CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Psychiatric Workforce Solutions

Working Smarter to Meet the Demand

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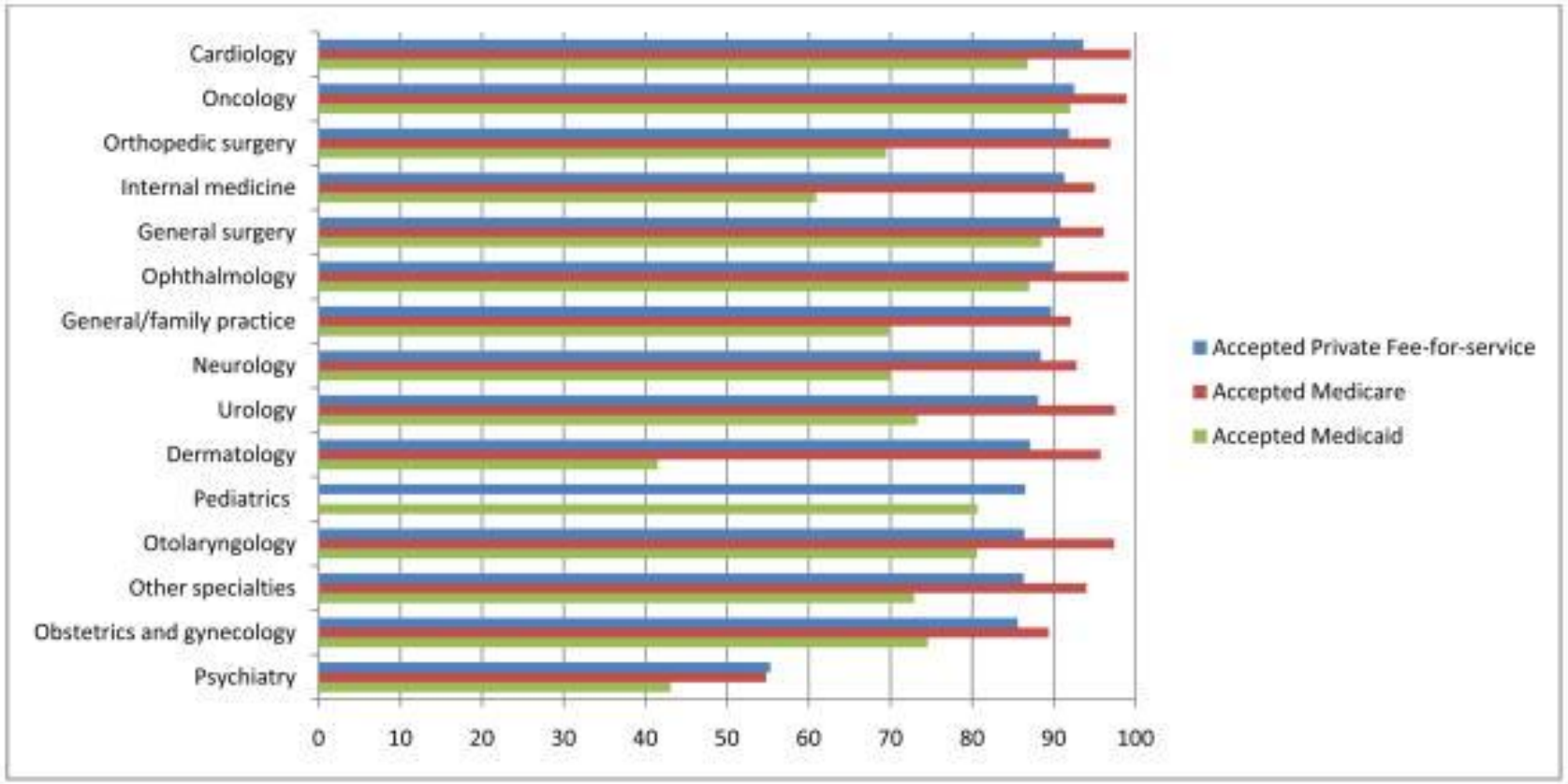
Gaps in Care for Patients with Mental Illness, Substance Use Disorders

