



The Importance Of Quality In Behavioral Health Care

Measures, Programs, & Insights

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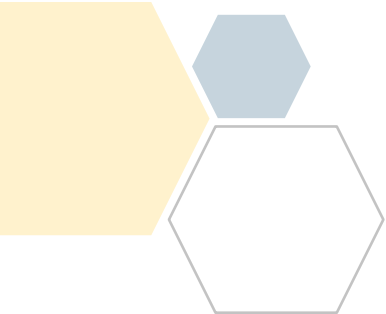
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Objectives Of Today's Presentation

- To understand the burden of behavioral health disorders on all stakeholders
- To define behavioral health quality measures, and how they're used
- To describe the growing importance of value-based care in behavioral health care
- To discuss payer and provider roles in quality improvement including challenges and strategies for success

The Burden of Behavioral Health Disorders



Why Focus On Behavioral Health?

Behavioral health is complex¹

- The multidimensional nature of mental illness requires integrated care that includes biological, psychological, and social management

People With Behavioral Health Disorders Often Experience Reduced Quality Of Care²

- Example: Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS® measure assesses individuals who were hospitalized for selected mental health disorders and then had follow-up within 7 and 30 days of discharge
 - In 2015, the 7 day follow-up ranged from 33.4% to 52.2% and the 30 day follow-up ranged from 52.1% to 70.7%

Mental illness, if untreated, can have serious clinical implications³

1. Yang, A.C. & Shih-Jen, T. (2013). Is mental illness complex? From behavior to brain. *Progress In Neuro-Psychopharmacology & Biological Psychiatry* (45):253-257. Retrieved from ResearchGate.net.
2. National Committee on Quality Assurance (NCQA). (2016). Follow-up after hospitalization for mental illness. Retrieved from NCQA.org.
3. Mayo Clinic Staff. (2015). Diseases and conditions: mental illness. Retrieved from MayoClinic.org.

People With Behavioral Health & Substance Abuse Disorders Have High Utilization Of Services

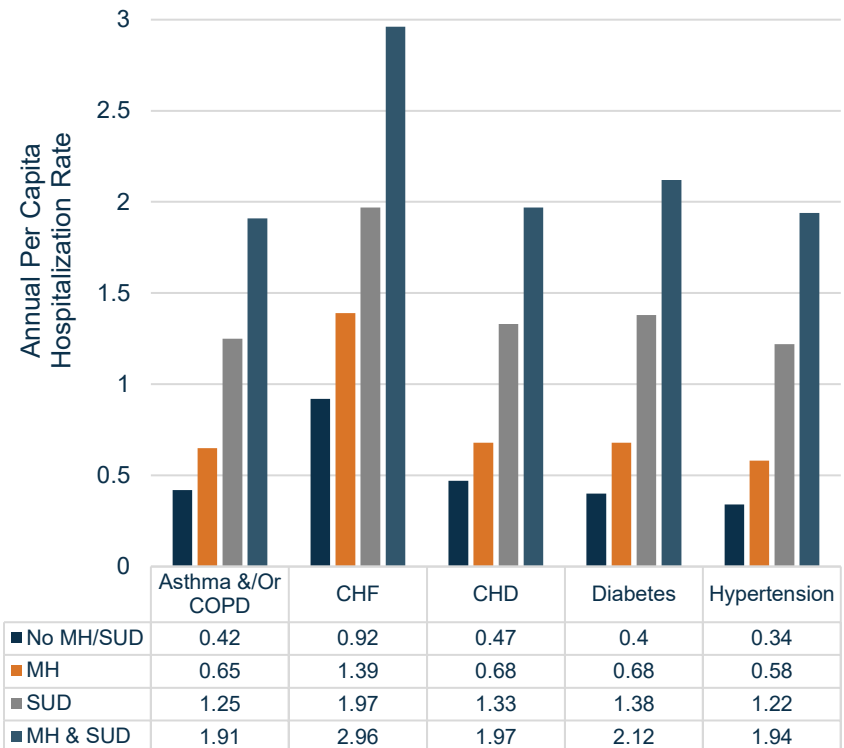
Hospital Readmission Within 30 Days Of Discharge (2012)¹

15.7% Of initial inpatient (IP) stays for schizophrenia (SZ) were readmitted with a diagnosis of SZ

9.0% Of initial IP stays for mood disorders were readmitted with a diagnosis of mood disorder

3.8% Of initial IP stays for non-behavioral health disorders were readmitted for the same condition

2012 Annual Per Capita Admission Rates, Medicaid Populations²



CHD = Coronary Heart Disease; CHF = Congestive Heart Failure; MH = Mental Health; SUD = Substance Use Disorder

- Heslin, K.C., & Weiss, A.J. (2015). Hospital readmissions involving psychiatric disorders, 2012. *Agency For Healthcare Research & Quality (AHRQ): Statistical Brief #189*. Retrieved from AHRQ.gov.
- Boyd, C., et. al. (2010). Clarifying multimorbidity patterns to improve targeting and delivery of clinical services for medicaid populations. *Faces Of Medicaid: Data Brief*. Hamilton, NJ: Center for Health Care Strategies (CHCS). Retrieved from CHCS.org.

Mental Health & SUD Comorbidities Significantly Increase Average Health Care Costs¹

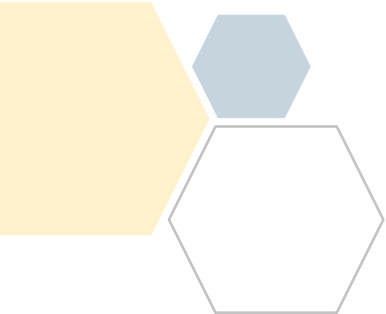
2012 Annual Costs Of Behavioral Health Comorbidities, Medicaid Population¹

	No MH/SUD	MH	SUD	MH & SUD
Asthma &/Or COPD	\$8,000	\$14,081	\$15,862	\$24,598
CHF	\$9,488	\$15,257	\$16,058	\$24,927
CHD	\$8,788	\$15,430	\$15,634	\$24,443
Diabetes	\$9,498	\$16,267	\$18,156	\$36,730
Hypertension	\$15,691	\$24,693	\$24,281	\$35,840

CHD = Coronary Heart Disease; CHF = Congestive Heart Failure; COPD = Chronic Obstructive Pulmonary Disease; MH = Mental Health; SUD = Substance Use Disorder

1. Boyd, C., et. al. (2010). Clarifying multimorbidity patterns to improve targeting and delivery of clinical services for medicaid populations. *Faces Of Medicaid: Data Brief*. Hamilton, NJ: Center for Health Care Strategies (CHCS). Retrieved from CHCS.org.

