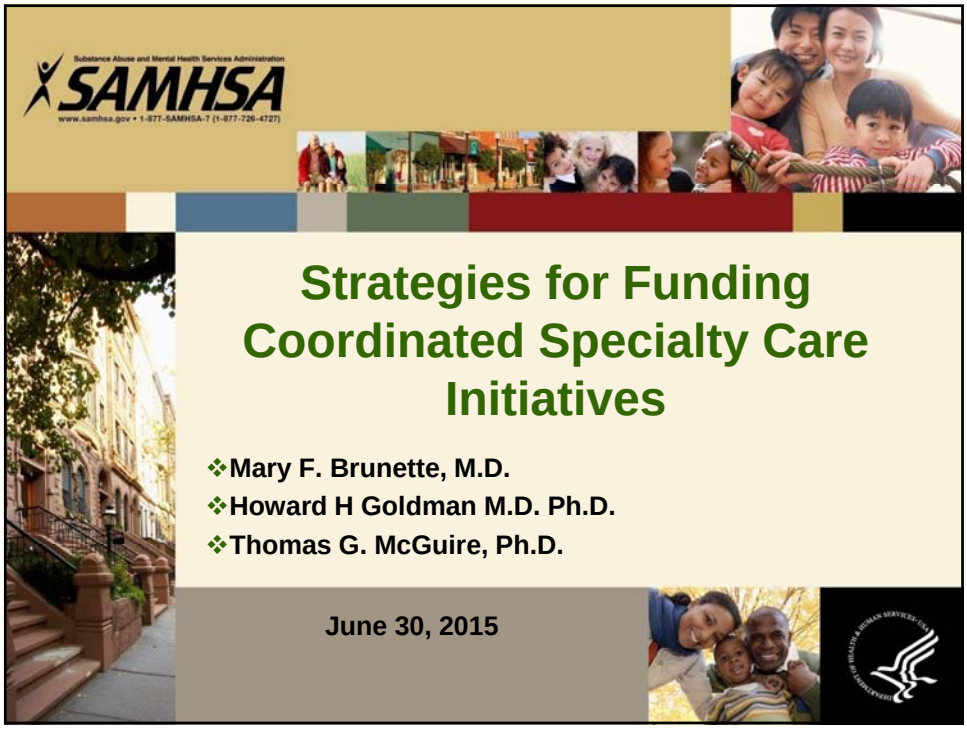
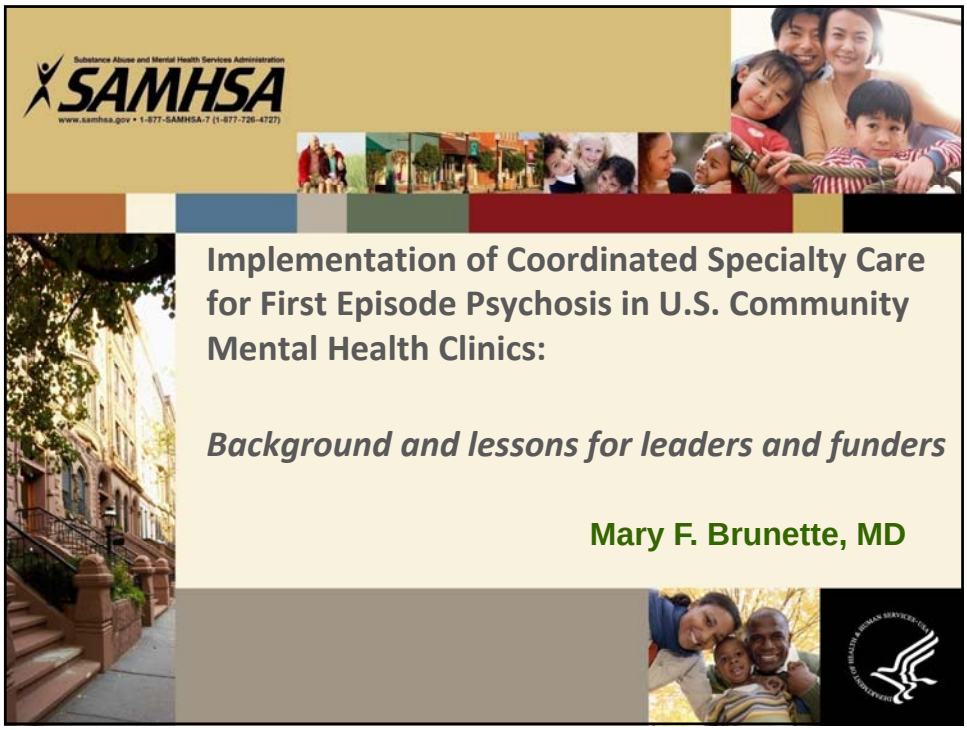

