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It's time for behavioral health to adopt measurement, says CEO

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Marcus Robertson - Tuesday, August 16th, 2022

Measurement-based care has been shown to produce better outcomes than usual standard care, which does not involve measurement. But multiple studies have shown a majority of behavioral health clinicians still do not use measurement-based care.

Ram Krishnan, CEO and board director of behavioral health EHR and practice management platform Valant, spoke with *Becker's* about why switching to measurement-based care is a win-win for providers and payers alike.

Editor's note: Responses have been lightly edited for length and clarity.

Question: Studies have found that 63 percent of behavioral health providers do not use any outcome measures, and more than 80 percent of psychiatrists do not routinely use scales to monitor outcomes for depression. How do we prove that good outcomes are happening?

Ram Krishnan: If you have a heart problem, you'd get your blood pressure taken and you'd have that measured, with a course of treatment determined afterward. You'd have an objective measure. In behavioral health, those things exist, but aren't commonly used and aren't commonly paid for.

But over time, there have arisen clear methods in which to get paid for that. There is a procedure code called 96127. It's an add-on procedure code, where the provider is applying assessments to patients. So when a patient is at intake, they do an assessment to get an objective measurement of that patient before they start treatment. It's on a rating scale.

We'll get the assessment sent to the patient to do in advance. It's in a structured form so that data is collected. The provider then starts a session with the patient, and that information is automatically charted so they can see the trend over time. The note is automatically generated based on what the patient put into the assessment, and we provide the data and tools providers can use to negotiate directly with the payer. The add-on codes are really easy to add directly onto every single session.

Q: This kind of measurement-based care tracking partially relies on a patient's own judgment of themselves. Do payers ever push back on reimbursement for that?

RK: No — I think the opposite of that is kind of the default in our space. It's the provider's assessment of the subjective conversation they're having. But if you think about that, in therapy you're having conversations about tough subjects. It sometimes gets people to

bottle up, they want to please the person they're speaking to or they don't objectively state the severity of their situation.

Assessments give them an objective measure to say how they're doing. You show up to the session with a conversation starter. When you see a big difference from last month to this month, it kind of gives the provider an icebreaker to ask, 'Why the change?' And I think payers tend to look at the objective data they get from the assessments a bit more than the subjective conversation.