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A New Model for Behavioral Health Care: Scientifically Driven, Industry Wide Standards of Care

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Executive Summary

While large behavioral care delivery systems can develop their own internal benchmarks and compare delivery sites internally, the behavioral health industry has yet to follow the lead of other major industries to develop cross-organizational data sharing capabilities which allow for broad consensus on best practices and best outcomes. Broadly scaled, cross-industry data will enable large scale data analysis, machine learning and other AI model insights that will help establish high quality national standards of care against which the entire behavioral care industry can benchmark their relative performance. The benefits to enhanced quality of care and the bottom line are potentially extraordinary.

Background

Behavioral care CEOs have the difficult job of assuring the delivery of high quality clinical care and at the same time producing attractive margins for their stakeholders. These often competing demands require a challenging balance. However, **better care based on measurable, provider driven, industry wide outcome measures can be good for business**, and can provide an exceptional return on investment.

The behavioral care industry, once largely a collection of independent practices and hospitals, has consolidated significantly over the last twenty years, and today often operates within large corporations, whether through integrated delivery systems, or as stand alone behavioral care corporations. The industry requires a significant expenditure of resources to operate. Of the projected U.S. 2024 GDP of about $28 trillion, healthcare is estimated to account for nearly $5 trillion of spending with behavioral care accounting for $280b direct and $720b indirect spending (1). Management of service quality, systematically applied, is therefore critical for both ethical and financial reasons.

Historically, small practices typically relied on internally driven professional standards (i.e. the clinical judgment of individual practitioners) as the predominant quality measure. As the industry has consolidated, practitioners have been slow to transition from the “Mom and Pop” individual judgment approach to systematized care management across a large, often multi-state enterprise. There is no better example than the failure to control rising suicide rates with standardized suicide risk assessments rather than traditional idiosyncratic patient assessments of individual clinicians (who often scoffed at attempts to standardize clinical assessments). As would be expected, clinical

1 U.S Government, Statista, U.S. News, NIMH & SAMHSA

outcomes in these settings have been shown to vary dramatically. Studies have also shown that using clinical judgment alone, behavioral health providers frequently fail to detect a lack of improvement or a worsening of symptoms in their patients, leading to clinical "treatment inertia" or worse, to treatment failure. Without the systematic monitoring of clinical symptoms and patient function, providers fail to maximize treatment outcomes over time through meaningful quality improvement activities.

Different quality management programs are available to large behavioral care organizations and include care pathways and benchmarks. They are often combined under the rubric of Measurement Based Care (MBC). Defined as the systematic evaluation of patient symptoms and function before and/or during an encounter to inform behavioral health treatment, MBC is not a new concept; it has been around for several decades now. Despite more than 20 years of advocacy for MBC, by 2015 only 18% of psychiatrists and 11% of psychologists in the United States routinely administered symptom rating scales to patients to monitor improvement (2).

Though seen as a critical next step forward for behavioral healthcare, there are significant challenges to the implementation of MBC. They include the inadequacy of many MBC metrics currently required by regulators and utilized within the industry. For example, just as the rest of the healthcare industry has recognized that (easier to collect) process measures should be replaced over time by measures of clinical outcomes (for example, what percent of diabetics had an A1c test versus what percent of diabetics had A1c, blood pressure and LDL cholesterol in adequate control), there is growing recognition within the behavioral health community that functional outcome measures are needed to supplement symptom measures. Functional measures provide insight into a patient's ability to do their job, go back to school, to relate to friends and family, and exist in society, the foundational activities of

2 ISSUE BRIEF Fixing Behavioral Health Care in America A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services 2015 The Kennedy Forum

modern life that are the desired outcomes of behavioral care. The lack of these measures utilized at scale is a major issue in behavioral care. Lastly, existing benchmarks for quality of care originating from industry and academic organizations tend to be focused on one or several illness categories and relatively small sample sizes, exhibiting minimal sensitivity to complex comorbidity and demographic and social profiles.

