Integrating population health and client data to develop tailored organizational strategies for increasing the quality of children's mental health treatment

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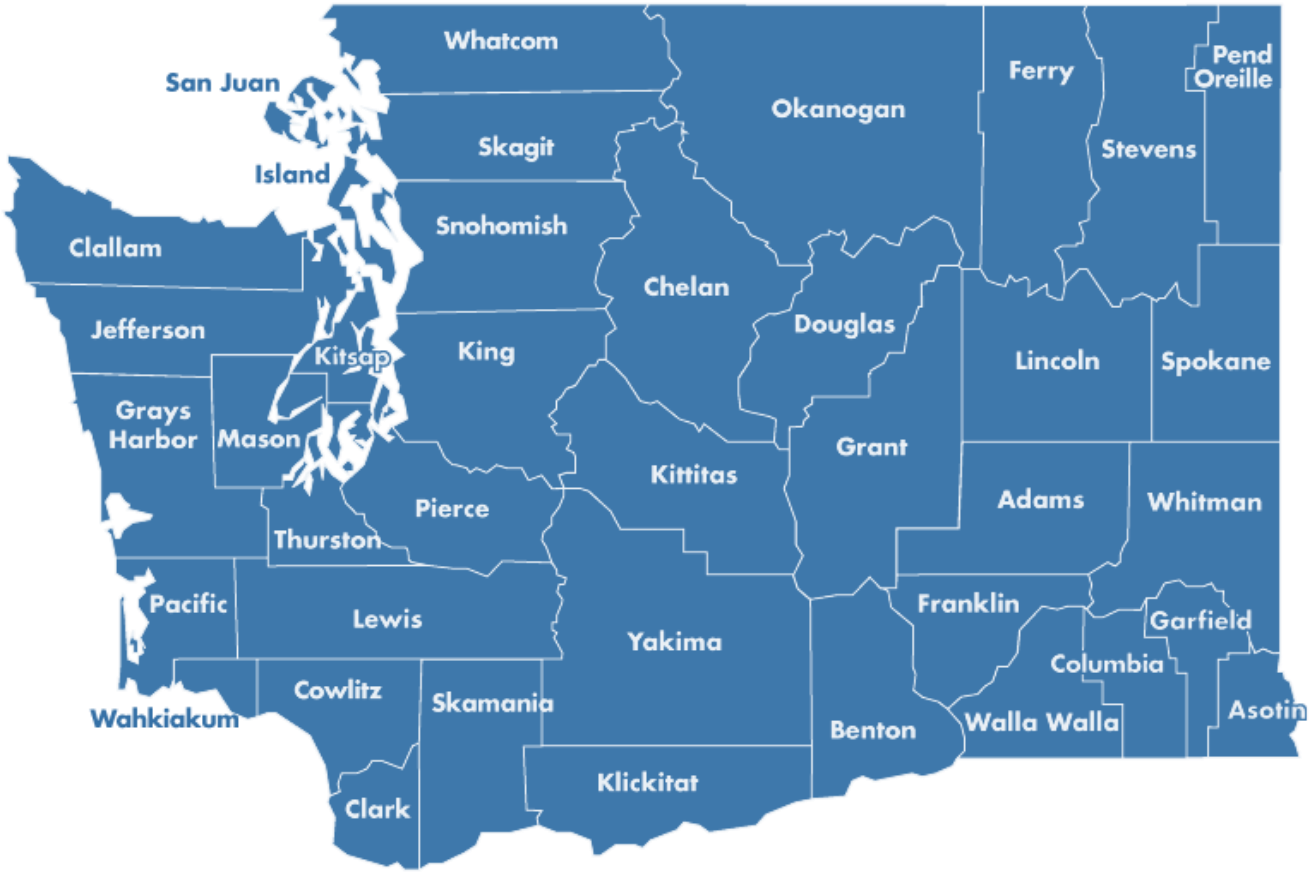
Study Objective



Guide and support healthcare payers in investing in capacity building and performance monitoring at the agency level to improve the quality of children's mental health care in WA State.

