



“If we fear difference,
we learn nothing.”

Hannah Gadsby





The big game changers

- The 4 largest MBHOs
- OHP/CMS
- Health Share
- Reliant Behavioral Health
- RBH

“What do Healthplans know about Psychotherapy”

How good are we?

How quickly do patients improve?

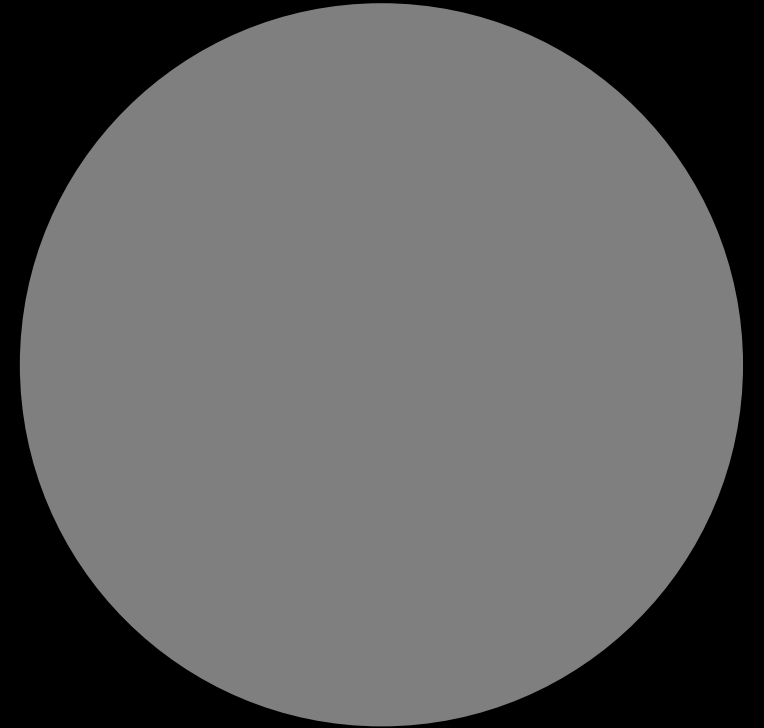
How much therapy do patients want and need?

Measurement managed care

ACORN

PCOM

ConnectingCare





Immense Economic changes

Providence
Multnomah county
Clackamas county
Washington county



The fundamental challenge is to learn and adapt

1. The orienting reflex
2. The startle reflex
3. The familiarity effect
4. Defenses
5. Eureka moment



Clinical case example

Presenter example of a disorienting experience.

Share a clinical case example

Share a disorienting experience that you had with a patient.



Defensive effect

Is a reduction of the orienting response after exposure to a new idea.

The startle reflex is channeled toward thoughts and behavior that result in escape, avoidance or aggression.



The almost “Eureka” moment



The person is about to discover or achieve an epic breakthrough.



You've got to want and work at it to overcome challenges!



Eureka

The fabled cry of
Archimedes.

- 1560–70
- Greek *heúrēka*
- 1st person singular perfect indicative,
- of *heurískein* to find, discover



4 Decades of Research



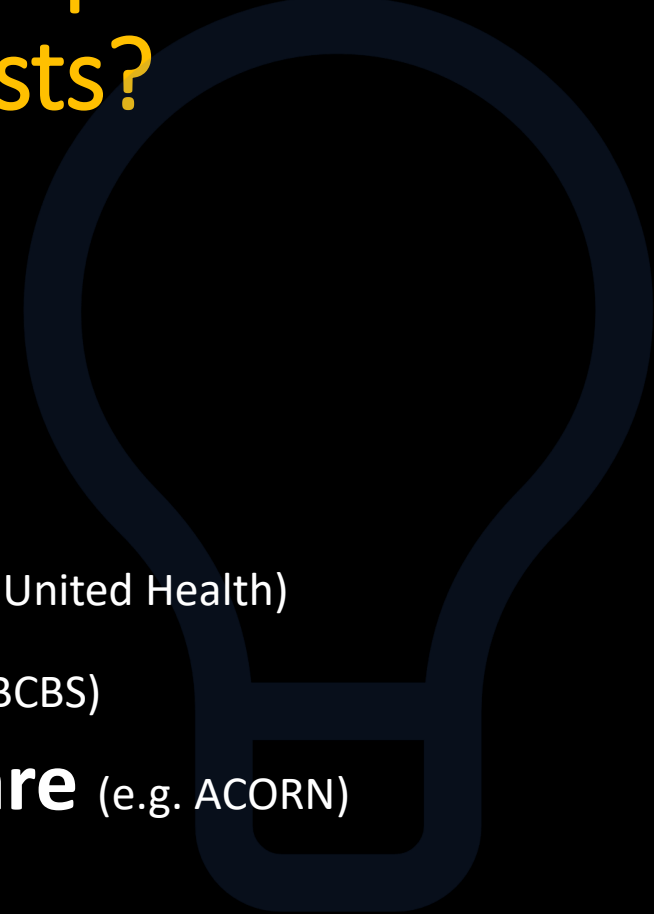
Applied Research

What do Healthplans know about psychotherapists?



They just ask:

- **IBH** (e.g. RBH)
- **OPTUM** (i.e. United Health)
- **Beacon** (i.e. BCBS)
- **Health Share** (e.g. ACORN)



IBH

Integrated Behavioral Health

“IBH uses client focused technology along with clinically excellent methodologies to improve engagement, assessment and results.”

www.IBHSolutions.Com

BEHAVIORAL HEALTH

Managed Behavioral Health (MBH)

Managing the Behavioral Health Component of your Health Plan

OPTUM

“Continuously drive the behavioral health network to higher levels of performance by evaluating providers on clinical outcomes and cost effectiveness and rewarding top performers through value-based contracts.”

<https://www.optum.com/content/dam/optum3/optum/en/resources/brochures/obh-overview-brochure-digital.pdf>



Behavioral Health

Optum is driving better overall health outcomes while bringing down the total cost of care by connecting individuals to quality, high-impact, integrated care and engaging them in their own wellness.



Beacon Behavioral: Mental Health and Substance Use Disorder Solutions

BEACON

“Everything we do is aimed at building better outcomes for members. Robust analytics are a critical component of our success, helping drive our decision-making by proving to us what works and what doesn’t.

Our platform also incorporates the full range of management and utilization reporting enabling real-time reporting and decision support to measure program utilization and effectiveness.”

<https://www.beaconhealthoptions.com/beacons-mental-health-services/>

*Facts do not cease to exist
because they are ignored.*

Aldous Huxley, Born 1894
Author of “Brave New World”





Myths and Reality about Psychotherapy Services

Statistically speaking...

Patients don't want to
be screened or see
measures of their
progress.
(They do)

Therapists are equally
effective.
(They aren't)

Therapists know when
patient treatment is
"On Track."
(They don't)

Therapists' academic
degrees, experience
and training predict
outcomes.
(They don't.)

Most patients do not
recover quickly.
(They do recover
quickly)

Patients with severe
symptoms don't
recover slowly.
(Many recover quickly)

Therapist self-ratings
are generally accurate.
(They aren't)

Therapists are going to
earn more without
having to do things
differently.
(We won't)



What do
Healthplans know
about
Psychotherapists?

Statistically
speaking...

Therapists with different licenses
are **equally** effective.

Therapists with more experience
do **NOT** have better outcomes.

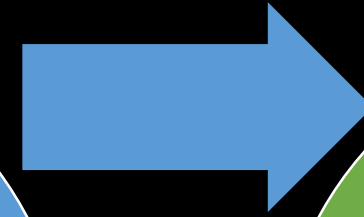
80% of therapists **believe** they are
better than other therapists.

No therapist believes their
outcomes are below average.

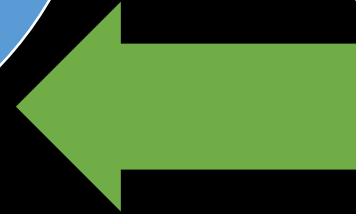


What do Healthplans know about Psychotherapists who **don't screen and measure** outcomes?

Therapists over-estimate how much their patient is improving.



Therapists do not identify patients who are getting worse 4 out of 5 times.





What do
Healthplans
know that
predicts
outcomes?

The therapist/client relationship predicts the outcome; not the therapy approach.

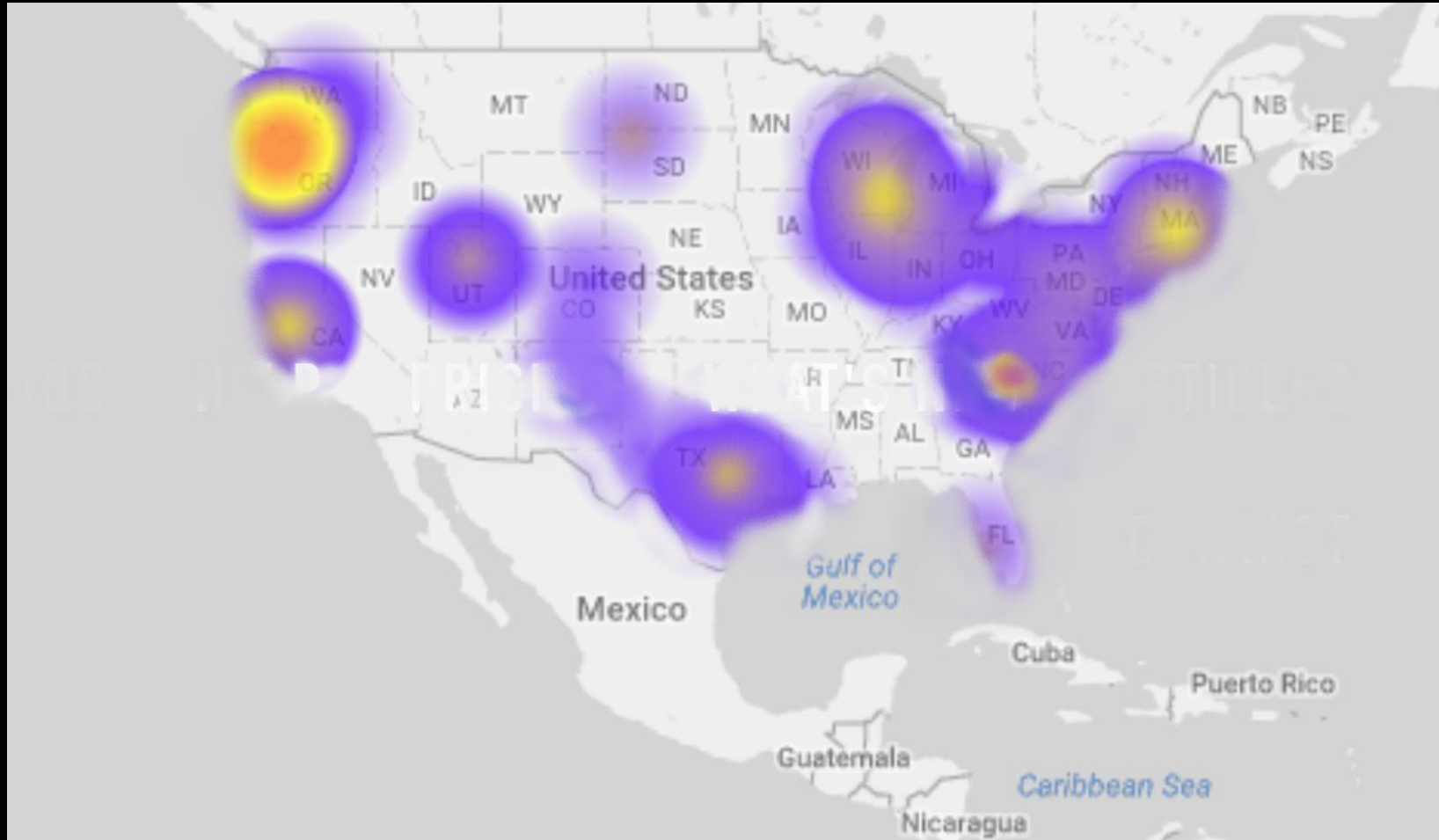
Therapists who screen, measure progress and discuss the results with patients, physicians and their peers have significantly better outcomes.



Oregon health insurance survey

- 47% Private group policies
- 27% Oregon Health Plan
- 15% Medicare
- 5% Private coverage
- 6% Uninsured

<https://www.oregon.gov/oha/ERD/Pages/NewSurveyShows94PercentOregoniansHaveHealthInsurance.aspx>



**What does this
mean to Private
Practice?**

ACORN

Health Share Pathways Market

Partnered with
Providence-St. Joseph (1)

(31%)

- Oregon Population 4,250,000
- Oregon Health Plan 1,500,000 members (approx. 27%).
- Providence 960,000 members (approx. 22%)
- Total population in Health Share counties
 - Clackamas 413,000
 - Washington 589,000
 - Multnomah 808,000
 - Total 1,810,000**
- Total Health Share members 360,000 (approx. 20%).
- **Health Share / Providence Market (31%)**

(1) Estimated. Population and membership numbers are based on press releases and business websites. Subject to revision or better estimates.



Provide Reporting Requirements

Health Share Oregon Health Plan CCO

file:///C:/Users/BPS/OneDrive/Independent%20Practice%20Associations/AMHA%20Training%202019/Sept%2027%20AMHA%20training/Research%20and%20Articles/Health%20Share%20Pathways%20Provider%20Update%20Newsletter_Q3%202019.pdf

health
share

PATHWAYS

Provider Update

June 2019



Provider Reporting Requirements

Feedback Informed Treatment (FIT)

Applies to: All Case Rate and FFS Level of Care Mental Health Providers

Feedback Informed Treatment (also known as Outcomes Based Care) is “a pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services. It involves routinely and formally soliciting feedback from consumers regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery” (Bertolino, B., & Miller, S. (eds.) (2011). The ICCE Feedback Informed Treatment and Training Manuals. Chicago, IL: ICCE Press)

All Pathways Providers who are contracted for outpatient mental health services with a **FFS Level of Care or Case Rate** Agreement are **required to engage in Feedback Informed Treatment** and regularly administer an approved client rated outcomes tool with all Health Share members. Information gathered from outcomes tool should then be used to inform the provision of services.

All providers who are required to engage in FIT may choose to attend a **1 hour FIT introduction**. Agencies are welcome to send more than one person to the FIT introduction, but you are encouraged to send a member of leadership who is responsible for overseeing the implementation of initiatives and/or someone responsible for training clinical staff.

Health Share, OHP

Provider Reporting Requirements

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Health Share, OHP

.... **All Providers** contracted January 2018 or later who are contractually required to implement Feedback Informed Treatment may **[MUST] self-select either** the Outcomes Rating Scale (ORS) and Session Rating Scale (SRS) **[PCOMS]** or the **ACORN** for their outcomes tool.

Health Share Measurement

Costs



PCOMS **\$25**
(\$300 PER YEAR)



ACORN **\$40**
(\$480 PER YEAR)

PCOM Measurement

PCOMs widely used in Canada and Europe

Gathers no data to support medical necessity

Does not include health, functioning, pain, symptoms, well-being, more..

