manatt

Ready for Reform: Behavioral Health Care in Massachusetts

Blue Cross Blue Shield of Massachusetts Foundation

January 31, 2019

Project Overview

The Blue Cross Blue Shield of Massachusetts Foundation engaged Manatt Health to document and describe the current behavioral health (inclusive of mental health and substance use disorder [SUD]) care system for children, adolescents, and adults in Massachusetts, including its strengths and weaknesses; describe a vision for behavioral health care in the Commonwealth; and develop recommendations for moving from the current state to the vision.

To accomplish this goal, Manatt Health:

- Interviewed 11 behavioral health experts and facilitated two discussion groups on the topic of Massachusetts behavioral health care with state and national stakeholders and thought leaders;
- Conducted a comprehensive landscape scan of the current public and private behavioral health system in Massachusetts, including mental health and substance use disorder services (the "as is");
- Developed a recovery-focused conceptual model for behavioral health care that would ensure timely access, inpatient and outpatient service capacity, care coordination, and quality for residents of the Commonwealth across all ages and payers (the "to be");
- Identified gaps between the "as is" and "to be" systems; and,
- Crafted a new vision for behavioral health care, and a strategic approach and recommendations - informed by examples from the field - through which Massachusetts can advance the vision, and reform behavioral health care for all residents of the Commonwealth.

These activities informed the final report, *Ready for Reform: Behavioral Health Care in Massachusetts*, which contains an action plan for the Commonwealth to move from the current state toward the model system.

Why Focus on Behavioral Health?

Behavioral health (BH) conditions continue to have adverse impacts on many individuals and communities in Massachusetts.

- One in five adults age 18 or older reports living with a mental health (MH) disorder, including 4.2% who have a serious mental illness.
- Opioid-related overdose deaths have more than quadrupled since 2000.

The BH system still falls short in providing the right care at the right time in the right setting.

- Emergency department (ED) utilization has increased substantially for all BH conditions, increasing the burden on limited health care resources.
- Massachusetts struggles to provide adequate access to psychiatry services and other outpatient, community-based treatments.

BH conditions are expensive to treat—both for the state and for individuals with BH conditions.

- Patients with BH conditions—and particularly those with comorbid, chronic, physical health conditions—are significantly more expensive to treat.
- Patients with BH conditions are more likely to spend an extended length of time in expensive care settings, such as hospital EDs.

Massachusetts has the political will to create a BH system that offers access and quality for all.

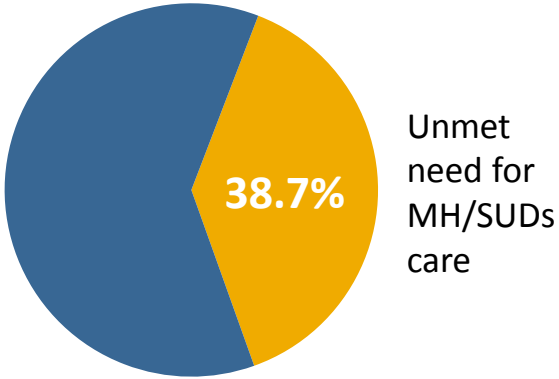
- Massachusetts already ranks high on most measures of BH care system quality compared with other states.
- State funding for BH services increased by nearly 20% in state fiscal year (SFY) 2019.
- Massachusetts has developed a number of initiatives—such as MassHealth BH Community Partners (CPs) and the new Adult Community Clinical Services (ACCS) program—that may serve as building blocks for future reforms.
- Since 2007, the state has administered the Children's Behavioral Health Initiative (CBHI) which delivers an enhanced behavioral health benefit for children through MassHealth.

Sources: http://www.chiamass.gov/assets/docs/r/pubs/16/Behavioral-Health-Readmissions-2016.pdf; https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2110027; https://www.mass.gov/files/documents/2018/03/28/2017%20CTR%20Chartpack.pdf; https://www.samhsa.gov/disorders/substance-use; http://budget.digital.mass.gov/bb/gaa/fy2019/app_19/dpt_19/hhdmh.htm; https://www.mcpap.com/About/OverviewVisionHistory.aspx; https://www.mass.gov/files/documents/2018/02/28/DSRIP%20Statewide%20Investments%20Overview%20Feb%202018.pdf.