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)
Strategies for Funding Coordinated Specialty Care Initiatives
Mary F. Brunette, M.D.
Howard H Goldman M.D. Ph.D.
Thomas G. McGuire, Ph.D.
June 30, 2015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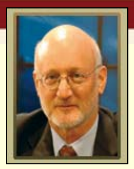
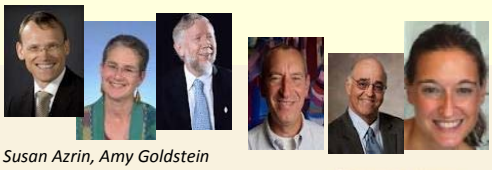
Implementation of Coordinated Specialty Care for First Episode Psychosis in U.S. Community Mental Health Clinics:
Background and lessons for leaders and funders
Mary F. Brunette, MD

# RAISE-ETP: Executive Committee

| John Kane – Principle Investigator | The Zucker Hillside Hospital (ZHH) |
|---|---|
| Delbert Robinson | ZHH |
| Nina Schooler | SUNY Downstate |
| Jean Addington | University of Calgary |
| Christoph Correll | ZHH |
| Sue Estroff | UNC |
| Kim Mueser | Boston University |
| David Penn | UNC |
| Robert Rosenheck | Yale University |
| Mary Brunette | Dartmouth University |
| Jim Robinson | Nathan Kline Institute |
| Patricia Marcy | ZHH – Project Director |





- **Key Consultants:**
  - *NIMH Principal collaborators: Robert Heinssen, Susan Azrin, Amy Goldstein*
  - *Tom Tenhave and Andy Leon assisted in designing the trial.*
  - *Robert Gibbons, Don Hedeker and Hendricks Brown reviewed the data analytic plan.*
  - *Haiqun Lin led the analysis.*

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# Coordinated Specialty Care

- **Goal: Early intervention to change the course of schizophrenia**
- **NAVIGATE Team-based care – 4 key components**
  - **Medication treatment** (Psychiatrist/Advance Nurse Practitioner)
  - **Individual resiliency training** (IRT; Individual therapist)
  - **Supported Employment and Education** (SEE; Supported employment specialist worker)
  - **Family Psychoeducation** (Family therapist)
  - Weekly team meetings, coordinated treatment planning, strong communication & coordination
  - Outreach to engage people into service; linkages with hospital psych units and other community organizations

Mueser et al, Psych Serv 2015; Addington et al, Psych Serv 2013

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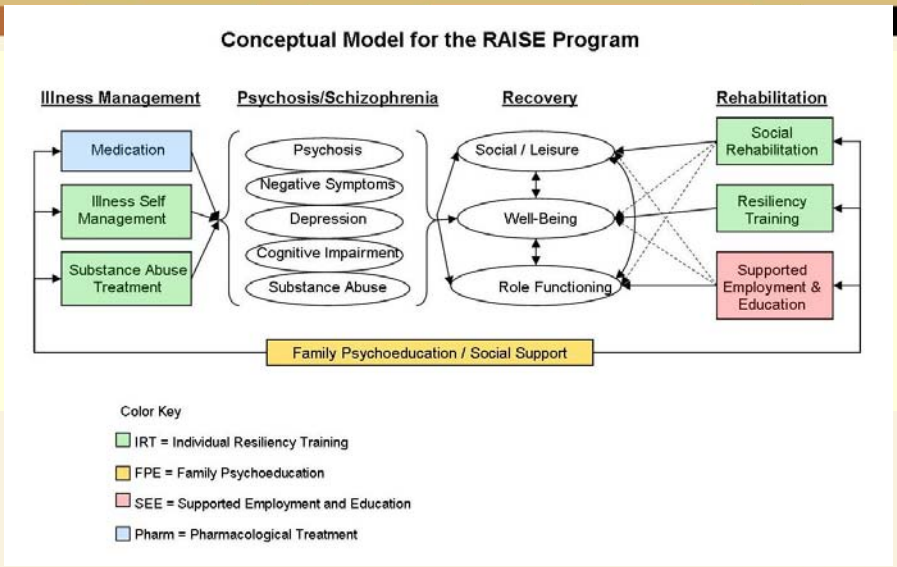
## Comprehensive, coordinated care for people with first episode psychosis: NAVIGATE




