

# Peer Support in Alternative Payment Models



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MHA  
Mental Health America  
B4Stage4

# Overview of Today

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

# Presenters



Nathaniel Counts, JD, Associate Vice President of Policy at Mental Health America



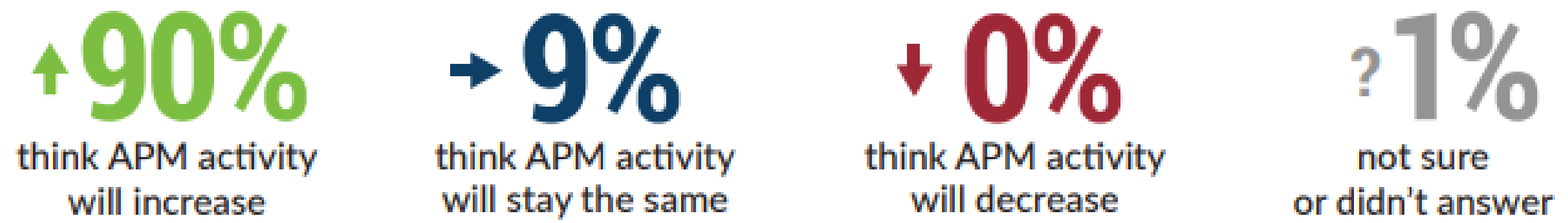
Kelly Davis, Director of Peer Advocacy, Supports, and Services at Mental Health America

# Payment Reform

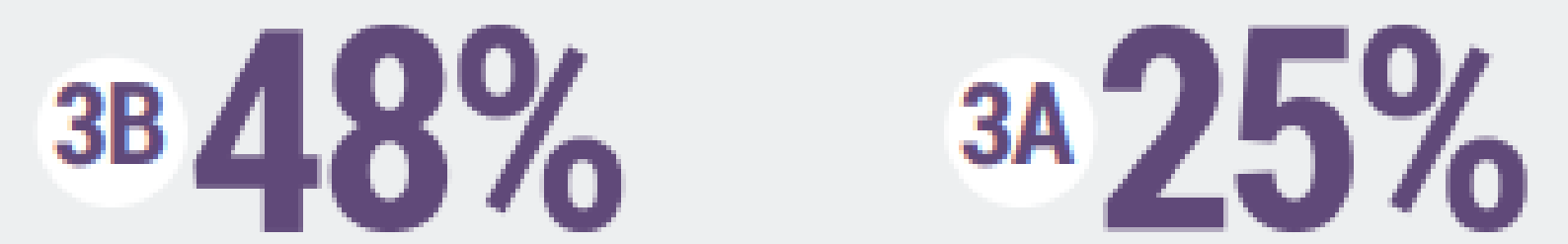


- Fee-for-service is broken – high-costs, bad outcomes, stressed providers
- HHS leading transition from volume to value through APMs
- In 2017, 34% in advanced APMs and growing every day – this is the future

# What Do Payers Think about the Future of APM Adoption?



## Categories Payers Feel Will Be Most Impacted



Will APM adoption result in...	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Unsure
...better quality of care?	99%	0%	1%
...more affordable care?	89%	2%	9%
...improved care coordination?	97%	1%	2%
...more consolidation among health care providers?	59%	18%	23%
...higher unit prices?	6%	73%	21%