Behavioral Health Quality Measures



What Are Quality Measures & Why Use Them?¹

“The process of using data to evaluate the performance of health plans and health care providers against recognized quality standards”

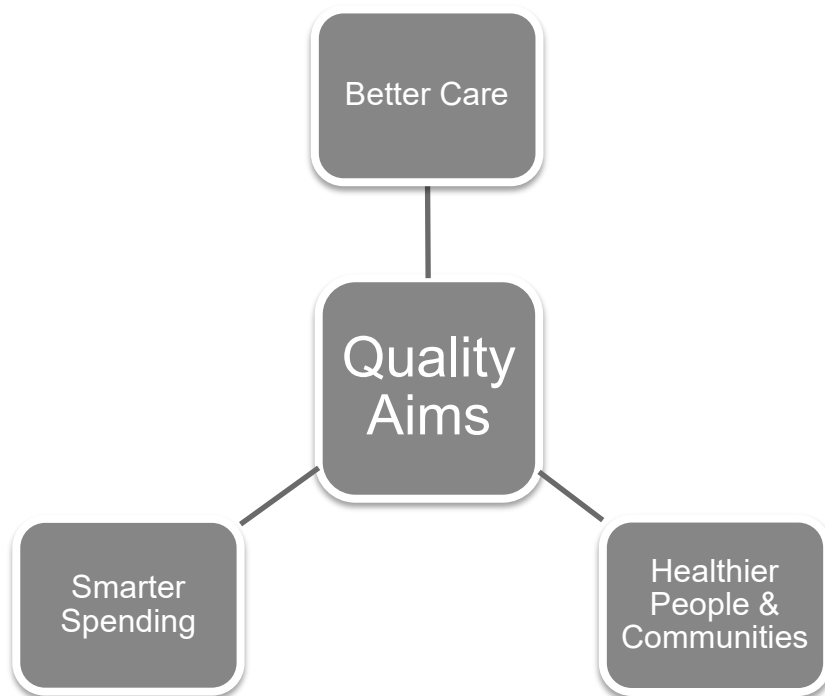
Quality Measures Align Payment With Value

- Preventing the overuse, underuse, and misuse of health care services and ensuring patient safety
- Identifying what works in health care—and what doesn’t—to drive improvement
- Holding health insurance plans and health care providers accountable for providing high-quality care
- Measuring and addressing disparities in how care is delivered and in health outcomes
- Helping consumers make informed choices about their care

1. Morris, C. & Bailey, K. (2014). Measuring health care quality: An overview of quality measures. *Families USA Issue Brief*. Retrieved from FamiliesUSA.org.

Affordable Care Act (ACA) & National Quality Strategy (NQS)¹

ACA required the Secretary of HHS to develop an NQS; CMS adopted the NQS to inform quality strategy aims and priorities



Quality Priorities

- Reduce harm caused by care delivery
- Engage individuals and families as partners in care
- Promote communication and coordination
- Promote effective chronic disease prevention and treatment practices
- Promote wide-spread community use of best-practices for healthy living
- Reduce cost of quality care through the use of innovative delivery models

CMS = Centers For Medicare and Medicaid Services; HHS = Health and Human Services

1. Agency for Healthcare Research and Quality (AHRQ). (2014). The national quality strategy: Fact sheet. Retrieved from AHRQ.gov.

NCQA's© HEDIS® Measures

- **More than 90% of America's health plans use HEDIS to measure performance on important dimensions of care and service¹**
 - 81 measures across 5 domains of care²
- **HEDIS makes it possible to compare health plans based on standardized measures¹**
 - Results reported in the State of Health Care Quality Report (published by NCQA) and Health Plan “Report Cards” (most often reported in the news)
 - Includes the CAHPS Survey (a consumer rating survey)

CAHPS = Consumer Assessment Of Healthcare Providers & Systems; NCQA = National Committee For Quality Assurance; HEDIS = Healthcare Effectiveness Data & Information Set

1. National Committee for Quality Assurance (NCQA). (nd). HEDIS and quality compass. Retrieved from NCQA.org.

2. National Committee for Quality Assurance (NCQA). (2018). HEDIS & performance measurement. Retrieved from NCQA.org.

NCQA® HEDIS® 2018 Measures: Behavioral Health¹

Topic	Measure
Screening	Depression Screening & Follow-Up For Adolescents & Adults
Monitoring	Utilization Of The PHQ-9 To Monitor Depression Symptoms For Adolescents & Adults
Medication Management	Adherence To Antipsychotic Medications For Individuals With Schizophrenia
	Antidepressant Medication Management
Psychosocial Care	Use Of First-line Psychosocial Care For Children & Adolescents On Antipsychotics
Coordination	Follow-Up After ED Visit For Mental Illness
	Follow-Up After Hospitalization For Mental Illness
Overuse / Appropriateness	Use Of Multiple Concurrent Antipsychotics In Children & Adolescents
Integration Of Medical Needs	Diabetes Screening For People With Schizophrenia Or Bipolar Disorder Who Are Using Antipsychotic Medications
	Diabetes Monitoring For People With Diabetes & Schizophrenia
	Metabolic Monitoring For Children & Adolescents On Antipsychotics
Utilization	Mental Health Service Utilization
Outcomes	Depression Remission Or Response For Adolescents & Adults

ED = Emergency Department; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance

1. National Committee for Quality Assurance (NCQA). (2017). Summary table of measures, product lines and changes. Retrieved from NCQA.org.

