



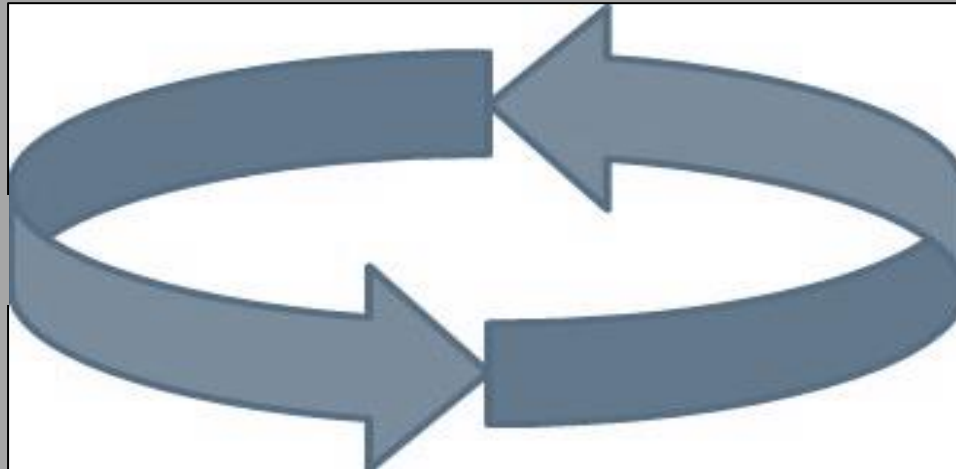
Session #1:
**Designing and
Implementing Value-
Based Payment for
Substance Use Disorders**

July 20, 2021

VALUE-BASED PAYMENT MODELS CREATE OPPORUTNITIES FOR NEW MODELS OF CARE

**Payment Reform *without*
Practice Transformation
doesn't change outcomes.**

**Delivery System
Transformation**



**Payment System
Transformation**

**Practice
transformation
without a
financial model
is not
sustainable.**

AGENDA





VBP IN BEHAVIORAL HEALTH ARE COMPLEX

The
Challenges
are varied



SERVICE DELIVERY TRANSFORMATION

Population health management



DEFINING QUALITY

What are the metrics unique to BH?



INFRASTRUCTURE

Significantly more complex than historically necessary



SIZE MATTERS

Leverage and cash reserves are critical to success

■ SIGNS OF HIGHER QUALITY SUD TREATMENT

VBPs can improve systems of care to achieve better patient health outcomes. NIDA, NIAAA, and SAMHSA identify the following attributes of high-quality programs:

- use of evidenced-based behavioral health therapies,
- offer medications for addiction,
- is accredited,
- attends to mental health and physical health needs,
- offer recovery support services,
- treatment is readily available when needed,
- personalizes the treatment plan for each patient, and
- patients stay in treatment long enough and receive continuous monitoring with adjustments to the treatment plan as needed.

(1) Center for Behavioral Health Statistics and Quality. National Survey of Substance Abuse Treatment Services (N-SSATS): 2017 data on substance abuse treatment facilities; 2018. [cited 2020 May 1] Available from: https://www.dasis.samhsa.gov/dasis2/nssats/2017_nssats_rpt.pdf



SUD VBP EXAMPLES

HEALTH MANAGEMENT ASSOCIATES

■ TYPES OF OPIOID TREATMENT PROGRAMS

Opioid Treatment Programs (OTPs)

An OTP operates under the supervision of a physician and provides counseling and other recovery supports along with medical services related to dosing and treatments on site, which usually require daily visits to the clinic.

Office Based Opioid Treatment (OBOT)

An OBOT program is provided by clinicians within their regular medical practice, does not include medication dispensing.

CMS Clinical Pathways & Payment Bundles for Medication Assisted Treatment (MAT)

When CMS created the new Part B benefit for opioid use disorder, they concurrently developed an integrated VBP model based on work in other states including Vermont and Massachusetts.

