

# Designing Effective Behavioral Health Services

Value Based Behavioral Health Benefits

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# Value Based Behavioral Health Benefits

- “Age old problems require innovative solutions”
- Insanity – “The definition of insanity is doing the same thing over and over and expecting different results”. *Benjamin Franklin*

# Designing Effective Behavioral Health Benefits

Riding the bus marked “Albuquerque” when you are really trying to go to Dallas!!!



# The Age of Limiting Benefits

- Restricting Benefits Limits
  - Visit limits
  - Length of Treatment Visit
  - Provider Type
  - Monetary Limits
  - Scope of Coverage



# The Age of Limiting Benefits

- Solutions Of The Day
  - Flexing Benefits
  - Sharing Expenses
    - Co-payments
    - Deductibles
    - Consumer Directed Health Plans



# The Age of Limiting Benefits



- Parity
  - Behavioral health benefits equal medical benefits
    - Maximum dollar limits
    - Utilization limits
  - Utilization management
  - Provider reimbursement

# Value Based Behavioral Health Benefits – Clinical Approach

- Clinical Approach – “right care at the right time for the right person(s)”
- Focused on the clinical needs to assure return to stability and functioning
- Requires the right infra structures and capabilities in combination together

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**TABLE 1 Impact of depression: comorbidities**

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Condition	Annual medical costs per patient <b>without</b> depression	Annual medical costs per patient <b>with</b> depression
Heart failure	\$2.56	\$6.74
Allergic rhinitis	\$3.27	\$8.46
Asthma	\$3.73	\$10.56
Migraine	\$3.82	\$15.47
Back pain	\$11.61	\$33.25
Diabetes	\$13.06	\$27.28
Hypertension	\$13.38	\$27.16
Ischemic heart disease	\$62.40	\$110.94

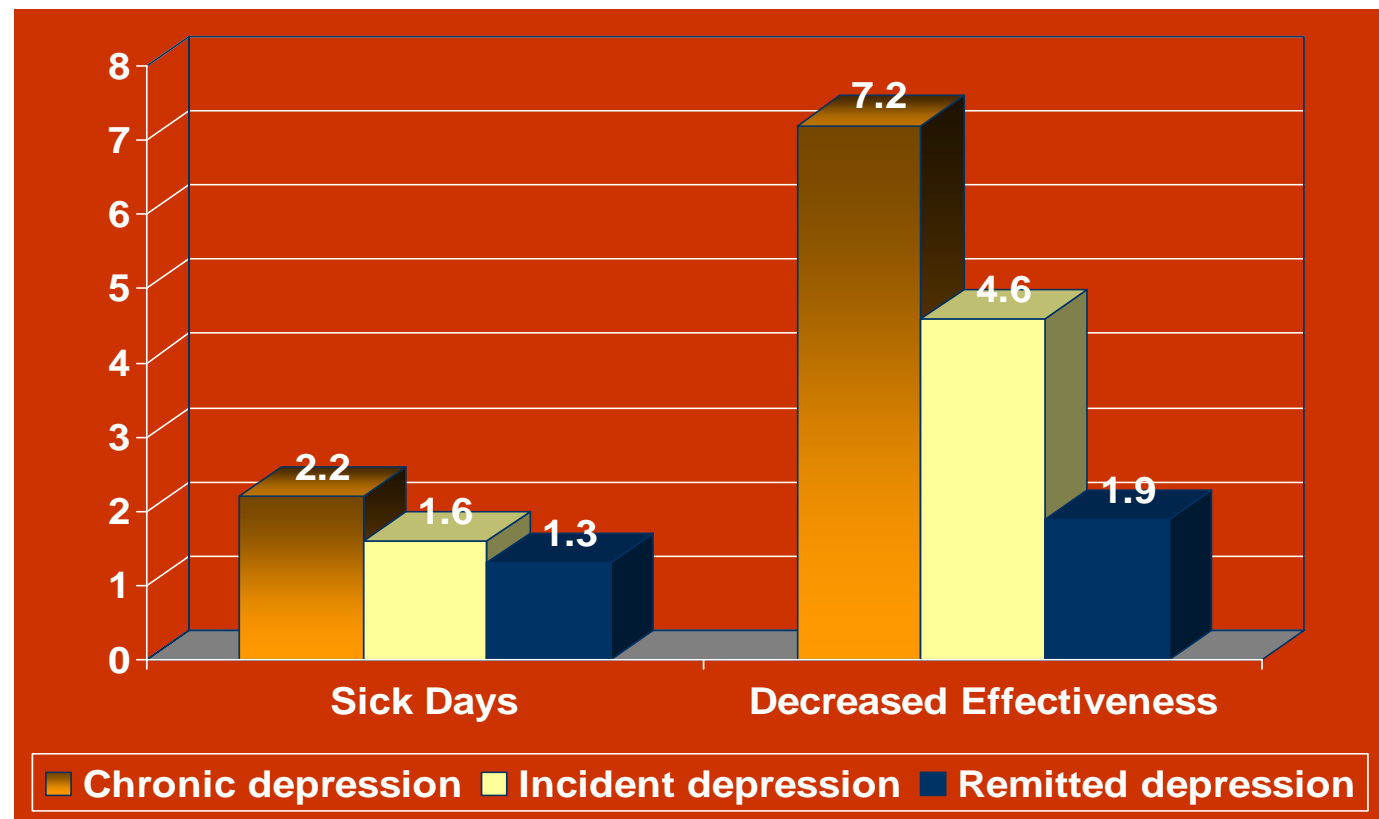
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Actual annual medical costs per patient, based on claims data for 229,776 patients, 1995–1998.