Not designed for PTSD, developmental trauma, Substance abuse, TBI, more...

Has no interface with an EHR and does not coordinate care.

No custom screening questionnaires

Designed for 3rd party download and oversight

PCOM and Health Share gets your data for free.

Data is worth \$1,200 per provider per year

ACORN Measurement

Is widely used by Kaiser, ACO and County mental health

Created a tools for OPTUM

Gathers minimal data to support medical necessity.

Allows only questionnaires that are correlated with their Global Distress measure

Does not include health, functioning, pain, symptoms, well-being, more

Has no interface with and EHR

ACORN and Health Share gets your data for free

Custom screening design is \$300 plus 100 questionnaires before including in system

Data is worth \$1600 per year per provider

Health Share CCO
non-responsive &
resistant
to provide
information
on their
FIT requirements &
training

RE: 1 hour FIT introduction - Message (HTML)

File Message Help Tell me what you want to do

RE: 1 hour FIT introduction

Providers <providers@healthshareoregon.org>
To: conner@bendpsychology.com


2:37 PM

Michael,

As you are not contracted, you are not eligible for the training, nor required to complete the access report. Contracted providers who have questions can contact us directly with questions.

Thank you,

Sarah Hale-Meador
Contract and Provider Network Coordinator
Health Share of Oregon
Office: 971-334-8056
(pronouns: she/her/hers)

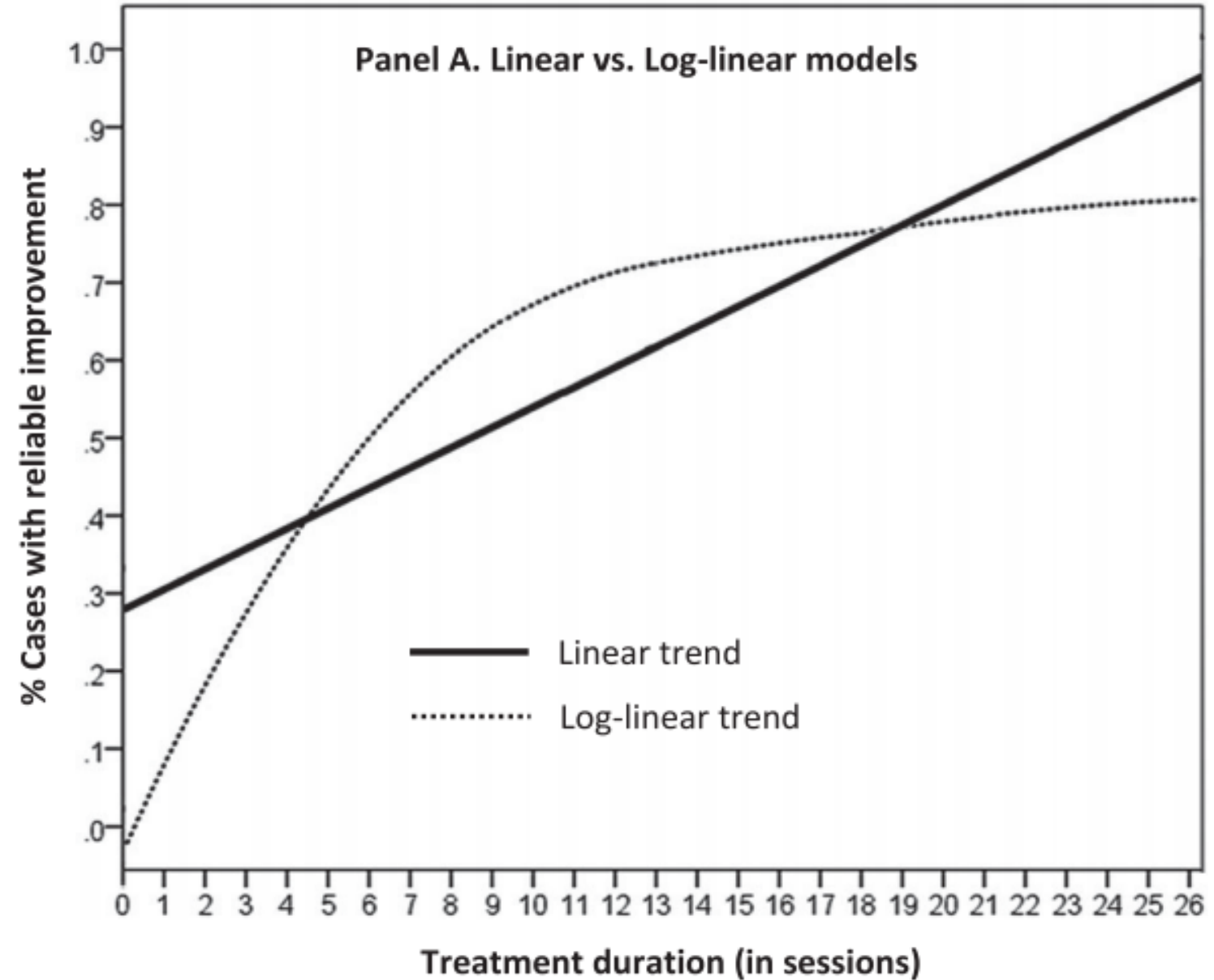


Health Share of Oregon

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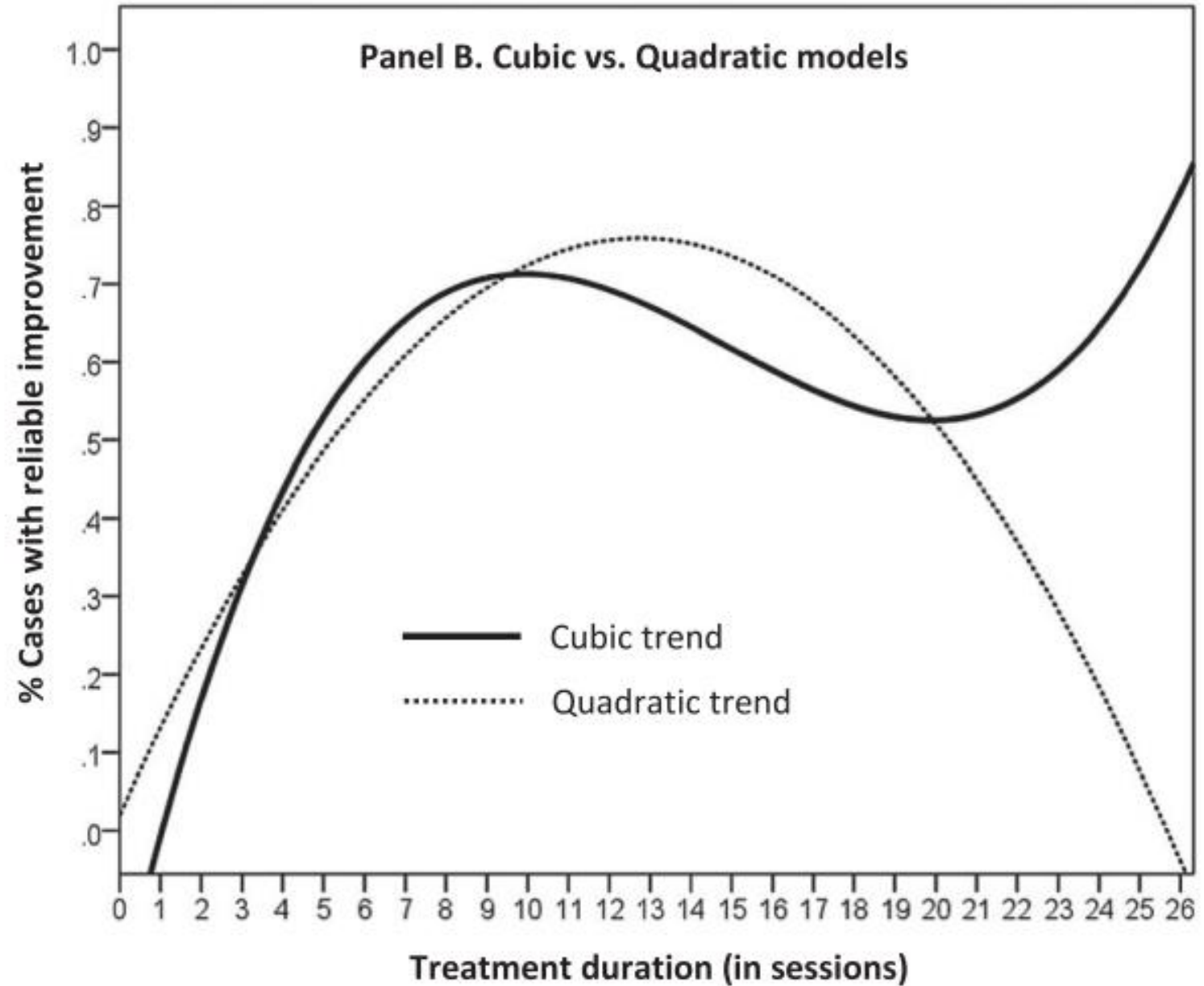
% of cases with
reliable
improvement

-models-



% of cases with
reliable
improvement

-models-



“Goodhart’s Law”

Charles Goodheart
Economist

“Any statistical regularity will tend to collapse once pressure is placed on it for control purposes.”

When a measure becomes a target, it ceases to be a good measure.

“Goodhart’s Law”

Charles Goodhart
Economist

- If you impose anything on people, they will find another way to do what you are trying to stop.
- Individuals trying to anticipate the effect of a policy can take actions that alter the outcome.
- People game, beat or cheat to control outcomes.

Purpose & medical necessity of treatment

(Gaming)

Clinical Targets

Medical symptoms

Emotional symptoms

Thought processes

Skills

Functionality

Clinical range

Rate of change

“Campbell's law”

Charles Campbell
Psychologist & Social Scientist

“The more any quantitative social indicator is used for social decision-making, the more subject it will be to corruption pressures and the more apt it will be to distort and corrupt the social processes it is intended to monitor.”

AMHA-OR Adopted Principles for Ethical Business Operation

An
**Accountable
Therapy**
Provider acknowledges
that...

- ✓ *Psychological and Mental Health services* as a profession are based upon the core ethical principles of *beneficence and nonmaleficence*, or “do no harm.”
- ✓ *Monitoring and accountability* mechanisms are necessary and they **MUST** be independent of business and administrative pressures that could undermine clinical and moral imperatives.



Break

15 minutes

Data has
power & financial value

Who will own and control your data?

Patient-Based-Data

...refers to evidence gathered from one patient which can help guide treatment for that patient.

This is **“patient-centered care”**.

Practice-Based-Data

...evidence gathered from a provider's own patients which can help guide treatment for his or her patients.

This supports **“practice-centered care”**.

Population-Based-Data

...is based on studies of population groups and can help determine what practices may help such populations in general.

Population-centered care may not be helpful to a specific provider or patient. Population-Based-Evidence is a concept similar to **"evidence-based care"**.

Who can own, access and control your data?

Health Share

Trillium
Community
Services

Oregon Health
Plan (OHP)

Reliant
Behavioral
Health (RBH)

Providence

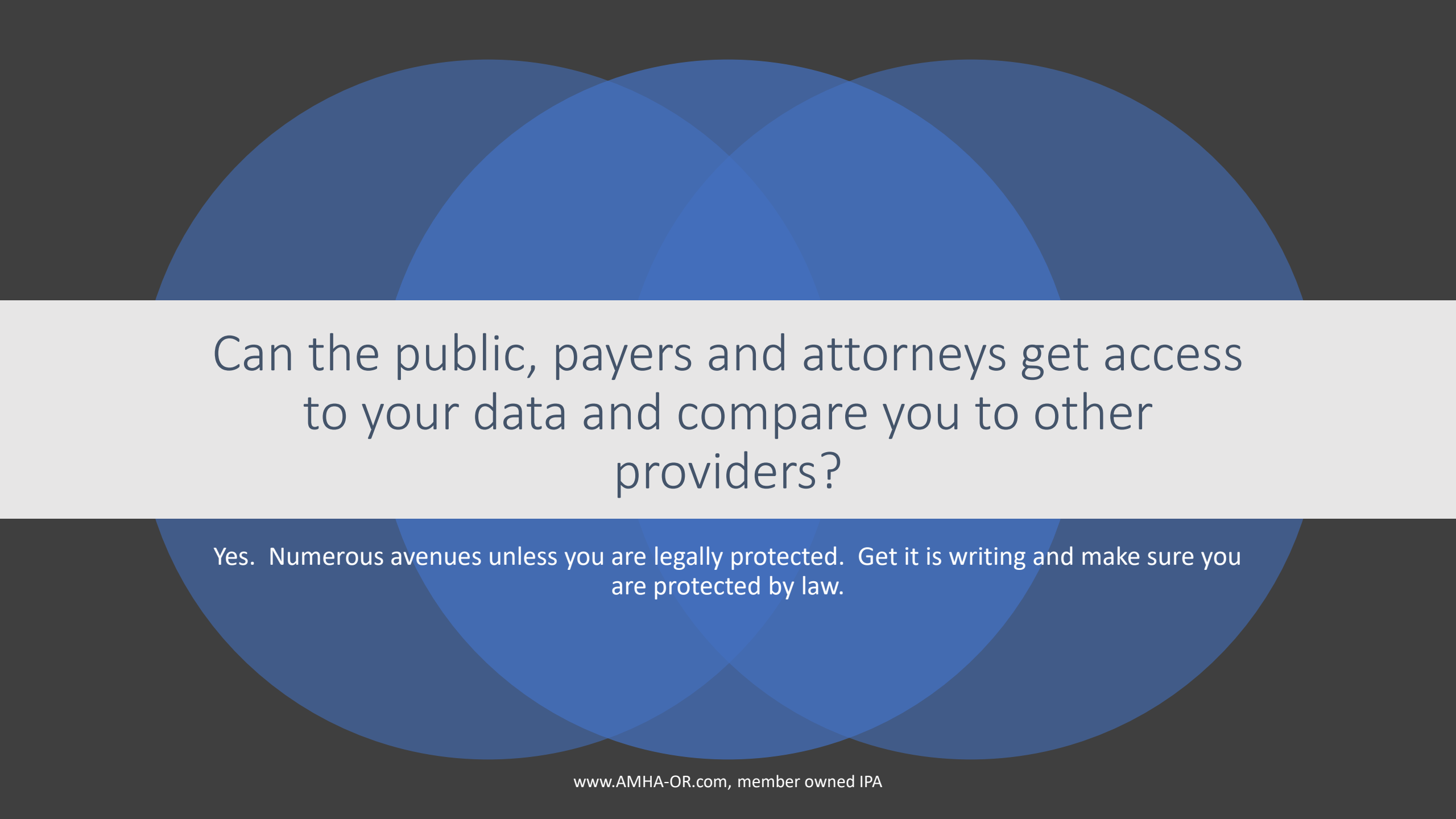
Legacy

Regence

OHSU

**Licensing
Boards?**

**Civil
Attorneys?**



Can the public, payers and attorneys get access to your data and compare you to other providers?

