a BH provider

• **Re-engineer reimbursement opportunities for BH Providers**
  
  • Develop and expand Pay for Performance programs
  
  • Implement value-based or other innovative payment arrangements
Measuring Outcomes & Success

Quantifying the impact

- **Short-term:**
  - Use of screening codes via claim submission
  - Timely referral from PCP to an initial BH provider appointment
  - Engagement with on-line tools and apps
  - Collaborate on measure-based care metrics
  - Overall utilization trends (Medical visits, ER utilization, BH visits)

- **Longer-term:**
  - Pharmacy impact
  - Improved quality and affordability
  - Overall quality of life improvement
Questions?