Health Plan Population Health Management Strategies: How Policy Affects Serving Complex Members
Deb Adler

**Position:** Deb Adler has more than 20 years of experience in executive health care roles, serving in a variety of capacities including network executive, quality management executive and chief operating office. She is the Former Senior Vice President of Network Strategy for Optum, where she was responsible for behavioral health network development, contracting, and strategy for over 185,000 providers. In this role she developed the largest, performance-tiered behavioral health network, largest telemental health network, and largest medication assisted treatment (MAT) network. She was also responsible for implementing network initiatives to promote medical/behavioral integration, improve member outcomes, and reduce total cost of care through collaborative care models. Currently she serves as a Senior Associate at OPEN MINDS.

**Education:** Ms. Adler received her master’s degree in educational psychology and evaluation from Catholic University of America, and is a Certified Professional in Health Care Quality (CPHQ).

Monica Oss

**Position:** Monica E. Oss is the Chief Executive Officer of OPEN MINDS, a national leader in market intelligence and management best practices focused on organizations serving consumers with chronic conditions and complex needs. She has led a range of industry research and management consultation initiatives that include examination of national managed behavioral health enrollment patterns; development of provider rate structures for government entities; creation of a return-on-investment analysis model for technology investments; design of performance-based compensation models for service providers and managed care entities within public and private health plans; and analysis of the economic impact to health systems and health plans of changes in benefit design, adoption of evidence-based practices, and new technologies.

**Education:** Ms. Oss is a graduate of the University of Minnesota. She serves on the advisory boards of the Health & Human Service Management Program at Shippensburg University and the Institute for Behavioral Health Informatics.
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Objectives

1. Review Federal & State Policy Changes Impacting Behavioral Health Care

2. Discuss Health Plan Innovations - Results From “Trends In Behavioral Health: A Reference Guide On The U.S. Behavioral Health Financing & Delivery System”

3. Explore Potential Options For Best Practices In Population Health Management

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Impact Of Behavioral Health Disorders On The U.S. Health Care System

Individuals with a behavioral disorder use at least two times more total health care resources than individuals without a behavioral disorder.

Behavioral Health Spend, 2014

- Total Health Care Spend: 92.4%
- Behavioral Health: 7.6%
- Behavioral Health Spend: $220 Billion

Three Major Provisions Of The Patient Protection & Affordable Care Act (PPACA)\(^1\)

**Medicaid Expansion**
- Expanded state Medicaid programs to cover adults with income below 138% of the federal poverty level (FPL)

**Health Insurance Market Place**
- Allowed individuals and small businesses to shop for coverage

**Health Insurance Mandate**
- Required all adults to have health insurance or pay a penalty

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Prevalence of Serious Mental Illness Within The State Public Health Care System

SMI = Serious Mental Illness


Numbers may not add to 100%, as some consumers may have more than one type of health care coverage. For example, an individual may have primary commercial coverage from a private health plan and receive secondary coverage through Medicare.
Medicaid Behavioral Health Financing Arrangements

### Percent Of States Per Model, 2011-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Behavioral Health In Consumer-Specific Specialty Health Plans (Medicaid &amp; Behavioral)</th>
<th>Behavioral Health In FFS Medicaid Plan</th>
<th>Behavioral Health Services In Private Health Plans</th>
<th>Behavioral Health In Primary Carve-Outs To Governmental/Regional Entities</th>
<th>Behavioral Health in Primary Carve-Out To Private Entities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>51%</td>
<td>39%</td>
<td>11%</td>
<td>25%</td>
<td>13%</td>
</tr>
<tr>
<td>2013</td>
<td>32%</td>
<td>41%</td>
<td>19%</td>
<td>36%</td>
<td>19%</td>
</tr>
<tr>
<td>2016</td>
<td>41%</td>
<td>36%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>2017</td>
<td>5%</td>
<td>40%</td>
<td>8%</td>
<td>10%</td>
<td>Numbers may not add to 100%.</td>
</tr>
</tbody>
</table>

Integrating Behavioral Health Financing

Polling Question #1

Which of the following behavioral health care coordination initiatives are you least familiar with?