Yes. Numerous avenues unless you are legally protected. Get it in writing and make sure you are protected by law.

Peer review
protections do
not apply if
OHP has your
data

ORS 41.675

Inadmissibility of certain data
provided to peer review body
of health care providers and
health care groups



When
challenged...

by a
Healthplan



**How can you prove there
is change?**

- Reliable change index.
- Effect size.
- Rate of change (slope).
- Change in cutting score.
- Reach a goal.



**How can you identify a
high risk of drop out?**

- Drop in Alliance and Satisfaction scores.
- Drop in that score after appointment 6 to 10.

What are the 5 best screening, progress & outcome measures?

Global Distress

- GAD7 -Anxiety
- PHQ9 - Depression

Mood Stability

- MDQ13

Physical
Symptoms

- PHQ15

Developmental
Trauma

- ACE- Adverse childhood
experience

Why are these the best measures?

Widely
recognized.

Measure
most
common
symptoms.

Can be used to
gather data
across patient,
practice and
populations

Are correlated
with
developmental
trauma, TBI,
SPMI & health
problems

What is
important
about
appointments
1, 6, 10, & 20?

Statistically
speaking...

1 Highest severity (greatest improvement by next appt)

6 Measures on appt 6 often show 50% of total improvement

10 By appointment 10 the rate of change is much less

20 By appt 20 you should be re-documenting “medical necessity”

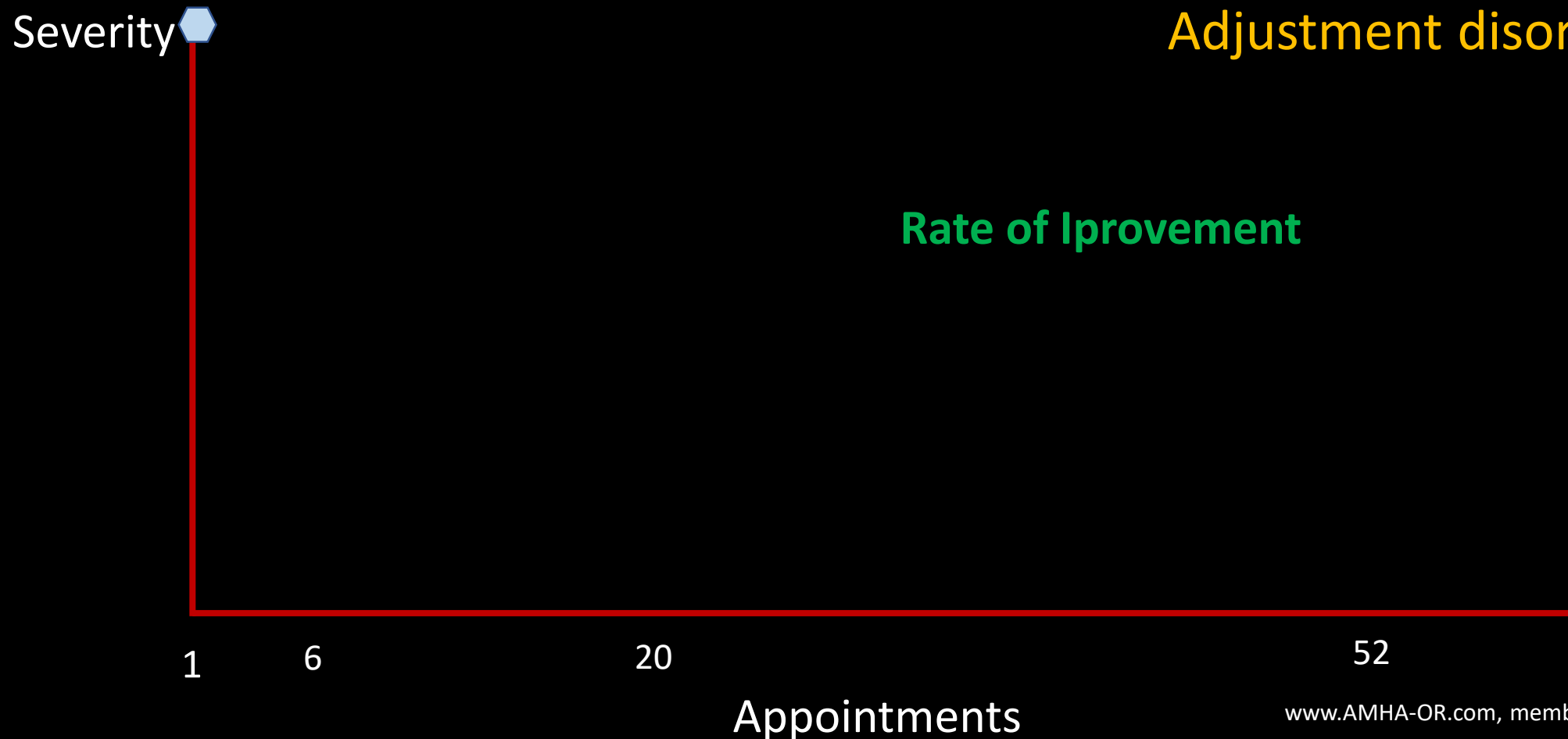
Fair
gaming...

examples

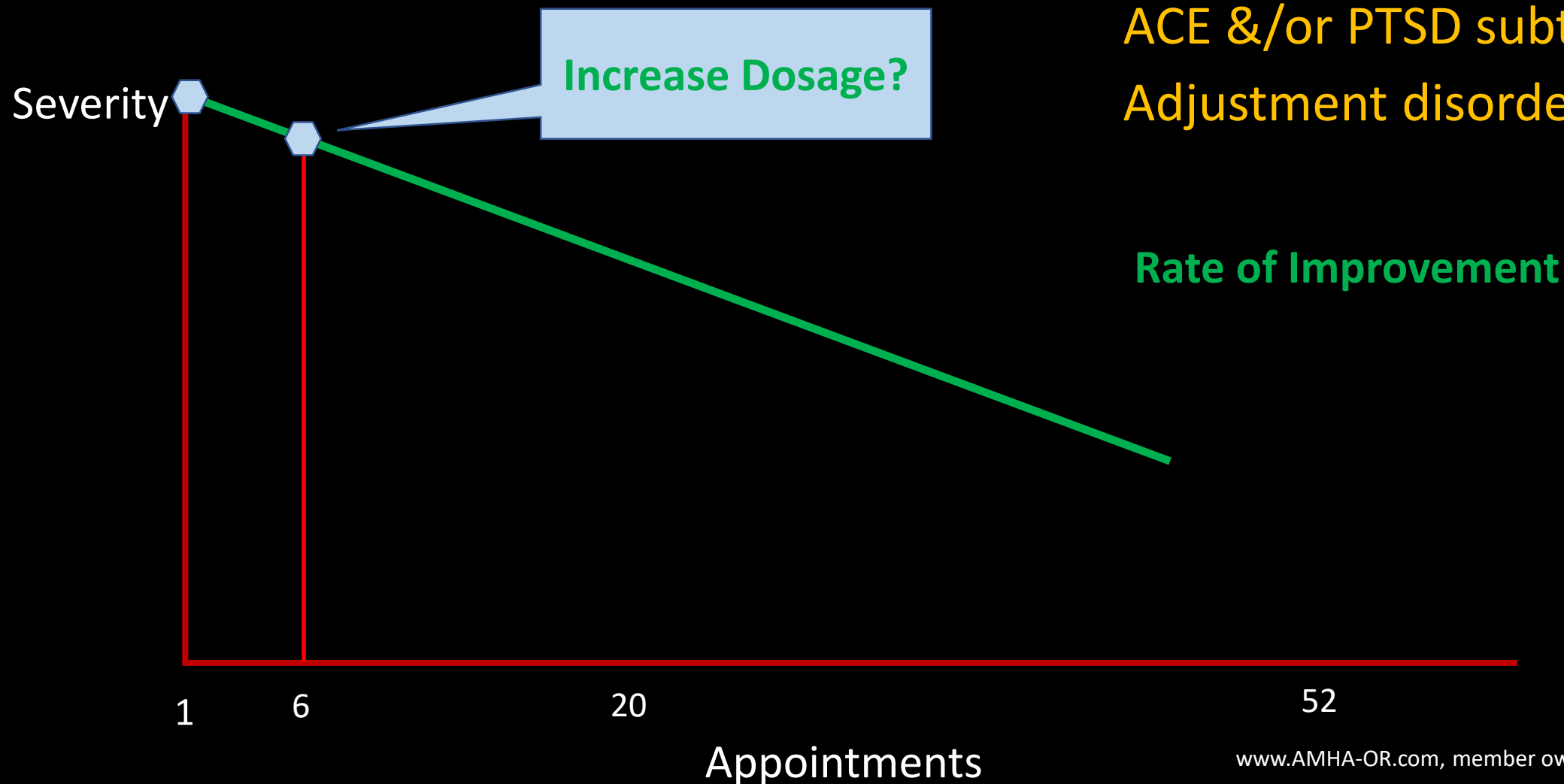
Campbell & Goodhart's
Laws

What happens if **physicians** measure **2** times?

ACE &/or PTSD subtype ?
Adjustment disorder ?



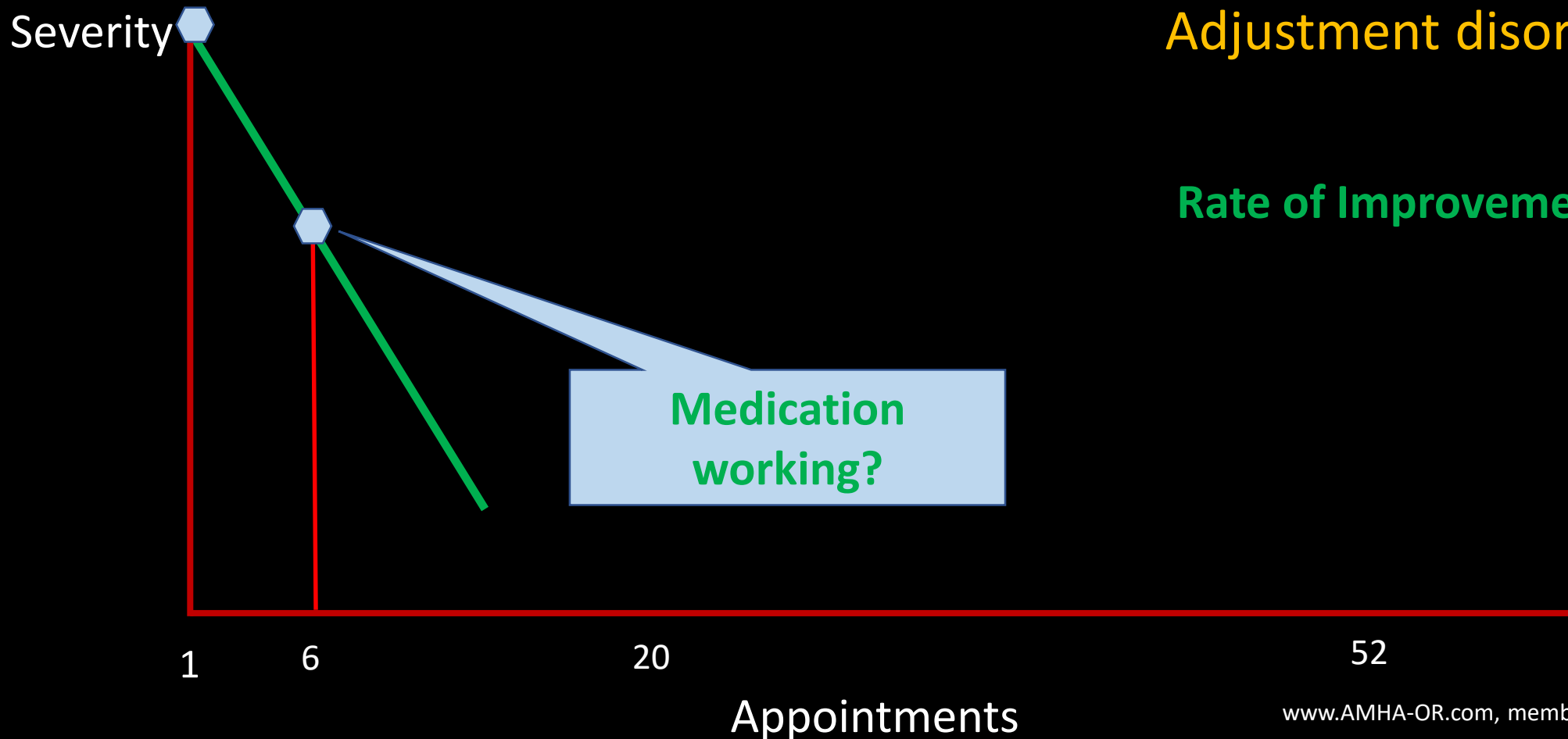
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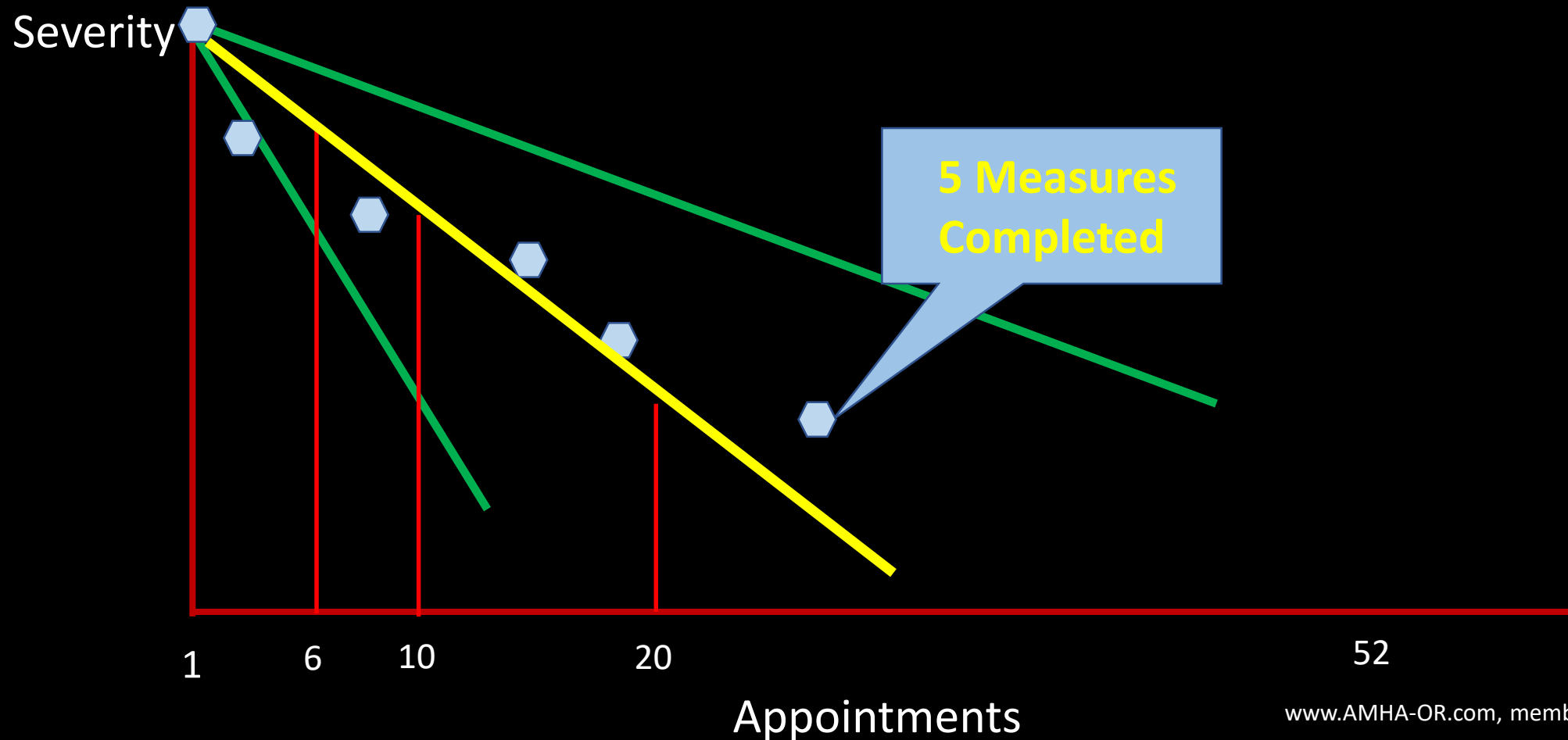


