

Tackling Behavioral Health Provider Shortages:

Health Plan Strategies From Access To Engagement

Speaker Profiles

William Wood, MD, PhD

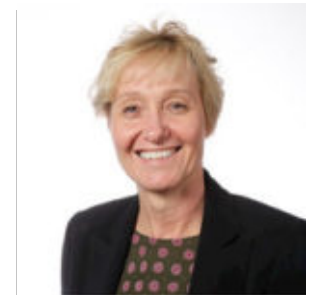
Position: William Wood is a Physician Executive with 34 years of extensive senior leadership experience in public and private behavioral healthcare. His largest focus has been on integrated care and mental illness recovery. Dr. Wood has been a founding Medical Director for Psychiatric Hospitals, Community Mental Health Programs, Managed Care Programs and Academic Programs. He is an effective communicator through presentations and multiple media. Interests lie in the development of innovative approaches to issues in the current healthcare environment. Dr. Wood developed the integrated healthcare model for Amerigroup which served as a blueprint for Anthem's integrated care program.



Education: Dr. Wood received his Doctor of Medicine from Baylor College. It was there that he also completed his residency in Psychiatry. Dr. Wood has a PhD in Biochemistry from the University of North Carolina at Chapel Hill School of Medicine.

Deb Adler, MS, CPHQ

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).



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OPDC/Lundbeck's interaction with *OPEN MINDS* is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

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Objectives



1. Discuss Where Access Challenges Are The Greatest



2. Investigate Strategies To Address Provider Shortages To Mitigate Access Challenges



3. Explore Potential Best Practices: Access & Consumer Engagement

Audience Polling Question #1

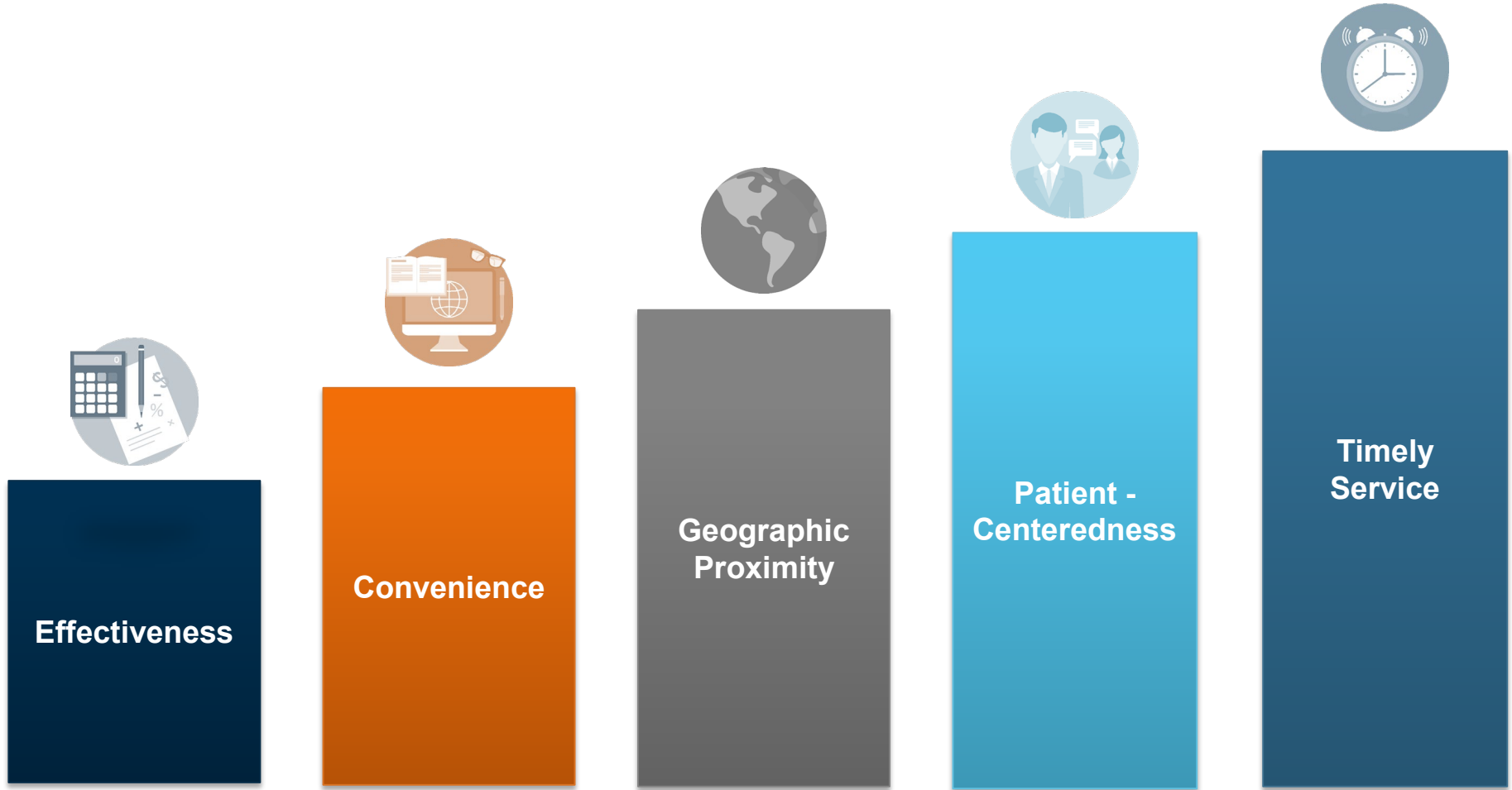
We'd like to learn which types of organizations are represented on the line today. Which of the following best describes your organization?

