National Leadership Summit on Outpatient Mental Health Benchmarks

ESTABLISHING BENCHMARKS *for* OUTPATIENT MENTAL HEALTH CARE:

A Call to Action with Consensus Recommendations

EXECUTIVE SUMMARY

Proceedings of the
National Leadership Summit on Mental Health Benchmarks
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INTRODUCTION

Cohen Veterans Network, Inc. (CVN) is a not-for-profit philanthropic organization [501(c)(3)] founded in 2016 focused on delivering mental health services for post-9/11 veterans, active-duty service members, and their families. Our 23 Cohen Clinics are committed to improving mental health outcomes in high-need communities, using highly trained clinicians to deliver client-centered, evidence-based care. CVN is committed to removing barriers to care and advancing the field of mental health.

CVN's research division, the **Institute for Quality (CVN-IQ)** is charged with advancing the field of mental health by leveraging clinical evidence and innovation and contributing to knowledge-building through operational and academic research. CVN-IQ ensures CVN's continued status as a learning mental health system, positioning it to contribute broadly to military, veteran, and outpatient mental health.

During development of its network, CVN leaders identified a lack of standardized benchmarks to inform and guide outpatient mental health care. To address this concern CVN convened a national summit bringing together leading behavioral health experts including clinicians, researchers, policy advocates, and industry executives for 1.5 days to focus on improving access, transparency, efficacy, and equity across U.S. outpatient mental health care. This Executive Summary briefly describes the proceedings including major issues and findings as well as the group's consensus recommendations.

PROBLEM STATEMENT

> Mental health conditions are identified as a leading cause of disability nationally impacting almost 20% of U.S. adults. Despite this, less than half of those who require care receive it[1]. The absence of standardized benchmarks in outpatient mental health care, infrequent use of validated measures to establish diagnoses, select treatment approaches and evaluate outcomes contributes to an often inaccessible, fragmented and inconsistently effective mental health care system which is failing those it is intended to serve.

SUMMIT PURPOSE & GOALS

- Articulate the rationale for mental health benchmarks through clinical evidence, peer reviewed literature, and data.
- Link efforts to credibility, quality, ethics, reimbursement, funding, and parity.
- Identify critical facilitators and levers as well as persisting impediments and barriers.
- Produce a report with consensus recommendations.
- Amplify the **call to action** for improved behavioral health care already underway.

SUMMIT OVERVIEW

In order to address this multi-faceted problem, Cohen Veteran Network (CVN) convened a broad cross-section of mental health leaders to discuss, analyze, and formulate recommendations on how best to develop and use mental health benchmarks and advance **measurement-based care (MBC**) throughout the field. During the 1.5-day Summit, 28 attendees met in a large group for plenary sessions and presentations and spent over 6 hours in focused working groups addressing specific questions and formulating recommendations for policy, practice, and research.

[1]*Reinert, M, Fritze, D. & Nguyen, T. 2022. "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.*

KEY **FINDINGS**

1 Need for Systematic Integration of MBC Into Professional Education Pipelines

There is a pressing need to include and integrate routine outcomes monitoring (ROM) and measurement-based care (MBC) throughout professional education pipelines from graduate programs through internships and fellowships to practice and supervision. These approaches must be endorsed and adopted by professional organizations, graduate education bodies, state licensure boards, policymakers, administrators, payors, and accreditors (e.g., Joint Commission, CARF, URAC).

2 Need for Improved Communication and Marketing to Key Stakeholders

To address the existing science to practice gap, marketing and communication on ROM/MBC to key stakeholders, including frontline care teams (e.g., clinicians, technicians), administrators, payors, legislators, licensure bodies, and patients is a key lever. Assuming that there is broad consensus (buy-in) even by licensed clinicians, in the absence of coordinated support for funding, training and implementation has impeded progress to date.

3 Challenges Related to Instrument Selection/Standardization and Measurement

There is a need to balance universal implementation of required or strongly recommended best-practice measures, with latitude for flexibility and innovation at the agency and provider level, based on population, setting, and the needs of individual clients. Validated tools need to be continually updated, refined, and tested in real world clinical settings. Implementation trials with diverse samples are essential to establish acceptability to clients and staff as well as clinical utility.

4 Challenges and Strategies Around Mandates and Incentives

Mandates in public or publicly funded settings have produced mixed results, including poor compliance and in some cases compliance without substantial benefit or value to payors and clients. Allowing for discretion over tools and implementation strategies at the state, agency, and potentially the practitioner levels, in conjunction with education, training, and reimbursement for the full costs associated with MBC may be critical. Implementation strategies also require consideration of setting, population, etc. to support a commitment-fueled versus a compliance-driven paradigm which might be counterproductive in achieving overarching goals.

5 Need for Policies to Address Resourcing & Reimbursement

Increasing resources and reimbursement for routine MBC training, providing access to assessment tools, and incorporation into clinical decision-making is essential for widespread and sustained implementation of MBC. The costs and benefits of using patient portals, technicians to administer patient assessment tools for selected patients, embedding tools in EHRs, and more comprehensive reimbursement models should be studied possibly in conjunction with the planned expansion of Certified Community Behavioral Health Clinics.

