Integrated Behavioral Care: A Payer View
Who We Are

Optum is a collection of technology-enabled health services companies, including one of the largest managed behavioral health companies in the country.

Optum owns and operates work/life, employee assistance (EAP), behavioral health, and disability support programs:
- Serves 2,500 customers including commercial, state and county government employers, public sector entities, and health plans.
- Covers more than 34.6 million members across the United States.

Optum provides and treatment services through the country’s largest nationwide behavioral health specialty network:
- 130,000 behavioral clinicians.
- 5,000 facilities/agency providers.
- Services managed out of nine major centers across the United States.
Changes in the health care system

The healthcare system has undergone dramatic change in the last 40 years and is in a period of disruption (see Bobbitt articles in references)

- Shift from indemnity insurance to managed care to complex mixture of funding
- Triple Aim (Berwick et. al. (2008) is useful way of thinking about overall goals:
  - Improved population health, experience of care and reduction of per capita cost

### A growing marketplace:

- 30 million new consumers in 2014 through exchanges
- Expanding Medicaid, Medicare and Duals
- Increasing number of consumers with chronic and/or complex conditions
- Need for member activation and self-management of new populations

### New focus on quality measurement driven by:

- Affordable Care Act
- STARS and Medicaid Quality Programs
- Increased regulation from CMS
- Expanding NCQA standards for payers
- Additional behavioral HEDIS measures which most likely will include outcome measurement

### This has resulted in the following trends:

- Push for care collaboration
- Pressure for evidence-based medicine
- Increased pressure to make health care more affordable
- New provider models - ACOs and PCMHs
- Impact on the providers' internal processes to manage quality
- Focus on provider effectiveness
Aligning incentives to promote quality results – Optum examples

Outpatient ACE and pay for value

- Preferred clinicians “star-rated” for quality can earn a second star rating for meeting cost-efficiency standards
- Seeking formal accreditation for our provider performance programs through NCQA Physician Quality Accreditation program

Transparency for members

- Reward providers for increased outcome-based results and improved efficiencies
- Launched March 1, 2014 for providers serving commercial members and achieving 2-star rating

Legend:
- ACE & Pay for Value
- Pay for Value only
- Future rollout
Leveraging technology to promote engagement – Optum examples

• Partner with an outpatient provider to pilot an appointment reminder program that resulted in:
  – 4.5% improvement in kept appointments
  – 58% improvement in Wellness Assessment collection
  – $2,500 increased monthly revenue for the provider

• Launched program in Q4 2014 with high-volume inpatient providers to promote:
  – Improvement in HEDIS 7-day ambulatory follow-up measures
  – Reduction in readmission rate

• Scaling program to high-volume outpatient providers in 2015 to continue gains achieved through the pilot program

Program goals:

• Increase HEDIS 7-day follow-up appointment
• Increase the completion of Wellness Assessments
• Assist the clinic with appointment reminders
• Decrease missed appointments and provider downtime
Integrated Care

Medical Behavioral Integration is any action that **eliminates a barrier** between medical and behavioral services at the level of the managed care company, the consumer, or the service system.

It can be as **simple** as identification and referral of consumers between medical and behavioral managed care or medical and behavioral service systems.

It can be as **sophisticated** as total integration of information, funding, care management, and service delivery for all medical and behavioral needs.

To be worthwhile, integration must be targeted on the populations and conditions where there is clear value for the member and the system.
Initiatives to increase medical/behavioral integration

- **Expand and scale the person centered and whole health care model**
  to improve clinical decision making we need to focus on the physical, mental, emotional, and spiritual elements of a person and taking into account their individual preferences, needs, values and culture.

- **Recognizing role of behavior in health**
  behavior influences health, health status and the decisions we make around health.

- **Preserving the role of behavioral health specialization**
  as a Specialized Behavioral Health Organization we are experts in the understanding of the psychology of human behavior, managing specialty health systems and we can impact clinical and lifestyle decision making to improve health and well-being.

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Coordinated | Co-located | Integrated
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Minimal Collaboration | Basic collaboration at a distance | Close collaboration approaching an integrated practice
Limited information | Multiple data sources | Interpreting and sharing meaningful information
Whole-person care (full collaboration in integrated practice)
View of the future

Areas of increasing emphasis for payers:

1. Engaged provider network – understanding of population health measures and need to provide rapid access
2. Quality focus in addition to efficiency
3. Outcomes in addition to process
4. Electronic health records
5. Consideration of standardized measures
6. Ability to report appropriate data
7. Collaboration with other professionals
8. Consideration of different payment arrangements
Resources and References

- Open Minds website, available at [http://www.openminds.com](http://www.openminds.com)
- Optum Provider Express website, available at: [http://www.providerexpress.com](http://www.providerexpress.com)
- Substance Abuse and Mental Health Services Administration (SAMHSA) website, available at [http://www.samhsa.gov](http://www.samhsa.gov)