New URAC Measurement-Based Care Designation to Improve Behavioral Health Outcomes

Speakers

Michael Thompson
President & CEO
National Alliance of Healthcare
Purchaser Coalitions

Shawn Griffin, MD
President & CEO
URAC

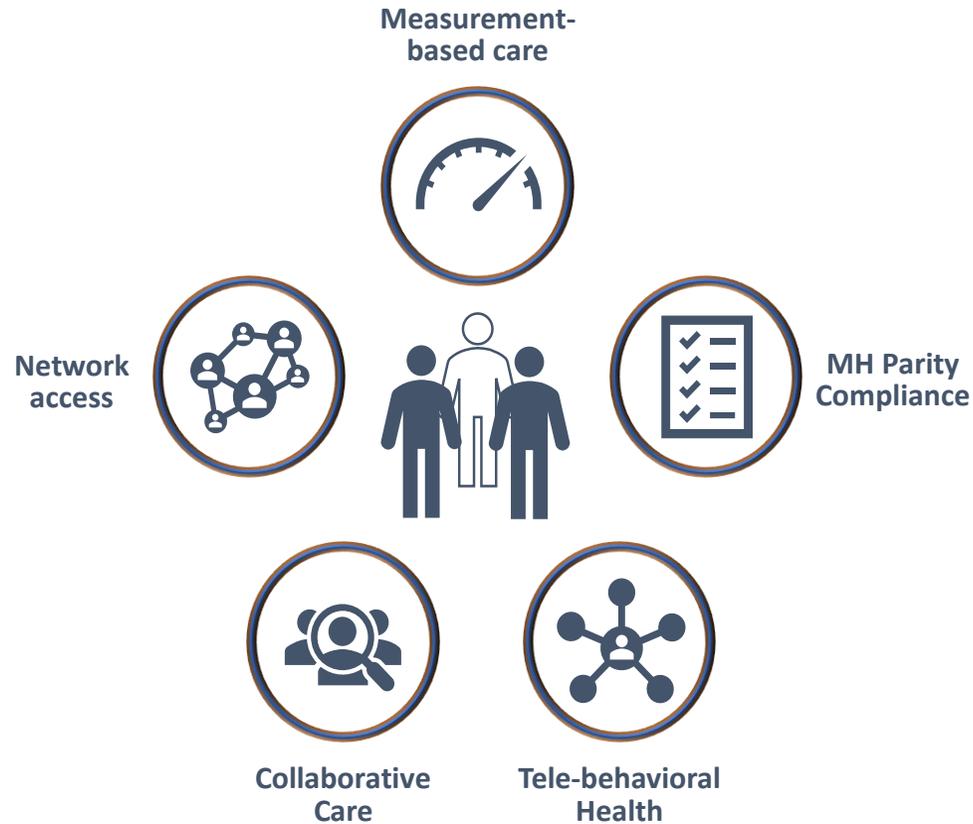# Mental Health & Substance Use A Public Health Crisis

Societal Impact
Suicide rates at record levels
Opioid deaths up 400%
Acceptance improving, Access declining

Workforce Impact
Direct impact on performance
Leading cost of disability
Multiplier effect on co-morbidities

FIVE INTER-RELATED OPPORTUNITIES TO STEM THE TIDE OF ACCESS ISSUES

A *BROKEN* SYSTEM

- **Phantom networks – difficult to get timely appointments**
- **Provider shortages, low participation rates**
- **Most MH medications prescribed by primary care**
- **No accountability for quality of treatment**
- **Growing concerns and enforcement of MH parity**

Measurement-based care

Network access

MH Parity Compliance

Collaborative Care

Tele-behavioral Health

A *REFORMED* SYSTEM

- **Reverse declining network participation rates of MH professionals**
- **Improve quality of care provided and patient outcomes**
- **Integrate behavioral health screening, coordination and referrals from primary care**
- **Reduce legacy MH disparities and friction**
- **Supplement access and integration with virtual care**

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THE PATH FORWARD executes a disciplined approach to effect market-driven change

About Me – sgriffin@urac.org

- **First Physician to lead URAC as President & CEO**

- **Previous roles**
  - *Vice President, Clinical Improvement and Applied Analytics*, Premier, Inc.
  - *Chief Quality and Informatics Officer*, Memorial Herman Physician Network
  - *Chief Medical Information Officer*, Baylor College of Medicine & Heartland Regional Medical Center

- **Education/Certifications**
  - Graduate of Carver College of Medicine at University of Iowa
  - Trained in Rural Family Medicine in Iowa
  - Fellow - AAFP