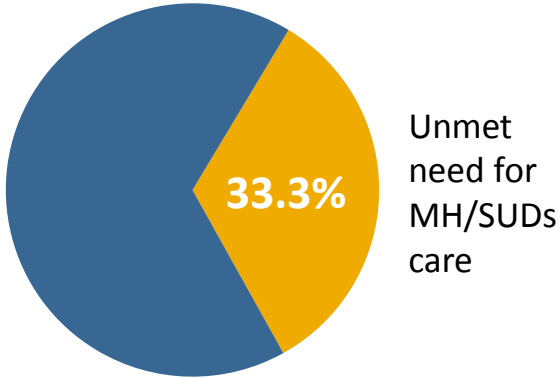
Unmet Behavioral Health Treatment Need

More than one-third of non-elderly adults who sought BH care in 2018 reported unmet treatment need—this number did not meaningfully change even for those insured for the entire year.

Any Unmet Need for MH/SUDs Care, Massachusetts Adults Ages 19 to 64 who Sought MH/SUDs Care, 2018



Any Unmet Need for MH/SUDs Care, Full-Year Insured Massachusetts Adults Ages 19 to 64 who Sought MH/SUDs Care, 2018



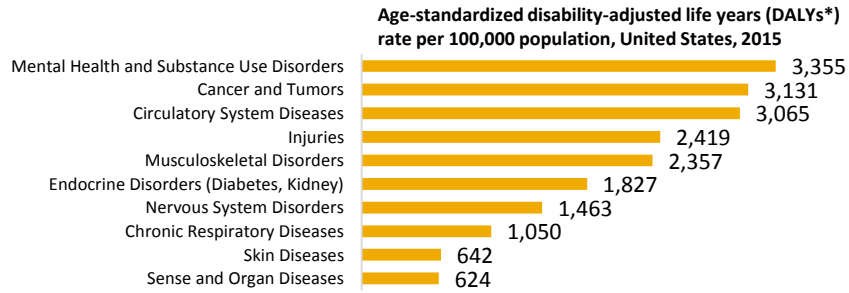
Source: https://bluecrossmafoundation.org/sites/default/files/2018_MHRS%20Chartpack%20MH%20SUD%20Care%20Measures_final.pdf.

The Human Cost of Behavioral Health Conditions

BH conditions carry considerable human cost for affected individuals and families, including a decline in health status and life expectancy.

Disease Burden

Individuals with BH conditions lose more years to disability than those with any other condition.



Mortality

10 years — Median reduction in life expectancy for individuals with **mental illness**

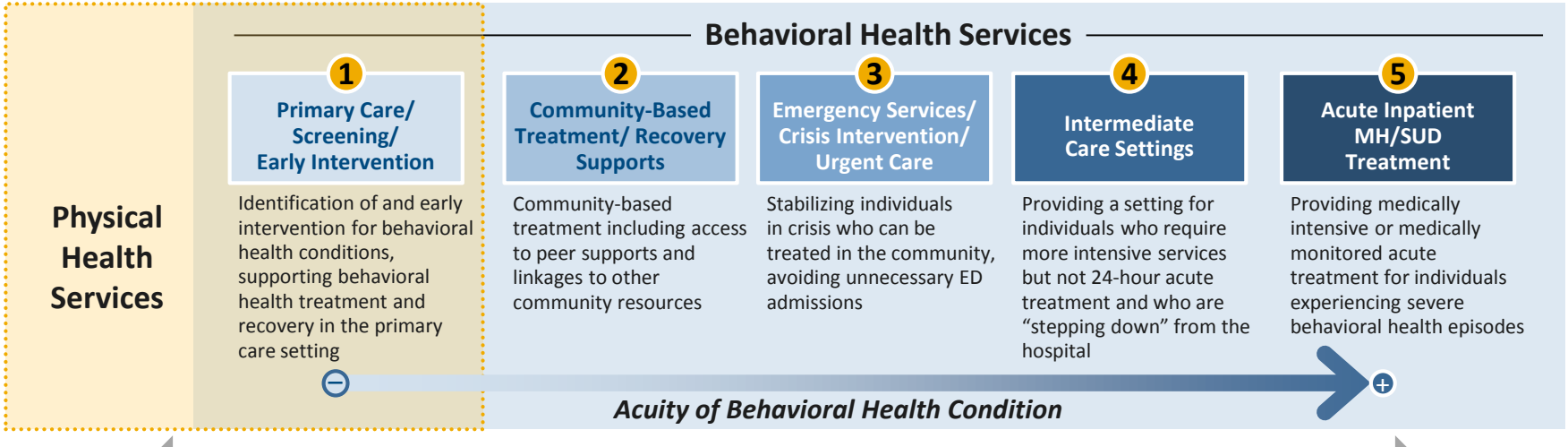
9–17 years — Average reduction in life expectancy for individuals with **SUDs**

