Behavioral Health Providers' Association of New Mexico
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Access to Care Monitoring
Report to Interim Health and Human Services Committee
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Goals

1. To describe a model for data driven monitoring of access to behavioral health services in New Mexico
2. Improve access to behavioral health services by better understanding of what drives access

Current Monitoring Practices

Limits on the effective monitoring of New Mexico's behavioral health system are rooted in the system's internal fragmentation and include:

a. Lack of comprehensive understanding of the multifaceted nature of "access"
b. Lack of consistent, valid and reliable data on how to identify and implement the right services at the right time to meet consumer need and evaluate access to behavioral health services over time.
c. Conflict between reported data and reported consumer experience
d. Data inconsistency due to multiple stakeholder reporting methods
e. Lack of public access to existing data
f. Limited data regarding outcomes of treatment

Principles

Credible and useful monitoring of access should be based on:

a. A public commitment to "care driven by data"
b. The consistent availability of accurate, reliable, generalizable, and valid data to assist lawmakers, government entities, providers, communities and other stakeholders to focus funds, policy-changes and workforce development efforts
c. Data reporting that simultaneously represents multiple stakeholder perspectives (e.g., consumers, providers, etc.). reports "apples to apples", and cuts across existing siloes in support of integrated care

Stakeholder Input

The New Mexico Behavioral Health Providers Association (NMBHPA) collected input through a multi-pronged approach which included an electronic survey distributed statewide, telephonic and in-person interviews of statewide stakeholders, including providers, managed-care organization leadership, consumer advocates, legislators and legislative staffers, university researchers and others.

Results

Although reported from a limited sample the results were impactful:

1. Stakeholder Polling Results
    a. Definition of Access to care. Most respondents define access to care in terms of ability to obtain services, when needed, availability to routine, urgent and emergent BH services, ease and timeliness of scheduling first appointment, getting the care needed when it's needed. Etc.
    b. 100% of the responders indicated their belief that access to behavioral health care is "Poor – major gaps in getting into a recommended services, limited services in many community, and people frequently delayed in getting the care they need"
    c. Less than 30% of the responders reported using data driven information to assess accessibility; most relied on consumer complaints, the difficulty in scheduling their own clients with initial care or follow-up care, and in some cases on media reports about access issues.
    d. Although several respondents reported using various forms of publically available data to assess access, however over 75% believe that there is not "reliable data which is publically available for use to measure whether people in NM have access to BH care."
    e. A promising monitoring model was identified in a stakeholder focus group. (see A Promising Model: Core Metrics below)

2. Other results
    a. An unanticipated result from the interviews were the references to research and demonstration projects, reports, and other major activity involving access to care. There is clearly data available, but none of the sources fully describe the various aspects of access.
    b. Institute of Medicine: "Vital Signs: Core Metrics for Health and Health Care Progress", April 29, From the Report abstract:

    "While the health measurement landscape today consists of a great many high-quality measures, meaningful at some level for their intended purpose, the effectiveness of the health measurement enterprise as a whole is limited by a lack of organizing focus, interrelationship, and parsimony in the service of truly meaningful accountability and assessment for the health system. ....The core measures set is fundamentally a tool for enhancing the efficiency and effectiveness of measurement, efficiency through the potential to diminish the burden of unnecessary measurement and reporting, and effectiveness through the potential to concentrate attention and action on issues that matter most".

    c. New Mexico Department of Health 2015 Regional Mental Health Reports
    d. New Mexico Crisis and Access Line (NMCAL)
    e. Networks of Care New Mexico
    f. Con Alma – Impact of ACA and Health Equity research
    g. Colorado – ACA and Health Equity
    h. New Mexico Health System Innovation Project

3. Findings
    a. Strong consensus that the absence and/or lack of coordinated, meaningful, and reliable access to care data must be fixed
    b. Evidence of substantial activity among government and private entities monitoring and measuring access with credible data sets

A Promising Model: Core Metrics describing Access to Behavioral Health Care

Four key metrics describing access to care, when considered together, can evaluate multiple aspects of access, use existing data, point toward data gaps, and be tracked over time. The core metrics are:

1. **Coverage**
    a. Who has coverage
    b. Who is the payer and what is covered: e.g., increased Medicaid coverage is reportedly lacking in assuring consistent mental health benefits
    c. Medicaid Mental Health Parity issues
2. **Services**
    a. What services need to be accessed? Integrated care data from primary care settings could report results from depression and substance abuse screenings
    b. Public outcomes data on the effectiveness of evidence-based services at reducing symptoms and improving quality of life
    c. Publicly available MCO utilization review data
    d. Disparity of services within the state
    e. Provider efforts to upgrade scheduling processes
3. **Timeliness**
    a. How do we recognize and respond to adult onset of mental illness?
    b. How long does it take to get served
    c. Public access to MCO reported data on timeliness to access care based on mandated measures.
4. **Workforce capability**
    a. This issue cannot be separated from access and all efforts to increase access must also focus on improving workforce capacity
    b. Focus on workforce balance; having the right combination of providers
    c. Continue implementing and improving care coordinators/trackers
    d. Effective government attention to reducing the paperwork, administrative burdens and regulatory obstacles which currently impede workforce growth and responsiveness

Questions and Discussion