- **Areas of Expertise**
  - Population health, clinical quality improvement, network development, CIN/ACO's, incentive design, physician leadership development, and physician alignment
  - Speaker - AMGA, MGMA, AMA, HIMSS, NQF, CHIME
  - KLAS Advisory Board and Population Health "All Star"

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About URAC

- Founded in 1990
- Non profit
- Independent
- Validates quality throughout the health care landscape

30 Years of Setting the Standard in Health Care

Consulting

Diverse Stakeholders Govern URAC

URAC's RECOGNITION PROGRAMS

PROVIDER INTEGRATION & COORDINATION PROGRAMS

- Accountable Care Accreditation
- Clinically Integrated Network Accreditation
- Patient-Centered Medical Home Certification
- Provider-Based Population Health Accreditation
- Telehealth Accreditation

PHARMACY QUALITY MANAGEMENT® PROGRAMS

- Community Pharmacy Accreditation
- Drug Therapy Management Accreditation
- Infusion Pharmacy Accreditation
- Mail Service Pharmacy Accreditation
- Medicare Home Infusion Therapy Supplier Accreditation
- Pharmacy Benefit Management Accreditation
- Rare Disease Pharmacy Center of Excellence
- Specialty Pharmacy Accreditation
- Specialty Pharmacy Services Accreditation
- Workers' Compensation Pharmacy Benefit Management Accreditation

HEALTH CARE MANAGEMENT PROGRAMS

- Case Management Accreditation
- Disease Management Accreditation
- Health Call Center Accreditation
- Health Care Management Certification
- Health Utilization Management Accreditation
- Independent Medical Examinations Accreditation
- Independent Review Organization Accreditation
- Workers' Compensation Utilization Management Accreditation

HEALTHCARE OPERATIONS PROGRAMS

- Contact Center Certification
- Credentials Verification Organization Accreditation
- Dental Network Accreditation
- Health Content Provider Accreditation
- Health Network Accreditation
- Health Website Accreditation

HEALTH AND DENTAL PLAN PROGRAMS

- Dental Plan Accreditation
- Health Plan Accreditation
- Health Plan Accreditation with Health Insurance Marketplace
- Medicare Advantage Accreditation

MENTAL HEALTH AND SUBSTANCE USE DISORDER (MH/SUD) PARITY PROGRAMS

- MH/SUD Parity Compliance Guide
- ParityManager™ Compliance Software
- MH/SUD Parity Accreditation

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Benefits of Recognition

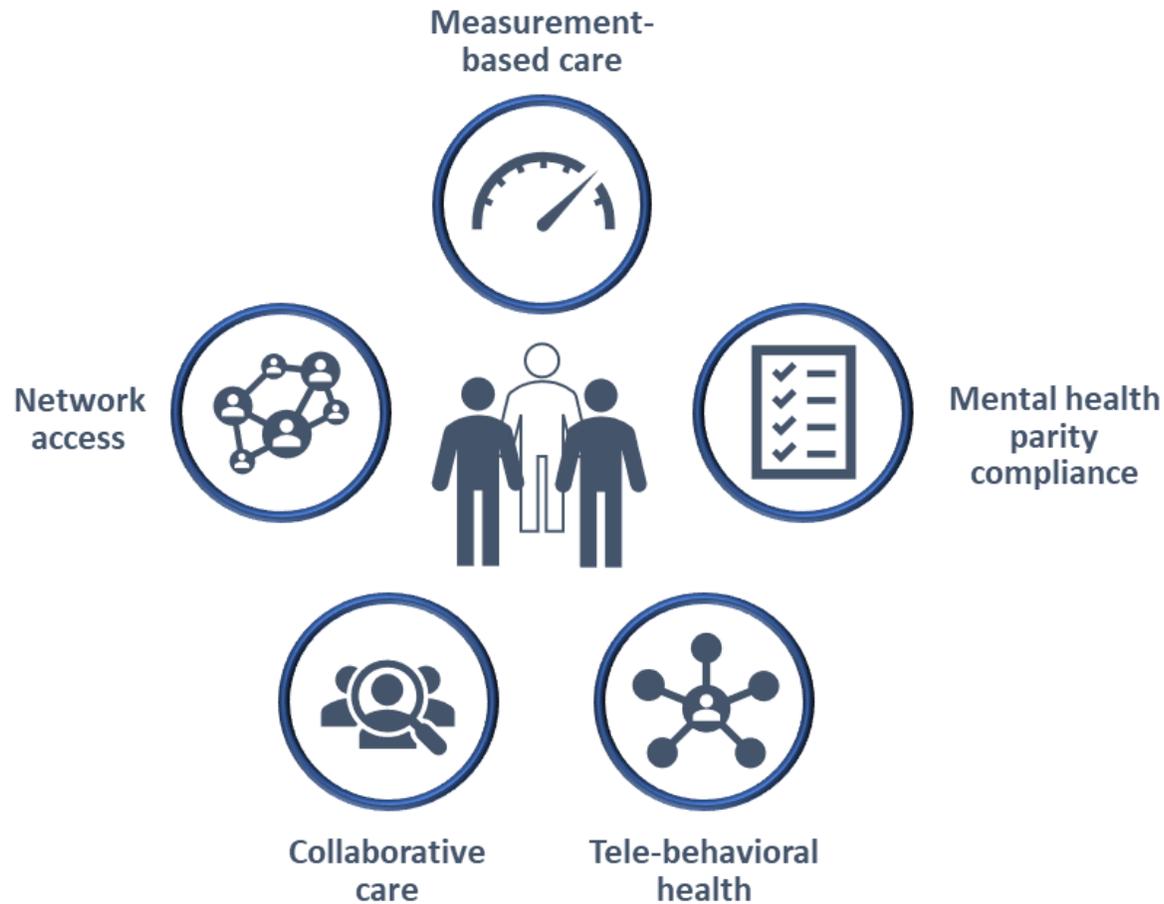**Validates compliance with industry's most rigorous standards**