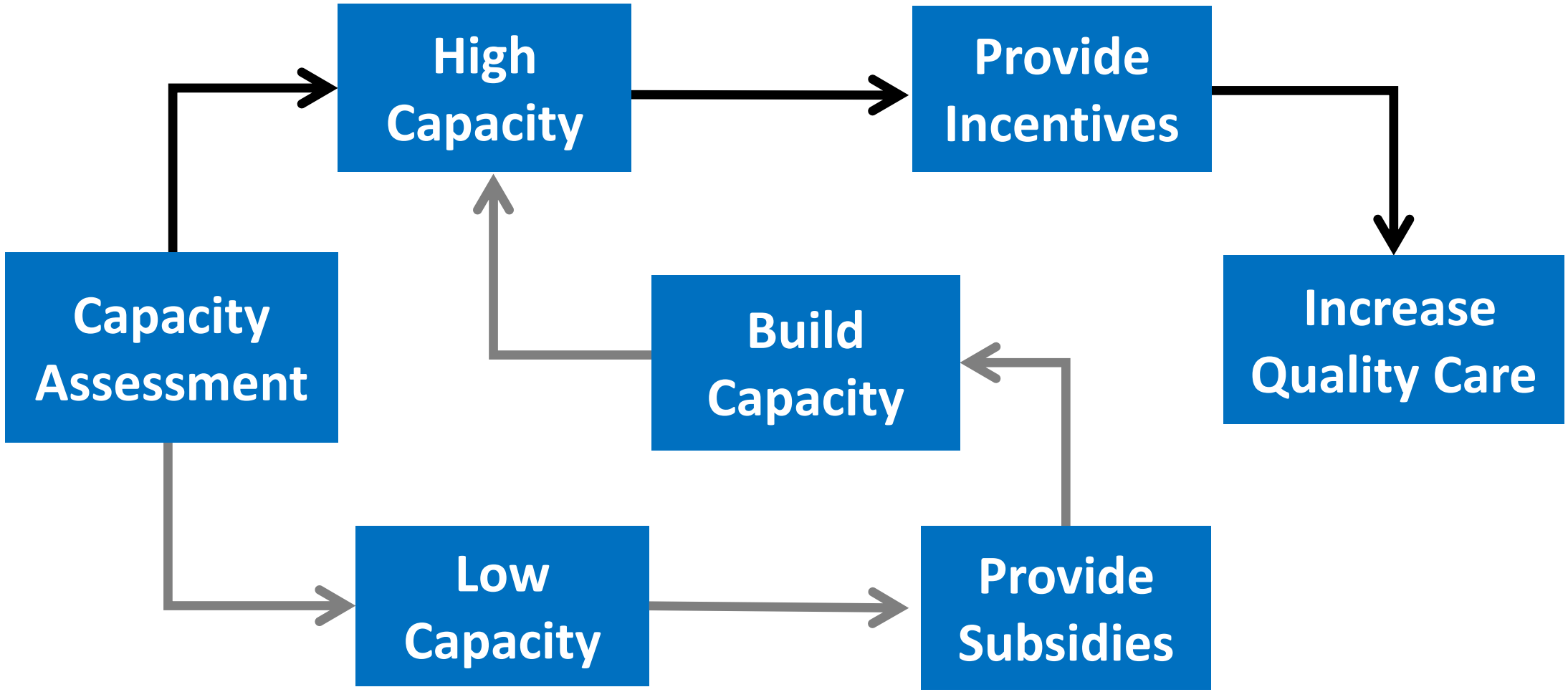
Background

- Models of value-based care have had **mixed results**.
- Agencies within a health network **may not have the same capacity** to successfully document and meet the performance benchmarks.
- In Washington State, it became apparent that different agencies providing children's mental health care **vary in their ability** to document and monitor the receipt of evidence based practices (EBPs) through routine billing data.

Background

- Need for adaptable payment models that incorporate building individual agency capacity to deliver high quality care (based on agency capacity).
- Implementation of such a model requires a feasible capacity assessment tool that measures multiple domains of quality at the agency level.
- How can we measure organizational capacity to inform this model?