- A. Provider
- B. Payer
- C. Government
- D. Other

Monitoring & Evaluating Access & Availability



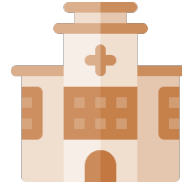
Pillars Of Access & Availability¹



1. National Council. (2017). The psychiatric shortage: Causes and solutions. National Council Medical Director Institute. Retrieved from www.thenationalcouncil.org

Methods To Measuring Access & Availability¹

Structural



Utilization



Density



Distance

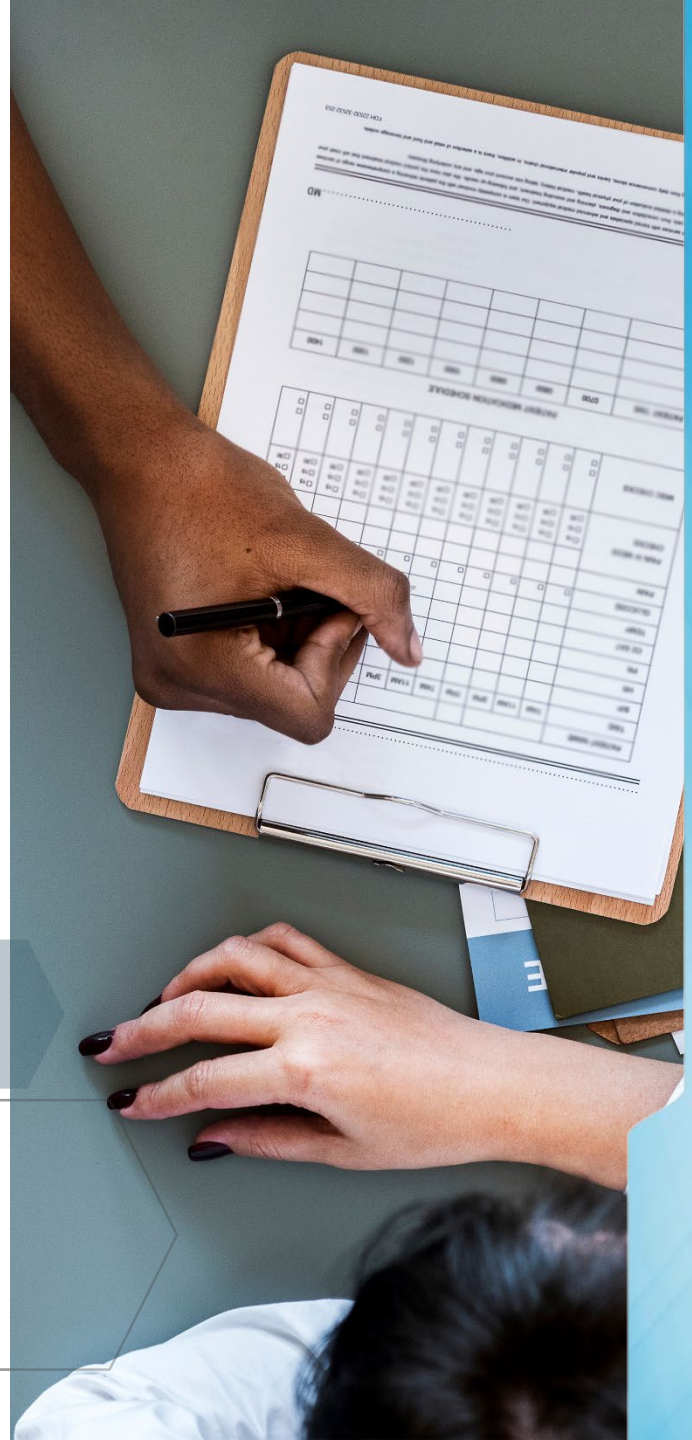


Time To Appointment



1. Centripetal. (2017). *Trends in behavioral health: A reference guide on the U.S. behavioral health financing and delivery system*. Rockville, MD: Otsuka America Pharmaceutical, Inc. Retrieved from PsychU.org

Current Industry Challenges



Current Challenges



Psychiatric Bed Supply¹

- At 29.8 beds per 100,000 compared to an estimated need of 40-60 beds per 100,000
- Distribution of beds by state and type (private v. public pay) create gaps in some markets



National Psychiatry Shortage¹

- The Health Resources and Services Administration recommends 1 psychiatrist per 30,000
- Heightened shortages in child and adolescent specialists