6 Call for a Professional Culture Shift

While incentives may promote MBC adoption to some degree, Summit attendees agreed that modeling of consistent use of validated measures/PROMS and affirmation of this practice by senior clinicians, instructors, and supervisors may be optimally effective in ensuring use of MBC as a routine part of professional practice. Culture change based on early and consistent exposure and reinforcement throughout the training to practice pipeline is critical to adoption and sustainability.

7 Untapped Opportunities for Standardization, Comparability, and Data Sharing

Large scale meta-data is currently collected but is stove-piped within federal agencies and databases versus being standardized and integrated or data-mined to generate data insights and models for the field. Establishment and use of common data elements and mechanisms for sharing and aggregation across service providers is a necessity to inform the field and answer basic questions related to benchmarks, standards, and thresholds.

8 Imperative to Increase Focus on Diversity, Equity, and Inclusion

Historical and persisting inequities in healthcare should be considered, acknowledged, and addressed using measures validated in multiple languages and across sociodemographic categories including ethnic minority and other historically marginalized populations. Widespread adoption of MBC may enhance the ecological validity of measures and studies and enhance equity of mental health outcomes across settings and socioeconomic strata.

CONSENSUS **RECOMMENDATIONS** IN BRIEF[1]

POLICY

- Mental healthcare leaders should form a coalition to work at the federal level, to:
  - Develop and implement a congressional outreach strategy for educating members of Congress and relevant committee staff on the clinical value of MBC.
  - Collaborate with congressional offices to introduce legislation that implements pilot programs including grants and payment models to accelerate adoption of MBC in practice.
- Encourage significant public/private investments to accelerate behavioral health IT adoption.
- Engage Centers for Medicare and Medicaid Services (CMS) to explore increasing or bundling rates for specific Current Procedural Terminology (CPT) codes supporting MBC.
- Urge academic accreditation bodies, i.e., Committee on Social Work Education (CSWE), American Psychological Association (APA) and state licensure authorities to integrate MBC into standards of care via core training requirements, continuing education, etc.
- Task Substance Abuse and Mental Health Services Administration (SAMHSA) to evaluate opportunities within the Certified Community Behavioral Health Clinic (CCBHC) model to support the acceleration and adoption of MBC.

PRACTICE

- Behavioral healthcare organizations must redouble efforts to highlight and demonstrate the value of measurement based care to key stakeholders. This applies to frontline care teams (e.g., clinicians, technicians) but more broadly, administrators, payors, legislators, licensure bodies, and the public.
- Professional education providers should embed training in administering and interpreting validated patient assessment tools throughout the mental health (and primary care) training pipelines, as a professional norm and standard of care.
- Patients should be educated to expect questionnaires and standardized assessment measures further reinforcing MBC as a professional and industry standard.
- Behavioral healthcare organizations must identify champions to develop and publish the business case for MBC at the agency level with tools to facilitate widespread adoption.
- State and professional licensing boards should leverage recurring ethics training requirements to increase uptake of evidence based practice including ROM/MBC.
- Electronic health records (EHRs) must be designed to make measurement tools easy to access, transmit, complete, and review.

RESEARCH

- Academic and clinical entities must partner to conduct studies on the impact of ROM/MBC on improving diagnosis, treatment selection, and outcomes to develop valid benchmarks, based on real-word, patient-generated evidence.
- Clinical leaders and administrators must be included to educate researchers and advocate and strike a balance between the realities of client burden and resource utilization vs. clinical value, quality operations, and accountability to payors and funders.
- Funding must be allocated for additional research on the full range of indicators of clinical significance vs narrowly defined symptoms to realize the full potential of MBC.
- Systematic studies should be conducted to determine optimal measurement schedules and timeframes, consistent with clinical realities and patient needs (monthly, weekly, pre-post, at every session).
- Focused efforts must be undertaken to identify a unit of change that is actionable during a typical episode of care (EOC) to enhance practical value.

[1]*For full list of recommendations see White Paper*

THE WAY **AHEAD**

This National Benchmarks Summit convened a group of 28 subject matter experts from across the U.S. mental health landscape to discuss the current use of benchmarks and MBC and to strategize how best to advance their use to improve practices and outcomes in outpatient behavioral healthcare. Discussions and debate throughout the Summit identified an array of specific challenges as well as consensus recommendations to overcome persisting barriers and move toward widespread adoption of MBC.

A further goal of this convening was to sustain and reinvigorate the "**Call to Action**" across the field to act decisively to implement improved practices with regard to routine mental health practice across disciplines based on the best available evidence and measured systematically from the patient to the enterprise level. It is our fervent hope that in conjunction with the efforts of many like-minded colleagues across the field, this Summit will contribute to continued progress toward these goals!

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For any questions, comments, inquiries or to receive the full white paper, please contact
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