NCQA® HEDIS® 2018 Measures: Substance Use¹

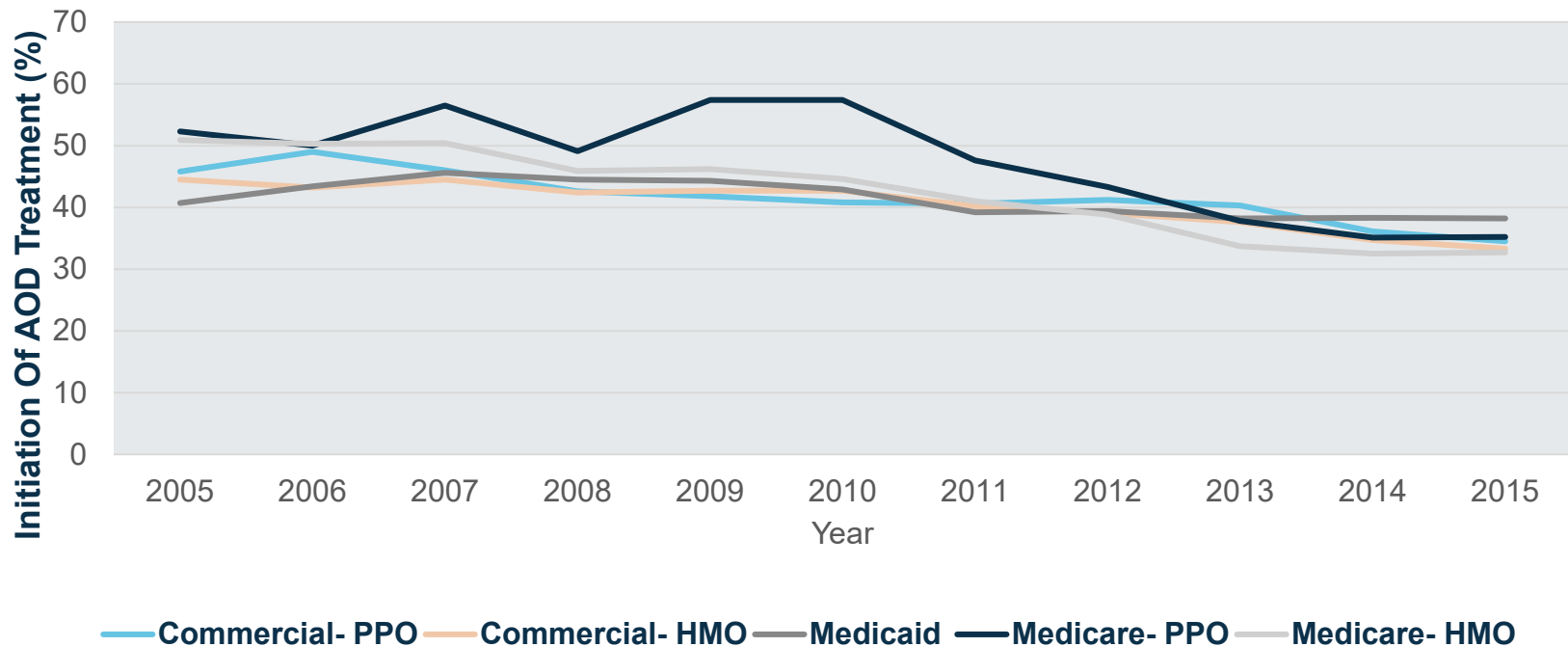
Topic	Measure
Screening	Unhealthy Alcohol Use Screening & Follow-Up
Overuse / Appropriateness	Use Of Opioids At High Dosage
	Use Of Opioids From Multiple Providers
Coordination	Follow-Up After ED Visit For Alcohol & Other Drug Dependence
Access To Care	Initiation & Engagement Of Alcohol & Other Drug Abuse Or Dependence Treatment
Utilization	Identification Of AOD Services

AOD = Alcohol and Other Drug Dependence; ED = Emergency Department; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance

1. National Committee for Quality Assurance (NCQA). (2017). Summary table of measures, product lines and changes. Retrieved from NCQA.org.

HEDIS® Measure For Substance Use Treatment: Initiation (2005-2015)¹

National HEDIS Averages: Initiation Of AOD Treatment

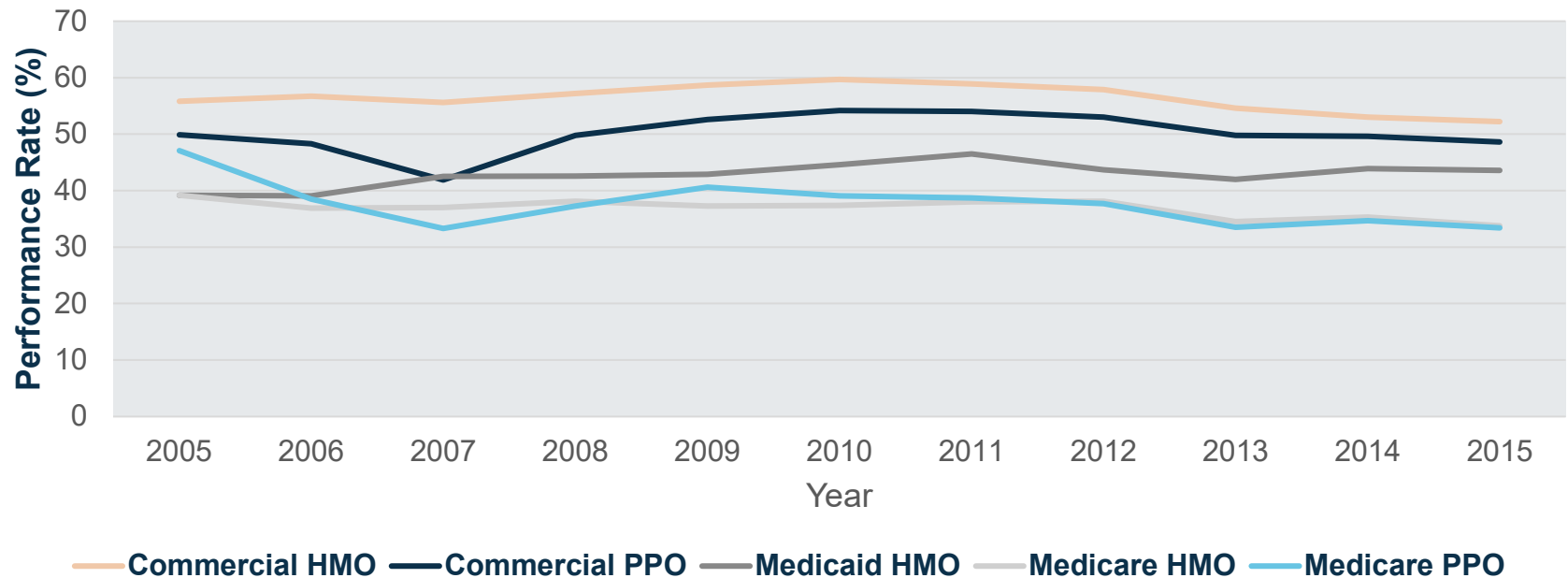


AOD = Alcohol and Other Drug Dependence; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; PPO = Preferred Provider Organization

1. National Committee for Quality Assurance (NCQA). (2016). Initiation and engagement of alcohol and other drug dependence treatment. Retrieved from NCQA.org.

HEDIS® Measure For Follow-Up After Hospitalization For Mental Illness (2005-2015)¹

National HEDIS® Averages
Follow Up: 7 Days After Hospitalization For Mental Illness



HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; PPO = Preferred Provider Organization

1. National Committee on Quality Assurance (NCQA). (2016). Follow-up after hospitalization for mental illness. Retrieved from NCQA.org.

Medicare: CMS Star Ratings: Medicare Advantage Plans

Goals¹

- Measure quality in Medicare Advantage & Prescription Drug Plans
- Assist beneficiaries in finding the best plan for them
- Determine Medicare Advantage Quality Bonus Payments
- Support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers

Example: Measures Of Interest To Behavioral Health²

- Improving or Maintaining Mental Health
- Yearly Review of All Medications and Supplements Being Taken
- Readmission to a Hospital within 30 Days of Being Discharged

CMS = Centers for Medicare and Medicaid Services; HHS = Health and Human Services

1. Centers for Medicare and Medicaid Services (CMS). (2016). Fact sheet – 2016 star ratings. Retrieved from CMS.gov.
2. Centers for Medicare and Medicaid Services (CMS). (2017). Medicare 2017 part c & d star rating technical notes. Retrieved from CMS.gov.

