Financing Coordinated Medical and Social Services for Patients with Psychosis

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-in-Progress Webinar
December 9, 2020
12-1pm ET
Agenda

Welcome: Chris Lyttle, JD
S4A Deputy Director

Presenters: Yuhua Bao, PhD
Cornell University

Commentary: Lisa B. Dixon, MD, MPH
Marc Fagan, PsyD
Columbia University
Thresholds

Q&A: Chris Lyttle, JD
Dr. Bao is a health economist and associate professor at Weill Cornell Medical College in New York City. Her research is concerned with economic and policy strategies to support evidence-based care for mental health and substance use conditions. One current area focuses on innovative payment models for integrated and specialized services for people experiencing early psychosis. She also enjoys engaging stakeholders so research products can be of real-world value.
Lisa Dixon, MD, MPH is a Professor of Psychiatry at the Columbia University Medical Center and the director of the Division of Behavioral Health Services and Policy Research within the Department of Psychiatry. She also directs the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute. As CPI director, she oversees activities for the New York State Office of Mental Health in implementing evidenced based practices for persons diagnosed with serious mental illness. She is leading the innovative program, OnTrackNY, a statewide initiative designed to improve outcomes and reduce disability for the population of individuals experiencing their first episode of psychosis.
Marc A. Fagan, PsyD is Vice President of Clinical Operations, Youth & Young Adult Services, at Thresholds. Marc has over 18 years of experience in developing, implementing, and sustaining comprehensive programs for youth and young adults, including youth with histories of trauma and system involvement, emerging serious mental health conditions, and at high risk for psychosis. These nationally recognized multidisciplinary programs are featured in several books and journal articles. Locally and nationally, Marc partners with policy makers, researchers, and practitioners to develop effective systems supporting the transition to adulthood. As a consultant and trainer in key evidence-informed practices for young people, including the Transition to Independence Process (TIP) Model, Marc conducts workshops for stakeholders across the country.
Research Team

Yuhua Bao, PhD
Lisa Dixon, MD, MPH
Thomas Smith, MD
Jennifer Humensky, PhD
Yan Li, PhD
Jessica Ancker, PhD, MPH
Michelle Papp, BA
Rufina Lee, PhD
Schizophrenia and Other Psychosis are among the Most Serious and Disabling Mental Health Conditions

• Peak onset between 15 and 25 y.o.

• It can be years before a formal diagnosis is made

• Onset of condition usually derails an individual, leading to disruption in school or employment

• Without addressing recovery and function, it can lead to life-long disability

• Prior to 2005, many countries started developing early interventions for psychosis, but not US except Oregon and California
Coordinated Specialty Care (CSC) Changes the Paradigm of Treating Early Psychosis

• Principles
  • Recovery orientation
  • Shared decision-making
  • Team of specialists (both clinicians and non-clinicians)
  • Minimize Duration of Untreated Psychosis (DUP)

• Key Service Elements
  • Case management
  • Supported Employment/Education (SEE)
  • Family Education and Support
  • Psychotherapy
  • Pharmacotherapy
  • Primary Care Coordination
  • Community outreach and engagement

Federal Mental Health Block Grant Set-aside Funding
Accelerated Adoption of Early Psychosis Programs

Cumulative Number of States with Early Psychosis Intervention Plans

- December 2015: H.R. 2029
  ($50M set-aside for FEP)
- December 2014: H.R. 88 ($25M set-aside)
• Mental Health Block Grant may be seriously inadequate for population-wide deployment
• CSC teams typically take a patchwork approach to financing
• Increased interest in payment innovations
  • Growing concern re sustainability of grant funding
  • Traditional FFS insurance billing seriously inadequate and misaligned with CSC
Why Do We Need a Tool?

• What services are bundled?
  • Flexibility in bundling is important

• How much should the case rate be?
  • It depends on services bundled, specific care model followed, and local costs of operating the program

• How do we build in accountability for client outcomes?
  • An optional outcome-based payment
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Could we develop a tool to support local decision-making?
Turning the Idea into a Real Tool

2017-18
- One-year pilot from RWJF S4A to develop a tool prototype
- Payer stakeholder engagement in NYS

2019-20
- Two-year grant from S4A to continue our work
- CSC provider engagement, summer 2019-winter 2020
- Iterative refinement and implementation of the tool

2020-21
- User tests with provider stakeholders
- Debugging and further refinement of tool design
- Various dissemination efforts
- Next steps: Plan for wider dissemination and tailoring to stakeholder needs
UNDER REVIEW

Financing Early Psychosis Intervention Programs:
Provider Organization Perspectives

Yuhua Bao, PhD, Michelle Papp, Rufina Lee, PhD
David Shern, PhD, Lisa Dixon, MD

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Tool Demo
Acknowledgements

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- Many participants in our stakeholder engagement sessions
Questions?

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Sarah Hudson Scholle, DrPH & Keri Christensen, MS
National Committee for Quality Assurance
New S4A Research: Spotlighting the Underspending

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