Assess organizational capacity before implementing a pay-for-performance model

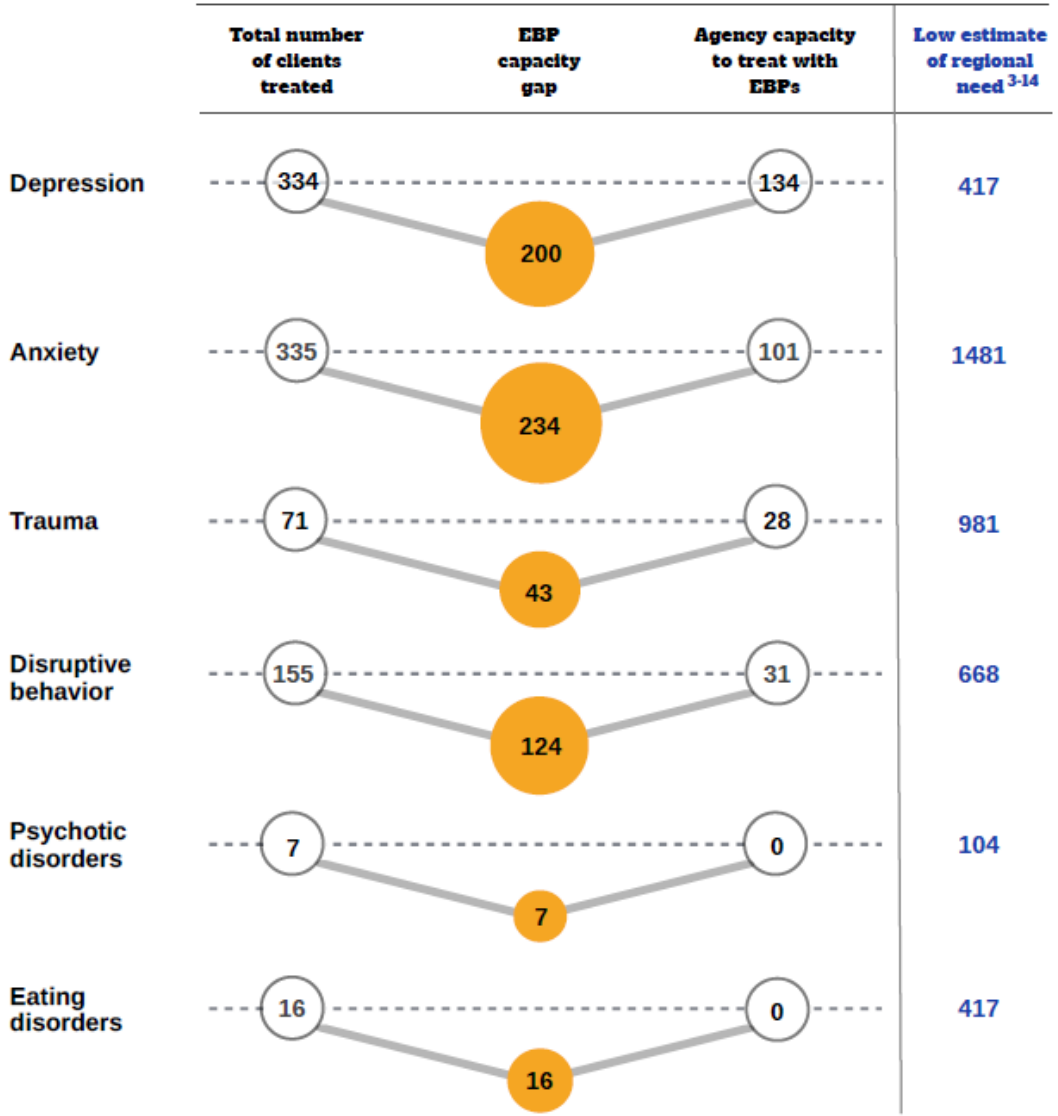


Organization Capacity Assessment (Methods)

Combines three sources of data:

- (1) **Regional census data and previously established state/national prevalence rates** of mental health diagnoses within the region/county of the participating organizations.
- (2) **Agency level data on client characteristics** (e.g. number of children treated, breakdown of client treatment type, distribution of clients among therapists, etc).
- (3) **Survey data from therapists** at each participating agency (e.g. case load, EBP trainings received, knowledge/ attitudes about EBPs and EBP reporting, etc).

Agency Capacity to Provide high quality Care



Agency gap in capacity to provide high quality care (EBPs) calculated for each diagnosis category.

Based on distribution of client diagnoses, therapist caseload (<18 years old), number of therapists trained in EBPs for each treatment category.