Medicaid: 2018 Core Set Of Adult Health Care Quality Measures

Established under the Affordable Care Act¹

Support federal and state efforts to voluntarily collect, report, and use a standardized set of measures¹

Improve the quality of care provided to adults covered by Medicaid¹

Includes 10 adult behavioral health measures for voluntary reporting by state Medicaid and CHIP agencies²

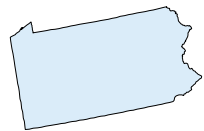
CHIP = Children's Health Insurance Program

1. Centers for Medicare & Medicaid Services (CMS). (2017). Adult health care quality measures. Retrieved from CMS.gov.
2. Centers for Medicare & Medicaid Services. (2017). 2018 Core set of adult health care quality measures for medicaid (adult core set). Retrieved from CMS.gov.

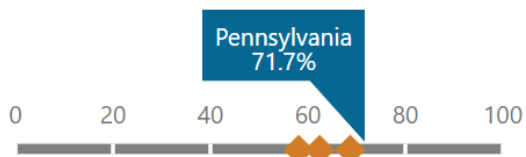
2018 Core Set For Adults: Behavioral Health¹

1. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
2. Medical Assistance with Smoking and Tobacco Use Cessation
3. Antidepressant Medication Management
4. Follow-Up After Hospitalization for Mental Illness: Age 21 and Older
5. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
6. Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence
7. Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
8. Use of Opioids at High Dosage in Persons Without Cancer
9. Adherence to Antipsychotic Medications for Individuals with Schizophrenia
10. Concurrent Use of Opioids and Benzodiazepines

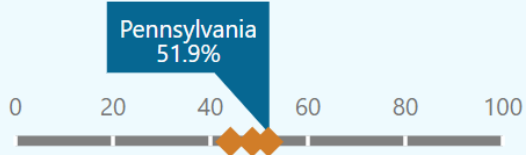
1. Centers for Medicare & Medicaid Services (CMS). (2017). 2018 core set of adult health care quality measures for medicaid (adult core set). Retrieved from CMS.gov.



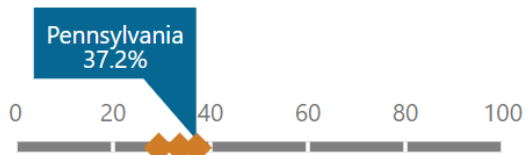
Pennsylvania's Results: Selected Medicaid Adult Core Set Behavioral Health Measures¹



Percentage with Schizophrenia who Remained on Antipsychotic Medication: age 19-64

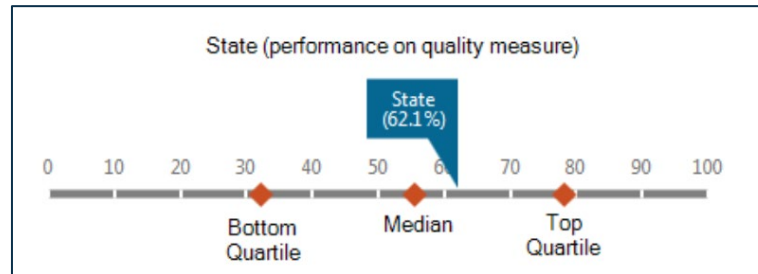


Percentage Treated with Antidepressant Medication for 12 Weeks: age 18-64



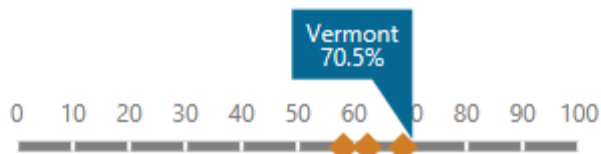
Percentage Treated with Antidepressant Medication for 6 Months: age 18-64

Example Performance Data / Legend

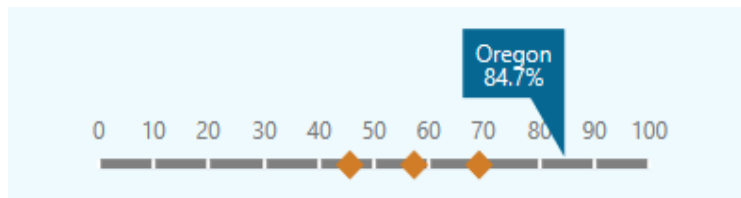
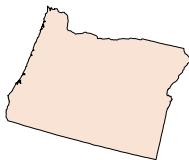


1. Centers for Medicare & Medicaid Services (CMS). (2017). Medicaid & CHIP (children's health insurance program) in Pennsylvania. Retrieved from Medicaid.gov.

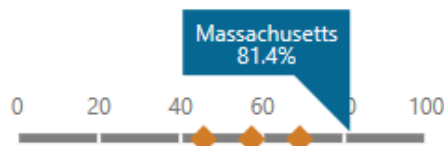
Examples Of High-Performing States: Selected Medicaid Adult Core Set Behavioral Health Measures



Percentage With Schizophrenia Who Remained On Antipsychotic Medication: 19-64¹

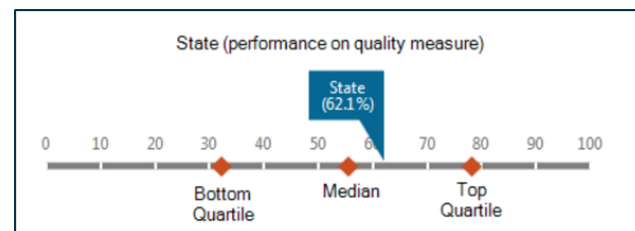


Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit within 30 Days: 21-64²



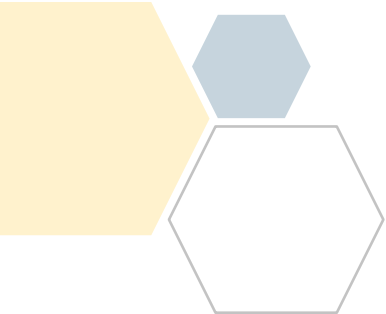
Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit within 30 Days: 21-64³

Example Performance Data / Legend



- Centers for Medicare & Medicaid Services (CMS). (2017). Medicaid & CHIP (children's health insurance program) in Vermont. Retrieved from Medicaid.gov.
- Centers for Medicare & Medicaid Services (CMS). (2017). Medicaid & CHIP (children's health insurance program) in Oregon. Retrieved from Medicaid.gov.
- Centers for Medicare & Medicaid Services (CMS). (2017). Medicaid & CHIP (children's health insurance program) in Massachusetts. Retrieved from Medicaid.gov.