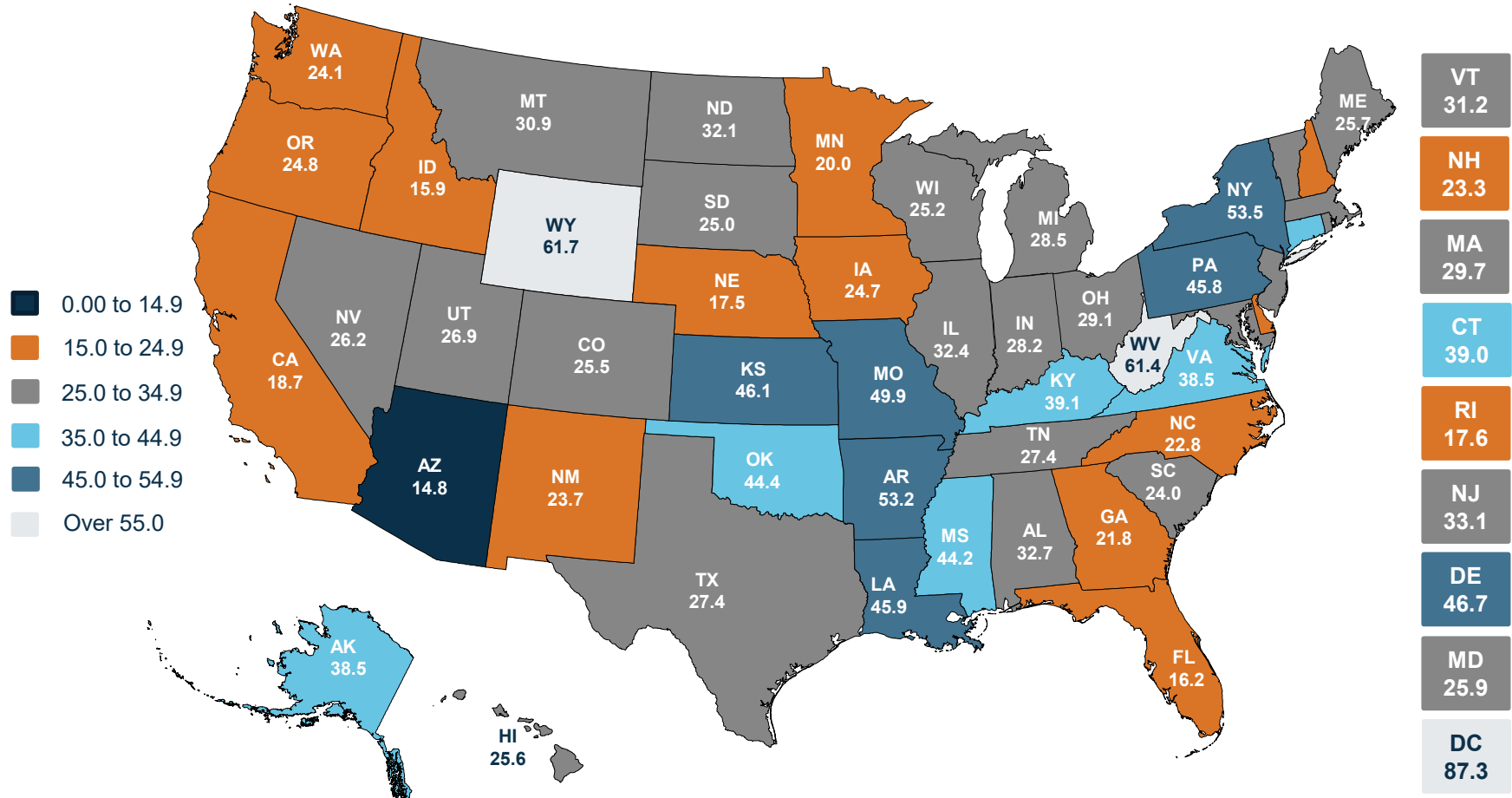
Movement Toward Self-pay²

- Increasing movement of psychiatrists and more recently non-psychiatrists to self-pay only approach.

1. Centripetal. (2017). *Trends in behavioral health: A reference guide on the U.S. behavioral health financing and delivery