A – Pharma Fair Game (simple case mix & high severity)

1. Depression screening first time
 - a. Justifies medication.
 - b. Misdiagnosis leads to wrong medication type.
2. Follow-up measure (or interview) 1 time in 4 to 6 weeks.
 - a. Misleading response to medication.
 - b. Upgrades the value of medication treatment.
 - c. Downgrades the value of psychotherapy.
3. Physician is paid an incentive if the patient stays on medication for 3 months.
4. Patient faced with side effects.

“On-Track” Psychotherapy Treatment

Linear

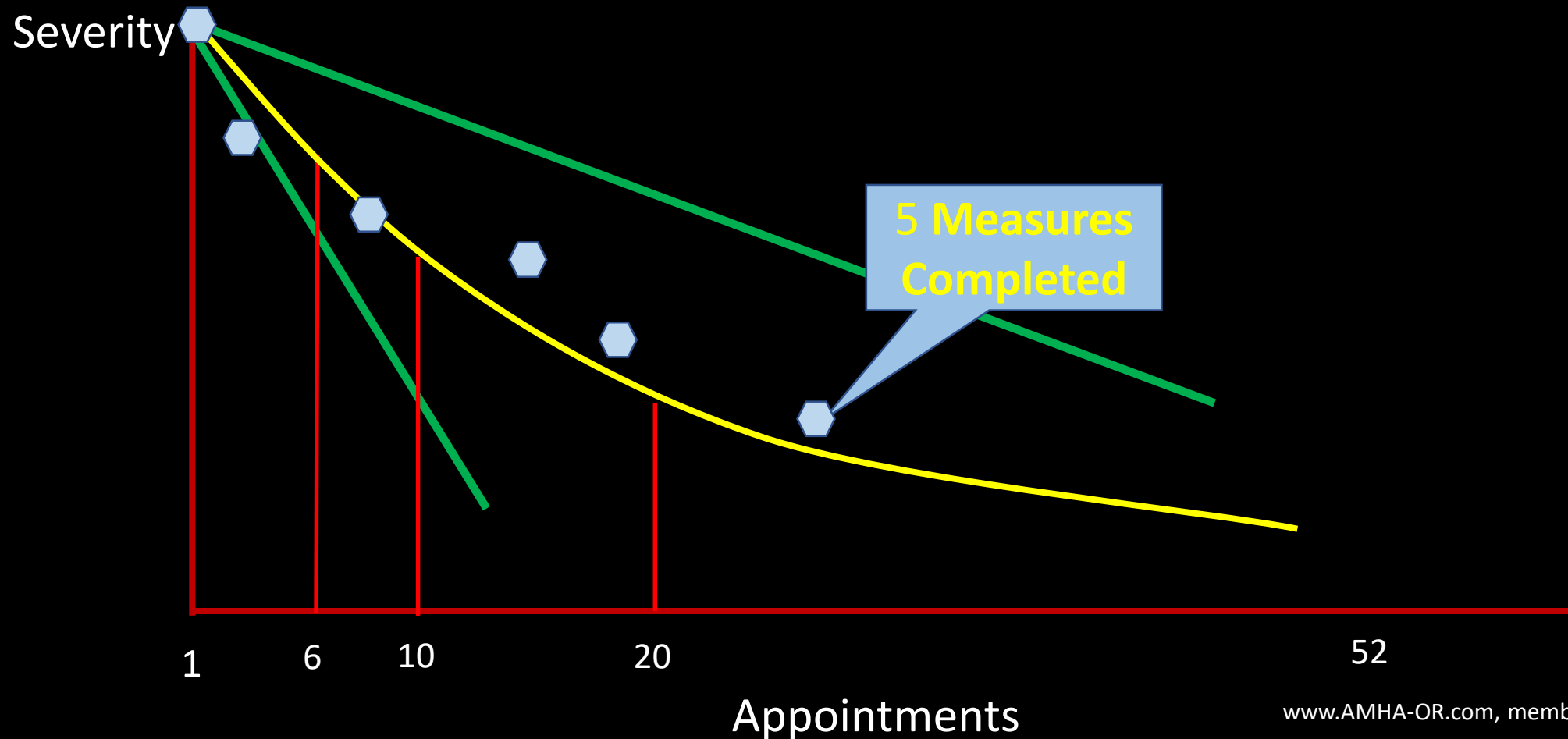


A – Psychotherapist Fair Game (simple case mix & high severity)

1. Measure 3 times before appointment 10.
 - a. Documents maximum improvement.
 - b. Invalidates antidepressants. Recommendations?
 - c. Catches risk of pre-mature dropout.
 - d. Patients, physicians and referral sources are impressed.
2. Measure 1 more time just before appointment 20.
 1. Measures slowing progress.
 2. Catches other issues and drop out.
3. Measure 2 more times after appointment 20.
 1. Justifies continued treatment.
 2. Increases effect size.

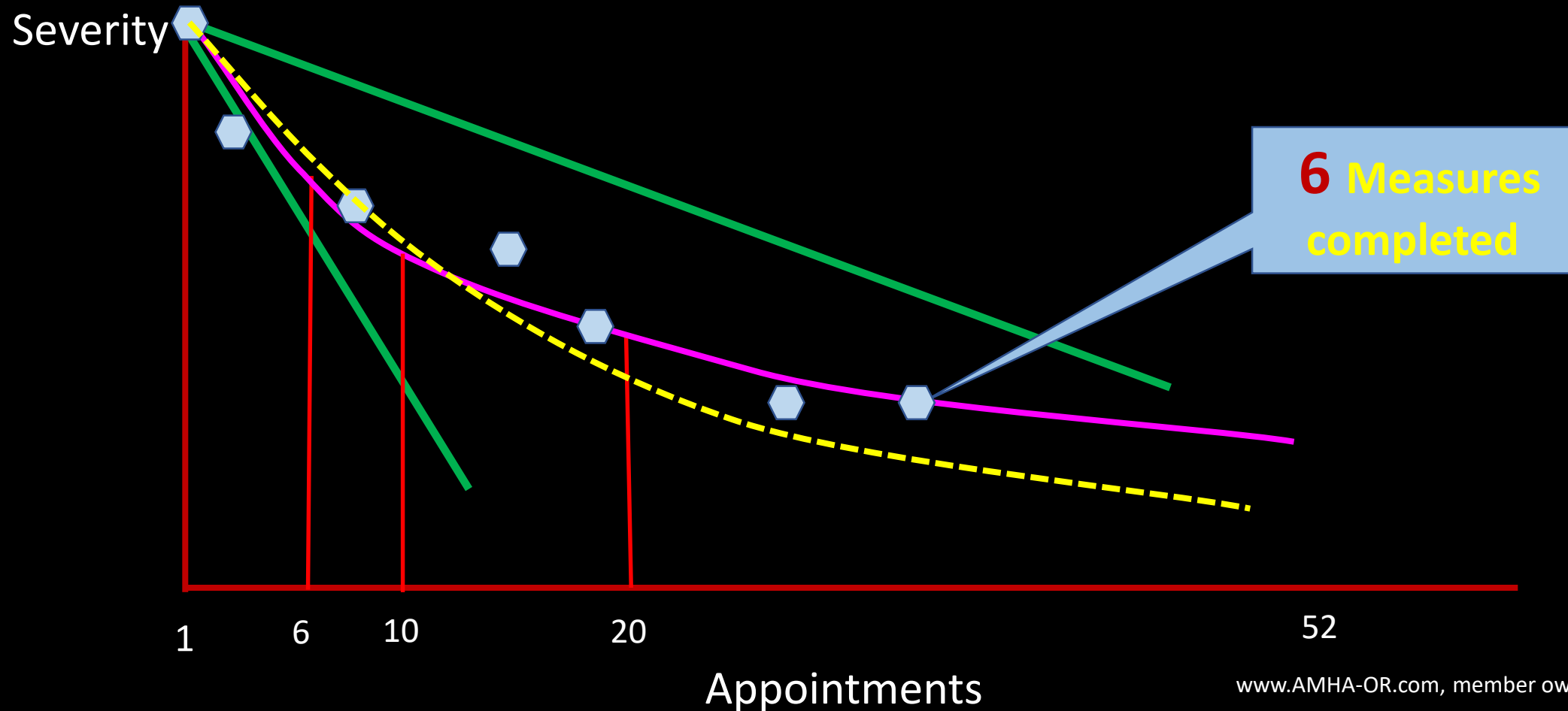
Psychotherapy “On-Track” Treatment

Curvilinear linear



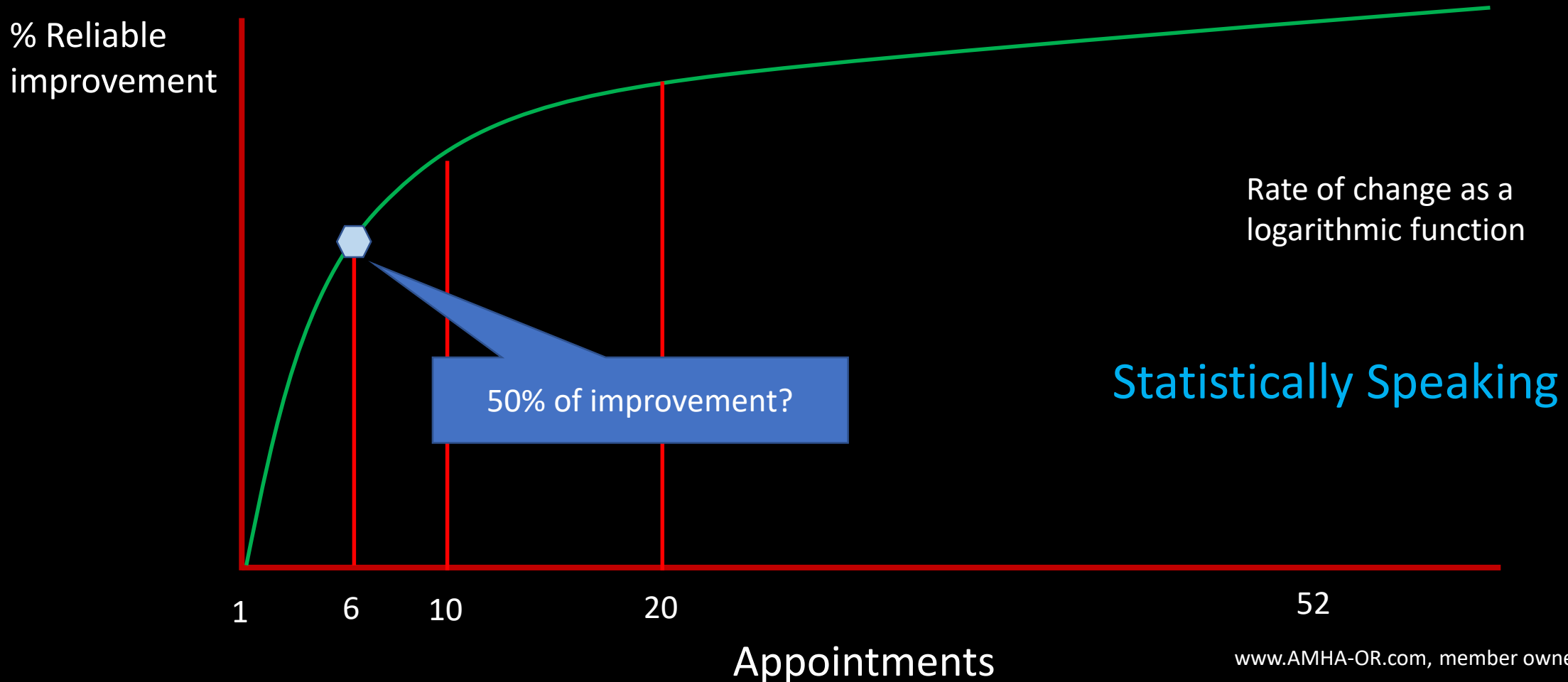
What is "On-Track" Treatment?