* DALYs: number of years lost due to ill health, disability, or early death.

Sources: https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/?_sf_s=mental#item-30-percent-adults-serious-mental-illness-not-receiving-mental-health-treatment; https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2110027; https://www.samhsa.gov/data/sites/default/files/NSDUHsaeSpecificStates2016A/NSDUHsaeMassachusetts2016.pdf; https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf; https://www.ncbi.nlm.nih.gov/pubmed/21440382.

A Model Behavioral Health Care Continuum

Effective treatment of BH conditions requires a full continuum of services with robust and seamless coordination between each level of care (including physical health settings).



Key Access Gaps in Massachusetts' Care Continuum

There are critical gaps in access to needed services throughout the behavioral health care continuum in Massachusetts.

Behavioral Health Services

1 Primary Care/Screening/ Early Intervention

- Lack of appropriate training among primary care and other physical health providers in techniques for identifying individuals with behavioral health needs, treating those who can be managed in a primary care setting, and providing appropriate referrals for more complex cases

2 Community-Based Treatment/ Recovery Supports

- Long wait times for outpatient mental health and SUD treatment, regardless of insurance type
- Lack of attention to and expertise in treating co-occurring mental health and SUD needs and co-occurring behavioral and physical health conditions
- Inadequate supply of evidence-based treatment modalities, including medication-assisted treatment (MAT)

3 Emergency Services/ Crisis Intervention/ Urgent Care

- Emergency Services Programs (ESPs), mobile crisis interventions, and other urgent care programs are underfunded and struggle to hire qualified staff
- Services are not widely covered by commercial insurance
- Emphasis of ESPs has historically been on treating those with mental health conditions, as opposed to SUDs or co-occurring conditions

4 Intermediate Care Settings

- Long wait times for partial hospitalization and intensive outpatient program (IOP)
- Financial viability for these programs remains a challenge; this is driven in part by burdensome staffing and licensure requirements

5 Acute Inpatient MH/SUD Treatment

- Lack of specialized beds for children with autism and individuals of all ages with intellectual and developmental disabilities (I/DD); driven in part by difficulty in hiring and retaining adequate clinical staff
- Lack of clinical knowledge about care options across the entire continuum by community-based providers (e.g., PCPs), leading to a large number of referrals to acute settings that could be managed in the community

6 Robust Care and Case Management

- Patients are often "lost" in navigating the transition between settings
- Lack of interoperability and ability to exchange data across entities hinders seamless care management

A New Vision of Behavioral Health Care

Massachusetts should pursue equity of consumer experience in access, coverage, and quality, regardless of whether an individual requires physical or BH care.

Principles for the New Vision of Behavioral Health Care

Accessible to all. Easy for all consumers to understand, enter, and navigate and responsive to the cultural and linguistic needs of the Commonwealth's diverse population.

Adequately staffed and funded. Sustainable payment, an infrastructure of supportive resources that enhance provider practice, and low administrative burden related to provider licensure, credentialing, and practice.

Whole-person responsive. Integrated care management and service delivery to address physical and MH, SUDs, co-occurring disorders, long-term services and supports (LTSS) needs (as applicable), and social factors influencing health at every level of care.

Quality outcomes–driven. Widespread implementation of (1) coverage and payment models designed to drive better outcomes; and (2) continual measurement and improvement against a set of outcomes-based quality metrics.