system*. Rockville, MD: Otsuka America Pharmaceutical, Inc. Retrieved from PsychU.org

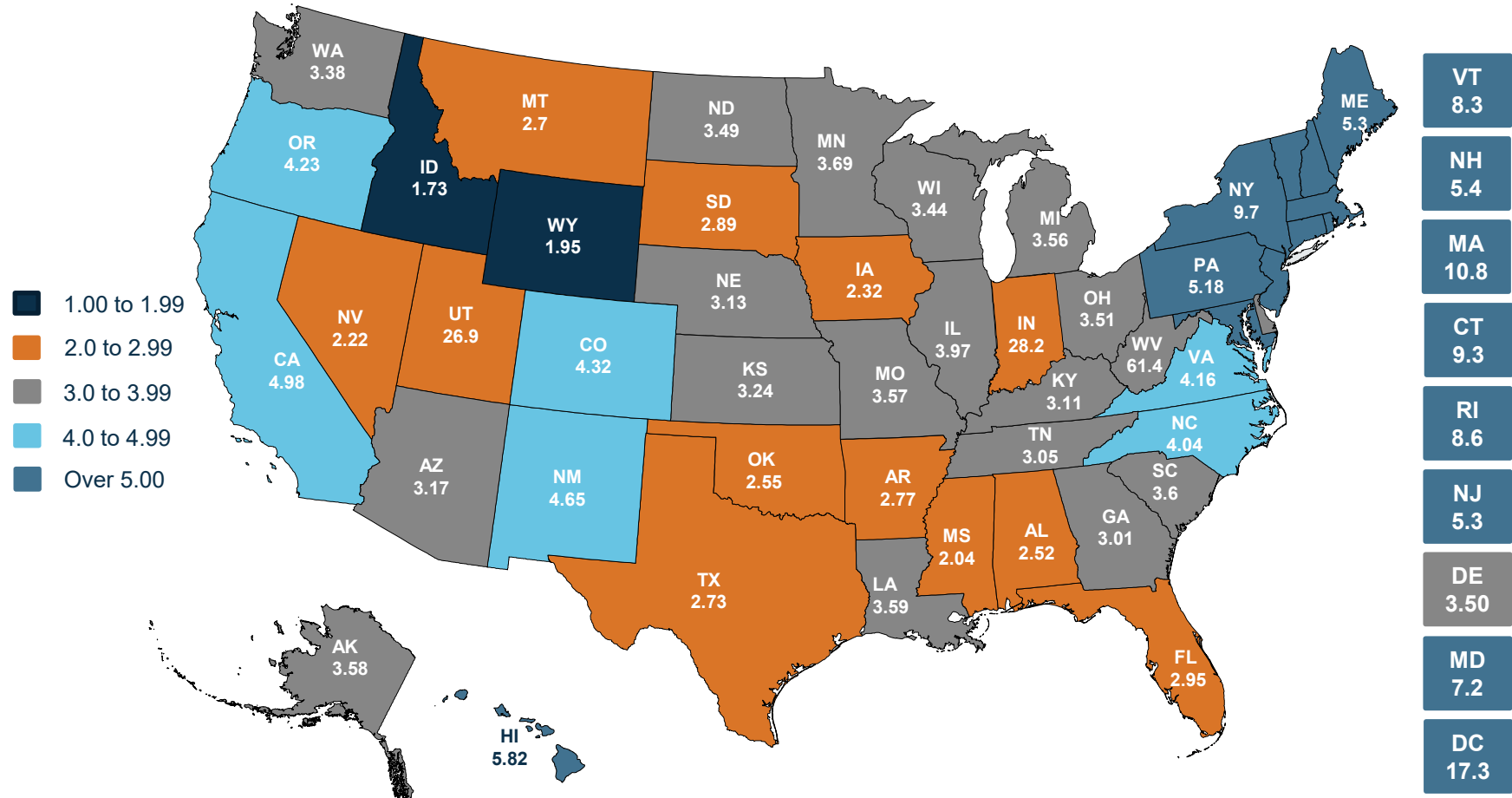
2. National Council. (2017). *The psychiatric shortage: Causes and solutions*. National Council Medical Director Institute. Retrieved from www.thenationalcouncil.org

