Executive Summary: Achieving Value in Mental Health Support in Minnesota

A Deep Dive Powered by eValue8™

As a coalition of employer purchasers, the Minnesota Health Action Group, in collaboration with the National Alliance of Health Care Purchaser Coalitions, conducted the eValue8 Mental Health Deep Dive for Minnesota Health Plans. This was a rigorous "request for information" process, backed by employers and mental health experts nationally.

The Deep Dive asked detailed and important questions about health plan capabilities to provide the high-quality, affordable, integrated, and measurement-based mental health care that employers expect and employees deserve. The National Alliance published Deep Dive results for eight health plans and managed behavioral health organizations in 2018, and the national evaluation served as the foundation for the 2019 Minnesota assessment.

Highlights

Results of the assessment identified some variations in performance across responding health plans:

- Plans had individual areas of strength and opportunities for improvement
- There were also many common areas of concern

ALL plans, in Minnesota and nationally, fell short of most aspirational purchaser expectations

Minnesota health plans generally performed better than their national peers. Strengths included:

- Identification of members with behavioral health conditions
- Easy access to behavioral health clinicians in after-hours emergency situations
- Some or all medications for alcohol and opioid disorder (AOD) and substance use disorder (SUD) are available on lowest or no-cost tier
- Tracking key member demographics such as age, gender, race, and primary language
- Grace period for coverage with change in insurance carrier
- Robust employee assistance program (EAP) offerings — although evaluation indicates low utilization

The Deep Dive Philosophy and Process

Expectations are highly aspirational

Questions were distributed to health plans and data was submitted online. Data provided was for the 2018 plan year, with responses due by April 30, 2019

Each participating plan received a personalized, confidential "Summary and Recommendations" report to guide quality improvement efforts

Public reporting of results is intended to guide market-wide improvement in mental health care and outcomes

The Action Group is grateful to Blue Cross Blue Shield of Minnesota, HealthPartners, and Medica for participating in this meaningful initiative.

National Alliance of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Minnesota Health Action Group™
Innovating, Leading, Engaging

Summary of Purchaser Expectations and Findings

Networks—Adequacy and Access

PLAN A | PLAN B | PLAN C

Patients should be able to access mental health care when they need it. This means that there should be:

- Parity between physical and mental health:
  - access standards and wait time, including reporting of percentage of behavioral health clinicians accepting new patients and median wait time
  - access to in-network care across sites of care
  - allowed amounts (reimbursement rates), including weighted average amounts for similar codes and relative allowed amounts compared to the National Medicare Fee Schedule
- An up-to-date, accurate and complete provider directory of psychiatrists actually accepting/seeing patients, including the ability to differentiate and access child psychiatrist and/or psychologist.
- A systemic approach to improving in-network behavioral health specialist participation (reimbursement, removal of barriers, engaging the specialists).

Physician Management, Measurement & Payment

PLAN A | PLAN B | PLAN C

Measurement-based care leads to better patient identification and outcomes. Plans should:

- Require clinicians to use validated, standardized instruments to identify and monitor progress among patients
- Measure and incent clinicians using NQF-endorsed performance measures
- Promote and reimburse for SBIRT (Screening, Brief Intervention, Referral and Treatment) for alcohol and substance use for both primary care and behavioral health
- Promote and reimburse for Collaborative Care and Behavioral Health Integration codes, and provide support, technical assistance and training on Collaborative Care
- Incorporate behavioral health measures in Payment Innovation Models

Pharmaceutical Management

PLAN A | PLAN B | PLAN C

Pharmacy coverage is important to patient outcomes. Plans should:

- Provide a value-based formulary for antidepressant medications
- Cover at least one personalized test and report first medication failure rate
- Have formulary policies that allow for clinical judgment and genetic testing results in access to medications
- Have limited obstacles for access to medications to treat substance use for those diagnosed with SUD
- Make some/all medications for AOD and SUD available on lowest or no-cost tier
- Monitor:
  - Opioid misuse and appropriate use
  - Member adherence to depression and substance use medications and close gaps
  - Appropriateness of prescribing of antidepressants, ADHD and pain medications among all clinicians

LEGEND: EXPECTATIONS MET… Almost none | Very few | Few | Some | Many | Most/all

"With all of the recent attention to mental health globally and nationally, this is a 'moment in time.' Employers are uniquely positioned to positively impact the market by articulating their expectations for high-value care and asking questions that hold their vendors accountable to high standards and positive outcomes."