A Call to Action: 5 Priorities for Achieving the New Vision

1.  **Make it easier for people to seek and access behavioral health care services.**

2.  **Ensure the availability of a comprehensive, person-centered behavioral health care continuum of services for all individuals regardless of payer, service needs, or age.**

3.  **Invest in workforce development and capacity efforts to attract and retain behavioral health care professionals and support the development of a culturally competent and linguistically diverse workforce.**

4.  **Develop a plan for better aligning and consolidating behavioral health care administrative, regulatory, and purchasing functions across state agencies.**

5.  **Establish a Behavioral Health Reform Team (BHRT) charged with developing and implementing a three-year action plan to advance solutions to key behavioral health care challenges in the state that require more research and stakeholder engagement.**

Near-Term Targeted Reforms

Longer-Term Reforms foundational for broader reform efforts

1 Make it Easier to Seek and Access BH Services

- Individuals with behavioral health needs often have significant difficulty determining how and where to access services, particularly outpatient and other community-based services, in a timely fashion.

This can lead to individuals delaying treatment until their condition becomes acute or getting "lost" during transitions between providers and care settings, when they are particularly vulnerable to non-adherence with treatment or medication plans.

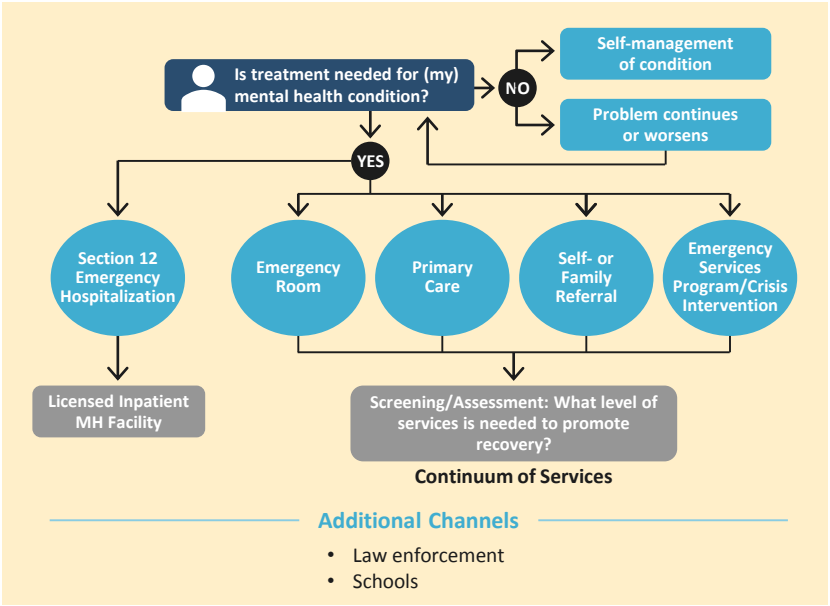
- Providers often have difficulty directing individuals to the right level of care once they have engaged in treatment.

Additionally, many physical health providers, who can play a much greater role in early identification and treatment of behavioral health conditions than they do now, lack the training to appropriately screen for behavioral health conditions.

Make it Easier to Seek and Access BH Services

Consumers access the BH care system for screening through multiple channels. The system is challenging to navigate, not designed to treat individuals with co-occurring MH and SUD conditions, often deterring patients from receiving critical early interventions.