Number Of Psychiatric Beds Per 100,000 Population¹



1. Centripetal. (2017). Trends in behavioral health: A reference guide on the U.S. behavioral health financing and delivery system. Rockville, MD: Otsuka America Pharmaceutical, Inc. Retrieved from PsychU.org.

Number Of Psychiatrists Per 30,000 Population¹



1. Centripetal. (2017). *Trends in behavioral health: A reference guide on the U.S. behavioral health financing and delivery system*. Rockville, MD: Otsuka America Pharmaceutical, Inc. Retrieved from PsychU.org.

Challenges By The Numbers¹

Bed Supply

- Closure of psychiatric units due to low rates¹
- Challenging to hire inpatient psychiatric attendings¹

Psychiatry

- Average age of psychiatrist is 58³
- 10% decline from 2003-2013 of psychiatrists working in public sector²

Self-Pay Practices

- 40% of the psychiatry workforce practice in cash-only private practices²
- Growing number of other allied behavioral health specialists migrating to self-pay in urban areas²

1. Centripetal. (2017). *Trends in behavioral health: A reference guide on the U.S. behavioral health financing and delivery system*. Rockville, MD: Otsuka America Pharmaceutical, Inc. Retrieved from PsychU.org.
2. National Council. (2017). *The psychiatric shortage: Causes and solutions*. National Council Medical Director Institute. Retrieved from www.thenationalcouncil.org
3. Insel, T. (2011). *Psychiatry: Where are we going?*. National Institute of Mental Health. Retrieved from: www.bls.gov

Audience Polling Question #2

In your current practice environment, which is the greatest challenge?

- A. Ability to refer to a psychiatrist
- B. Ability to admit to a psychiatric inpatient bed
- C. Recruit psychiatrists
- D. Finding a psychiatrist that will take insurance
- E. None of the above

Solving The Psychiatric Access Challenge



Solutions In Tackling Access Challenges: Psychiatric Beds¹

Encourage
Partnerships &
Stake Holders: Fund
New Approaches

Monitor Practices,
Collect Data, &
Standardize
Terminology

Remove Barriers

1. Pinals, D. A., Fuller, D. A. (2017). Beyond beds: The vital role of the full continuum of psychiatric care. The National Association of Psychiatric Health Systems, 2017 Annual Survey. Retrieved from: <http://www.treatmentadvocacycenter.org>

Solutions In Tackling Access Challenges: Care Delivery¹



Advanced Practice Providers

- Nurses with prescriptive authority
- Prescribing psychologists where state regulations allow
- Physician Assistants with Psychiatric Certification
- Board Certified Psychiatric Pharmacists



Telemental Health

- Using HIPAA-secure technology to offer virtual psychiatric services within state regulatory confines