## RAISE ETP Study: NAVIGATE vs. community care

- **Cluster randomized trail at 34 community mental health sites in 21 states**
- **Community mental health centers volunteered and could enroll if they:**
  - *Provided schizophrenia treatment but NOT specialized FEP treatment*
  - *Were interested in providing FEP treatment using their current reimbursement context*
  - *Had staff who could provide NAVIGATE components given training and support*
- **CMHCs provided either NAVIGATE or their usual community care**
- **Research staff assessed participants with FEP for 2 years**

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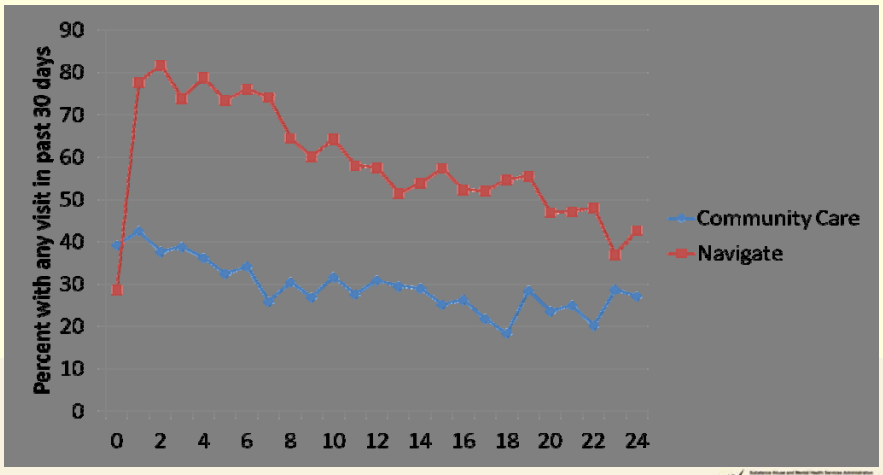
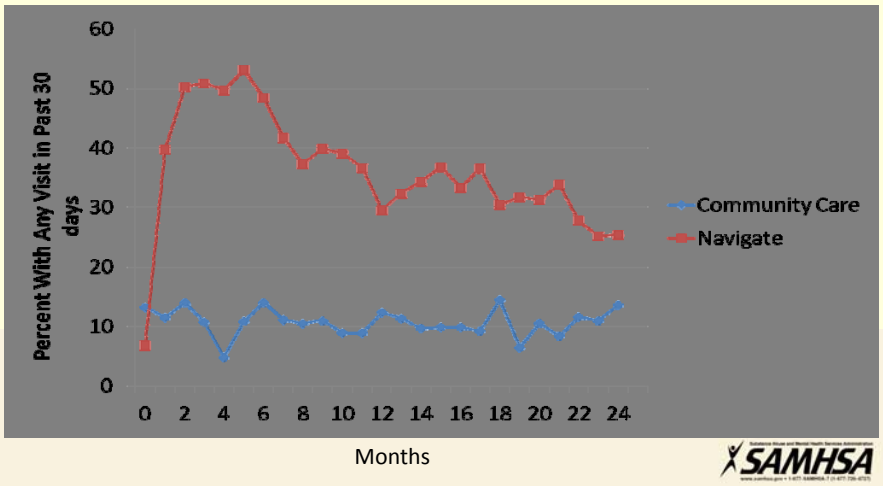
## Have You Had Individual Sessions With a Mental Health Provider Who Helps You Work on Your Goals and Look Positively Towards the Future? (%)