The Shift Toward Value-Based Care



Drivers Of Value-Based Care

The Affordable Care Act

- Provides greater access to health insurance for individuals with preexisting conditions¹
- Makes services for mental health and substance abuse an essential service²
- Provides framework for integrating behavioral and physical health care¹

Focus On Complex Consumers & Costs³

- Patients with a serious mental illness have multiple comorbid medical problems
- Primary care offices and emergency departments see a high volume of patients with these needs
- Models that promote value are one way to manage care and cost (e.g. accountable care organizations)

Difficulty In Making The FFS Environment Work⁴

- The volume-maximizing incentives built into the traditional fee-for-service environment have been difficult to continue in value-driven models

The Triple Aim⁵

- Looking to increase value by improving the consumer care experience, improving consumer health, and reducing the per capita cost of health care

1. Summary of provisions in the patient protection and affordable care act (PPACA). (2017). Retrieved from ObamacareFacts.com.

2. Centers for Medicare and Medicaid Services (CMS). (nd) Essential health benefits. Retrieved from HealthCare.gov.

3. Feldman, R. (2015). Population health management for behavioral health. Retrieved from [Mental Health America \(MHA\) MentalHealthAmerica.net](http://MentalHealthAmerica.net).

4. Brown, B. & Crapo, J. (2014). The key to transitioning from fee-for-service to value-based reimbursement. Retrieved from HealthCatalyst.com.

5. Institute for Healthcare Improvement (IHI). (nd) The IHI triple aim. Retrieved from IHI.org.

Value-Based Payment Creates Changes For All Stakeholders¹

Health Plans

- Medical loss ratio limitations, downward pressure on rates; more competition
- Backward integration, gainsharing reimbursement arrangements with providers
- Smaller subsidies and more stringent ratings for health exchange plans

Provider Organizations

- Strategic 'reengineering' of services to fit in emerging value chain

Other Health Care Professionals

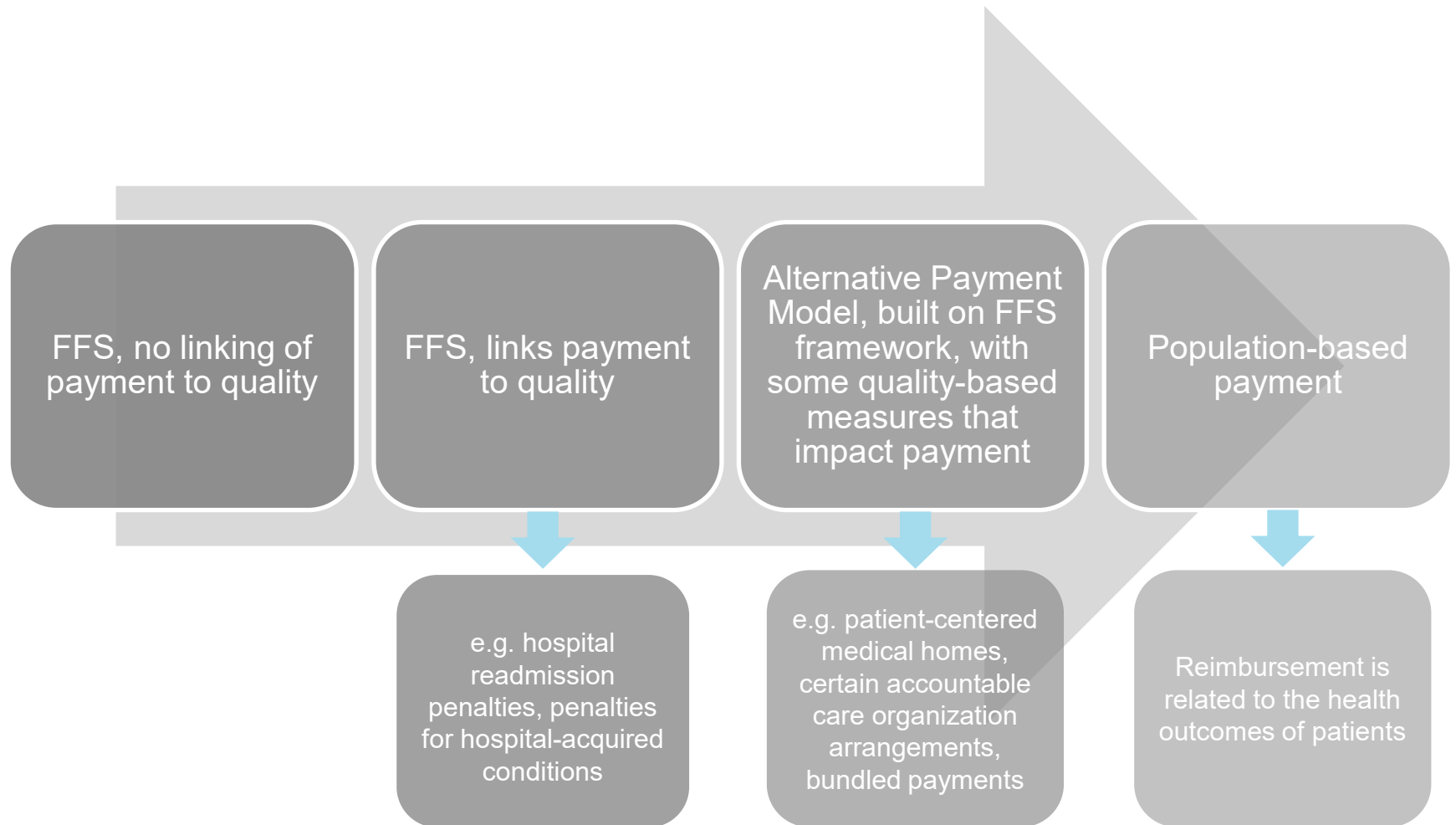
- Move away from 'more is better'
- Participation in population health management and standardization of care delivery
- End of private practice except for cash/concierge

Consumers

- More cost sharing
- More opportunities for engagement

1. Oss, M.E. (2016). Are you really ready for value-based payment? [Presentation]. Presentation given at the 2016 OPEN MINDS Performance Management Institute. Clearwater, FL.

How A Fee-For-Service Model Can Transition Towards Value-Based Care¹



FFS = Fee-For-Service

1. Powe, M. (nd). Transitioning from fee-for-service to value-based payments - CMS sets ambitious timetable. *Payment Matters*. Retrieved from AAPA.org.