A. Patient Centered Medical Homes (PCMH)
B. Health Homes
C. Accountable Care Organizations
D. Dual Eligible Demonstrations
E. Certified Community Behavioral Health Clinic (CCBHC)
Care Coordination Initiatives Are Increasing Across The Country\(^1\)

Health Plan Population Health Management
Addressing Needs of Complex Members Are Driving How Health Care Is Delivered and Financed¹

- Recognizing that complex consumers use a significant portion of the health care resources, health plans are targeting strategies to address the complex consumer needs.

- Health plans are linking reimbursement to improved value – focused on reducing costs while improving health outcomes.

- Across all markets health plans are focused on data analytics to identify and engage members in their care.

- Each one is developing tailored solutions to improve care coordination and utilize different resources to improve care access.

Polling Question #2

Is your organization currently using analytics to identify complex consumers?

A. Yes, we currently have an analytics program in place
B. We’re actively working to implement an analytics program
C. No, we aren’t pursuing an analytics program
D. I’m unsure
• Over 90% of health plans are using analytic tools to identify complex consumers
  – 94% of those health plans using analytics are using analytics to identify consumers with serious mental illnesses
• Across all payer groups, health plans have widely adopted the use of analytics for identification and early management of consumers in need of behavioral health interventions

Analytic Use In Identifying & Early Management Of High-Risk Consumers In Need Of Behavioral Health Interventions, By Plan Type

<table>
<thead>
<tr>
<th></th>
<th>Currently Implemented</th>
<th>Not Planned</th>
<th>Will Use In Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Health Plans n=750</td>
<td>93.1%</td>
<td>5.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Medicare n=337</td>
<td>92.3%</td>
<td>6.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Medicaid n=141</td>
<td>93.6%</td>
<td>5.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Commercial n=246</td>
<td>94.7%</td>
<td>2.8%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

### Current Technology-Based Innovation Use in Improving Consumer Access to Behavioral Health Treatment, By Plan Type

<table>
<thead>
<tr>
<th></th>
<th>All Health Plans n=750</th>
<th>Medicare n=337</th>
<th>Medicaid n=141</th>
<th>Commercial n=246</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemental Health Services</td>
<td>96%</td>
<td>98%</td>
<td>91%</td>
<td>97%</td>
</tr>
<tr>
<td>eCBT and Other eTreatment</td>
<td>42%</td>
<td>2%</td>
<td>49%</td>
<td>96%</td>
</tr>
<tr>
<td>Patient Portals</td>
<td>16%</td>
<td>9%</td>
<td>5%</td>
<td>51%</td>
</tr>
</tbody>
</table>

- **Telemental**
  - Similar use across all health plans (96%)
- **eCBT**
  - Disparity of use between Commercial (96%) and Public Sector (Medicaid 49% and Medicare 25%)
- **Consumer Portals**
  - Overall only 16% of all health plans adopt its use, however, at 51% Medicaid reports highest usage

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Current Community-Based Innovations In Improving Consumer Access To Behavioral Health Treatment, By Plan Type

- **Community-Based Service Delivery (Non-Office Based):**
  - All Health Plans: 21%
  - Medicare: 13%
  - Medicaid: 10%
  - Commercial: 13%
  - Overall: 20%

- **Expanded Use Of Intensive Outpatient Programs:**
  - All Health Plans: 17%
  - Medicare: 13%
  - Medicaid: 3%
  - Commercial: 13%
  - Overall: 17%

- **Network Offering Expedited Appointments:**
  - All Health Plans: 15%
  - Medicare: 12%
  - Medicaid: 3%
  - Commercial: 15%
  - Overall: 12%

- **Access To Care Technology- & Community-Based Interventions**

  - Overall not as widely adopted by health plans with about 20% usage
  - Much higher adoption of these initiatives for Medicaid plans
  - Community-based service delivery was the highest at 65%
  - Medicaid appears to use more provider-based resources compared to technology-based resources according to the report

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Polling Question #3

Is your organization using technology-based or community-based innovations to improve consumer access?