6 measures - curvilinear linear



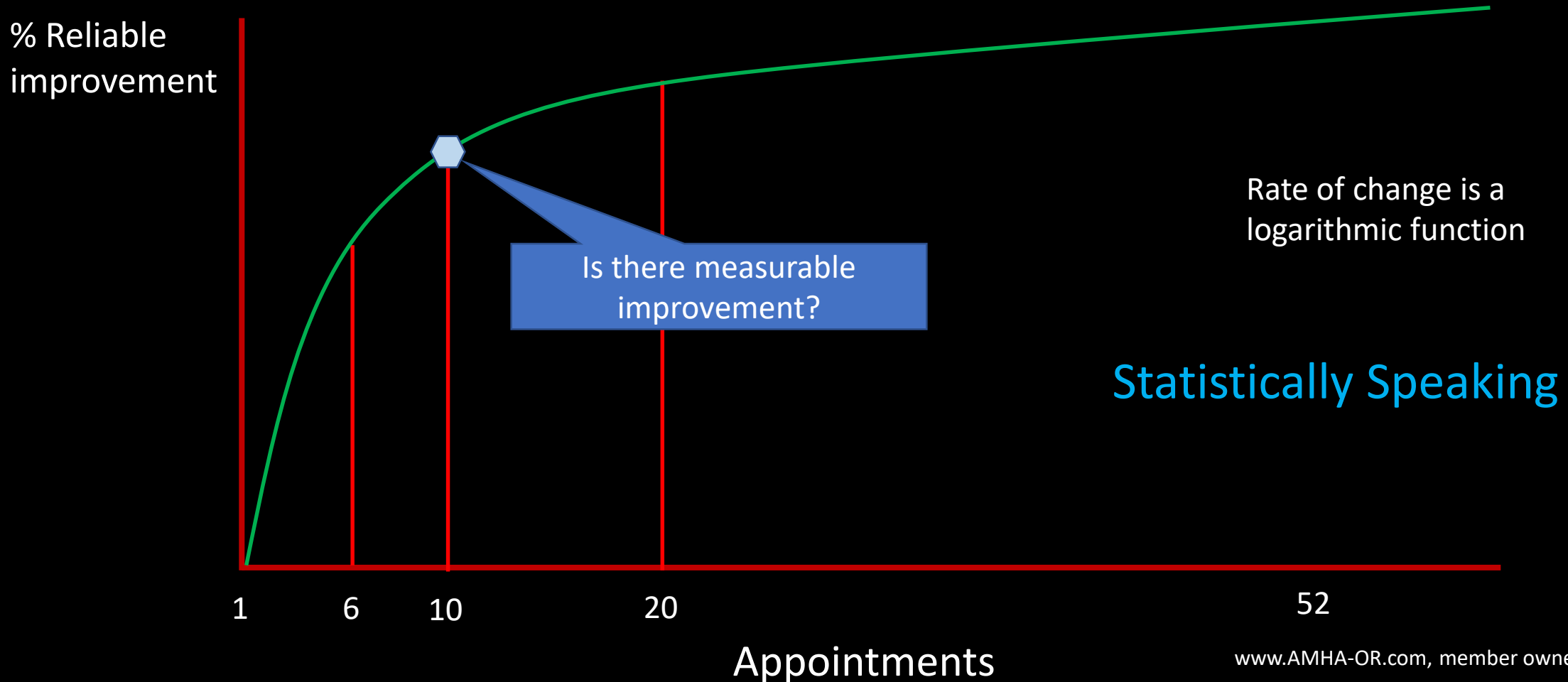
How quickly do patients improve?

(symptoms burden, functionality, pain reduction)



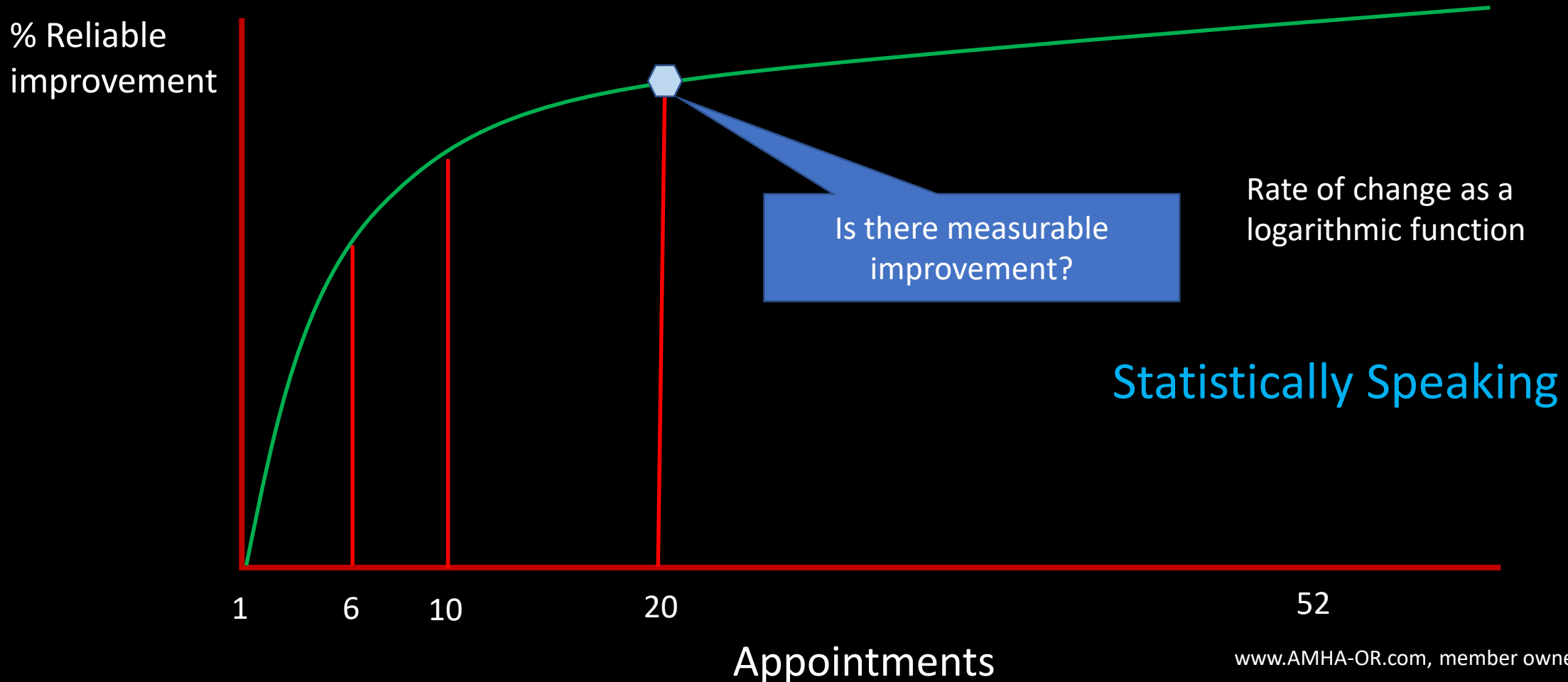
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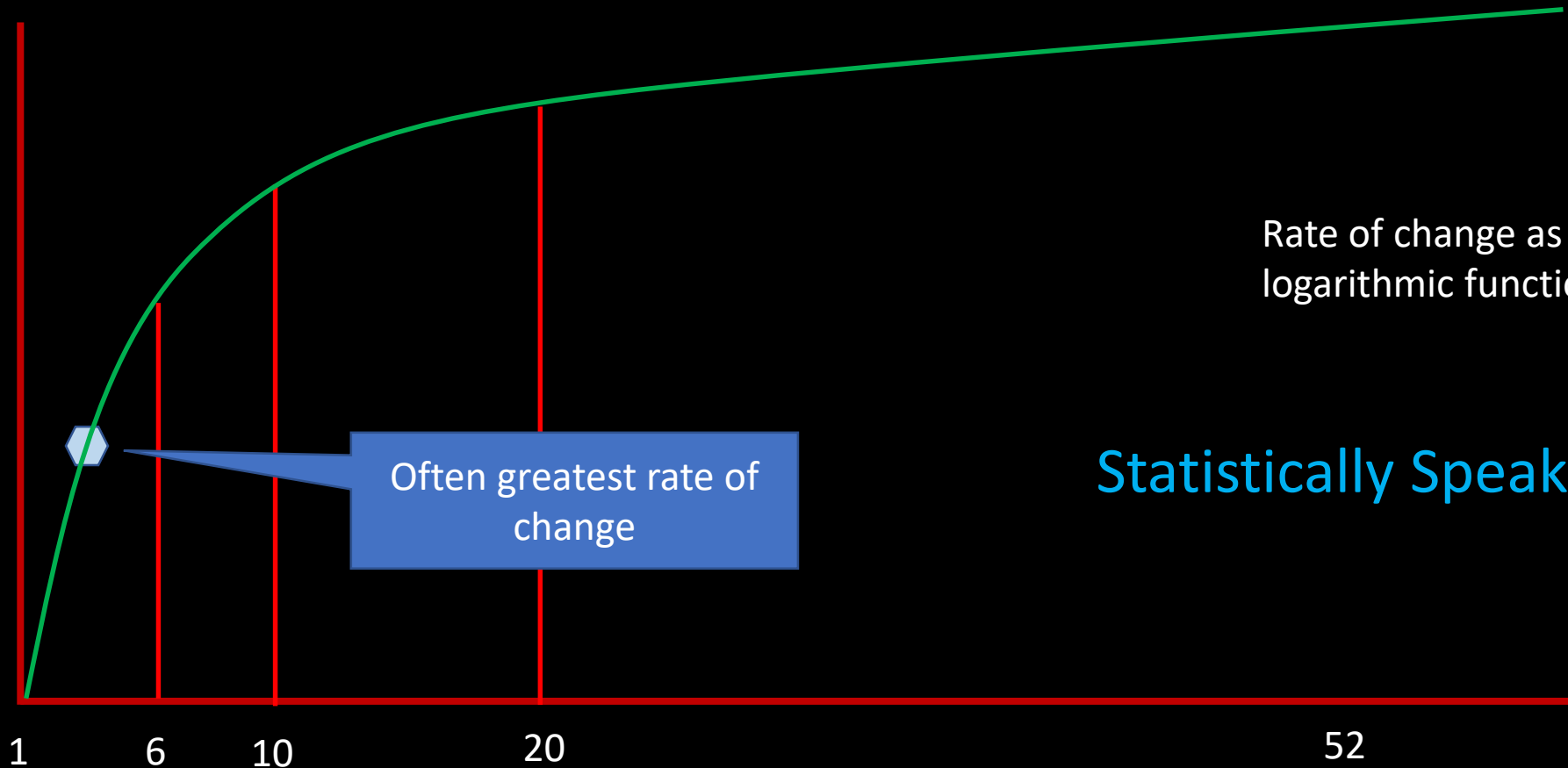
(symptoms burden, functionality)



How quickly do patients improve?

(symptoms burden, functionality, pain reduction)

% Reliable improvement



Rate of change as a logarithmic function

Often greatest rate of change

Statistically Speaking

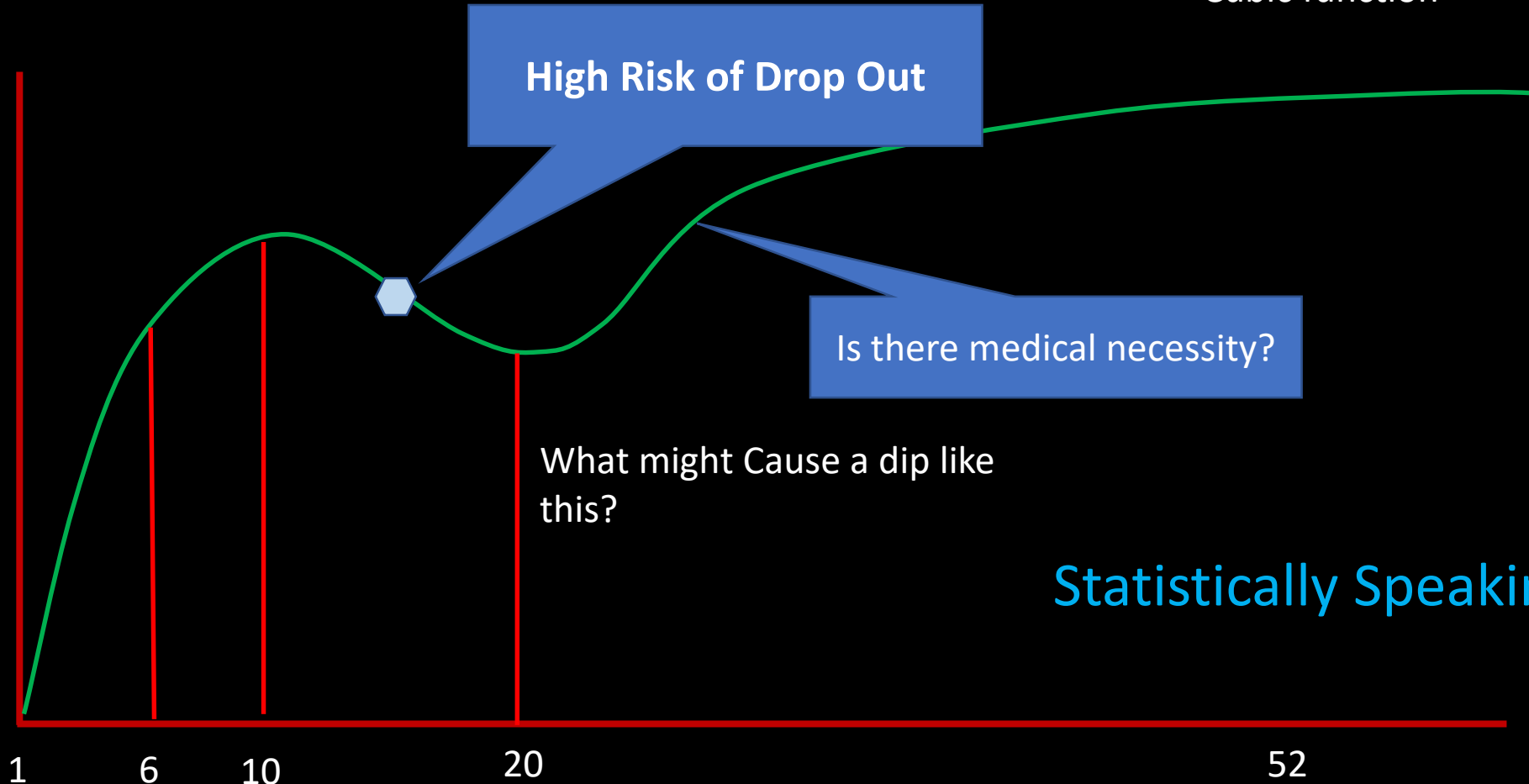
Appointments

Which patients improve like this?

(symptoms burden, functionality)

Rate of change as a
Cubic function

% Reliable
improvement



High Risk of Drop Out

Is there medical necessity?

What might Cause a dip like
this?