- Persons with mental and substance use disorders have historically faced limits on health insurance coverage that have restricted their access to treatment
- 77% of U.S. counties had a severe shortage of either psychiatrists or other mental health specialists
- One study reported nearly half of psychiatrists do not accept insurance – other behavioral health specialists also do not accept insurance
- Parity requirements do not apply to approximately 3 million disabled adults – about one third of whom have a severe mental illness—in the Medicaid fee-for-service program

Huskamp, H.A., Iglehart, J.A. "Mental Health and Substance-Use Reforms – Milestones Reached, Challenges Ahead." New England Journal of Medicine 375:7 (Aug. 18, 2016)

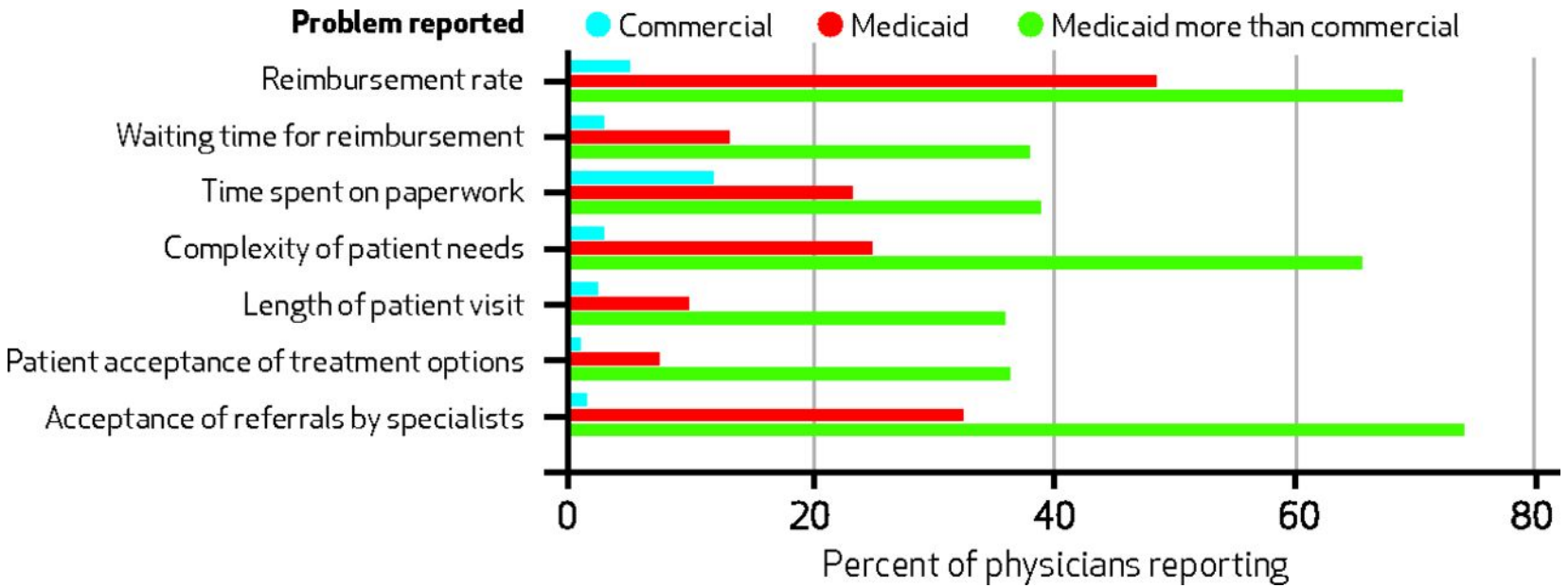
Percentage of *office-based* physicians who accept insurance by specialty type in 2009-2010



Exceptions:
CMHCs, FQHCs

Bishoff, et al: Acceptance of insurance by psychiatrists and the implications for access to mental health care. JAMA Psychiatry. 2014 Feb; 71(2): 176–181.