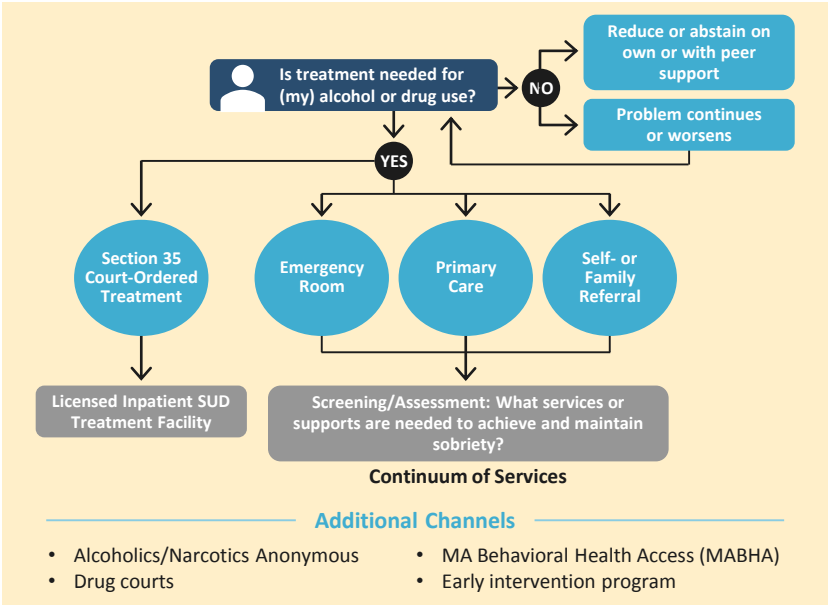
Mental Health



Additional Channels

- Law enforcement
- Schools

Substance Use Disorder



Additional Channels

- Alcoholics/Narcotics Anonymous
- Drug courts
- MA Behavioral Health Access (MABHA)
- Early intervention program

Recommendations for Reform

Promote behavioral health screening and prevention.

- Fully activate and promote the use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) billing codes in MassHealth—and, potentially, across all payers—to ensure that providers are reimbursed for time spent screening individuals for behavioral health issues, particularly SUD, and directing them to the appropriate treatment setting.

Expand the use of telemedicine.

- Improve state policies and regulatory requirements to encourage broad adoption of tele–behavioral health to help alleviate some of the state's workforce challenges.
- This could include changes to telemedicine licensing and practice standards, coverage and reimbursement, eligible care settings, provider types (including out-of-state providers), and permissible technologies.

Recommendations for Reform, Cont.

Expand Massachusetts Child Psychiatry Access Project (MCPAP) to adults.

- Build on the success of MCPAP, which provides primary care providers (PCPs) treating children with quick access to psychiatric consultation and referral facilitation, by expanding the program to PCPs treating adults in Massachusetts.

Incentivize providers to build same-day or walk-in appointment capacity.

- Establish in MassHealth, and require commercial payers to establish, payment models that reward providers for building capacity for same-day or walk-in appointments.
- This would help make treatment more accessible to many while reducing the burden of missed appointments on behavioral health providers.

Ensure a Comprehensive Care Continuum for All Residents

Coverage of behavioral health benefits varies widely by payer, leading to disparities in access based on insurance. High-value services, such as care management, diversionary services, and residential treatment, are covered by MassHealth but are less commonly covered by commercial payers.

Coverage of BH Services in Massachusetts by Service Type and Carrier, 2017

Coverage of BH benefits

0% → 100%

	Inpatient services	Other services	24-hour diversionary services	Outpatient services	Emergency services	Non-24-hour diversionary services	Care management	Intensive home- or community-based services for youth	Long-term residential services	Support services
MassHealth MCE	100%	100%	100%	100%	100%	100%	100%	100%	100%	22%
Aetna Health Inc.	100%	100%	83%	86%	100%	33%	100%	33%	0%	0%
BCBS of Massachusetts HMO Blue, Inc.	100%	100%	83%	78%	100%	44%	50%	50%	25%	0%
Boston Medical Center Health Plan, Inc.	100%	100%	83%	69%	50%	56%	33%	17%	0%	0%
Fallon Community Health Plan, Inc.	100%	100%	83%	69%	50%	56%	33%	17%	0%	0%
Neighborhood Health Plan, Inc.	100%	100%	83%	69%	50%	56%	33%	17%	0%	0%
CeltiCare Health Plan of Massachusetts, Inc.	100%	50%	83%	69%	50%	67%	33%	0%	0%	0%
Health New England, Inc.	100%	100%	83%	67%	100%	44%	0%	17%	0%	0%
Minuteman Health, Inc.	100%	100%	83%	67%	100%	44%	0%	17%	0%	0%
Tufts Health Public Plans, Inc.	100%	100%	83%	64%	0%	67%	0%	17%	0%	0%
Harvard Pilgrim Health Care, Inc.	100%	100%	83%	56%	100%	22%	33%	50%	0%	0%
ConnectiCare of Massachusetts, Inc.	100%	100%	83%	56%	100%	33%	0%	33%	25%	0%
Tufts Associated HMO, Inc.	100%	100%	83%	50%	0%	22%	17%	17%	0%	0%

Notes: Percentages reflect share of services covered by the corresponding plan within each service category.
Source: Massachusetts Division of Insurance, "Inpatient, Outpatient, Community Services Behavioral Health Survey."