The Road To Value-Based Care

- Decide What To Measure And How To Measure It

Set Performance Standards

Metrics-Based Management

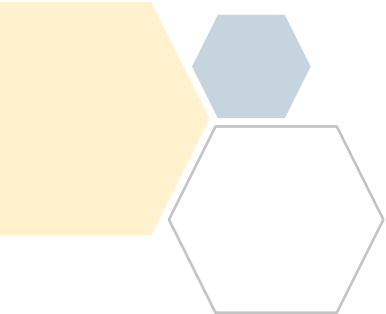
- Develop Systems & Process To Use Performance Measurement In Management

- Use Performance Measurement Data To Change

Performance-Driven Culture

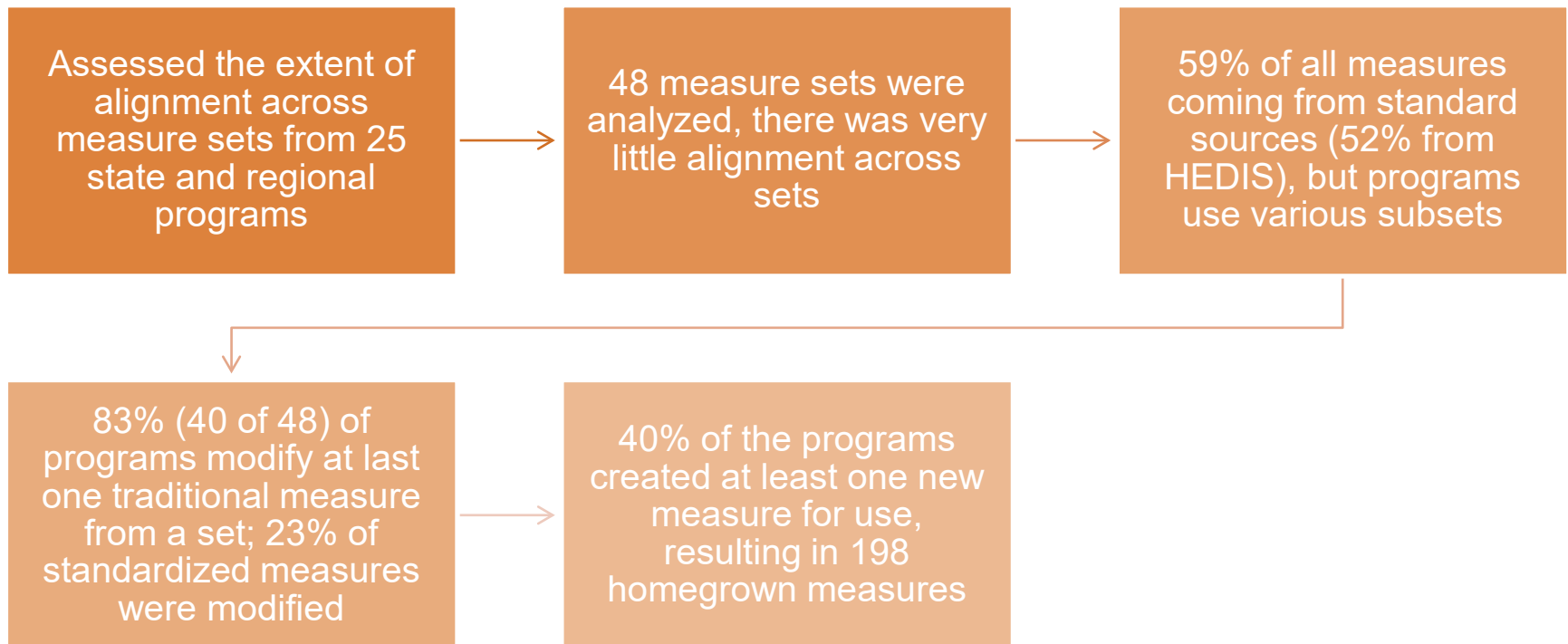
1. Oss, M.E. (2016). Are you really ready for value-based payment? [Presentation]. Presentation given at the 2016 OPEN MINDS Performance Management Institute. Clearwater, FL.

Challenges to Improving Quality



Quality Measures Are Not Standardized Across Markets¹

2013 Study by Bailit Health Purchasing, LLC



1. Bazinsky, K. (2013). The significant lack of alignment across state and regional health measure sets. Needham, MA: Bailit Health Purchasing, LLC.

Lag In Developing & Implementing Quality Measures In Behavioral Health¹

Worldwide, compared with physical health, mental health has been slow to develop, adopt, and implement standardized performance measures.

Why?

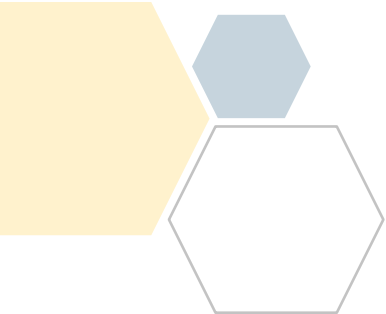
Lack Of Evidence To Support Definition Of Specific, Clearly Defined Measures

Lack Of Infrastructure To Gather & Record Necessary Data

Lack Of Strategy For Widespread Implementation Across Settings

1. Kilbourne, A.M., Keyser, D., & Pincus, H.A. (2010). Challenges and opportunities in measuring the quality of mental health care. *Can J Psychiatry* 55(9): 549-557. Retrieved from the National Center for Biotechnology Information (NCBI).

Pay-For-Value



Paying For Value Is Gaining Momentum

Public Payers¹

Medicare shifted 30% of reimbursement to pay for value by January 2016 (ahead of schedule)

Plans to shift 50% by end of January 2018²



Private Payers³

Payers have shifted 58% of their business to value-based reimbursement
(Survey by McKesson Corp, 2016)

1. U.S. Department of Health and Human Services (HHS). (2016). HHS reaches goal of tying 30 percent of medicare payments to quality ahead of schedule (Press Release). Baltimore, MD: U.S. Department of Health and Human Services. Retrieved from HHS.gov.
2. Centers for Medicare & Medicaid Services (CMS). (2016). Better care. Smarter spending. Healthier people: Improving quality and paying for what works. Retrieved from CMS.gov.
3. McKesson Corporation. (2016). Journey to value: the state of value-based reimbursement in 2016. San Francisco, CA: McKesson Corporation. Retrieved from MHSvbrstudy.com.

Recommendations For Payers: Strategies To Implement Value-Based Payment¹

Introduce increasing levels of risk gradually and incrementally

Tailor measures to the performance improvement goals of physician practices

Develop actionable performance data and engage providers in understanding the data so they can improve patient care.

Target payment and quality data to individual providers in addition to practices

1. Alliance of Community Health Plans (ACHP). (nd). Rewarding high quality: Practical models for value-based physician payment. Retrieved from ACHIP.org.

