

New Mexico Statewide Behavioral Health Summit Summary

The New Mexico Statewide Behavioral Health Summit was held in Albuquerque on September 17, 2019. The Summit was attended by 145 individuals and was sponsored by the Bernalillo County Department of Behavioral Health Services (DBHS); the Human Services Department's Behavioral Health Services Department (HSD/BHSD); and the New Mexico Hospital Association.

The event included introductory remarks by HSD Secretary David Scrase and though covering a range of topics, had a primary focus on performance-based management; performance data development; performance-based contracting; and value-based reimbursement.

The facilitators of the event were *OPEN MINDS*. *OPEN MINDS* is an award-winning information source, executive education provider, and business solutions firm specializing in the sectors of the health and human service industry serving complex consumers. For 30 years, *OPEN MINDS* has assisted organizations implement the transformational business practices they need to be successful in an evolving market with new policies and regulations.

This session was led by Monica Oss, M.S. the founder of *OPEN MINDS* and John Talbot, Ph.D. Ms. Oss is well known for work on the strategic and marketing implications of the evolving health and human service field, including an expertise in payer financing models, provider rate setting, and service pricing. Dr. Talbot served as an Executive Vice President for *OPEN MINDS* for eight years and provided consultation, training and operational assistance to behavioral health providers, nonprofit organizations, and managed care organizations across the country.

Introductory Remarks

Secretary Scrase's remarks focused on the priority behavioral health collaborative goals of rebuilding the behavioral health (BH) provider network in New Mexico; developing community-based mental health services for children; addressing substance use disorders in New Mexico (NM); and finding effective solutions for justice-involved individuals with BH disorders. He spoke to the provider shortage, indicating that more than 50% of New Mexico's counties have fewer than two (2) licensed providers per 1,000 Medicaid managed care enrollees (all of these counties are rural or frontier) and that only 30% of NM behavioral health providers serve these enrollees.

Secretary Scrase outlined provider network enhancement strategies that include: implementing BH provider rate increases and new payment methodologies; settling BH lawsuits; simplifying credentialing; expanding value-based purchasing in order to improve outcomes; expanding and investing in telehealth models; and expanding primary care and psychiatry training slots.

He outlined a Medicaid fee schedule three-year plan aimed at producing a fee schedule that is fair; benchmarked to regional/national rates; is adjustable based on state revenue; and is aligned with the Medicaid strategic plan. The Secretary also highlighted the Governor's \$60 million (\$13 million general fund and \$47 million in Medicaid) plan to increase provider reimbursement rates.

As an aspect of a value-based purchasing strategy, Secretary Scrase prioritized the need to rebuild the provider network and Medicaid enrollee access; to work with providers to develop and refine the most meaningful quality metrics; to realign incentives to make achieving quality metrics an integral part of reimbursement; and to redesign provider payment to align with member, provider, MCO, and HSD goals.

Panel Discussions

There were two panels at the New Mexico Statewide Behavioral Health Summit, on September 17, 2019.

The first panel was the Status of Performance-Based Contracting and Value-Based Reimbursement in New Mexico. The panelists were:

- Mika Tari: Deputy Director, NM HSD/BHSD
- Angelica Bruhnke (Executive Officer, Versatile MED Analytics)
- Maggie McCowen (Executive Director, NM BH Providers Association)
- Margarita Chavez-Sanchez (DBHS)

John Talbot, PhD, *OPEN MINDS* Senior Associate, served as the Moderator for the panel

The panelists each addressed the status of performance-based contracting and value-based reimbursement in New Mexico, including both opportunities and challenges. A common theme was that implementation of value based reimbursement is an evolving process, and that feedback from all stakeholders is critical.

There were a number of questions and feedback from Behavioral Health Summit attendees throughout the session. A number of attendees stated that they hoped there would be ongoing opportunities for providers to ask questions and provide feedback.

The second panel was What Are New Mexico's MCO Payers Looking For? – Now and In the Future. The panelists were:

- Susan Dezavelle (Manager, Network Innovation and Strategy, Blue Cross and Blue Shield of New Mexico)
- Jordan Erp (Chief Integration Officer, Presbyterian Health Services)
- Christopher Tokarski (Manager VBP BH, Western Sky Community Care);

John Talbot, PhD, *OPEN MINDS* Senior Associate, served as the Moderator for the panel

The panelists each addressed how they are implementing value-based reimbursement, and the importance of working in a partnership with providers.