Capacity to Provide EBPs (Anxiety)

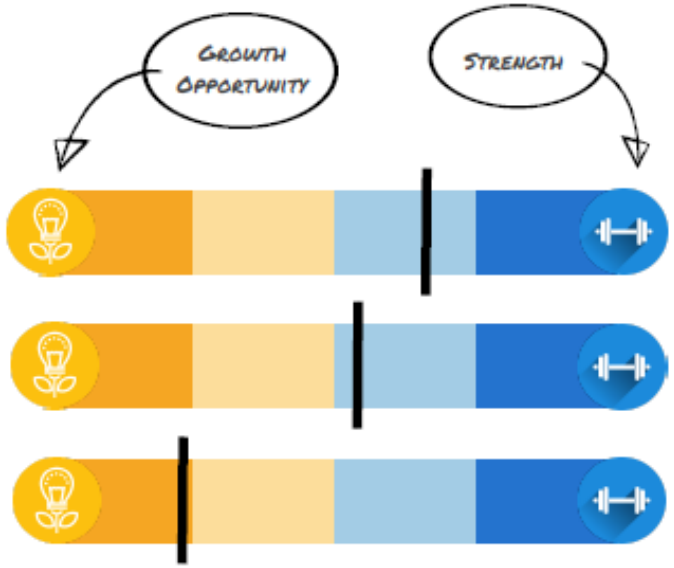
Total number of clients treated	EBP capacity gap	Agency capacity to treat with EBPs	Low estimate of regional need
335	234	101	1481

Identified gap in agency's capacity to provide high quality services for clients with anxiety (234 cases)

EBP Reporting Capacity (Example)

Agency level support of EBP use

- Organizational culture
- Training and learning opportunities
- Financial incentives

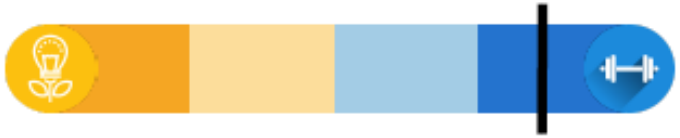


Use of EHR for EBP reporting

- Knowledge of how to report EBPs in EHR

Use of symptom measures

- Use of symptom measures to guide treatment (YES)



Building Capacity

Structured process (agency & payer) engage leadership to identify goals, identify needed resources/ support needed.

Short-term actions:

- Providing training on EBP reporting (use of WA State EBP Reporting Guides).
- Connect agencies and payers to training entities.

Long-term goals:

- Increase number of trained therapists in EBPs (areas of need for agency).
- Increase documentation of EBPs in routing billing and/ or Identifying agency level benchmark for EBP use.
- Set up an incentive mechanism to increase the use of high quality practices.

Impact (Columbia Valley Community Health)

Blake Edwards (Behavioral Health Director) – CVCH Wenatchee, WA

- Piloted our capacity assessment program:
  - Currently linking agency to receive an EBP training sponsored by Amerigroup.
  - Provided a training in EBP reporting and using the WA State EBP reporting guides.

- First behavioral health agency in WA State to use EBP reporting as part of a proposed value-based incentive plan for therapists (*EBP reporting = **6.7%** of total incentive calculation*):
  - **60%** Encounter volume
  - **20%** Quality measures (EBP reporting = 1/3 of this calculation)
  - **10%** Patient satisfaction
  - **10%** New patient intakes

Implications

- Developed an organizational capacity assessment tool that measures multiple domains of quality (identify gaps in capacity, and engage agency leadership & payers in capacity building).
- This capacity assessment tool can be used in developing adaptable payment models that incentivize capacity building when needed, or the more traditional incentives for agencies with higher organizational capacity.
- Found this process was a feasible method of determining local needs, and the recommendation process has strong buy-in from the agency and MCO partner (providing funds for capacity building in identified areas of need).

Contact information

For more information about our work please visit the following websites:

EBPI **ebp.institute**

CoLab Community & Behavioral Health Policy **uwcolab.org**

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Title: Integrating population health and client data to develop tailored organizational strategies for increasing the quality of children's mental health treatment: A case study.