Surveyed Community-Based *Primary Care Physicians* In Washington State Who Considered Selected Issues A Problem For Their Practice



Reducing the costs to physicians of serving the Medicaid population. This would include reducing the costs of participating in Medicaid by

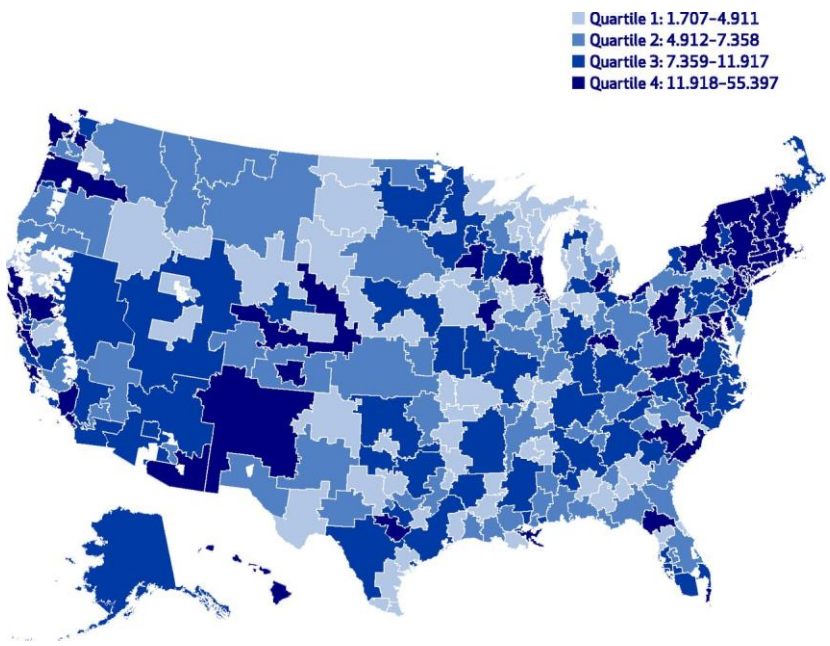
- simplifying administrative processes (for example, those related to billing, audits, and documentation and other paperwork)
- speeding up reimbursement
- reducing the costs of providing care to Medicaid patients

Sharon K. Long Health Aff 2013;32:1560-1567

Core Principles for Behavioral Health APMs

- Increase access, improve quality of care and outcomes for individuals with MH/SUDs – as well as reigning in overall costs.
- Designed specifically for care of individuals with MH/SUDs. Support individual treatment options to meet diverse needs of heterogeneous patient population.
- Developed with input from psychiatrists and other BH providers.
- Participation is voluntary, not mandatory.
- Provide adequate reimbursement to psychiatrists and other BH professionals.
- Adjust for lack of EHR systems for BH and limited resources for CEHRT.
- Support delivery of services via telepsychiatry.

Psychiatrists per 100,000 US Residents in Hospital Referral Regions



Telepsychiatry: remove barriers!

From 2003-2013, the median number of psychiatrists per 100k residents decreased by 10.2%

Tara F. Bishop et al. Health Aff 2016;35:1271-1277

Work Smarter: Collaborative Care

Informed, Activated Patient

Effective Collaboration

PCP supported by Behavioral Care Manager

Practice Support

Measurement-based Care

Psychiatric Consultation

Registry review

Training

Psychiatric Consultants Supporting Teams

Care Manager 4

Care Manager 1

Care Manager 3

Care Manager 2

60-80 patients/caseload
2 hrs psych/week/care manager
= a lot of patients getting care