- \*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



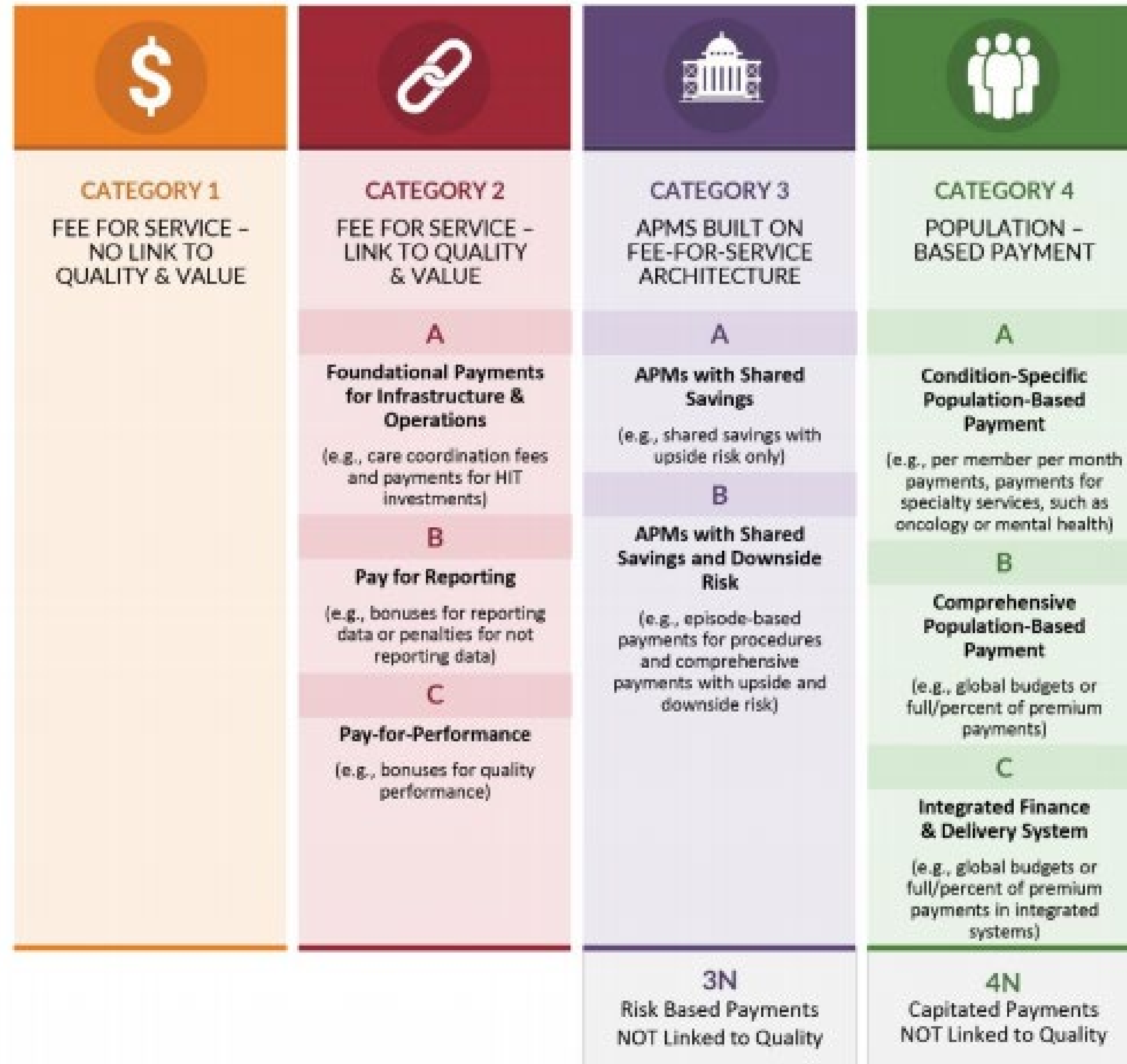
A key opportunity to address the behavioral health workforce shortage