Statistically Speaking

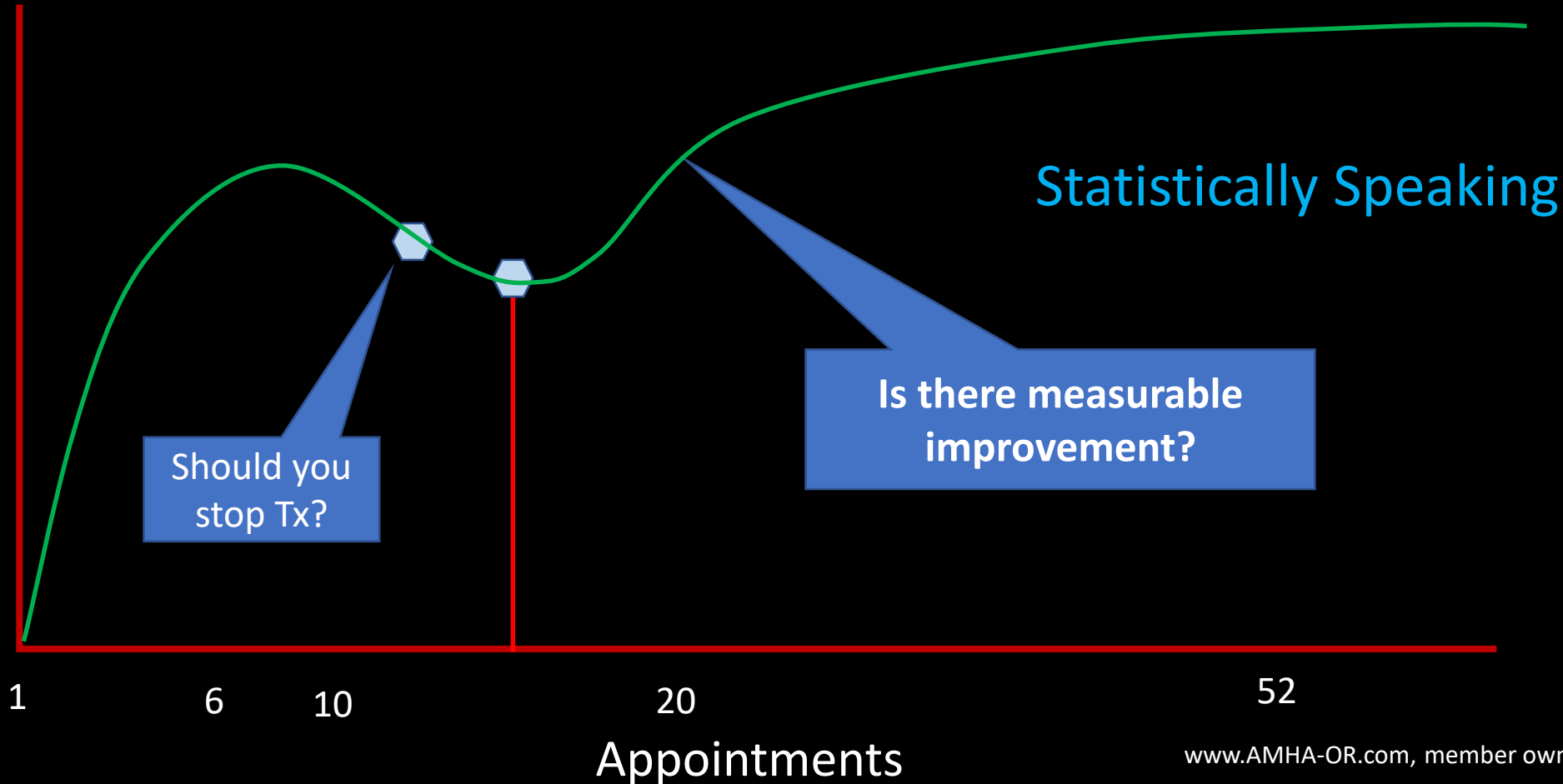
Appointments

Or do patients improve like this?

(symptoms burden, functionality)

Cubic function

% Reliable improvement

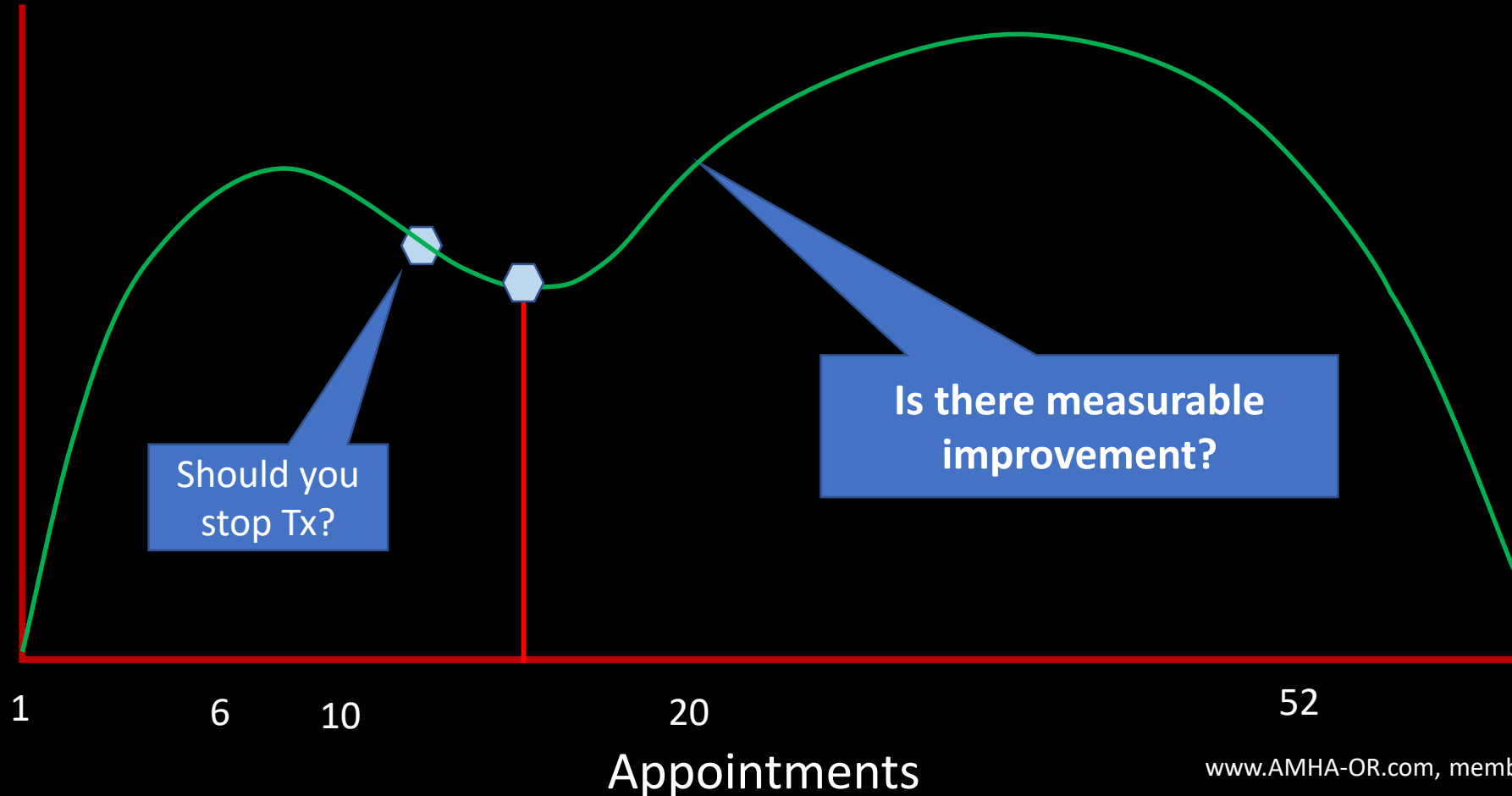


Or do patients improve like this?

(symptoms burden, functionality)