SOURCE: OCI 2001



## Depression - Time Loss and Impairment



*Druss, et. Al. Am J Psychiatry 2001; 158:731-73. .*

# Effective Medical – Behavioral Interventions

– Key studies are indicating a return on investment population(s)

- **Rost study 2005** – Depression with any medical diagnosis with a demonstrated ROI within **two years**
- **UBH study 2005** – High risk medically ill patients within medical case management who screened positive for behavioral health co-morbidity demonstrated a 7% decrease in medical cost for the intervention population within **one year**
- **UBH study 2006** – Medicare population screened positive for depression with intervention suggest a substantial decrease in medical cost, (average \$3,000 decrease) within **one year**.
- **UBH/Kessler study 2007 to be released** – Early indications of positive effects on reducing workplace absenteeism via intervention with employees identified from a HRA with behavioral co-morbidities and psychosocial issues interfering with work
- **Simon 2006** - suggest that successful behavioral treatment (achieving remission) has a positive effect on reducing medical cost

# Behavioral –Medical Approaches

- LifeSolutions Approach
  - **Identifies eligible** – medical management programs, claims, HRA, other referral sources
  - **Tailored assessment** – symptoms, psychosocial environment, functioning level
  - **Coaching** – education, cognitive perceptual changes, motivation interventions
  - **Referral team** – wide scope of referral partners
  - **Monitoring and timely intervention** - reassessments and timely interventions to alter treatment plan for better results
  - **Outreach to consumer and provider** – direct telephonic, secured emails, regular mail, electronic phone systems, web based tools, personal health record
  - **Providers of Excellence** – specialized providers participating in outcomes based monitoring

# Innovative Approaches – Condition Management

- Comprehensive treatment model - phased in managed services based on need and clinical outcomes
  - **Early identification** – claims, active management, referrals from primary sources
  - **Stratification of population** – severity, service responsiveness and availability
  - **Wide scope of interventions** – case management, web based tools, coordination with providers, telephonic tools, reminder systems

# Managed Delivery System Approach – Chronic Behavioral Health Conditions

- **Identification** – by diagnosis, use patterns and referral
- **Stratification** – based on diagnosis, psychosocial factors, resources available
- **Interventions** –
  - Acute - case management team, accountable stabilization provider team, adjunct services, reminder systems
  - Recovery – case management, employment supports, housing and life management supports, reminder systems
- **Specialized providers and contracting** – use of special services and accountable reimbursement contracts
- **Outcomes Profiling and Cross Comparison** – utilizing data to demonstrate outcomes by intervention segment and cross comparison with best practice

# Value Based Behavioral Health Benefits

- The key to value based behavioral health benefits is:
  - Using clinical principles to drive design
  - Flexibility within systems
  - Strong management of resources
  - Useful data to supply information
  - Creative contracting and reimbursement
  - Specialized and effective delivery system