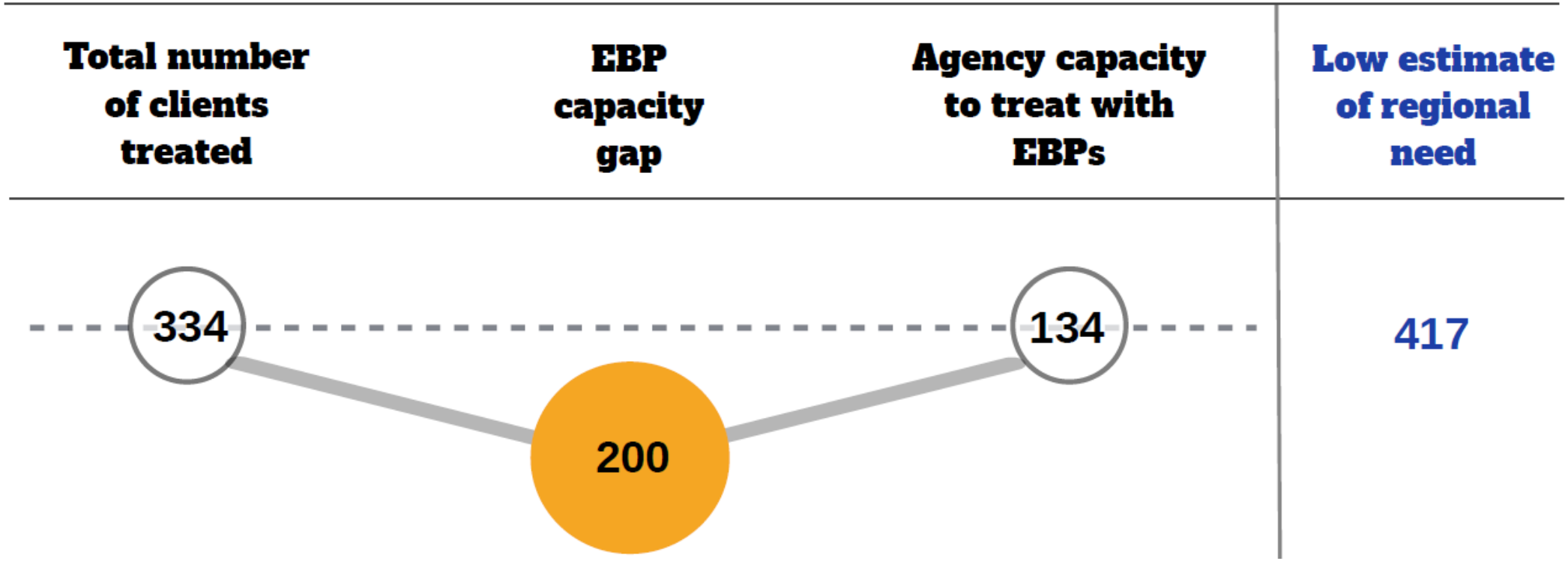
Background: Studies of pay-for-performance models are generally disappointing and rarely lead to quality improvement. In mental healthcare, this may be due to wide variation in capacity to meet performance standards along with difficulty in capturing the delivery of evidence-based practices (EBPs). Building individual agency capacity to deliver and report effective EBPs may make such models a more viable option for increasing quality. Implementation of such a model will require an organizational capacity assessment tool that measures multiple domains of quality.

Methods: We developed a streamlined organizational capacity assessment for child serving behavioral health agencies using three data sources: (1) regional census and health risk data; (2) agency data on client characteristics and therapist case load; and (3) survey of therapists. As a result of the assessment, specific short and long term goals are identified for each agency. Agencies with lower capacity are provided incentives to build capacity, whereas the agencies with higher capacity are provided financial incentives for the use of EBPs.

Results: We have completed the assessment for one rural agency. Our pilot assessment demonstrates the ability to estimate the levels of mental health need from health risk data, tie this data to agency-specific client capacity and make specific recommendations regarding workforce development. In this case, we identified the largest gap in agency's capacity to provide high quality services for clients with anxiety (234 cases) and depression (200 cases). The assessment and recommendation process has strong buy-in from the agency and MCO partner which is providing funds for capacity building in identified areas of need. Three additional assessments will be completed before July, 2020.

Conclusions: We developed and piloted an adaptable pay-for-performance model tailored to organizational capacity of individual agencies within a diverse health system. We argue that the assessment is a feasible method of determining local needs.

Capacity to Provide EBPs (Depression)



Identified gap in agency's capacity to provide high quality services for clients with depression (200 cases)

EBP Reporting Capacity (Example)