

Establishing Value-Based Care Across Behavioral Healthcare

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By **Ram Krishnan**, CEO, [Valant](#)

Twitter: [@Valant](#)

Today, behavioral health providers want to deliver effective treatment that brings hope and healing to patients. They also want to be reimbursed well and quickly so they can invest in the best resources and personnel. Value-based care can help providers achieve both. It orients practices and payers toward the most important factor in mental health treatment: the outcome for patients.

Value-based care, a system of healthcare reimbursement that rewards the value of care rather than the amount of care given, is gaining popularity in the behavioral health world, but many providers don't know what it is or how to implement it to improve treatment and reimbursement.

Within behavioral health, providers are paid based on the outcome of the treatments delivered. Outcomes that indicate a high value of care and justify higher reimbursement might include:

- Reducing hospitalization for mental health
- Meaningfully reducing patient symptoms
- Reducing patient symptoms in a short number of treatment sessions

Improving the value of care is often done using measurement-based care. Under measurement-based care, providers assess a patient's progress in treatment by administering objective measurement tools such as symptom rating scales. This enables providers to draw better conclusions about the efficacy of treatment and thus improve treatment strategies.

The behavioral health industry has historically lagged behind physical healthcare in adopting value-based and outcomes-based care models. Many behavioral health providers feel unprepared to make the switch, and/or don't have value-based care contracts with their payers.

However, there's never been a better time for behavioral health practices to adopt value-based care. Insurance companies and government programs have recognized the potential of value-based care in mental health to cut long-term healthcare costs for their patients, and many payers are now willing to offer higher reimbursement for practitioners who demonstrate favorable patient outcomes.

By implementing value-based care, behavioral health practices can renegotiate contracts for higher reimbursement, improve outcomes for patients and build patient engagement.

With a strategic approach and by reviewing the following tips, behavioral health practices can establish value-based care and gain reimbursement.

Identifying goals

Providers should first address the goals that they want to achieve with value-based care, e.g., increased average reimbursement rates, increased revenue by adding new billing codes, etc.

Adding on billing codes, like the 96127-code for outcome measures, is the fastest and easiest way to expand the bottom line from a value-based care model. Providers can determine outcome measures, apply them in their practice, and begin coding for all measures used at each appointment.

Negotiating contracts

To negotiate or renegotiate value-based care contracts, providers need to explain the adoption of measurement-based care to payers and request to be paid according to value. For example, providers can negotiate with an insurance company to increase the reimbursement rate for code 90837—the standard 60-minute psychotherapy code—by \$10. In return, they will show the efficacy of that specific treatment by collecting data on improvement among patients treated under the code.

Adding outcome measures to the intake process

Automated technology, including automated emails, SMS and patient-facing mobile apps, can help providers make outcome measures a seamless part of their intake procedure. Common assessment tools can be reviewed to select which measures to use to screen incoming patients. It is beneficial to screen patients online prior to their appointments to avoid having to file physical paperwork later. Practices can include instructions requiring clients to complete the assessment before their appointment time and educate new clients upfront about the requirement to complete outcome measures prior to their

appointments. This automated technology becomes critical later on during the course of care as well, as behavioral health patients often need additional touch points between sessions to keep them engaged in their treatment.

Score outcome measures automatically

Scoring outcome measures completed by patients and automatically populating the results into clinicians' notes can spare providers and their staff from spending extra time on the management of value-based care. Providers should chart a client's symptom rating scales and other assessment tools. This offers a view into the trajectory of progress over time. Clinicians can see improvement rates for one client or see aggregate data for all their patients and evaluate treatment efficacy. Managers at multi-provider sites can also see aggregate data per provider, practice-wide, or per location.

They can even drill down further to see data on specific diagnoses. For example, a clinician might review progress of OCD patients to see if the OCD treatment strategy is yielding results.

Approaching Payers

Once a significant amount of reportable data (6 to 12 months) is available, providers should approach their payer representative to discuss options for a value-based care contract.

In addition to bringing data from the practice, providers may need to educate payers about how an investment in value-based mental healthcare benefits them. Research has indicated that untreated mental health conditions lead to higher healthcare costs. Investing in effective and efficient behavioral healthcare is in the best interest of payers who want to pay lower overall costs for their members.

The Future of Behavioral Healthcare

Value-based care supports providers' ultimate goal: to help clients overcome behavioral health challenges. When implemented strategically, value-based care can improve treatment strategies and offer weight to providers' requests for higher reimbursement. As value-based care grows in popularity among clinicians, practices, and insurance companies, it seems poised to become the future of behavioral healthcare.