Recommendations for Reform

Enhance the availability of Emergency Services Programs (ESPs) and similar programs that stabilize in the community individuals in behavioral health crisis.

- Develop targeted rate increases that ensure that ESPs, behavioral health urgent care, and similar programs are adequately financed and able to respond to all behavioral health crisis events in a timely fashion.
- Implement alternative payment methods, such as bundled payments that cover hospital (inpatient or emergency department) and ESP services, to promote program sustainability and seamless and timely transitions of care across these settings.

Expand Medication-Assisted Treatment (MAT) access.

- This recommendation would enhance existing efforts by:
  - Creating incentives for more providers to seek buprenorphine waivers;
  - Requiring commercial payers to ensure robust MAT coverage;
  - Conducting a campaign to highlight the benefits of MAT and reduce MAT stigma; and
  - Considering models for supporting non-SUD providers in administering MAT.

Recommendations for Reform, Cont.

Improve commercial behavioral health care insurance coverage.

- Align commercial benefits with those available through MassHealth for both children and adults.
- The Commonwealth currently is working to align children's benefits in commercial coverage with those available through the Children's Behavioral Health Initiative (CBHI), but there is no such effort in place for adults.

Expand payer networks to include nontraditional behavioral health care providers.

- This recommendation would expand access to community health workers and certified recovery coaches/peer specialists, who can uniquely facilitate access to treatment for people with behavioral health needs.

Revamp behavioral health care timely access standards.

- Enhance and more stringently enforce timely behavioral health care access standards.

3 Invest in Workforce Development and Capacity

- Massachusetts has a high density of child and adult psychiatrists, but there is a severe shortage of psychiatrists who accept insurance and who serve children and adolescents in more rural areas of the State.
- Stakeholders report that:

Outpatient clinics, emergency services/crisis stabilization programs, and inpatient and residential facilities struggle to attract professionals with specialized behavioral health skillsets, including in treating children with intellectual and developmental disabilities (I/DD) and autism, seniors with co-occurring medical and behavioral health conditions, active substance users, and individuals with co-occurring mental health and SUD conditions.

"Solo" or small practices, in particular, do not have the supports to manage the administrative aspects of insurance participation.

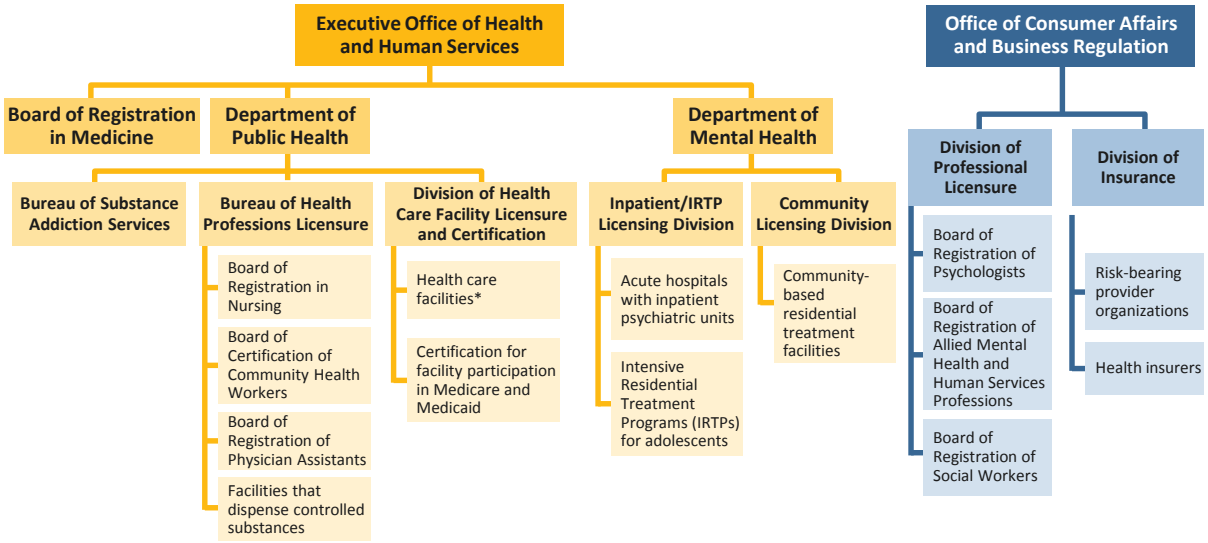
- These workforce issues are caused by numerous factors such as low payment rates, bureaucratic licensure and credentialing processes, and a lack of specialized training opportunities, and have ripple effects across the entire continuum.