Specialty Settings

Specialty providers/Opioid Treatment Programs

Payment for a weekly bundle of services including:

- Medication
- Dispensing
- Counseling
- Individual and group therapy
- Toxicology testing

Integrated Settings

Primary Care Providers including Community Health Centers; enhanced with RNs/Care Managers

Payment for a monthly bundle of services including:

- Overall management
- Care Coordination
- Individual and group therapy
- Substance use counseling

Bundled Payments for Comprehensive Services - Opioid Treatment Programs (OTPs)

Payment models classified in HCP LAN Category 3 are based on an FFS architecture and provide a mechanism for the effective management of a set of procedures, an episode of care, or all health services provided for individuals. Bundling payments for OTP providers is becoming the industry norm. There are many varieties of bundled payments for OTP providers. Important considerations include:

- Expectations around frequency of payments: weekly, monthly, by treatment phase, or other cadences.
- Which services are included in the bundled payment, especially costs for medication and drug testing (lab services) and which services remain eligible for fee for service reimbursement.
- What constitutes a disruption of the VBP arrangement?

Addiction Recovery Medical Home Model

Patient-centered chronic-disease management model designed to improve outcomes for patient seeking recovery from addiction.

- Payment model is based on episodes of care, a quality achievement payment, and performance bonus.
- Quality and process measures link the provision of care to payment.
- Care is integrated across a network of clinical and community recovery support resources.
- Care is coordinated by a central Care Recovery Team focused on long-term recovery.
- Treatment and recovery plan uses evidence-based treatment placement and assessment tools with recovery-focused patient planning.
- Model identifies “VBP Disruptors”

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CONSIDERATIONS AND COMPARISONS

HEALTH MANAGEMENT ASSOCIATES

SUD Services: Specialty Setting

- + Attribution of member to provider

- + Risk Adjustment

SUD Services: Integrated w/PH

- + Attribution of member to provider

- + Risk Adjustment

■ VALUE BASED PAYMENT – SUBSTANCE USE DISORDERS

ATTRIBUTION

Identifies a patient-provider health care relationship and is a foundational component of population based and value-based payment models because it designates:

- the population for whom a provider will accept accountability, and
 - forms the basis for performance measurement, reporting, and payment.
-

DISCUSSION

■ VALUE BASED PAYMENT – SUBSTANCE USE DISORDERS

RISK ADJUSTMENT

Options for BH-specific risk adjustment methods are limited;

- common risk adjustment tools (such as Hierarchical condition category coding and Chronic Illness and Disability Payment System) include basic behavioral health disorders but they may be underweighted overall,
 - risk adjustment for social needs is not currently in widespread use and has not demonstrated success in supporting efforts to eliminate disparities.
-

DISCUSSION



SUD SERVICE ARRAY IMPROVING ACCESS

HEALTH MANAGEMENT ASSOCIATES

ALCOHOL AND DRUG POLICY COMMISSION'S STATEWIDE STRATEGIC PLAN: ⁽¹⁾

- Oregon experiences one of the highest rates of substance use and substance use disorders (SUDs) in the nation, and the personal and financial costs are enormous.
- State spending on substance use more than quadrupled since 2005—consuming nearly 17% of the entire state budget in 2017.
- Less than 1% of those funds were used to prevent, treat, or help people recover from substance misuse.

The majority of those dollars went to pay for escalating health and social consequences created by the lack of investment in prevention, treatment, and recovery.

MILLIMAN'S 2019 STUDY OF COMMERCIALY INSURED POPULATIONS: ⁽¹⁾

- Disparities in reimbursement rates:
 - “Average” in-network reimbursement rates for behavioral health office visits are almost 24% lower than medical/surgical office visits,
 - Oregon is included in Milliman’s list of eleven states where reimbursement for primary care office, visits are at least 50% more favorable than reimbursement for behavioral office visits.