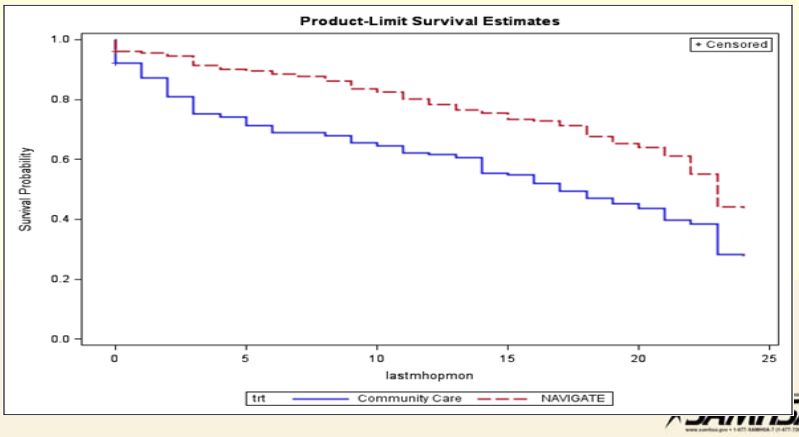



## Have You Met With a Person Who is Helping You Get a Job in the Community or Furthering Your Education? (%)

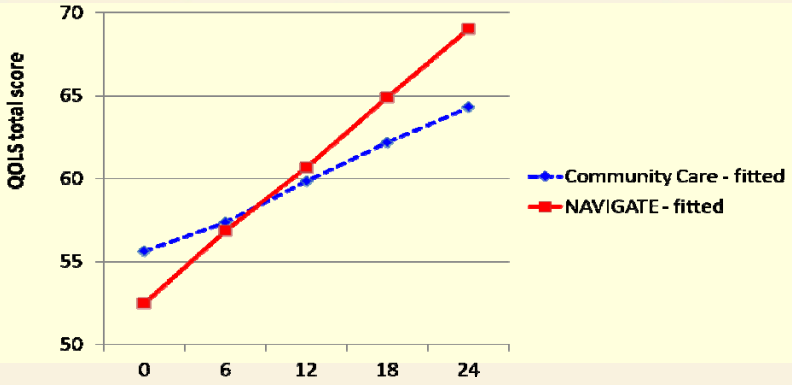


# NAVIGATE Participants Stayed in Treatment Longer

**Time to Last Mental Health Visit**
**(Difference between treatments, p=0.009)**



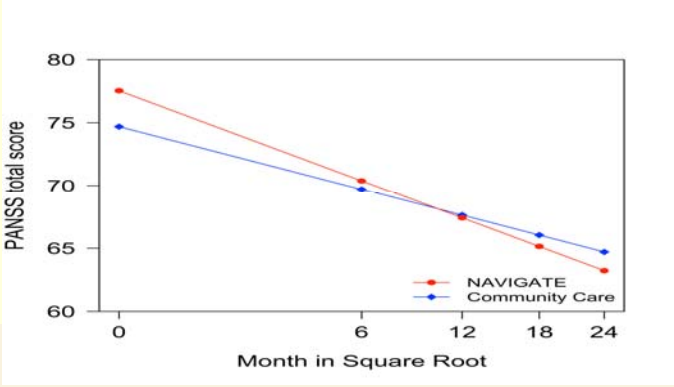

# Quality of Life Improved




Group by time interaction (p= 0.046)
Cohen's d = 0.257

| | Improvement/6mo (SE) |
|---|---|
| Community Care | 2.359 (0.473) |
| NAVIGATE | 3.565 (0.379) |
| Difference | 1.206 (0.606) |

# Symptoms Improved




PANSS Total Score (p<0.02)

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# Consolidated Framework for Implementation Research

- *Intervention characteristics*
  - **Evidence strength and quality; complexity; adaptability and relative advantage; costs**
- *Individual characteristics*
  - **Knowledge, competence, self-efficacy; attitude and stage of change; personal attributes – values and professional identity**
- *Organizational characteristics*
  - **Structure and workforce, culture, implementation climate, readiness**
- *Outer setting*
  - **MH authority leadership & engagement, attitudes & advocacy by service users**
- *Implementation process*
  - **Timelines, collaboration and support of stakeholders, skills of workers, quality monitoring and evaluation**