Provides a quality framework

Ensures continuous quality improvement

Demonstrates value through performance measurement

Leaders and teams use accreditation to improve performance and demonstrate value.

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Path Forward for Behavioral Health

Measurement-based care

Network access

Mental health parity compliance

Collaborative care

Tele-behavioral health

URAC accreditations, certifications, and designations address each of the areas

URAC's Role in Telehealth

Measurement-based care

Network access

Mental health parity compliance

Collaborative care

Tele-behavioral health
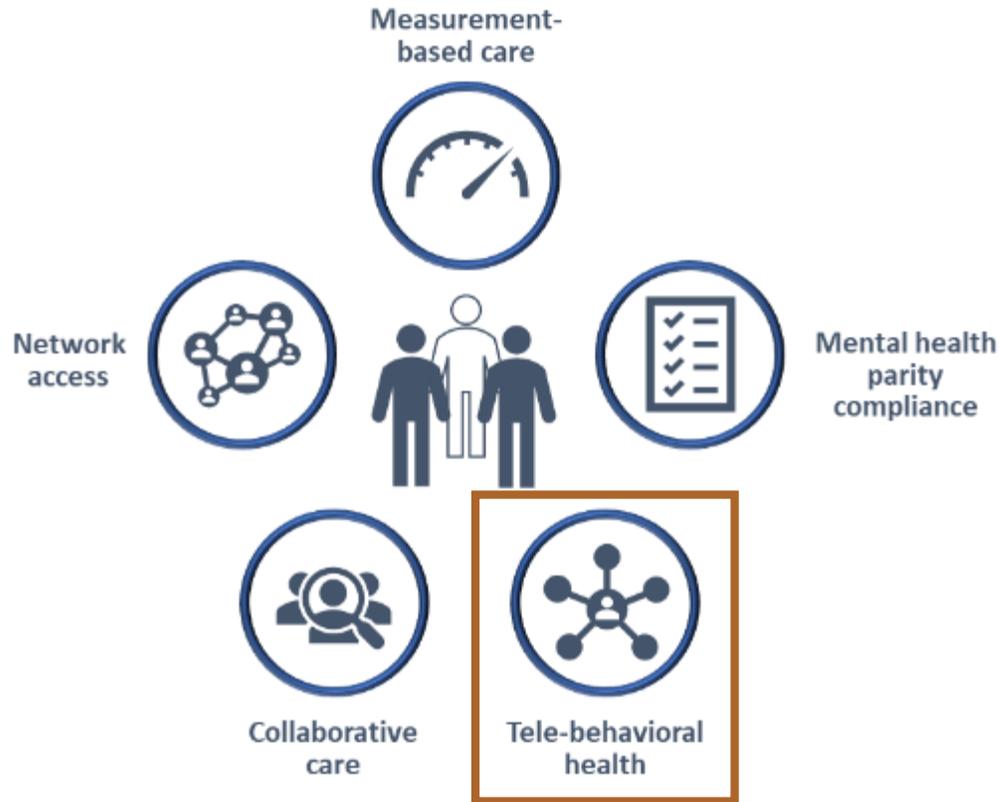
Modules for Telehealth Accreditation