Recommendations For Providers: Moving To A High-Value Health Care Delivery System

Organize
into
integrated
practice
units

Measure
outcomes
and costs for
every patient

Move to
bundled
payments
for care
cycles

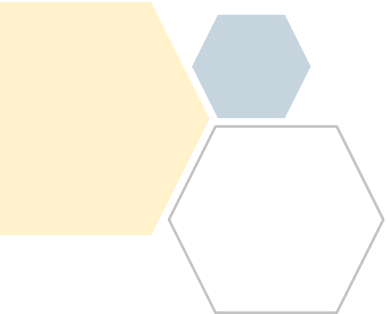
Integrate
care delivery
across
separate
facilities

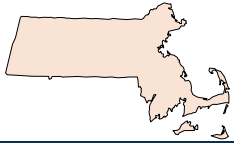
Expand
excellent
services
across
geography

Build an enabling information
technology platform¹

1. Porter, M.E. (2013). The strategy that will fix health care. Retrieved from HBR.org.

Examples: Pay-For-Value in Behavioral Health





Alternative Quality Contract

Blue Cross Blue Shield of Massachusetts

Major Features¹

- A global budget structure
- Substantial performance incentives
- A long-term contract between BCBSMA & providers
- Clinical and information support

Facts²

Launched in 2009

825,000 members in HMO, POS, PPO benefitted in 2016

153,000 providers participated in 2016

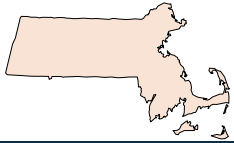
Overview of Results²

Enrollees under AQC had lower spending growth and generally greater quality improvements after 4 years compared to similar populations

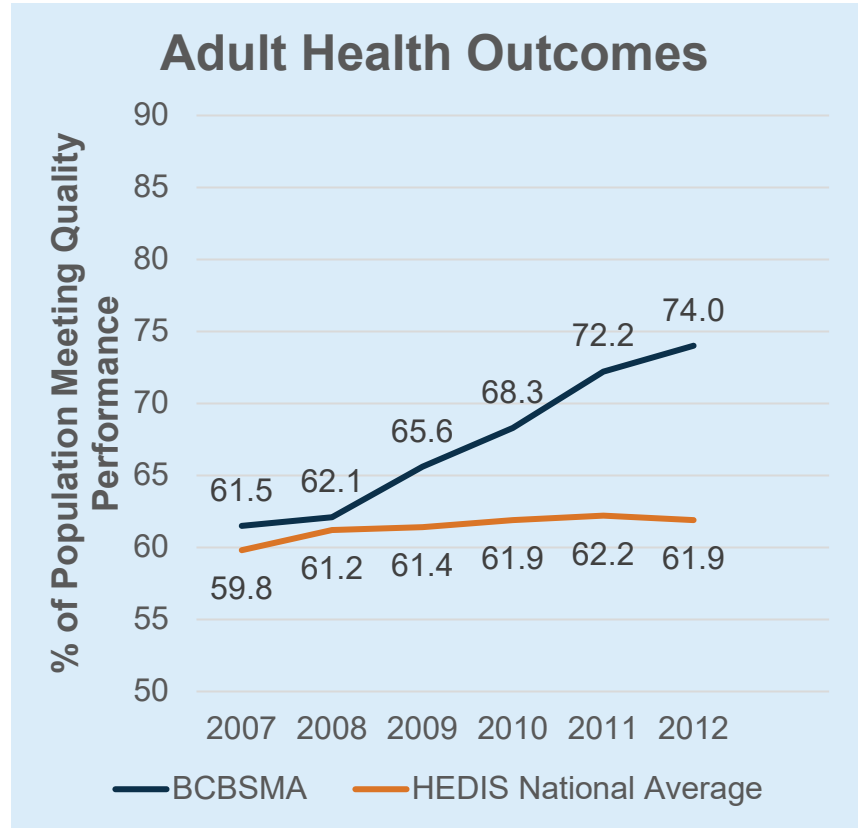
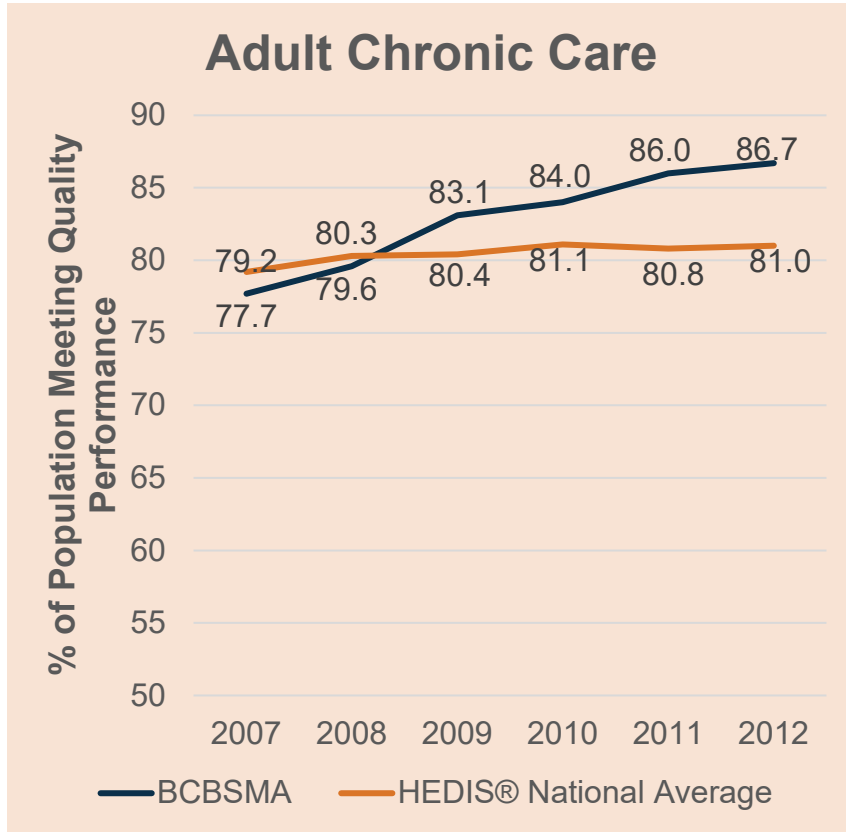
AQC = Alternative Quality Contract; BCBSMA = Blue Cross Blue Shield of Massachusetts; HMO = Health Maintenance Organization; POS = Point of Service; PPO = Preferred Provider Organization

1. Seidman, J. (2015). Payment reform on the ground: Lessons from the blue cross blue shield of Massachusetts alternative quality contract. Washington, DC: Avalere Health LLC.

2. Blue Cross Blue Shield of Massachusetts. (2016). Annual report 2016 blue cross blue shield of Massachusetts. Boston, MA: Blue Cross Blue Shield of Massachusetts.