"What Works Can't Be Coded"
APM: CPT Codes for CoCM
January 2017 – Medicare Only

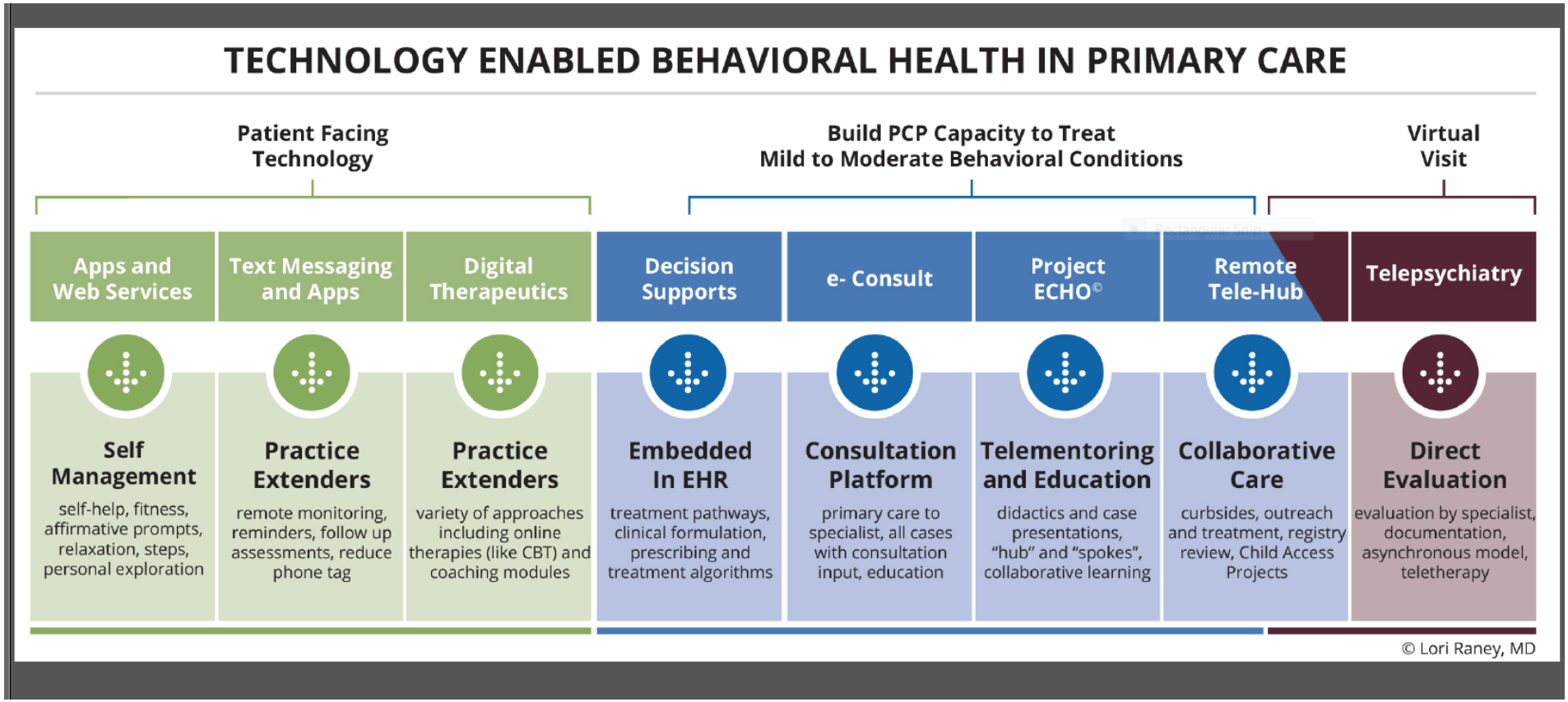
G0502 - $143
G0503 - $126
G0504 - $66

Billed once a month by the PCP

- Outreach and engagement by BHP
- Initial assessment of the patient, including administration of validated rating scales
- Entering patient data in a registry and tracking patient follow-up and progress
- Participation in weekly caseload review with the psychiatric consultant
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Allow These Codes for Medicaid

Support Technology to Expand Capacity



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