- The federal parity law⁽²⁾ has rules that encompass provider payment rates and network adequacy. Milliman found that disparities exist in both network use and provider reimbursement level when comparing behavioral health to physical health.⁽³⁾

(1) [Addictions and Mental Health vs Physical Health](#), A Milliman Research Report, November 19, 2019

(2) [Mental Health Parity and Addiction Equity Act](#), CMS

(3) [Addictions and Mental Health vs Physical Health](#), A Milliman Research Report, November 19, 2019 Note: Federal rules state that disparate results are not in and of themselves definitive evidence of noncompliance.)

EVIDENCE BASED REFORMS TO IMPROVE ACCESS FOR SUCCESS AT VBP

- Improve in-network access to behavioral health specialists.
 - Expanded screening and testing for Mental Health/SUD.
 - Expand integration of Behavioral Health into primary care.
 - Improve tele-behavioral health.
 - Ensure compliance with mental health parity laws.
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DISCUSSION

(1) The Path Forward for mental health and substance use, <https://www.nationalalliancehealth.org/www/initiatives/initiatives-national/workplace-mental-health/pathforward>

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PERFORMANCE AND QUALITY METRICS FOR SUD VBP

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■ PERFORMANCE AND QUALITY METRICS

Performance and quality measures are powerful catalysts for quality improvement.

Realizing their potential means avoiding these common challenges:

- investing too little time and analysis in measure selection,
- selecting too many measures,
- failing to vet the measures with providers,
- garnering too few resources to efficiently create and disseminate the measures, and
- neglecting to give guidance to providers on how to improve the measures.

■ PERFORMANCE AND QUALITY METRICS

SUD-specific quality measures have been developed nationally and include:

- **Process measures** focus on identification of need and can help identify systemic barriers to receiving SUD treatment.
Example: Screenings for SUDs and following up with a patient who presents with SUD-related issues at the ED.
- **Structural measures** indicate the capacity of a provider group or hospital system to respond to the needs of those with SUDs.
Example: The number of primary care physicians certified to prescribe buprenorphine or the capacity for providers to report SUD screening results through an electronic health system.
- **Outcome measures** signify the impact of an SUD intervention on improving health care outcomes of patients.
Example: The percentage of patients who completed an SUD treatment program who have sustained reductions in alcohol or other drug use.

While most quality measures for SUDs are considered process measures, efforts are ongoing to create outcome-based measures.

SUD Services: Specialty Setting

- + Consider what is inside and outside of the VBP
- + Infrastructure
- + Consider unintended consequences

SUD Services: Integrated w/PH

- + Consider what is inside and outside of the VBP
- + Infrastructure
- + Consider unintended consequence

■ PERFORMANCE AND QUALITY METRICS BY SETTINGS

CONSIDER WHAT IS INSIDE AND OUTSIDE OF THE VBP

- Incentive measures can include services that are “outside” of the VBP.
 - For example, a bundled payment that keeps counseling services on a fee for service basis may encourage providers to increase provision of that service.
 - Payers may want to incentivize different services according to the type of provider such as improvements in other chronic diseases for integrated settings.
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DISCUSSION

■ PERFORMANCE AND QUALITY METRICS BY SETTINGS

INFRASTRUCTURE

Specialty BH providers may not have access to advanced analytics and resources to monitor metrics performance.

- Plan accountability in providing clear, timely, and complete information.
 - “System’s” ability to share information through an HIE system.
 - BH system of care is not as robust as the Physical Health (PH) system for a variety of reasons. Plans may need to consider the impact of VBP design on the broader system.
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DISCUSSION

BIPOC – PREGNANT WOMEN – CHILDREN/YOUTH – JUSTICE INVOLVED

SUD Services:
Specialty Setting

- + Establishing baseline and improvement targets

SUD Services:
Integrated w/PH

- + Establishing baseline and improvement targets

ESTABLISHING BASELINE AND IMPROVEMENT TARGETS

To prevent exacerbating inequities, it is critical at the outset of establishing performance and quality metrics.