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# Implementation stages and activities

(Moullin et al 2015; Menear & Briand 2014;Kilbourne 2007; Torrey 2001)

| STAGE | ACTIVITIES |
|---|---|
| Planning | Identify: need; effective practice; barriers; logical service organizations, leaders, and funders<br>Stakeholder engagement and consensus building |
| Pre-Implementation | Select implementation working group & leader<br>Learn model of care<br>Develop training, supervision plan, educational materials<br>Identify workflow needs and address them<br>Hire or identify staff<br>Identify funding, reimbursement strategies, incentives<br>Develop supporting contracts, policies, legislation |
| Implementation | Kickoff meeting<br>Train and supervise staff<br>Measure and track fidelity to model of care<br>Measure and track outcomes<br>Utilize technical assistance to overcome barriers |
| Maintenance | Ensure model fidelity while addressing organizational needs<br>Identify and address sustainability barriers |

# Capacity for NAVIGATE and FEP treatment in U.S. mental health system

**Brief summary:**

- **20% of screened organizations decided they did not have capacity to implement coordinated FEP care**
- **80% had at least basic capacity for FEP service delivery**

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# CMHC Capacity for FEP Care

**Good capacity if training provided**

- *Basic psychosocial rehabilitation*
- *Medication management*
- *Psychotherapy*
- *Family therapy*

**Variable capacity needing attention**

- *Case management*
- *Community-based skills training*
- *Supported employment and education*
- *Team meetings for team-based care*
- *Clinical supervision*
- *Referral relationships*

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# 5 key areas in U.S. public mental health system need attention

- *Funding & reimbursement for people who were **uninsured and privately insured** varied across organizations*
- *Capacity to engage target population through **outreach and partnership** with other organizations*
- *Capacity for **team based care** with supported time to coordinate and plan care*
- *Capacity for **Supported Employment and Education** varied across states and organizations*
- *Access to **rehabilitation** services (including case management, Supported Employment & Education) to people whose illnesses are not yet chronically disabling*

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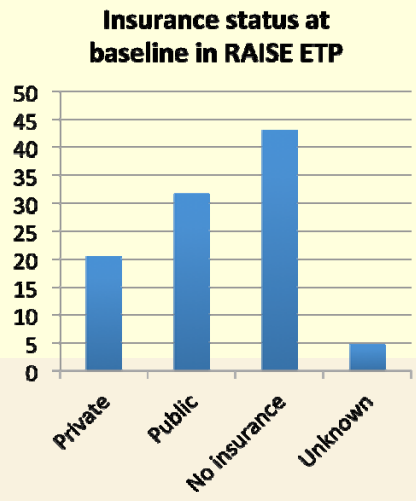
# Reimbursements for FEP services in CMHCs – RAISE-ETP data




- **Variation in:**
  - *Sources of compensation for people without insurance (70.6% RAISE-ETP sites had govt source of funds for uninsured)*
  - *Willingness to seek reimbursement from private insurances*
- **ACA young adult provision & Medicaid expansion will help in some states**

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# Capacity to engage target population through outreach and partnership

- Median duration of untreated psychosis (DUP) = 74 wks; 68% had DUP > 6 months
  - *Addington et al 2014*
- Advantage of NAVIGATE manifested in those with DUP < mean
- Suggests we should facilitate and expedite pathways to care to reduce duration of untreated psychosis

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## Outreach and partnership

- **Organization-level outreach and partnerships to identify first episode psychosis patients**
  - *Outreach not typical CMHC activity*
- **State level public health efforts to education**
  - *Public health departments do not typically target schizophrenia*

## Capacity for team based care with supported time to coordinate and plan care

- **Build into processes of care**
- **Team-based care planning may/may not be part of organizational culture, system quality metrics, and reimbursement goals**
- **Separate Medicaid billing code up to state programs**
  - *– 24% of organizations used direct reimbursement; others built this into cost of care*
- **Capitated Medicaid plans may provide flexibility**