Other barriers to effective implementation include clinician resistance and clinician concerns about data privacy. The slow adoption of EHRs and other data management technologies in behavioral care, due principally to cost of implementation, is an additional factor in lack of adoption of MBC. The 2009 HITECH Act, which gave health care providers funding to encourage the "meaningful use" of EMRs, did not include behavioral health providers. As of 2023, less than 50% of behavioral health hospitals utilize an EMR (3).

Benefits of Data-Driven Decision-Making

The promise of MBC outcome data, aggregated across the behavioral care industry, to predict optimal care pathways by service line is enormous and is creating pressure that will force the development of industry wide acceptance of standards of care, specific for each major service line.

Benchmarking individual and organizational performance against industry standards provides a basis for measuring performance, tracking patient care progress, and optimizing care over time to meet patient needs. Aggregated outcome data, scaled industry wide, subject to an agreed testing protocol, would allow for the evaluation of comparative performance. Five major areas of benefit come to mind for those focused on measuring quality of care against industry standards:

3 https://bhbusiness.com/2023/06/30/acadia-chief-strategy-officer-andrew-lynch-its-time-to-incentivize-behavioral-health-emr-adoption/

Clinical Benefits:

- **Improved Patient Outcomes Through Quality Improvement:** Benchmarking against measurable industry standards allows the continuous pursuit of excellence and the identification of gaps to drive quality improvement initiatives, leading to better care delivery and increased satisfaction for patients and staff.

- **Post Discharge Outcomes:** How does a clinician know if optimal care has been delivered to a patient if longitudinal post discharge data has not been systematically collected? Tracking of post discharge outcomes will inevitably lead to a better understanding of what care plan works best for each major illness category and the demographic profile of the patient under care.

- **Patient Engagement:** Clear care pathways empower patients by providing transparent information about their treatment experience. Engaged patients are more likely to comply with treatment plans and achieve better outcomes.

Operational Benefits:

- **Labor Cost Reduction:** An effective understanding of optimal care pathways streamlines processes, reduces unnecessary testing, and optimizes resource utilization (top of license care delivery). By adhering to care pathways and measuring outcomes against industry benchmarks, organizations can minimize waste, lower costs, and improve financial performance.

- **Operational Efficiency:** Standardized pathways enhance workflow efficiency by providing clear guidelines for each stage of patient care. Consistent processes reduce variability, enhance staff productivity, and lead to smoother operations. For example, data driven standards for optimal length of inpatient psychiatric admission can provide a clinical rationale for this otherwise contentious issue.

- **Risk Mitigation:** The availability of data driven care pathways reduce the likelihood of errors or omissions. By adhering to care pathways and tracking relevant benchmarks, organizations minimize clinical risks associated with deviations from best practices. Organizationally, payers gain better insight into the risk of the population they insure.

- **Provider Satisfaction:** Effective benchmarks guide clinicians, reducing challenging decision ambiguities. Following established pathways decreases variance while decreasing errors and improving outcomes. Improved patient outcomes, demonstrated by comparative benchmarks, promote provider satisfaction through the sense of professional accomplishment and by establishing transparent metrics for evaluating and rewarding employee performance.

Negotiation with Payer Benefits:

- **Payers manage their costs:** Payers manage claims, not patient outcomes. Payer contracts are mostly about managing the daily cost of care by patient, not optimal care, and related long-term costs. They have access to and can utilize claims data exchanges for benchmarking their projected cost by illness and location.

In general, payers have a more complete picture of the cost of treatments implemented than providers. However, they lack insight into the tradeoff between the effectiveness of care plans over time and the cost of care.

- **Provider Standards:** With provider developed, industry wide standards of care established to help define and support the outcome of care delivered to patients, provider organizations will be better able to articulate the tradeoff between better outcomes and appropriate compensation.

