The Rehabilitation and Community Providers Association (RCPA), and **OPEN MINDS,** in partnership with the Behavioral Health + Economics Network (BHECON), hosted *Volume to Value: Behavioral Health Challenges, Opportunities, Policy Reforms* on Thursday, January 12. This was the second in a series of forums being held in Pennsylvania to explore solutions to behavioral health delivery reform.

Sarah Eyster welcomed the attendees as well as the thought leaders who helped frame the robust discussion of "volume to value" through table-based discussion. A set of six questions was developed in advance of the forum and the thought leaders were placed at each table to help lead the dialogue.

In addition to the National Council, Sarah thanked Brandon Danz from OPEN MINDS and Representative Mike Schlossberg for being our legislative champion. Both Brandon and Mike spent the entire forum with the providers and helped summarize strategies to move forward.

Rebecca Farley, VP for Policy of the National Council, acted as the moderator and set the tone for the day. She related the recent passage of several pieces of behavioral health-related legislation at the federal level and the positive aspects of them, but cautioned that funding for implementation was not included in that legislation.

She shared that the need for data on outcomes and cost of services will be essential to move forward in the current environment and political realities.

She then framed the fact that there will be about two hours of today's time devoted to table discussions and the reporting out from those discussions for further refinement by the assembled group of attendees. She asked for impressions of negative aspects and potential for their address, but also the possibility of highlighting bright spots in the current status of the system as well.

The six questions:

- How many different sets of reporting requirements are you and your staff managing at any one time? What different types of data are you collecting (process vs. outcomes, agency vs. individual) Do many of the measures overlap?
- What are the top barriers to fulfilling reporting requirements?
- What strategies has your organization used to reduce the time and effort it takes to comply with reporting requirements?
- Are there any federal, state, or local policies that need to change to make reporting requirements less burdensome for providers?
- What are the opportunities that you perceive for streamlining these processes?
- Do you know how the data you collect is being used? Is the data that you collect useful to measuring the quality of care delivered to patients?

Several themes emerged as a result of the discussion, as noted below:

1. **Providers are embracing the opportunities that data and quality reporting provide**
    a. Used for:
        i. Improving individual patient outcomes
        ii. Refining best practices
        iii. Use of dashboards, real-time info to improve patient care
        iv. Reducing wait times → expanding access to care, improving patient experience
        v. Agency level outcomes
        vi. Benchmarking performance and productivity
        vii. Population health management
        viii. Advancing innovations in quality and delivery
            1. Through Quality Improvement Officer

2. Pay for performance

b. Recognition of the role that data & quality reporting play…
c. …and excitement about the opportunities they provide for reaching the triple aim:
    i. Improving population outcomes
    ii. Improving patient experience of care
    iii. Reducing costs

2. Frank acknowledgment that there are many barriers preventing us from fully realizing this vision

a. Volume of reporting requirements
    i. Fed, state, county
    ii. MCO, BHMCO, Medicare, commercial
    iii. Accreditation
    iv. EBP/programmatic
    v. Audits
    vi. Funder-specific
    vii. Agencies could be reporting strikingly similar info to 20 different entities in 20 different ways – is redundant, from provider perspective is inefficient
b. Disparities in what data is collected and how
    i. Different definitions of outcomes or reporting metrics
        1. Use hospitalization example
        2. Differences in service units
    ii. Different modes of reporting
        1. Some is electronic
        2. Some must be sent on paper and snail mailed or faxed
        3. Entities won't accept each other's forms, different forms must be filled out with the same data
        4. Again, contributes to inefficiency
c. Technology is a barrier
    i. Not all providers have adopted comprehensive EHRs
    ii. Lack of interfacing between provider data collection systems and the systems of the agencies requesting the reporting
    iii. Some entities still require data to be reported manually, on paper, even faxed – must then be entered into electronic systems and this paves the way for human error
    iv. Technology barriers run both ways – at state or county level provide data is often aggregated with claims/billing data, data from other providers, etc. → how is info being reported back to provider agencies and is it in a way that they can use it?
d. Information sharing
    i. Can be difficult to get access to info on physical health outcomes
    ii. Or services provided in other sectors like addiction system
    iii. Or even their own data that they report
    iv. Sometimes by the time the data comes back it's 3 yrs old and no longer useful