Addressing these workforce barriers can help make Massachusetts an ideal place for BH providers to practice, and create a culturally and linguistically competent workforce that is responsive to people's needs.

Invest in Workforce Development and Capacity

Current licensure and credentialing requirements for BH professionals and organizations are burdensome and create challenges for coordinated care.

Health Care Licensure Bodies in Massachusetts



Licensing Challenges

- Extensive documentation and variation in licensing requirements make licensing processes time-consuming.
- No common understanding of when a new or updated license is required.
- Co-located BH and physical health providers must meet both kinds of licensing requirements (i.e., a BH provider must also meet physical health licensing requirements).

Insurer Credentialing Challenges

- MassHealth MCEs and commercial plans have separate credentialing requirements for BH professionals.

*The Division of Health Care Facility Licensure and Certification within DPH is responsible for licensing adult day health programs, ambulatory surgical centers, clinics, clinical laboratories, home health agencies, hospices, hospitals, and long-term care facilities.

Sources: http://budget.digital.mass.gov/bb/gaa/fy2019/app_19/ga_19/hcdefault.htm; https://www.mass.gov/files/documents/2018/05/16/BHPL%20Fiscal%20Year%202017%20Annual%20Report.pdf; https://www.thenationalcouncil.org/wp-content/uploads/2019/01/David-Seltz-Co-Occurring-Disorders-Presentation-January-16-2019.pdf; https://bluecrossmafoundation.org/sites/default/files/download/publication/Barriers%20to%20Behavioral%20and%20Physical%20Health%20Integration%20in%20MA_Final.pdf.

Recommendations for Reform

Review, streamline and centralize a mandatory all-payer credentialing platform for behavioral health professionals.

- Consider implementing a centralized, mandatory all-payer credentialing process and platform for all behavioral health care providers to reduce administrative burden to providers who participate across multiple commercial plans and MassHealth.
  - Most state-based health insurance plans in Massachusetts utilize a centralized and uniform credentialing process provided by HealthCare Administrative Solutions, but not all carriers licensed to provide insurance in the state use this platform.

Invest in workforce development, training, and support services to attract and keep behavioral health professionals practicing in the Commonwealth.

- Build off the DSRIP statewide behavioral health workforce investments to enhance loan forgiveness, professional development, and other supports for individuals considering entering behavioral health specialties.
- Target certain programs, such as loan forgiveness, in ways that enhance linguistic and cultural diversity in the Commonwealth (e.g., develop targeted loan forgiveness programs to Spanish-speaking providers or LGBTQ providers to promote a more diverse workforce and better meet the needs of those seeking services).

Recommendations for Reform, Cont.

Implement targeted payment improvement strategies.

- Implement targeted rate increases for select services informed by an analysis of current reimbursement rates relative to costs.
- Stakeholders have identified several services in need of rate increases, including outpatient psychiatry/psychotherapy, ESP/mobile crisis intervention, and specialized services for children with autism and I/DD.
- Consider risk-adjusting behavioral health care provider reimbursement rates that factor in behavioral health acuity levels or diagnoses, for example, to recognize and reimburse providers appropriately for serving high-need or complex populations.