## Capacity for Supported Employment & Education

- **All RAISE ETP sites were willing to provide SEE;**
  - *65% said they had Medicaid reimbursement for it,*
  - *Actual capacity varied widely based on state and organizational reimbursement arrangements and priorities*
- **SE can be funded under Medicaid (fed $ with state match)**
- **SE can also be funded under**
  - *Vocational Rehabilitation*
  - *State designated funds*

## Access to rehabilitation services (including case management, SE) for FEP patients

- **Medical model vs. rehabilitation model**
- **Private insurances may not pay for rehabilitation and team-based care**
- **State Medicaid programs have varying rules for access to rehabilitation services**
- **States now have the option to include FEP services by definition through 1915i waivers**

# Summary

- ***Coordinated specialty care*** *for first episode psychosis improves outcomes and may prevent disability*
- ***Several areas*** *are important when considering* ***implementation and funding***
  - **Capacity to tap various insurance types**
  - **Capacity to care for those without insurance**
  - **Capacity for team-based care**
  - **Capacity for outreach to engage the target population as early as possible**
  - **Access to rehabilitation services**
  - **Access to supported employment and education**

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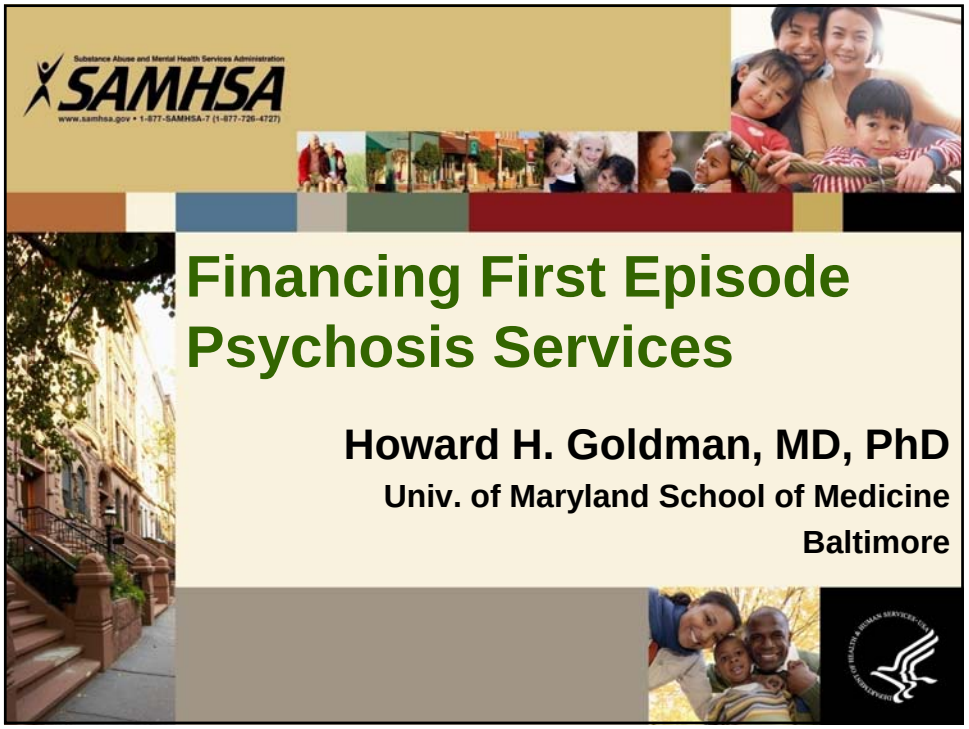
Interesting in implementing NAVIGATE?
www.navigateconsultants.org
Susan Gingerich, Training Coordinator
navigate.info@gmail.com.




## ACA benefits for FEP

- Youth up to 26 years old can remain on parental private insurance
- No insurance denial for pre-existing conditions
- Medicaid eligibility is no longer tied to already disabled individuals on SSI
- State Medicaid plans can be modified to cover FEP services, including case management and supported employment and education

## ACA limitations for FEP

- Private insurance and some State Medicaid plans will not cover all FEP services
- Not all States will expand Medicaid
- Even those States that do expand Medicaid may not cover all services in their Medicaid plan and may not supplement those services with State and local resources

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## How Have FEP Programs Done It?

- Opportunism
- Maximize insurance where available
- Cross-subsidies
- Small numbers – write off bad debt
- Public coverage for insurance short-fall

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# How Will New Programs Do It?