# 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



# APMs for Peers

Population-  
Based Payment  
Models

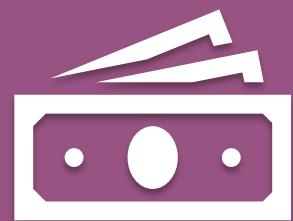
Episode-Based  
Payment  
Models

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

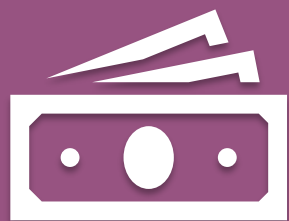
# Accountable Care Organizations

- 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



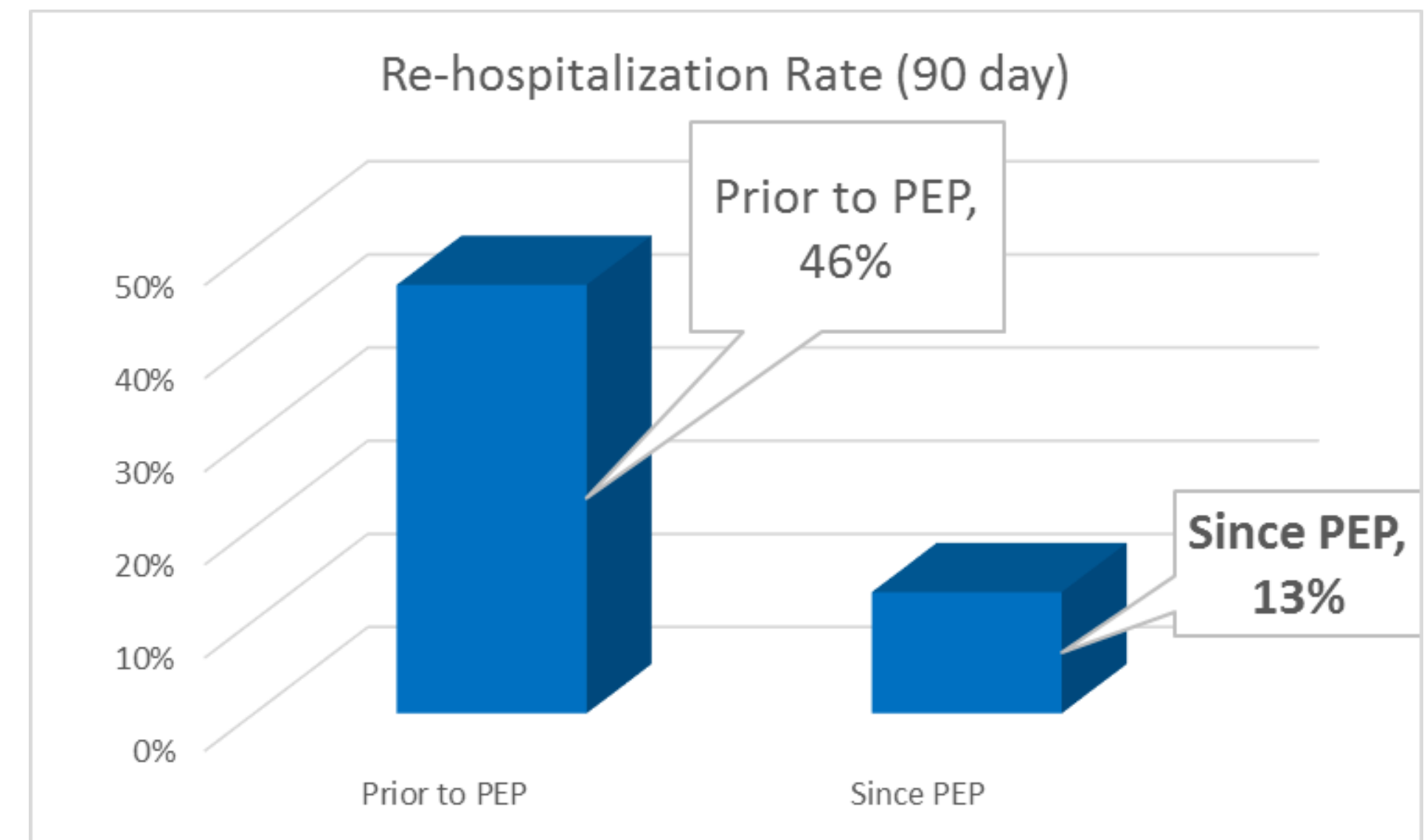
PEERS CAN REDUCE RE-HOSPITALIZATION AND EMERGENCY DEPARTMENT COSTS



“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



PUTNAM COUNTY ROSE HOUSE ,  
OPERATED BY PEOPLE, INC. IN NEW  
YORK

- 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

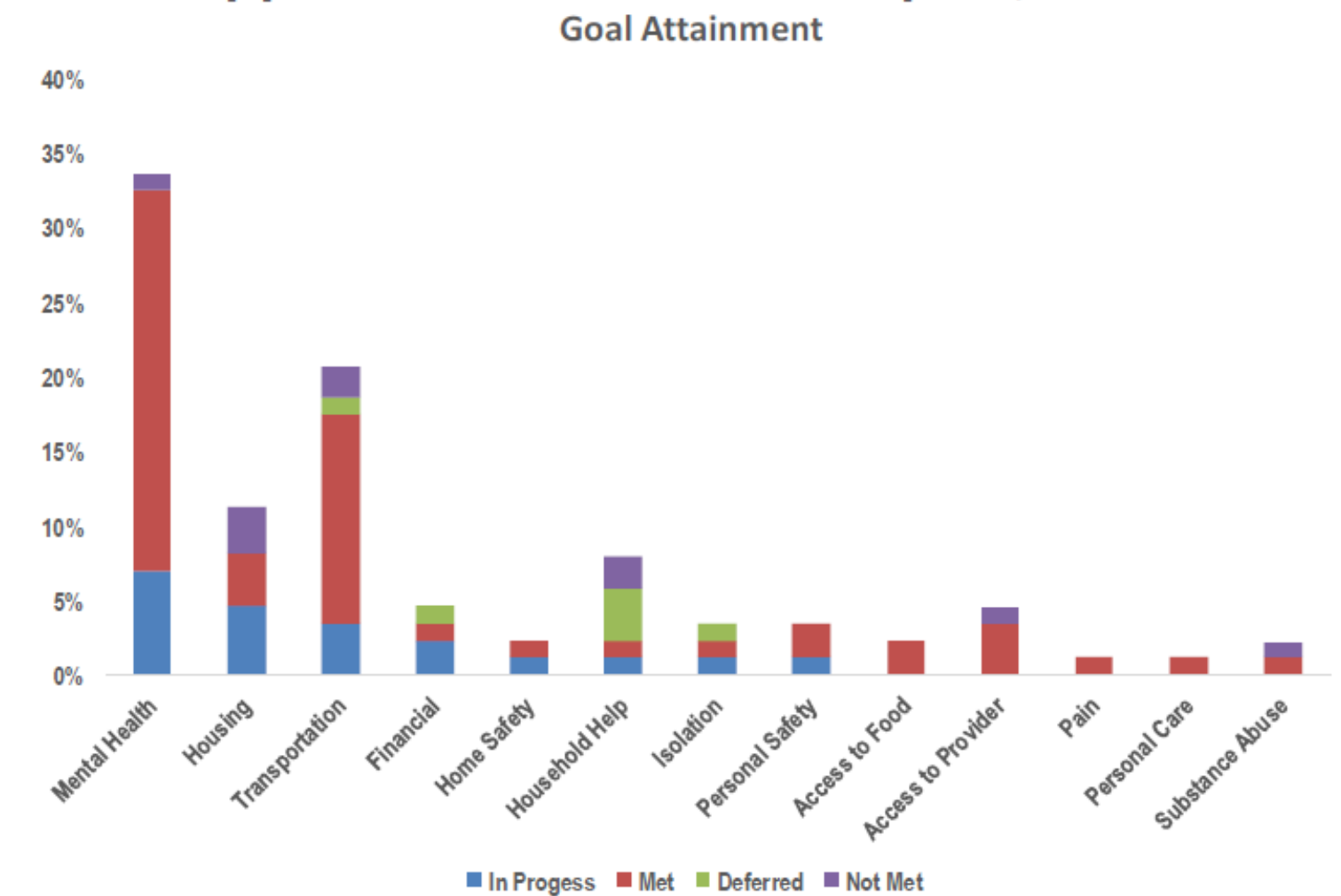
# Accountable Health Community Model (AHCN)