Darcy Gruttadaro, Director of the American Psychiatric Association Foundation's Center for Workplace Mental Health

Member Identification, Engagement, Management & Support

Without identification, members cannot be effectively managed for medical and behavioral conditions. Plans should:

- Track and use member demographics to engage them
- Identify members with behavioral health conditions
- Assess members with behavioral health conditions for co-existing medical conditions
- Provide members with seamless access to behavioral health clinicians in after-hours emergency situations
- Provide members with a robust and user-friendly online behavioral health directory and selection tool should be robust and user-friendly
- Reimburse for Transitional Care codes

Accreditation and Compliance with Parity

Accreditation and audits provide independent, objective assurances to employers. Plans providing mental health services should have:

- NCQA MBHO Accreditation
- External Mental Health Parity Compliance Audit, including accreditation (when available)
- Comparable percent denials across sites for physical and mental health

Data Analysis and Performance

Reporting and analysis allow employers and their plans to understand utilization and take action as needed to ensure patients have access to programs. Plans should evaluate and report:

- Aggregated use of EAP Services
- The impact of depression and/or alcohol use disorder interventions/programs
- Performance against NQF-endorsed measures

Additional information on the Deep Dive results for Minnesota health plans and the report for national plans, as well as tools and information for employers to use to take action, can be found at: www.mnhealthactiongroup.org.

Recommendations to Drive Marketwide Improved Care and Outcomes

Health plans should work individually and in collaboration with employers, providers and care systems, consultants and brokers, and nonprofits, and other stakeholders. Key opportunities include:

Access

- Reduce disparities in access between mental health and physical health care, including access standards, out-of-network usage, denial rates, and wait times
- Ensure up-to-date, accurate and complete provider directories with differentiation between child and general psychiatrists/psychologists

Payment

- Equalize reimbursement rates for mental health and substance use disorder (MH/SUD) and medical/surgical providers for similar codes and time
- Implement innovative payment models that reward high-value behavioral health care

Measurement-based Care

- Require, measure and incent use of validated screening instruments to identify, assess and treat patients
- Promote, train, support and reimburse providers to increase use of Collaborative Care
- Monitor, report and incent providers on performance in evidence-based measures

Mental Health Parity *(in addition to above noted items)*

- Address disparities and barriers in pharmaceutical coverage and access
- Conduct an independent audit to ensure parity including Non-Quantitative Treatment Limit compliance

"A clear path for action has been identified, and we all have an important role to play in driving change that will finally lead to better, more consistent mental health care for people in Minnesota."

Deb Krause, Vice President, Minnesota Health Action Group

Final Thoughts

While Minnesota health plans generally performed better than their national peers, both the national report and the Minnesota report reveal significant opportunities to review current practices and make changes to improve access to high-quality, affordable, integrated, and measurement-based mental health care. We have set the bar high, and we expect to reassess and report progress over time.

The **Minnesota Health Action Group** is a coalition of public and private purchasers whose sole purpose is to represent the collective voice of those who write the checks for health care in Minnesota. Action Group members collaborate with community stakeholders to drive innovations that support high-quality health care, create engaged consumers, and ensure the economic vitality of all Minnesota communities. Based in Bloomington, MN, the Minnesota Health Action Group was formed in 1988 as the Buyers Health Care Action Group. To learn more, visit www.mnhealthactiongroup.org.

The **National Alliance of Healthcare Purchaser Coalitions** is the only nonprofit, purchaser-led organization with a national and regional structure dedicated to driving health and healthcare value across the country. Members represent more than 12,000 employers/purchasers and 45 million Americans, spending $300 billion annually on healthcare. To learn more, visit nationalalliancehealth.org.

eValue8™ is a resource that assesses health plan performance and highlights key areas of improvement as well as areas of excellence. Performance reports allow participants to evaluate health plans on a local, regional and national level. Plans and purchasers receive objective scores enabling comparison of plans against regional and national benchmarks and a roadmap for improvement. Plans learn what they need to do to align their strategies with purchaser expectations to maximize the value of the health care investment and ultimately, improve health and quality of care.