v. HIPAA and 42 CFR part 2 often cited as barriers but it's not clear if the regs literally require this degree of info withholding or if states/entities are interpreting them too broadly

e. The nature of the reporting measures – what do they really tell us and are those measures meaningful?
    i. Lack of outcome indicators in BH space similar to physical health (where they can measure blood sugar levels, cholesterol, etc.)
    ii. We assume that some of the process measures we track are linked to outcomes or experience of care…
        1. e.g., wait time to access care, contact between providers post-discharge
    iii. But it's not always the case.
        1. As a field and as regulators, need to examine how meaningful some of these requirements are to real people – on a population level, we can't necessarily tell you how many patients' treatment plans are working, but we can tell you how many millions of treatment plans have been signed by a physician!

f. Time is a huge issue
    i. Every quarter hour spent completing documentation is 15 minutes that was not spent with a client
        1. Problematic in terms of expanding capacity to meet unmet need…
        2. But also in terms of reimbursement. Clinicians can't be reimbursed for time spent on documentation or reporting, and the bottom line suffers
    ii. Also an issue with efficient use of staff – clinics need to be able to make decisions about how to most effectively utilize their highly skilled staff
        1. But reporting requirements prevent them from fully leveraging those staff members' time

3. Opportunities & policy solutions related to each identified barrier

a. Volume of requirements
    i. Providers expressed desire to see agencies streamline requirements
    ii. Expand what is useful, eliminate needless measures

b. Disparities in reporting requirements
    i. Utilize standardized reporting forms so providers can use the same form to report the same data
    ii. Align definitions so that providers don't have to track 5 different ways of reporting on whether a client experienced a hospitalization

c. Technology
    i. Providers need support for adopting state of the art EHRs and data reporting/collecting systems
    ii. Need to improve technology for better interfacing with providers' electronic systems so that data is not reported or returned manually
    iii. Improved technology systems can enable innovations like use of real-time dashboards or whole health management

d. Information sharing
    i. Request for clarity on what federal/state regs really required (e.g. HIPAA, 42 CFR, etc.) → sometimes they are told regulations prohibit something when they see these same things being done in other states

ii. Request for state, counties, MCOs to collaborate on how to return info to providers in a useful way that allows them to use it to improve patient care
iii. One simple way to improve the usefulness of data is by decreasing the turnaround time so that it can be used in real time (or close to it) by providers

e. Nature of reporting measures, what do they really tell us?
   i. There's a need to explore available quality measures and identify the most useful – clinical, functional, and process

f. Time
   i. If we are able to streamline the burdens associated with reporting, it will result in more time by more providers spent serving more consumers in need!

4. Opportunities or obligations for providers

a. Providers recognize that this is a collaborative effort…
b. Looking forward to participating and committing to their own array of efforts!
   i. Come to the table for discussions on what "better" looks like
   ii. Track the lost time and money associated with the reporting requirements to quantify the inefficiencies and lost opportunities in terms of patient services
   iii. Help find opportunities for greater efficiency (→ i.e., being able to do more with limited resources) through streamlined reporting requirements.
c. Quote from an attendee in the room: "There is a significant opportunity here to not only improve access, and streamline workflow but also to reduce costs while improving outcomes… just by simply updating current reporting regulations for today's health care environment. And we're happy to help."

At lunch, the attendees were joined by behavioral health managed care organizations, OMHSAS leadership, and legislative staff. Rebecca summarized the themes above, Brandon Danz talked about strategies for providers to move ahead, and Mike Schlossberg encouraged providers to send data related to the forum directly to him as well as your local legislators.

Mike Schlossberg
State Representative, 132nd Legislative District
Democratic Northeast Delegation Chairman
2030 W. Tilghman Street, Suite 100
Allentown, PA 18104
Phone: 610-821-5577
E-mail: mschloss@pahouse.net

As a result of this forum, RCPA will be initiating a committee for members to discuss and strategize for successfully moving from volume to value. Thank you to National Council, OPEN MINDS, Representative Schlossberg, provider attendees, managed care organizations, legislative staff, and leaders from OMHSAS for participating in this important work.