- Baseline metrics may result in reinforcing or masking a disparity.
 - Performance improvement targets may exacerbate the disparity.
 - Should we have different metrics for culturally-specific providers?
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DISCUSSION



TECHNICAL ASSISTANCE NEEDS OF PROVIDERS

HEALTH MANAGEMENT ASSOCIATES

SUD Services: Specialty Setting

- + Expanded/enhanced operating infrastructure
- + Evidence-based skills training

SUD Services: Integrated w/PH

- + Expanded/enhanced operating infrastructure
- + Evidence-based skills training

PROVIDER TECHNICAL ASSISTANCE NEEDS

EXPANDED/ENHANCED OPERATING INFRASTRUCTURE & SKILLS SUPPORT

Practices need both clinical and administrative support for successful programs.

- Facilitating learning collaboratives for practices in the same VBP model.
 - Support to providers and care managers via “on call” access to experienced SUD providers and care managers to assist implementation of both clinical and administrative requirements related to Medication Assisted Therapies (MAT)/other SUD treatments.
 - Administrative efficiencies through shared services.
 - Support practices to assess and enhance the skills of their staff through evidence-based trainings such as motivational interviewing, enhanced care management and team-based care can be valuable.
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DISCUSSION



RESOURCES

HEALTH MANAGEMENT ASSOCIATES

RESOURCES

- American Society of Addiction Medicine: [Patient-Centered Opioid Addiction Treatment \(P-COAT\)](#)
- Alliance for Addiction Payment Reform: [Addiction Recovery Medical Home Alternative Payment Model](#)
- Centers for Medicare and Medicaid Services (CMS) [Clinical Pathways and Payment Bundles for Medication Assisted Treatment](#)
- Center for Health Care Strategies: [Exploring Value-Based Payment to Encourage Substance Use Disorder Treatment in Primary Care](#)
- Centers for Disease Control (CDC) “Applying CDC’s Guideline for Prescribing Opioids”
 - Provider training modules - available at: <https://www.cdc.gov/opioids/providers/training/overview.html>
 - Resources for Healthcare Administrators – available at: <https://www.cdc.gov/opioids/healthcare-admins/index.html>
- Hsu, YJ et al “Integration of Buprenorphine Treatment with Primary Care: Comparative Effectiveness on Retention, Utilization, and Cost” POPULATION HEALTH MANAGEMENT, Volume 00, Number 00, 2018 available at <https://pubmed.ncbi.nlm.nih.gov/30543495/>

RESOURCES

- MA O’Grady, et al. “How are Substance Use Disorder Treatment Programs Adjusting to Value-Based Payment? A Statewide Qualitative Study” [Subst Abuse](https://pubmed.ncbi.nlm.nih.gov/32822182/). 2020; 14: 1178221820924026, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7252360/> (NY state study)
- Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) – Recovery Support Tools and Resources <https://www.samhsa.gov/brss-tacs>
- Addiction Free CA- California MAT Expansion Partners Resource Library available at: <https://addictionfreeca.org/resource-library> (includes Mom/Babies and Justice involved MAT efforts)
- Association for Community Affiliated Plans (ACAP) “Strategies to Increase MAT Prescribing” available at: <https://www.communityplans.net/research/strategies-to-increase-mat-prescribing/>

■ UPCOMING FROM THE OHA TRANSFORMATION CENTER

- Please complete the evaluation that will be sent out after the webinar.
- Slides will be available at: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Value-Based-Payment.aspx>
- Next Learning Collaborative: **August 24, 2021, 3pm**
Topic: Developing Performance Benchmarks for Population-Based and Clinical Episode Value-Based Payment Models
- Follow-up questions?
Contact: OHAVBPQuestions@healthmanagement.com