Peer Support in Alternative Payment Models
Overview of Today

- Introductions
- The need for APMs
- Peer support in APMs
Presenters

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Payment Reform

- Fee-for-service is broken – high-costs, bad outcomes, stressed providers
- HHS leading transition from volume to value through APMs
- In 2017, 34% in advanced APMs and growing every day – this is the future
What Do Payers Think about the Future of APM Adoption?

- 90% think APM activity will increase
- 9% think APM activity will stay the same
- 0% think APM activity will decrease
- 1% not sure or didn't answer

Categories Payers Feel Will Be Most Impacted

- 3B: 48%
- 3A: 25%

<table>
<thead>
<tr>
<th>Will APM adoption result in...</th>
<th>Strongly Agree</th>
<th>Strongly Disagree/Disagree</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>...better quality of care?</td>
<td>99%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>...more affordable care?</td>
<td>89%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>...improved care coordination?</td>
<td>97%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>...more consolidation among health care providers?</td>
<td>59%</td>
<td>18%</td>
<td>23%</td>
</tr>
<tr>
<td>...higher unit prices?</td>
<td>6%</td>
<td>73%</td>
<td>21%</td>
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*Top 3 Barriers:
1. Willingness to take on financial risk
2. Ability to operationalize
3. Provider interest/readiness

*Top 3 Facilitators:
1. Health plan interest/readiness
2. Purchaser interest/readiness
3. TIE: Provider interest/readiness and government influence

*Please see the Methodology and Results Report and the LAN Insights Report for more information.
Problems in Payment Reform

• Most models are not reducing total costs, and payment reform as a whole has not

• Behavioral health outcomes are poor (Depression Remission = 8.7%), and big cost-driver

• Need greater delivery innovation in addition to better coordination/management
Peer Support

- Reduces highest cost services, better outcomes, including management of other chronic health conditions
- Works in many settings: primary care, psychiatric inpatient, outpatient, crisis services, emergency departments, community health centers
- A key opportunity to address the behavioral health workforce shortage
Peers in APMs

• From the early history focused on many of the leading concerns, like reducing high-cost services, improving overall health and self-management
• Remain primarily in public mental health and traditional payment model – limited access
• Fit poorly in FFS, but limited expansion into APMs
Figure 1: LAN APM Framework

<table>
<thead>
<tr>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fee for Service</strong></td>
<td><strong>Fee for Service</strong></td>
<td><strong>APMs Built on</strong></td>
<td><strong>Population</strong></td>
</tr>
<tr>
<td><em>No Link to Quality &amp; Value</em></td>
<td><em>Link to Quality &amp; Value</em></td>
<td><em>Fee-for-Service Architecture</em></td>
<td><em>Based Payment</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>A</strong></th>
<th><strong>B</strong></th>
<th><strong>C</strong></th>
<th><strong>D</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundational Payments for Infrastructure &amp; Operations</td>
<td>APMs with Shared Savings (e.g., shared savings with upside risk only)</td>
<td>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</td>
<td>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</td>
</tr>
<tr>
<td>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</td>
<td></td>
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<tr>
<td>Pay-for-Performance (e.g., bonuses for quality performance)</td>
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</table>

<table>
<thead>
<tr>
<th>3N</th>
<th>4N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Based Payments NOT Linked to Quality</td>
<td>Capitated Payments NOT Linked to Quality</td>
</tr>
</tbody>
</table>
APMs for Peers

- Population-Based Payment Models
- Episode-Based Payment Models
- Social Determinants of Health Models
Population-Based Payment Models

Offer per member, per month payments to provider/provider team to manage health of a specific population.

Payments are decided based on expected costs and provider performance on health, satisfaction, and cost.
Population-Based Payment Models

Anticipated to become significant part of health care in coming years.

Peers fit with emphasis on coordination and effectiveness while reducing inpatient and emergency services.
Accountable Care Organizations

• Payment changed based on cost and quality
• If ACOs hit quality metrics, then share savings
• More and more likely to be capitated
• Peers can thrive in this flexibility – reduce inpatient costs and improve outcomes
Episode Based Payment Models

Offer payments to provider/provider team to manage a specific health events or conditions

Payments are decided based on expected costs and provider performance on health, satisfaction, and cost
Bundled Payment for Psychiatric Hospitalizations

PEERS CAN REDUCE RE-HOSPITALIZATION AND EMERGENCY DEPARTMENT COSTS

“BRIDGER MODEL”
Pilot with Hospital Corporation of America

- Partnership with MHA, local affiliate, and HCA
- Met people in psychiatric inpatient and followed into the community
- Significant reductions in re-hospitalization and improved wellbeing (phq-9 and POM)
Peer-Run Respite

- A safe, home-like place for people to go voluntarily during times of distress
- Operated by peers, respites are non-clinical and do not offer medical services like medication management
- Cost-effective alternatives to hospitalization, improve short- and long-term outcomes
Social Determinants of Health Model

Leaders began looking for new ways to improve outcomes and save money

Address non “health care” needs like housing, transportation

New partnerships with community-based organizations
Accountable Health Community Model (AHCM)

• Peers can work with backbone organization as supporters and navigators
• Peer-run organizations can be the community partners
• Can contract for performance outcomes and share savings
Kaiser Permanente Program

• 2 FTE in-person and telephone support
• Dual Eligible
• Outcomes
  • Increased team collaboration
  • Better linkage to care and resources
  • Ability to identify and meet needs with community
  • Addressed traditional gaps post discharge and improved active role (housing, medication, follow up appointments, etc.)
  • Over $1m in savings
National Certified Peer Specialist (NCPS) Certification

- Wide variety of training, knowledge, and experience to become a peer specialist
- Creates a national uniform standard for peer support with a high level of skills and experience
- Emphasis on integration into health care teams and private sector, especially in APMs large focus on flexibility, coordination, and population health
Takeaways

• APMs need to be successful in mental health to address Quadruple Aim
• Peer support specialists offer a critical delivery innovation in an APM
• National certification can help with quality and uptake
Questions?
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THANKS FOR COMING