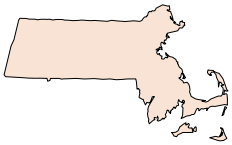


AQC Results Compared To HEDIS® Measures (2007-2012)¹ Blue Cross Blue Shield of Massachusetts

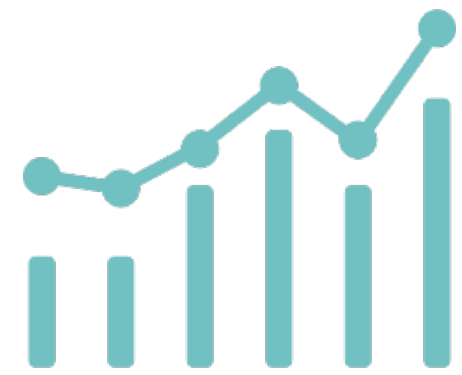
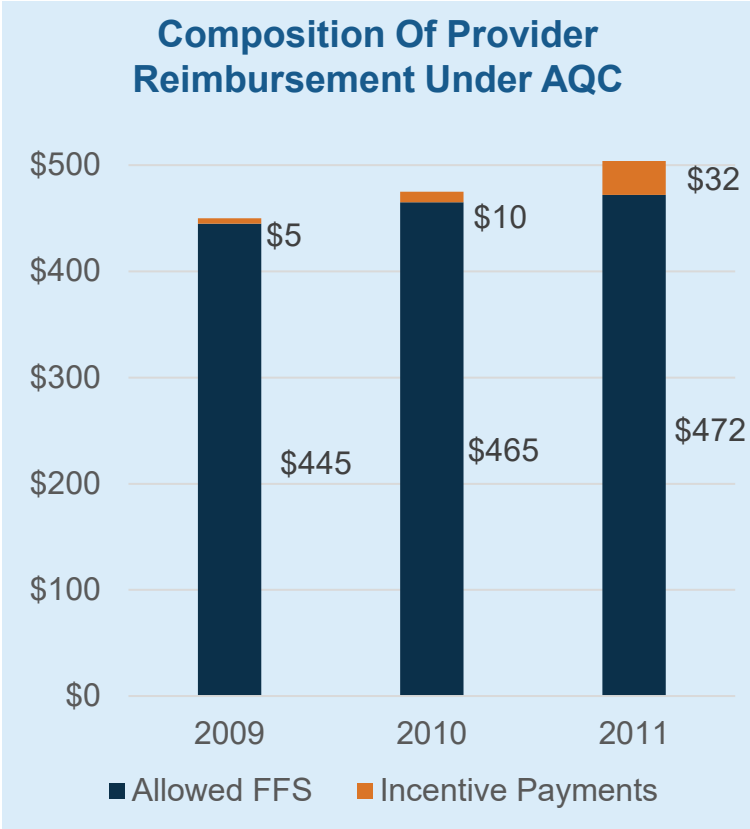


AQC = Alternative Quality Contract; BCBSMA = Blue Cross Blue Shield of Massachusetts; HEDIS = Healthcare Effectiveness Data and Information Set

1. Safran, D.G. (2015). The alternative quality contract (AQC): Improving quality while slowing spending growth. Boston, MA: Blue Cross Blue Shield of Massachusetts.



Trends In AQC Provider Reimbursement (2009-2011) Blue Cross Blue Shield of Massachusetts

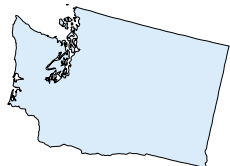


Percent Change In Provider Reimbursement Under AQC

	2010/2009	2011/2010	2 Year
Allowed FFS	+4.4%	+1.4%	+2.9%
Incentive Payments / Performance	+1.0%	+4.7%	+2.9%
Total	+5.4%	+6.1%	+5.8%

AQC = Alternative Quality Contract; FFS = Fee-For-service; HEDIS = Healthcare Effectiveness Data and Information Set

1. Safran, D. G. (2015). The alternative quality contract (AQC): Improving quality while slowing spending growth. Boston, MA: Blue Cross Blue Shield of Massachusetts.



Pay For Performance (P4P)¹

Washington State Mental Health Integration Program

Researchers analyzed the effects of adding Pay For Performance to primary care clinics with integrated behavioral health services.

Major Features

- Behavioral health care provided in primary care clinics through an integrated approach
- P4P: 25% of annual funding to participating clinics was contingent on meeting several quality indicators

Facts

Analysis of quality improvement program with a P4P incentive, 2008-2010

29 safety net Community Health Clinics

7,941 MHIP participants with moderate-severe depression

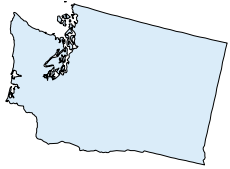
Overview Of Results

The majority of program participants achieved improvements in their depression during the program

The P4P incentive substantially improved the quality and outcomes of care

MHIP = Mental Health Integration Program

1. Unützer, J. et al. (2012). Quality improvement with pay-for-performance incentives in integrated behavioral health care. *American Journal of Public Health* 102(6), pp. e41-e45.



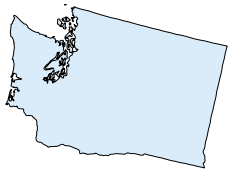
Results Of P4P Implementation¹

Washington State Mental Health Integration Program

Measure	Pre-P4P	Post-P4P
Percent of participants: Received follow up care with 4 weeks of initial assessment	53%	72% (<i>P</i> <.001)
Average number of contacts by participants with care coordinator, during study period	6.2	5.5 (<i>P</i> <.002)
Percent of participants: Psychiatrist reviewed case, made recommendations to PCP	49%	60% (<i>P</i> <.001)
Time elapsed to reach 50% reduction in PHQ-9, or PHQ-9 score <10	64 weeks	25 weeks

P4P = Pay For Performance; PCP = Primary Care Provider; PHQ-9 = Patient Health Questionnaire 9

1. Unützer, J. et al. (2012). Quality improvement with pay-for-performance incentives in integrated behavioral health care. *American Journal of Public Health* 102(6), pp. e41-e45.



Challenges Of P4P Implementation¹

Washington State Mental Health Integration Program



Programs require substantial investments in, and commitment to, quality infrastructure

- e.g. the ability to systematically track the quality and outcomes of care



Participants were clinically complex (e.g. high rates of suicidal ideation and psychiatric comorbidities)



Participants faced substantial social challenges

- The majority were unemployed due to a medical or a mental health-related disability
- More than half of program participants had problems with stable housing

P4P = Pay For Performance

1. Unützer, J. et al. (2012). Quality improvement with pay-for-performance incentives in integrated behavioral health care. *American Journal of Public Health* 102(6), pp. e41-e45.

Summary

- Effectively treating behavioral health disorders is important to reducing serious clinical implications
- Continually tracking quality metrics in behavioral health care may lead to improved outcomes in health and cost
- Value based payments are designed to reward outcomes rather than volume in health care delivery
- Collaborative efforts by payers and providers may improve the quality of behavioral health services, including overcoming barriers to implementing new strategies



The Importance Of Quality In Behavioral Health Care

Measures, Programs, & Insights