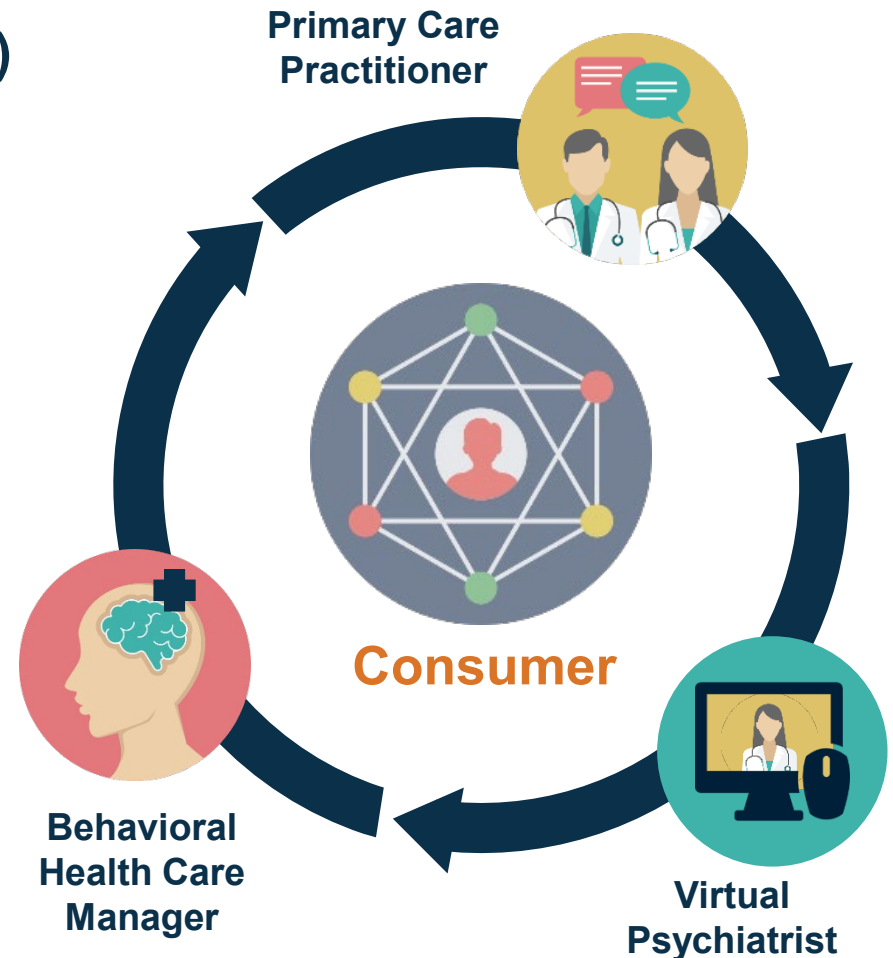
HIPAA = Health Insurance Portability and Accountability Act

1. National Council. (2017). The psychiatric shortage: Causes and solutions. National Council Medical Director Institute. Retrieved from www.thenationalcouncil.org

Solutions In Tackling Access Challenges: Collaborative Care Model (CoCM)¹

Collaborative Care Model (CoCM)

- Rewards PCP and multi-disciplinary treatment team to screen for anxiety and depression
- Virtual psychiatrist provides consultation to PCP
- Embedded Care Manager coordinates care and updates data registry



CoCM = Collaborative Care Model PCP = Primary Care Practitioner

1. University of Washington AIMS Center. (n.d.). Collaborative care. Retrieved from: <https://aims.uw.edu/collaborative-care>

Telehealth & Telepsychiatry: Key Facts



- The **global telehealth market** is estimated at **\$18.2 billion** in 2016 – expected to reach \$38 billion by 2022¹
- **70.5%** of hospitals and health systems currently use a telemedicine service – **up 54% since 2014**¹
- **49%** of physician practices currently use a **telemedicine service**¹
- About **15 million** Americans received some medical care in 2016 via **telehealth**¹
- Increases productivity by eliminating travel time for the providers and **increase convenience** for the consumer²

1. Chamberlain, M. (2017). Telehealth best practices: How to build a successful, sustainable program. Retrieved from: <https://s11042.pcdn.co/wp-content/uploads/indres/110717Telehealth.pdf>

2. National Council. (2017). The psychiatric shortage: Causes and solutions. National Council Medical Director Institute. Retrieved from www.thenationalcouncil.org

Solutions In Tackling Access Challenges: Self-Pay Only Practices¹



- Increasing reimbursement rates
- Use alternative reimbursement models
- Offer other financial and non-financial perks
- Reimburse for PCP consultation and telehealth at an equal or higher rate

1. National Council. (2017). The psychiatric shortage: Causes and solutions. National Council Medical Director Institute. Retrieved from www.thenationalcouncil.org

Audience Polling Question #3

Which strategy has your organization employed to tackle psychiatric access challenges?