Cubic & Quadratic
function

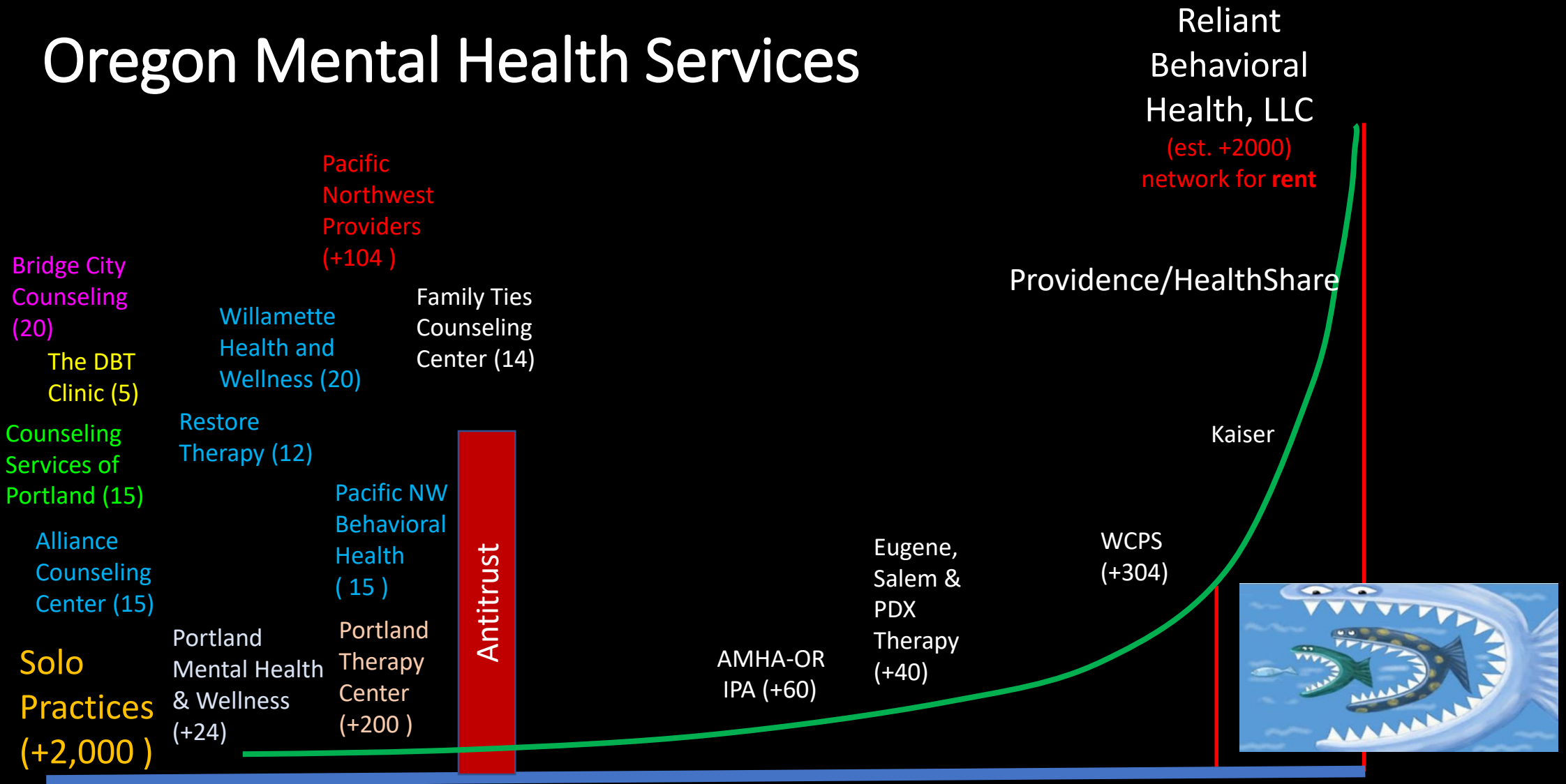
% Reliable
improvement



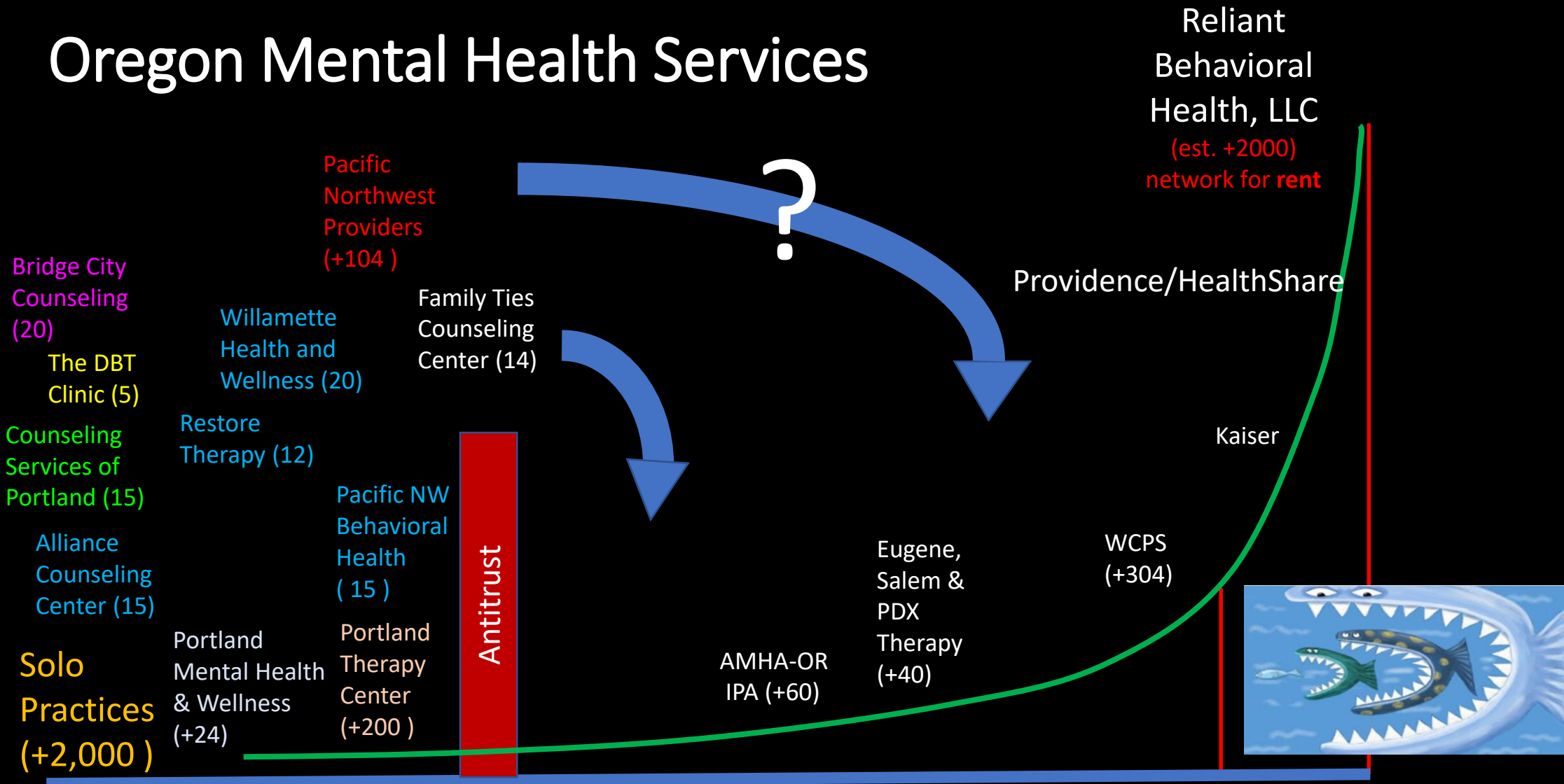


AMHA-Oregon, A mutual benefit IPA

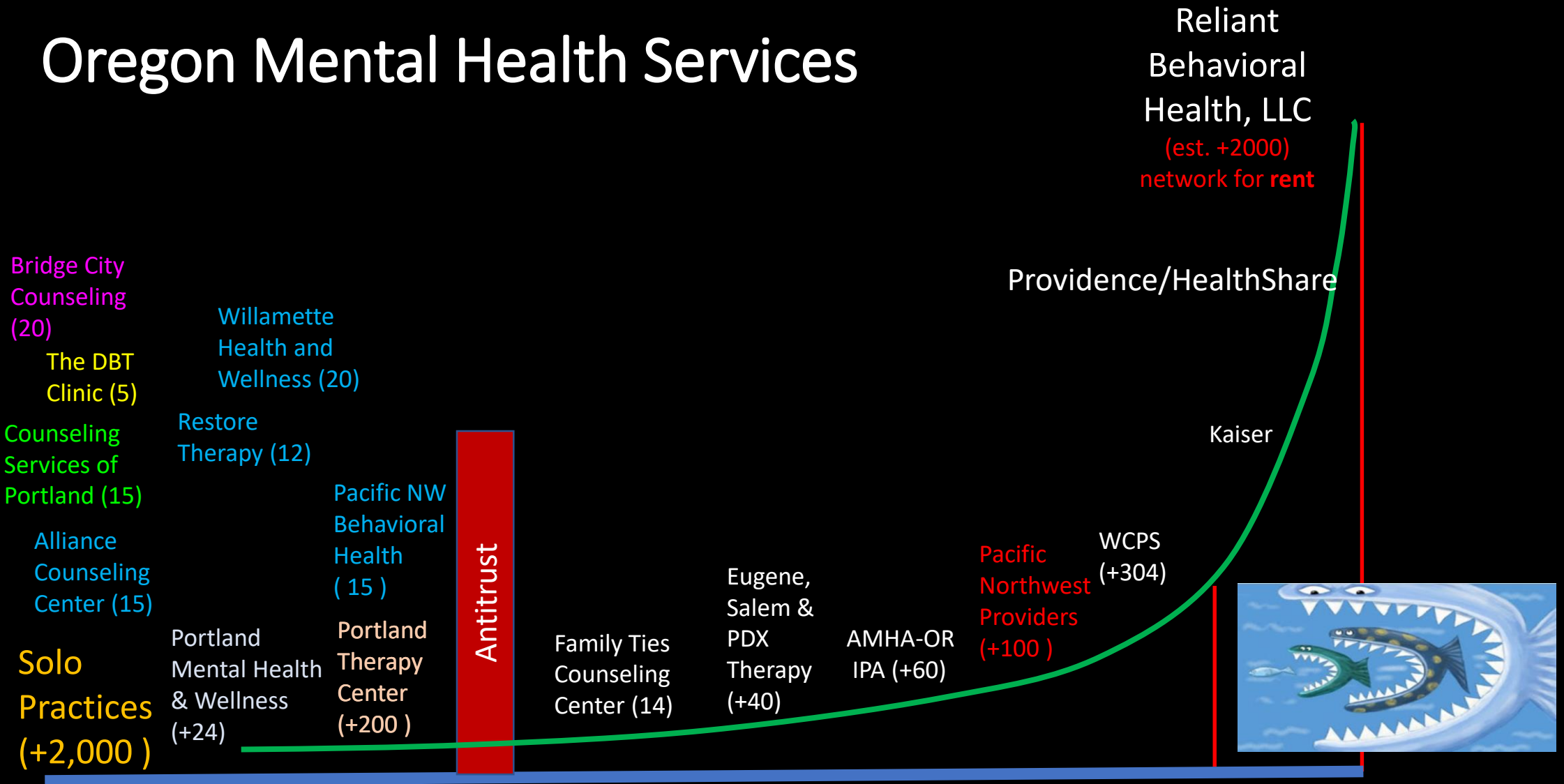
Oregon Mental Health Services



Oregon Mental Health Services



Oregon Mental Health Services



Can therapists
prevent payer cuts?

This is important!

Yes ...

- Only if you are part of a group that measures quality and is accountable.
- Only if you are part of a group that demonstrates value.

How can mental health professionals group up?

For profit Limited Liability Corporation, Chapter C or S corporation.

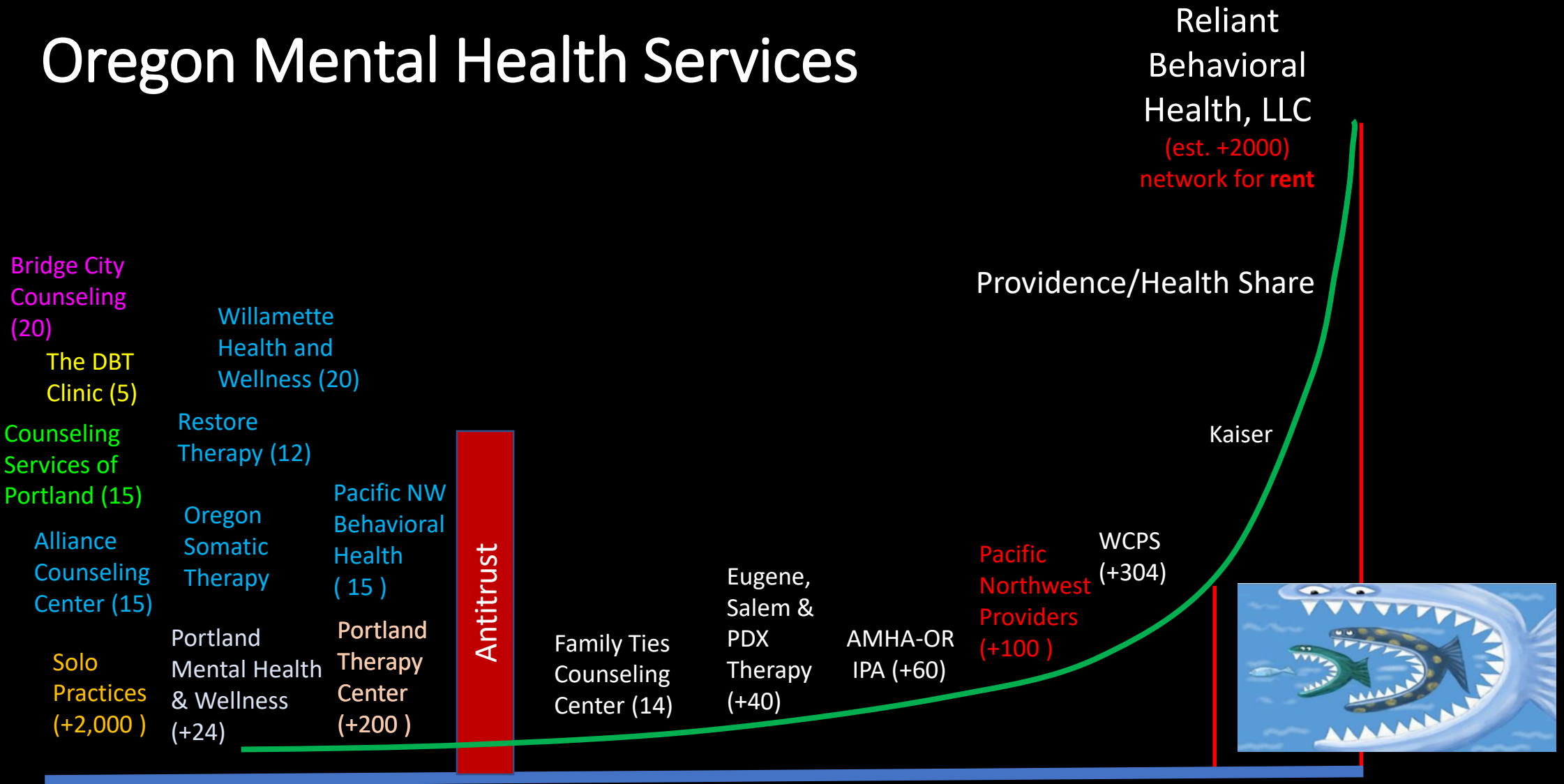
Not-for-profit corporation (501c6)

Non-Profit 501c3.

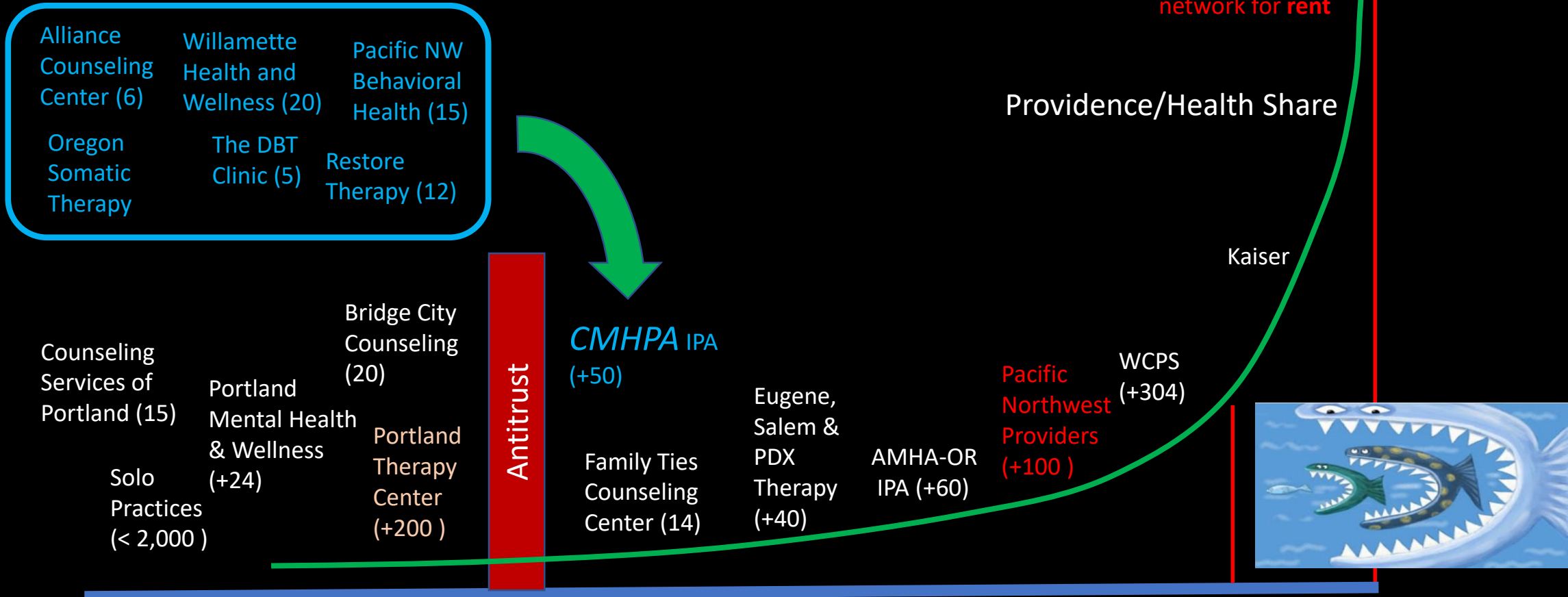
Creative competition coming together: CMHPA, LLC

- Joyce Korschgen, LPC
Alliance Counseling
Center (15)
- Larry Smith, LPC
The DBT Clinic (5)
- Ruth Exley, LCSW
Restore Therapy (12)
- Suzie Wolfer, LCSW, SEP
Oregon Somatic Therapy
- Brad Larsen Sanchez, PsyD
Portland Mental Health and Wellness
(25)
- Nicole Bennett, PMHNP
Willamette Health and Wellness (20)
- Nate Bagley, LPC
Bridge City Counseling (20)
- Allison Gullion, LPC
Pacific NW Behavioral Health (8)

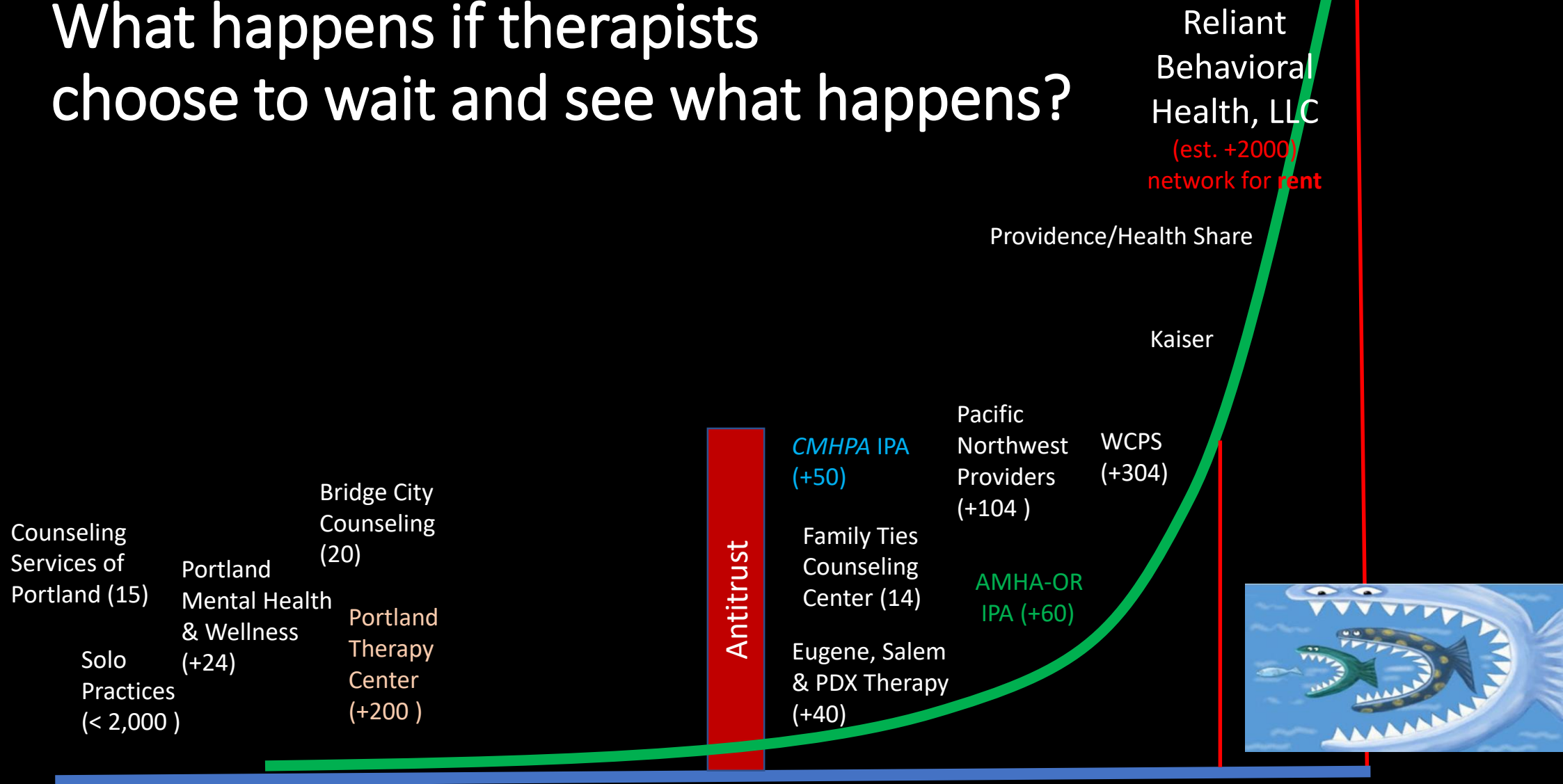
Oregon Mental Health Services



An IPA allows Psychotherapist to group up, practice independently, to contract and balance their practices.