- **Block grant supplement**
  - *Fund services directly*
  - *Fund training infrastructure and consultation*
- **Medicaid expansions**
- **Medicaid plan amendments using 1915i**
- **Flexing private benefits**
- **ACOs and other new sources**
- **New financing schemes (Tom McGuire)**

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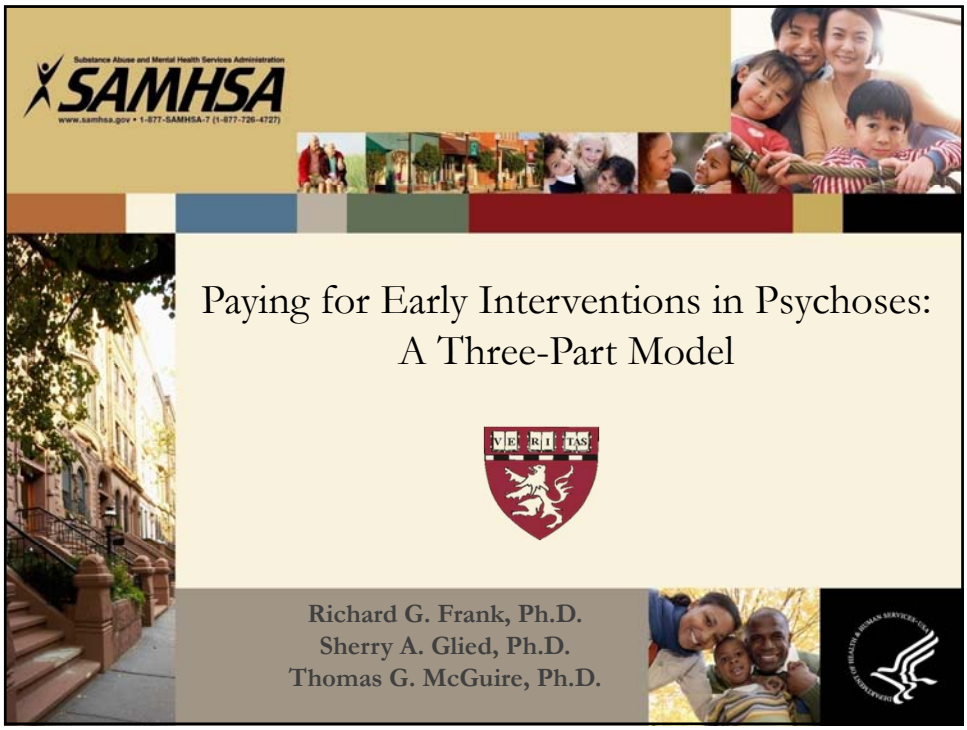

# Motivation and Challenges

- Sustainability requires moving beyond ad hoc "cobbled together" funding sources
- Payment system should be compatible with payer experience, encourage provider participation, and generate appropriate incentives
- Needs to support identification, engagement and treatment of a highly heterogeneous population
- First versions will likely need to be substantially modified with experience

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# Three-Part Financing Model

- 1) "Prospective" per-case payment made conditional upon patient engagement -- target right patients, should feature risk adjustment;
- 2) Per-service payment – pay at *less than* (not a typo) marginal cost;
- 3) Payment based on outcomes – start simple and put little weight until experience accumulates; engagement, avoidance of hospitalization, criminal justice involvement;
- Seek patient group, provider and payer input to design
- Broadly gets incentives right (all you can hope for); flexible -- can and should be modified with experience.

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# Implementation

- Evolving weights: start with least-risk, familiar FFS payments close to covering cost, little weight on prospective/outcomes
- This will maximize participation but be weak on cost control and outcome incentives – buff these up over time with experience from RAISE and elsewhere
- Use experience in existing programs to guide initial calibration; enlist input from stakeholders
- Challenge particularly with private payers is meshing with benefit design/covered services

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# Final Comments

- A chance to put into place payment system consistent with innovative program goals
- Not an "answer" but an approach that offers a flexible starting point with built-in ability to evolve in response to experience
- Paper available (free!) on *Psychiatric Services* Website

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Questions?
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