Competitive Environment Benefits:

- **Scarcity of Providers:** The general competitive environment is such that, sadly, there is a growing number of behavioral care patients in need every day and there is an extreme scarcity of trained clinicians to care for them.

- **Increased Competition:** Every behavioral care organization is pressured to keep the existing inpatient beds occupied and/or outpatient programs fully utilized. Competition for new business increasingly requires an ability to track and demonstrate outcomes in the inpatient setting, in ambulatory programs and post-discharge.

- **Referral Networks and Payer Pressure:** Large provider organizations are under ever increasing pressure to prove the quality of care they deliver when competing for business.

Regulatory benefits:

This issue is recognized broadly within the industry, and a variety of efforts have been made to effect change. Just by way of example, from differing parts of the behavioral health universe:

- **JCAHO:** As of Jan. 1, 2018, all Joint Commission-accredited behavioral health care organizations are required to assess outcomes of care, treatment, or services through the use of a standardized tool or instrument. Data derived from use of standardized instruments may be used to inform goals and objectives, monitor individual progress, and inform decisions related to individual plans for care, treatment, or services. Aggregate data from the tools may also be used for organizational performance improvement efforts and to evaluate outcomes of care, treatment, or services provided to the population(s) served (4).

- **US Federal government:** The 21st Century Cures Act established the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to enhance coordination across federal agencies and improve access to quality, affordable mental health care for people experiencing serious mental illness or serious emotional disturbance. The ISMICC also is charged with making recommendations for actions that federal agencies can take to improve the coordination and administration of mental health services. One such recommendation by the Data and Evaluation Working Group is the promotion of measurement-based care (MBC) in community behavioral health treatment (5).

  The Centers for Medicare & Medicaid Services (CMS) has introduced the IBH Model, whose objective is to enhance the quality of care, access, and outcomes for adults with mental health conditions and substance use disorders in Medicaid and Medicare. The model emphasizes connecting

4 https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_13_outcome_measures_1_30_18_final.pdf
5 https://www.samhsa.gov/sites/default/files/ismicc-measurement-based-care-report.pdf

individuals with the necessary physical, behavioral, and social supports to manage their care effectively. It also promotes health information technology (healthcare IT) capacity building through infrastructure payments and other activities.

- **Industry oversight organizations** interested in improving the quality of behavioral care delivery have created lists of standardized tools and encouraged their use across the industry (6). For example, the Zero Suicide initiative is an international health care-system-focused framework designed to prevent suicide across the globe. It reflects a system-wide, organizational commitment to safer suicide risk assessment and care in medical and behavioral health care systems. The movement encourages a systematic approach to suicide prevention, integrating standardized demographic, psychometric and interview related measures to promote better outcomes for those at risk (7). The initiative believes that behavioral care organizations and their patients cannot afford to have suicide risk assessment remain an "art."

In Summary

The combination of a competitive provider new business environment, as well as payer and regulatory pressures will require the behavioral care provider industry to:

1. Cooperatively share deidentified patient outcome data to help create reliable industry standards of care by major service line of business, and this, in turn, will
2. Provide scientifically based insight to support management and clinicians in determining the optimal delivery of measurable, high quality care at the most attractive cost.

6 https://www.thekennedyforum.org/app/uploads/2017/06/MBC_supplement.pdf
7 https://zerosuicide.edc.org/

These two reactions to industry pressure are likely to fundamentally change the relationship of providers and payers as they seek to balance quality of care with the expense of delivering it.

Effective MBC requires the industry to systematically collect high quality outcome data based on agreed testing protocol. Without the collection of this data across the industry, providers will find it challenging to improve care quality, allocate labor efficiently and to gain the leverage they require to be paid properly for the care they deliver. Cross-industry data will enable large scale data analysis, that will help to establish high quality national standards of care against which the entire behavioral care industry can benchmark their relative performance

Other industries have faced this challenge and coalesced around the creation of acceptable standards to then free up their organizations to compete on the quality of service delivered.

More on that in our next brief!