What happens if therapists choose to wait and see what happens?





Cash only Practice?

The Pareto distribution and Price's Law govern the distribution of referrals, work and revenue.

The square root of the total number of competitors will receive 50% of the referrals, work and revenue.

32 out of 1,000 therapists will make 50% of the revenue

958 out of 1,000 will compete for the other 50% of the revenue

And **6 out of the top 32** mental health service providers will be the top 1% income earners



What do you think is going to happen to MH fee-for-service?

Gross healthcare spending has increased from \$32B to \$238B since 1986.

Oregon psychotherapists are among the highest paid in the country. (Paid as much as 100% more than in New York).

Primary care can double their income by providing screening, treatment, referral and management.

Oregon has largest data base on mental health screening, progress and outcomes in the United States. (estimated at 1M patients)

Oregon mental health is ranked 50th in the U.S.

Providence/St. Joseph has invested \$100M to transform Mental Health.

Kaiser, WCPS and the State of Oregon have been using screening and outcome measures for more than 10 years.

Healthcare costs are currently 17.7% of GDP. Economist warn that is must not exceed 20% of GDP.

Affordable Care Act – The **BIG RULES**

Recent Consequences

- ✓ Patients are required to be seen in a timely manner by rule.
- ✓ Patient screening is required by rules.
- ✓ Outcomes measures are required by rules.

RBH calls itself
an IPA but it is a
network for
rent.

A business is
NOT a true IPA
when:



Providers are NOT member-owners.



The business is NOT member-managed.



The business generates profits separate from
provider dues or fees.



The business cannot negotiate or sign contracts on
behalf of independent provider/members.



The members do not share risk or there is no purpose
that would benefit consumers and justify collective
bargaining.



Can you call yourself an IPA and not be a true
IPA?

What is a True IPA doing?

PNWP & AMHA-OR are each NOT-FOR-PROFIT 501c6 IPAs

Bridge City
Counseling
(20)

The DBT
Clinic (5)

Counseling
Services of
Portland (16)

Alliance
Counseling
Center (15)

Solo
Practices
(+2,000)

Willamette
Health and
Wellness (20)

Restore
Therapy (12)

Oregon
Somatic
Therapy

Portland
Mental Health
& Wellness
(+24)

Pacific NW
Behavioral
Health
(15)

Portland
Therapy
Center
(+200)

Antitrust

Family Ties
Counseling
Center (14)

Eugene,
Salem &
PDX
Therapy
(+40)

AMHA-OR
IPA (+60)

Pacific
Northwest
Providers
(+100)

WCPS
(+304)

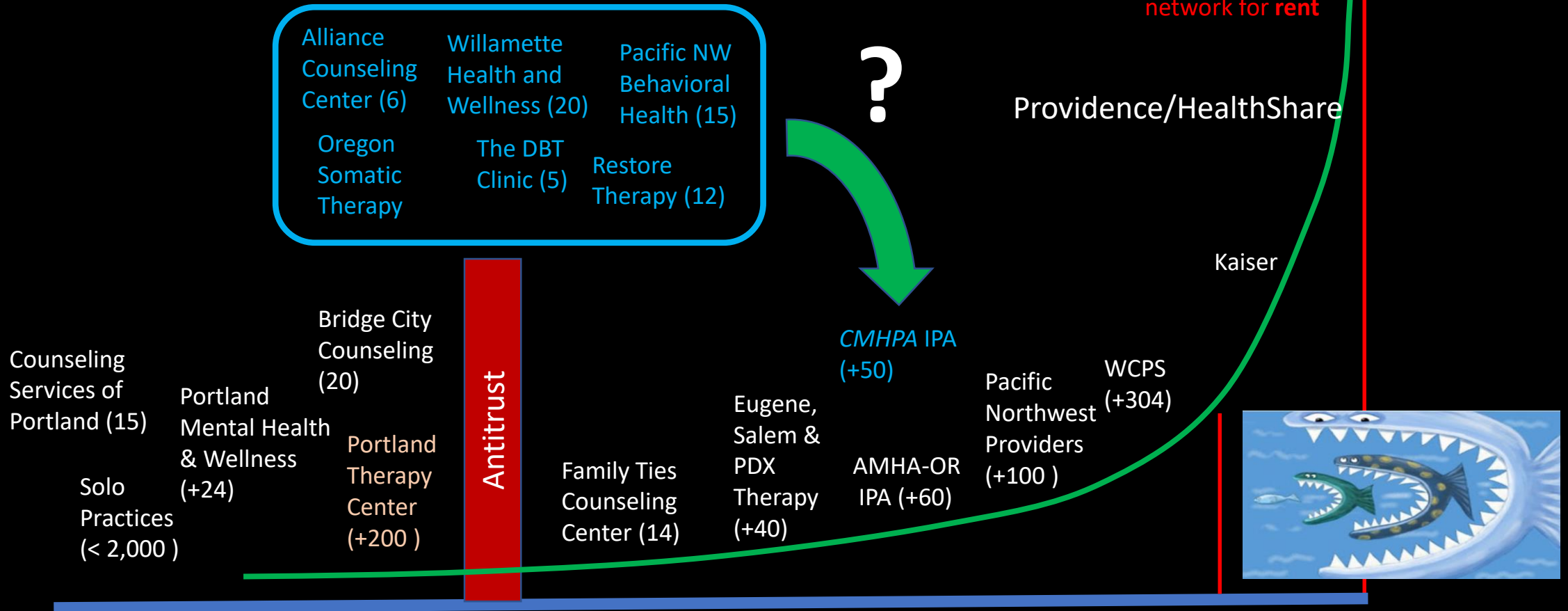
Reliant
Behavioral
Health, LLC
(est. +2000)
network for rent

Providence/Health Share

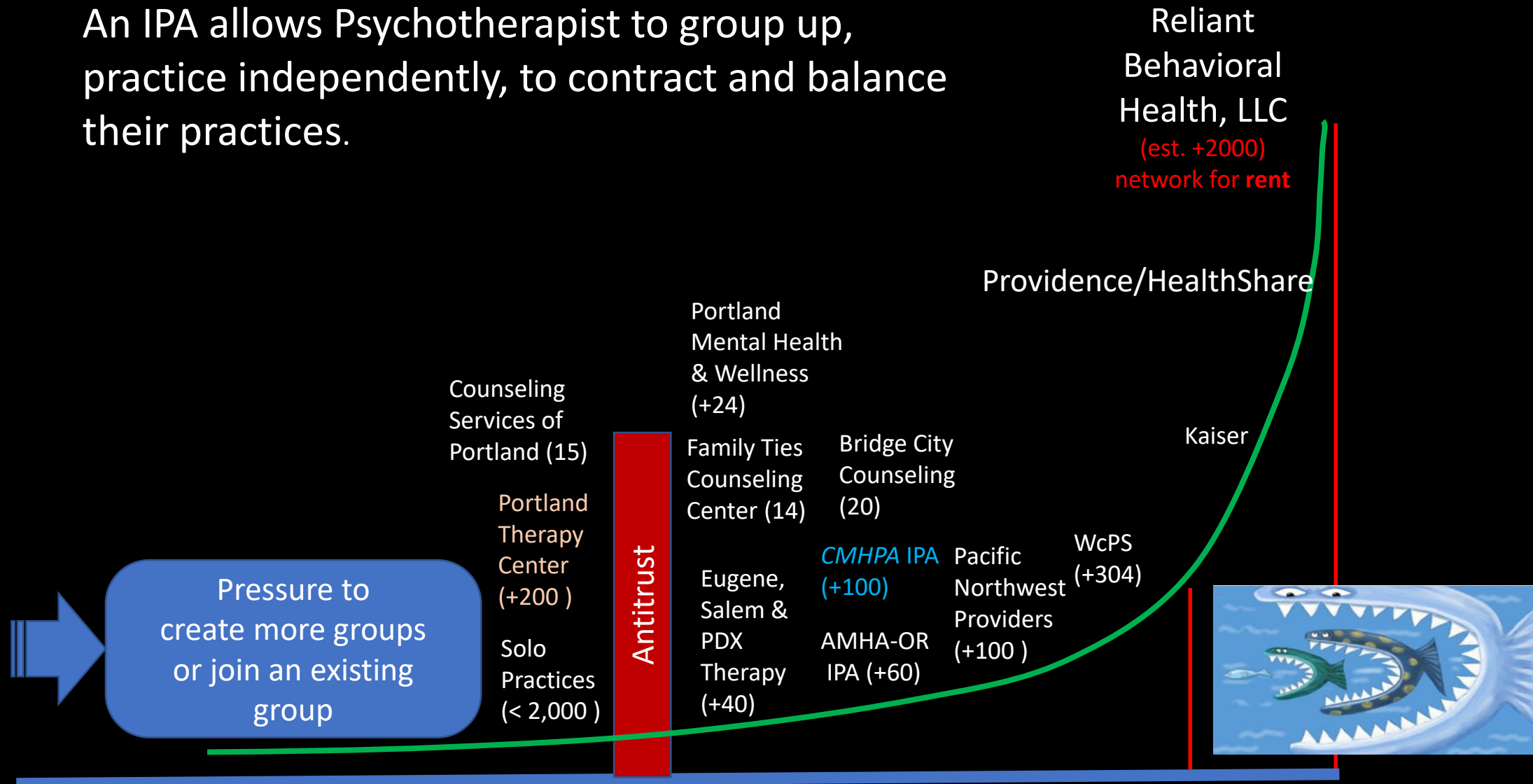
Kaiser



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An IPA allows Psychotherapist to group up, practice independently, to contract and balance their practices.





AMHA-Oregon, A mutual benefit IPA

What Healthplans and the State of Oregon suspect about MH practices

How some psychotherapists....

- **use waiting lists** to put off patients
 - who have less desirable insurance and have high case complexity and severity.
- **accept patients based** on greater reimbursement levels.
- Providers **opt to be out of network** with some plans and charge an extremely high reimbursement to be paid more by the insurance plan than they would be if they were contracted. (Plans pay a low percentage of the provider's usual and customary fee. The provider then writes-off some or all of the balance owed)

Cash only Practice?

The Pareto distribution and Price's Law govern the distribution of referrals, work and revenue.

The square root of the total number of competitors will receive 50% of the referrals, work and revenue.

32 out of 1,000 therapists will make 50% of the revenue

958 out of 1,000 will compete for the other 50% of the revenue

And **6 out of the top 32** mental health service providers will be the top 1% income earners



Balanced contract practice?

The Pareto distribution and Price's Law still applies.

The square root of the total number of competitors will receive 50% of the referrals, work and revenue.

33 out of 1,000 therapists will make 50% of the revenue

958 out of 1,000 will compete for the other 50% of the revenue

And **6 out of the top 32** mental health service providers will be the top 1% income earners



Cash only practice has it's limits

When a few busier therapists get too many referrals they either

1. hire more therapists,
2. set up referral relationships,
3. have waiting lists, or
4. don't return calls.

Make referrals or
don't return calls





Break 15



What else should be thinking about?

OHP
Walmart
Amazon

Reliant Behavioral Health, LLC
(est. +2000)
network for rent

Providence/HealthShare

Kaiser

Antitrust

Solo Practices (< 2,000)

Portland Mental Health & Wellness (+24)

Bridge City Counseling (20)

Portland Therapy Center (+200)

CMHPA IPA (+50)

Family Ties Counseling Center (14)

Eugene, Salem & PDX Therapy (+40)

Pacific Northwest Providers (+104)

AMHA-OR IPA (+60)

WPS (+220)



Welcome! What type of appointment would you like to schedule?

Select an appointment type below



Medical



Immunizations



Dental



Optometry



Audiology




Behavioral

The new
Walmart


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- Issues such as stress, depression, anxiety and substance abuse often accompany illness and may be the causal factors.
- Integrating medical, mental and behavioral health has the potential to deliver better care while saving 10-30% in overall cost of care.

- However primary care physicians have very little time with the patients they treat – usually 15 minutes or less.
- This limitation disincentivizes physicians from the discovery process required to identify psychosocial and behavioral issues.

- The result is that patients are typically treated symptomatically, without the offer of effective and cost-efficient non-drug remedies.
- Until now this has been too labor and cost intensive to fix, so rarely has it been possible to overcome resistance and achieve change in clinical practice.

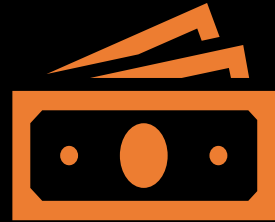
- We offer the first ever automated solution that enables Integrated care to be delivered at a reasonable cost and with more efficient workflow.
- Our solution is uniquely focused on identifying patients' behavioral health conditions, so they can be treated in the clinic, or referred to our vetted outsource partners and digital health applications.

- We use a subscription model based on the population assigned to the clinic. Within 12-18 months, the clinic obtains an ROI as much as 500% over the cost of our service.
- Our screening and decision support will help you utilize your HRSA funding to build sustainable revenue for an ongoing behavioral health treatment program.

Primary Care: Brief mental health screening & treatment

Walmart:

Cost of an
appointment



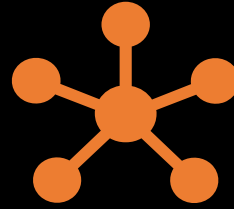
\$59 per brief intervention



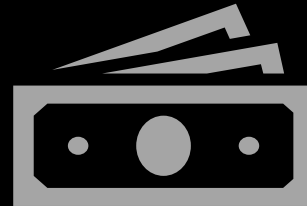
\$99 for Psych Rx
consultation

Senate Bill 860:

Is looking at 3
primary issues as
they affect parity



Network adequacy.
Utilization management.



Fee for service parity



Discrimination between
professionals

Senate Bill 860 (Discussion questions)

1. SB 860 could be used by Healthplans as a rationale to reduce and create more uniform reimbursement schedules.
2. SB 860 could increase fee-for-service by requiring Healthplans to increase the size of their networks.
3. SB 860 may cause Healthplans to recruit more providers and to require that providers maintain contractual availability (panel) for member appointments.
4. May generate economic opportunity for RBH, Providence, Kaiser, Walmart and AMAZON.
5. Could the State create laws to criminalize failure to adhere to provider contracts.

Primary Care initiatives (Central Oregon)

- Central Oregon physicians are conducting research by screening, treating, referring, monitoring and measuring outcomes.
- Primary interventions are medications, education, brief intervention and referral.
- Physicians are taxed by their need to refer.



END

Or a new beginning