There were many questions from attendees. The panelists stated that the implementation of value based reimbursement is still in the early stage, and will be an ongoing process. All panelists stated that they would all be available at any time to answer questions and provide assistance as needed. They also stated that they would welcome feedback and suggestions.

A number of attendees stated that they appreciated the opportunity for dialogue, and the panelists' willingness to be available on an ongoing basis to address any questions and work

with providers.

Open Minds Presentations

1. National Trends in Behavioral Health - Performance-Based Management, Performance Data Development, Performance-Based Contracting and Value-Based Reimbursement
2. Implications of the Changing Landscape on Strategy & Sustainability of Provider Organizations

Highlights from the National Trends in Behavioral Health presentation

Drivers of the changing service delivery landscape include the move toward more integrated and coordinated care; new technologies; changing reimbursement; emerging consumerism; and competition that is driving consolidation.

Five percent (5%) of Americans consume half (50%) of all health care resources. These individuals, referred to as superutilizers, have multiple illnesses who care is uncoordinated and fragmented. More than 80% of Medicaid superutilizers has a comorbid mental illness.

Of the 38 states with Medicaid managed care, 22 require the Medicaid health plans to implement value-based reimbursement with provider organizations.

The top five (5) performance measures in value-based contracts are:

- Follow-up after hospitalization
- Hospital readmission rates
- Emergency room utilization
- Patient/consumer satisfaction
- Access to care measures

The top challenges to managing value include data management and reporting, building information technology infrastructure, and a lack of clarity about performance requirements from payers.

Highlights from the Implications of the Changing Landscape on Strategy & Sustainability of Provider Organizations presentation

Virtual care is an emerging market for both primary and behavioral health services. Online mental health therapy, via text and audio messaging, is growing.

Workforce shortages were highlighted including that by 2025, in the United States, it is projected that there will be a shortage of home health aides of over 446,000. Major shortages are also projected for nurse practitioners, psychiatrists, and direct support professionals.

The growth in technology has led to growth in home monitoring systems.

Finding a new and sustainable place in the new market value chain is a strategic challenge for providers as they attempt to become something “completely different” that is both preferred, valued, and sustainable in the changing market.

Sustainability based on providing value will be consumer-centric, metrics-driven, tech-enabled, and community-based. Strategies for sustainability should also drive innovation.

The six (6) domains in the *Open Minds* Model for assessing value-based reimbursement management strategies are:

- Provider relationship management and care coordination
- Clinical management and clinical performance optimization
- Consumer access, service and engagement
- Financial management
- Technology and reporting infrastructure
- Leadership and governance

Payers seeking better value through integrated management of consumer services – ideally funded with value-based/risk-based models.

The ‘new’ integrated care coordination model – Primary care, specialist care, medications, behavioral health, and social supports. Don’t need to provide all the care – but do need the ability to participate in ‘integrated systems’ and ‘manage’ across the fullhealth and human service continuum.

Summit Evaluation

Of the 145 participants, 59 submitted evaluations of the event (40.7%). Over 90% of participants were either extremely satisfied or satisfied with this event.

Legislative Action

Specific legislative measures were not discussed. Rather legislative actions are recommended that would address impediments to making progress on the behavioral health workforce shortage. Additionally, as the State is benefiting from an unprecedented influx of revenue, it is suggested that a portion of these additional resources be directed toward addressing the rebuild on the behavioral health provider network.

Two other issues that arose that could benefit from legislative engagement include support for the use of telehealth in Medicaid and participating in building consensus on the most meaningful outcome-based performance measures.

Next Steps

1. Continue the dialogue, relationship-building, and enhance collaboration between State government; county governments; managed care organizations; and providers.
2. Work toward consensus on the most meaningful outcome-based behavioral health performance measures.
3. Take the necessary steps forward on increasing readiness for performance-based contracting and value-based purchasing/reimbursement.
4. Address workforce shortage issues.