- 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

Peer Support Pilot Stats: Jul – Sep 15, 2015



# 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?



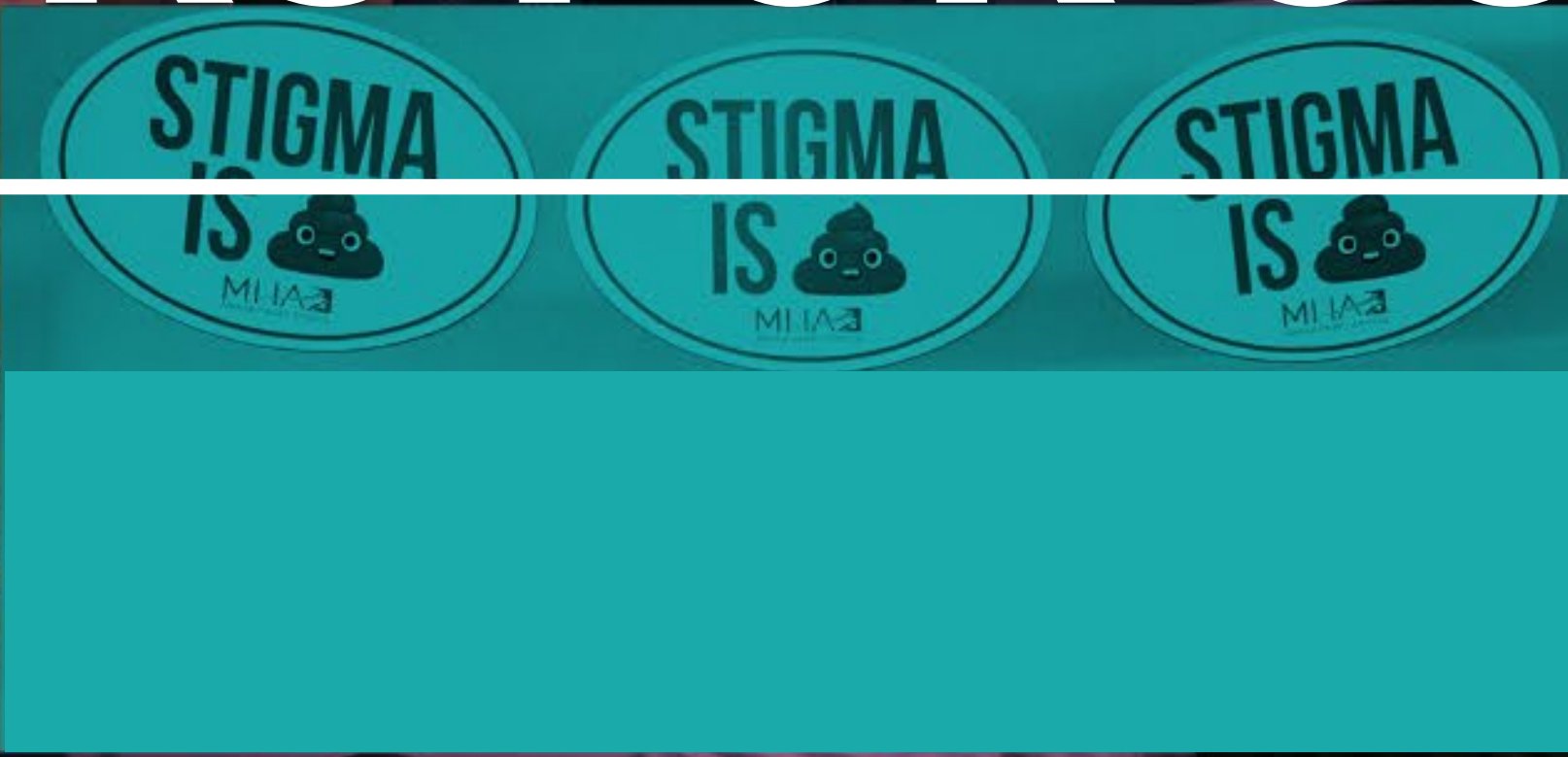
# Contact Us



-  Mental Health America  
500 Montgomery Street  
Suite 820  
Alexandria, VA 22314
-  [Facebook.com/mentalhealthamerica](https://www.facebook.com/mentalhealthamerica)
-  [Twitter.com/mentalhealtham](https://twitter.com/mentalhealtham)
-  [Youtube.com/mentalhealthamerica](https://www.youtube.com/mentalhealthamerica)
-  Kelly Davis  
[kdavis@mentalhealthamerica.net](mailto:kdavis@mentalhealthamerica.net)  
Nathaniel Counts  
[ncounts@mentalhealthamerica.net](mailto:ncounts@mentalhealthamerica.net)



# THANKS FOR COMING



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