Consumer-to-Provider (C2P)

Provider-to-Consumer (P2C)

Provider-to-Provider (P2P)

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URAC's Client Partners in Tele-behavioral Health

URAC's Measurement-Based Care Designation

What It Is

Elective designation that enhances a URAC accreditation or certification such as:

- Health Network Accreditation
- Health Plan Accreditation
- Provider Integration and Coordination Programs
- Health Care Management Programs

What It Demonstrates

A commitment to *improvement of patient care* using systematic *evidence-based patient self-assessment* of psychiatric symptoms to *fight the clinical inertia* common in *behavioral health,* leading to improved outcomes and higher functionality for employees and their families.
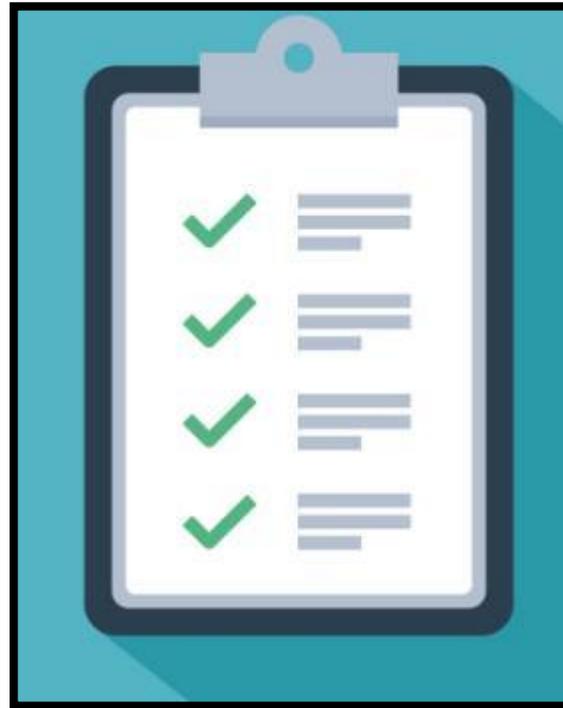
Who It's For

Behavioral health and primary care providers – anywhere MHSUD treatment occurs

Elements of the Measurement-Based Care Designation

Standards

- Evidence-Based Self-Assessment
  - Self-Assessment Data
- Symptom Rating Scale
  - Symptom Severity Data
- Classification of Symptom Severity
- Treatment-to-Target
- Quality Improvement

Measures

Exploratory performance measures reporting beginning 2022

URAC Exploratory Performance Measures

URAC recognizes **four (4) publicly-available** depression specific, **outcome measures** that **demonstrate the improvement** or the absence of symptoms within the MBC program. MBC measures will be **initially rolled out as exploratory** with the expectation to become mandatory. They are within the **domain of prevention and treatment**.

- **6 Month Response:** The percentage of patients with depression who demonstrated a ***response to treatment*** (at least 50 percent improvement) six months after the index event (+/- 30 days)
- **12 Month Response:** The percentage of patients with depression who demonstrated a ***response to treatment*** (at least 50 percent improvement) twelve months after the index event (+/- 30 days)
- **6 Month Remission:** The percentage of patients with depression who reached ***remission*** six months after the index event (+/- 30 days)
- **12 Month Remission:** The percentage of patients with depression who reached ***remission*** twelve months after the index event (+/- 30 days)

How the Designation Supports Patients, Payers, and Health Care Purchasers

- Serves as a roadmap for providers to improve patient outcomes

- Demonstrates excellence in providing *value-based and data-driven* patient care

- Employees in measurement-based care programs return to work more often and sooner

- URAC requires *annual reporting measures* to *demonstrate improvement over time* in patient care

- URAC's Measurement-Based Care Designation demonstrates a *commitment to employee wellness*

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Questions?

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Upcoming Events

Employer Town Hall: Race, Health & Equity

August 27, 2020 | 5:00 PM ET

Stroke Awareness in the Time of COVID-19

September 1, 2020 | 3:00 PM ET

Returning to work safely during a global pandemic

September 10 | 2:00 PM ET

How COVID-19 Changes How We Address Workforce Health

September 15 | 4:00 PM ET

Key Employer Insights: What makes Primary Care ADVANCED Primary Care and How does it Add Value to Healthcare?

September 22 | 3:00 PM ET

National Alliance of Healthcare Purchaser Coalitions

ANNUAL FORUM
NOVEMBER 9 – 10, 2020
VIRTUAL EVENT

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