A. Yes, Technology-Based Innovations
B. Yes, Community-Based Innovations
C. Yes, Both
D. Neither
E. I’m Unsure
Engagement
Interventions Focused On The Consumer

- Overall adoption of consumer engagement innovations across health plans is low (21%)
- 60% of Medicaid health plans report the greatest overall current use of innovative engagement strategies including the use of:
  - Online engagement tools
  - Shared decision-making initiatives
  - Professional guidelines and strategies for consumers

### Current Use Of Models To Improve Coordination Of Care For Consumers With Behavioral Health Conditions, By Plan Type

<table>
<thead>
<tr>
<th>Service</th>
<th>Commercial</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>All Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy lock-in program</td>
<td>13.10%</td>
<td>3.90%</td>
<td>11.04%</td>
<td>25.50%</td>
</tr>
<tr>
<td>Emergency department</td>
<td>11.10%</td>
<td></td>
<td>2.50%</td>
<td>15.27%</td>
</tr>
<tr>
<td>Diversion Programs for behavioral health emergencies</td>
<td>12.30%</td>
<td>2.90%</td>
<td></td>
<td>55.00%</td>
</tr>
<tr>
<td>Behavioral health readmission prevention programs</td>
<td>4.10%</td>
<td>6.30%</td>
<td></td>
<td>58.00%</td>
</tr>
<tr>
<td>Behavioral health care navigators</td>
<td></td>
<td></td>
<td></td>
<td>58.00%</td>
</tr>
<tr>
<td>Payment models for co-location of services</td>
<td>11.90%</td>
<td></td>
<td>2.60%</td>
<td>57.30%</td>
</tr>
<tr>
<td>Specialty care coordination programs</td>
<td>13.10%</td>
<td>5.40%</td>
<td></td>
<td>88.20%</td>
</tr>
</tbody>
</table>

Potential Options For Best Practices In Population Health Management
Key Competencies For Managing Value-Based Payment Arrangements

• Ability to share and receive data from other providers and support organizations

• Population health data available to clinical leadership to stratify consumers by risk, utilize shared decision making models, and initiate evidence-based interactions

• Ability to monitor consumers across a continuum of services and be alerted when they are in crisis or to into the emergency room

• Real-time clinical and financial data that is integrated and used by clinical staff to drive quality improvements, and executive teams to monitor performance

Making Population Health Management Count\(^1\)

1. Understand the population
2. Create informed plans
3. Measure outcomes
4. Analyze financial risk

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# Creating Informed Plans

## Best Practice Options & Considerations

### Invest In Care Management

- Staffing
- Specialized Care Managers
- Commitment To Closing Quality Gaps

### Partner

- Community Organizations
- Organizations Looking To Positively Impact Social Determinants Of Health Consumers

### Engage Consumers

- Leverage Technology
- Target Appropriately
- Be Transparent
- Target Your Approach

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Measuring Outcomes
Best Practice Options & Considerations

Analyzing Financial Risk
Best Practice Options & Considerations


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Questions
Closing
### Upcoming Virtual Fora*

<table>
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<th>Program</th>
<th>Speakers</th>
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| The Evolution Of PTSD: Focus On Diagnostic, Evaluation, & Treatment Advances | • William Sauvé, MD  
• Steven Szabo, MD, PhD | June 27, 2018 | 12:00pm ET     |
| Neuromodulation Techniques: State Of The Science                        | • Philip G. Janicak, MD  
• Michael Thase, MD               | July 11, 2018  | 12:00pm ET     |

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How Policy Affects Serving Complex Members