- A. Hired allied behavioral health prescribers
- B. Raise reimbursement to attract psychiatrists
- C. Launched telehealth programs
- D. Implemented Collaborative Care Models
- E. None of the above

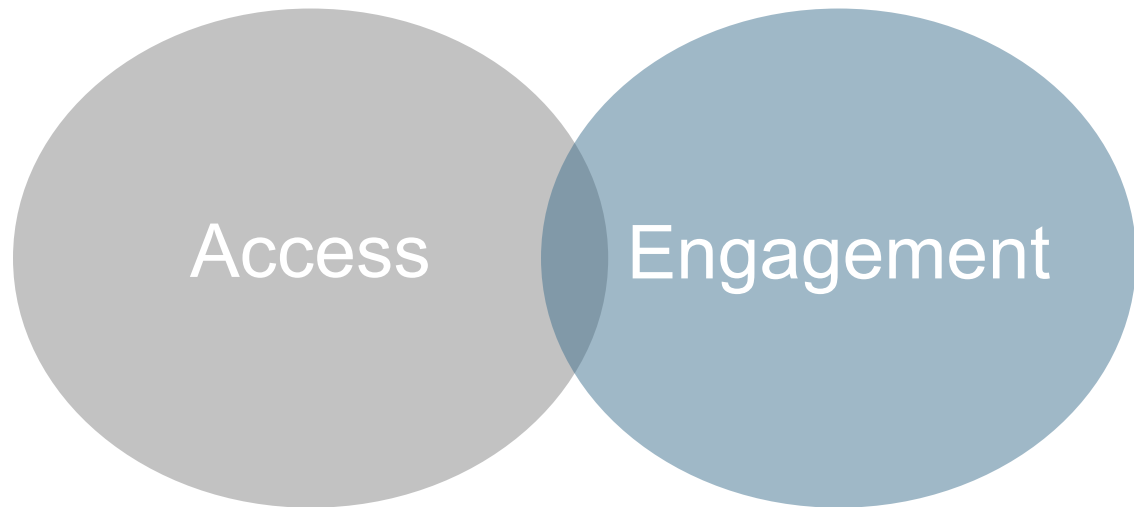
The Link Between Access & Engagement



How Does Access Impact Consumer Engagement & Outcomes¹



- The longer the wait time for a first appointment, the more likely the consumer will fail to keep the appointment.



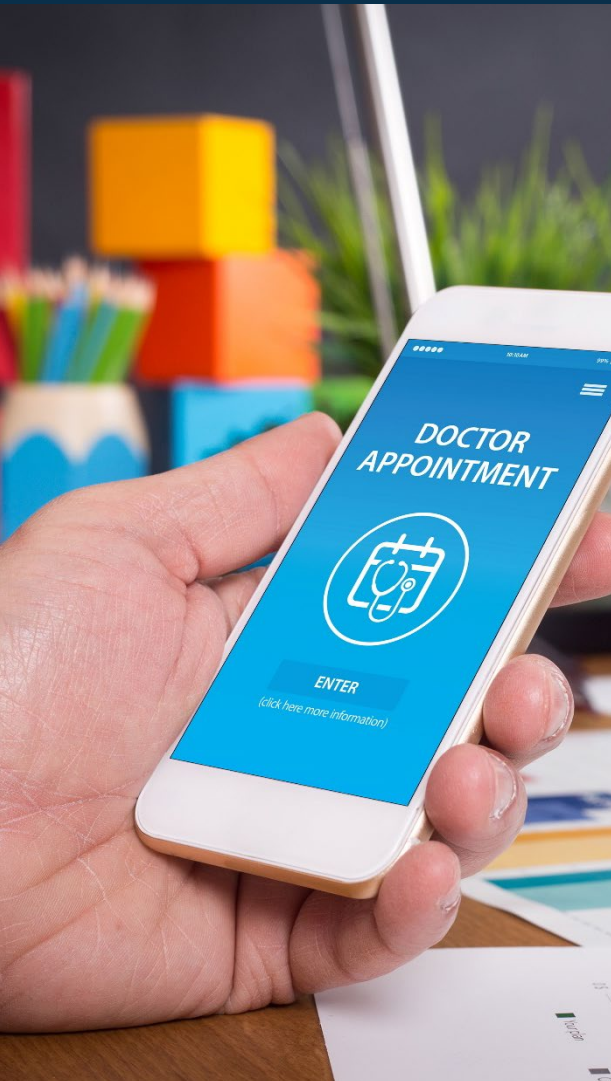
1. Gallucci, G., Swartz, W., & Hackerman, F. (2005). Impact of the wait for an initial appointment on the rate of kept appointments at the mental health center. *Psychiatric Services*, 56, 344-346.