4 Develop a Plan for Better Aligning and Consolidating Behavioral Health Care Functions Across State Agencies

- Multiple state agencies—including the Department of Mental Health (DMH), the Department of Public Health (DPH), MassHealth, and the Division of Insurance (DOI)—currently oversee, regulate, and fund mental health and SUD providers and services.
- Fragmentation of behavioral health services:
  - Makes it unnecessarily difficult for consumers to access and for providers to deliver services.
  - Leads to administrative challenges in strategy alignment, policy priorities, contracting practices, and provider regulations across behavioral health and physical health services.
- Relying on voluntary cross-agency collaboration and coordination—even if a strong and stable meeting structure is in place—is dependent on personalities and relationships, which change over time and with new administrations.

Recommendations for Reform

Launch an immediate stakeholder engagement process to identify specific options for integrating and consolidating behavioral health administrative, regulatory, and purchasing functions that are currently distributed across DMH and the Bureau of Substance Addiction Services (BSAS) within DPH, including the option of combining BSAS and DMH.

- Effort should be led by the Executive Office of Health and Human Services (EOHHS) and include a broad range of stakeholders, including consumers, providers, advocates, and others.
- Any resulting structural changes must ensure continued and enhanced access to services currently provided by these agencies and preserve what is necessary for these agencies to fulfill their missions to the populations (including those with co-occurring mental health and SUD needs) and stakeholders they serve.
- Effort should also include an intentional strategy to better align these functions with the MassHealth program, to more effectively collaborate on integration with individuals' physical health care services.

Streamline state regulations and requirements.

- Conduct a comprehensive review of Massachusetts licensing and practice regulations that impact primary care, mental health, and SUD providers.
- This review would culminate in a proposal and implementation plan for regulatory reform and streamlining of state licensure requirements.

5 Establish a Behavioral Health Reform Team to Tackle Broader System Transformation

Stakeholders identified several high-priority and particularly complex issues that require a longer horizon for additional research and stakeholder engagement, including:

- Poor data on capacity, demand and quality

The Commonwealth lacks basic information and measurement tools for understanding the gaps in the current behavioral health care continuum and lacks uniform standards for measuring and assessing quality of behavioral health care.

This undermines the development of targeted strategies to improve access and care delivery, and the ability to hold providers and payers accountable for delivering high-quality care.

- Lack of access to “low-threshold”, affordable, and stable housing for individuals with behavioral health conditions

Those with the highest behavioral health needs end up admitted to the emergency department or an inpatient unit when their conditions could have been managed in less intensive settings, impeding treatment and recovery and exacerbating upstream capacity issues.

A range of appropriate housing for individuals with behavioral health conditions is needed, including specialized arrangements for individuals with SUDs and transitional and supportive housing for individuals leaving acute settings of care, in addition to generally increasing the stock of housing available to low income individuals throughout the Commonwealth.

Recommendations for Reform

Create a process to assess and monitor behavioral health care capacity.

- Administer surveys to gain a comprehensive understanding of behavioral health care service capacity across the entire behavioral health care continuum.
- Conduct a statewide needs assessment, including the consumer perspective, to gain a more nuanced understanding of the population that needs behavioral health care services and inform service planning decisions.

Develop Health Information Exchange (HIE)/data-sharing innovations.

- Develop a comprehensive plan for facilitating behavioral health data sharing while preserving critical consumer privacy protections.
- The plan could include solutions that are possible within the state's existing regulatory framework and technological infrastructure, but some may require clarification or amendment to state law and/or additional funding and support for fostering further electronic health record adoption and upgrades to the Mass HIWay platform.

Recommendations for Reform, Cont.

Launch a Behavioral Health Center for Quality Outcomes Innovation

- The Center would develop and test initiatives to improve behavioral health care quality and outcomes, treatment for co-occurring mental health and SUD conditions, physical and behavioral health care integration, and a comprehensive behavioral health care payment reform strategy that supports whole-person care.

Improve access to safe, affordable, and stable housing and related supports for high-need populations.

- Develop housing innovations that may include expanding social impact bond, or "pay for success," initiatives to develop affordable housing options for people with significant behavioral health needs, including individuals with active substance use.

A Call to Action: Why will Massachusetts Succeed?

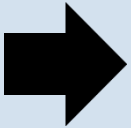
Its Stakeholders

Shared ownership of the problems and shared commitment to creating solutions

Its History of Health Care Innovation

Leveraging learnings from a legacy of landmark health policy

Its Political Will



Embracing a framework for moving forward