Potential Best Practice Examples

Presented By William Wood



Consumer Engagement



- Timeliness of appointments - Waiting too long decreases compliance and follow up
- Match geographic location with consumer
- Consumer reminders
- Increase consumer choice in times when possible
- Use Telehealth such as phone therapy, video conferencing when desired by consumer and charge for it
- Telehealth modalities may be used in addition to in-person treatment to expand access and improve compliance

1. Information based upon presenter's experience.

Consumer Engagement (Continued)



- Provide short visit walk-in appointments when possible
- Early morning or late afternoon/evening appointments for people who work or single parents with children
- Develop relationships with primary care providers including ob/gyn providers to improve quality of referrals and to improve compliance with referrals

1. Information based upon presenter's experience.

Consumer Engagement (Continued)




- Coordinate care with same primary care providers as outpatient consultant to develop treatment plan and recommendations for treatment
- Review alternative payment mechanisms such as bundled payments and pay for outcomes rather than procedures
- Use internet and text messaging to expand contact with consumers once engaged

1. Information based upon presenter's experience.

Questions

Closing

Access To: *Trends In Behavioral Health: A Reference Guide On The U.S. Behavioral Health Financing & Delivery System*

- *Trends In Behavioral Health: A Reference Guide On The U.S. Behavioral Health Financing & Delivery System* offers insights into how health plans have developed new population health management strategies that focus on improving consumer access to care, consumer engagement, care coordination for consumers with behavioral health conditions, and quality of care in behavioral health. The results were reviewed by the *OPEN MINDS* National Health Plan Survey Advisory Board.
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- The image shows the front cover of a report. At the top, it says 'THE 2017 EDITION'. Below that is the 'CENTRIPETAL' logo, which consists of a red flower-like icon and the text 'CENTRIPETAL Centered on Behavioral Health'. To the right of the logo is a graphic of overlapping squares in blue, red, and dark blue. Below the logo is a red rectangular box with white text that reads 'TRENDS IN BEHAVIORAL HEALTH: A Reference Guide on the U.S. Behavioral Health Financing & Delivery System'. At the bottom, it says 'Brought to you by' followed by the 'Otsuka' logo and an Arabic logo. At the very bottom, in small text, it says '©2017 Otsuka America Pharmaceutical, Inc., Hialeah, FL' and 'September 2017 10001716-0001'.
- A free copy of the report, *Trends In Behavioral Health: A Reference Guide On The U.S. Behavioral Health Financing & Delivery System*, is available for download on PsychU.org. To access the report, or learn more please visit: <https://www.psychu.org/trends-behavioral-health-reference-guide-u-s-behavioral-health-financing-delivery-system/>

Upcoming Virtual Fora*

Program	Speakers	Date	Time
Psychiatric Illness Identification & Treatment For Mass Casualty Event Survivors & First Responders	<ul style="list-style-type: none"> • Allan Chrisman, MD Associate Professor Emeritus at Duke University School of Medicine • Richard Weisler, MD Owner of Psychiatry Practice – Weisler MD 	11/15/18	12:00pmET
Beyond Molecular Biomarkers In Psychiatry: Advances In The Digital Age	<ul style="list-style-type: none"> • Rifaat El-Mallakh, MD Professor at University of Louisville School of Medicine • John Luo, MD Professor at University Of California, Riverside, and Interim Chief Medical Information Officer at UCR Health 	12/5/18	12:00pmET
State Of The Union: A Critical Look At The Policy & Legislation Impacting U.S. Behavioral Health Care	<ul style="list-style-type: none"> • Nathaniel Counts Expert member of the Forum on Promoting Children's Cognitive, Affective, and Behavioral Health at the National Academies of Science, Engineering, and Medicine • Athena Mandros, BA Subject Matter Expert at <i>OPEN MINDS</i> 	12/13/18	12:00pmET

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