

GETTING PAID

IN BEHAVIORAL HEALTHCARE

Adding revenue through accreditation, evidence-based practices, outcomes management, accurate coding

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Evidence-based treatments: A pathway to new revenue

By Jeanne H. Wurmser, Ph.D.
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States continue to struggle with budget deficits. Behavioral health providers that contract with a governmental entity to provide mental health services have experienced funding limits or reductions. Managed care carve-out companies have been able to ratchet down their outpatient fee-for-service rates as they attract more licensed professionals than their panels require in densely populated areas. Behavioral health providers are looking for strategies to maintain a competitive advantage and to increase market share of patients whom they can serve and from whom they can expect to generate adequate revenue.

Funding of evidence-based practice programs is likely to occur at the expense of programs that cannot demonstrate efficacy.

The Surgeon General's report on mental health urged that published research results supporting the efficacy of specific, well-defined treatment interventions be integrated into policy promulgated by state mental health authorities. In August 2002, the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a Request for Applications entitled State Implementation of Evidence-Based Practices — Bridging Science and Service. This initiative will provide funding to help state mental health program direc-

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Federally funded project will test innovation in outcomes tracking

Even though the term "outcomes" achieved buzzword status years ago in behavioral health, many people believe that too many behavioral health organizations still rely too heavily on outmoded methods of tracking client progress.

A Seattle-based company that for years has offered behavioral health organizations innovative alternatives is now about to test whether an instrument using a sophisticated mathematical process can improve screening and outcomes tracking in behavioral health.

TeleSage Inc. has received a \$100,000 grant from the National Institutes of Health (NIH) to assess the validity of Item Response Theory in behavioral health outcomes tracking. The company's chief executive told *Getting Paid in Behavioral Healthcare* that the mental health field is not as advanced as other branches of healthcare in the use of innovative outcomes measurement technology.

"I think the paper-and-pencil survey is still the present currency

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tors develop plans to build mental health systems' capability to implement evidence-based practices while maintaining fidelity to the specified treatment protocols.

In the zero-sum game of level-funded or reduced state budgets, it is clear that funding of evidence-based practice programs is likely to occur at the expense of programs that cannot demonstrate efficacy.

Similarly, NIMH's Blueprint for Change presents a plan for addressing child and adolescent mental disorders through a new agenda based on research findings in the last decade that are being supported as "evidence-based practice models" after controlled clinical trials and replication.

Multisystemic Therapy

A promising example of an evidence-based practice model is the "Multisystemic Therapy" intervention described in the new book *Serious Emotional Disturbance in Children and Adolescents: Multisystemic Therapy* by Scott W. Henggeler, Sonja K.

Schoenwald, Melisa D. Rowland and Phillippe B. Cunningham.

The major accomplishment of these colleagues at the Medical University of South Carolina in developing an integrated system of treatment for the multiple problems of families of youths with serious emotional and behavioral disorders

completion, shortened stays in out-of-home placement, higher consumer satisfaction and considerable cost savings.

Henggeler and colleagues emphasize the critical importance of implementation with intensive training, ongoing supervision and use of quality-assurance measures to

maintain therapist adherence to treatment protocols if results comparable to original research studies are to be maintained. Information on their book, training, consultation, use of treatment manuals and quality-assurance protocols is available at www.mstservices.com.

CEOs should consider implementing one or more of the treatment interventions that have been proven to target a specific diagnostic group effectively.

is summarized in a two-page table that lists the results of 14 published outcome studies.

The consistently positive results they report include improved family relations and family functioning, increased school attendance, decreased adolescent psychiatric symptoms, decreased adolescent substance use and decreased long-term rates of rearrest for treatment groups in comparison with control groups. At the program level, they report high rates of treatment

Changes in public mental health systems are beginning to focus on the development of coordinated systems of care that involve providers, consumers, family members or caretakers, advocates, researchers and policy-makers.

Behavioral health service agency CEOs should track plans for broad-scale system change based on solid research evidence in their state, keep staff aware of planned changes, and prepare to be an "early adapter."

They should also consider

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implementing one or more of the treatment interventions that have been proven to target a specific diagnostic group effectively. By marketing information that shows they are providing state-of-the-art treatment and can document their positive results, they can generate more managed care and employee assistance program (EAP) referrals and can attract new patients who have a choice in where they seek treatment. In addition, they can improve the outcomes of the public-sector patients whom they already see.

Dialectical Behavioral Therapy

Many inpatient units, partial-hospitalization programs and outpatient providers who repeatedly admit patients with borderline personality disorder have invested in training their staff in Dialectical Behavioral Therapy (DBT).

The research, structured interventions defined in treatment manuals, supervision methods and training models aim at effective transfer of the treatment system so that effective results are maintained. Marsha M. Linehan, a psychology professor and director of behavioral research and therapy clinics at the University of Washington, led the development of and research on DBT.

Linehan also heads The Behavioral Technology Transfer Group Inc. This company provides intensive training in the DBT model so that replication can effectively reproduce results of reducing the amount of self-injury and crisis among clients. Her books, *Cognitive-Behavioral Treatment of Borderline Personality Disorder* and *Skills Training Manual for Treating Borderline Personality Disorder*, were published in 1993 by Guilford Press.

More information is available at www.behavioraltech.com and [\[/faculty.washington.edu/linehan\]\(http://faculty.washington.edu/linehan\). The Web site of the Behavioral Technology Transfer group cited above provides a wide array of documents and resources for clinicians, consumers/family members, researchers and policymakers. It also provides a link to the American Psychological Association's \(APA's\) Web site for Empirically Supported Treatments: \[www.apa.org/divisions/div12/rev_est/index.shtml\]\(http://www.apa.org/divisions/div12/rev_est/index.shtml\).](http://</p>
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This site provides information to allow CEOs to review other targeted treatments for specific disorders that are based on sound research evidence.

Cognitive-behavioral therapy for panic disorder

The Center for Behavioral Health in Bloomington, Ind., was the first behavioral healthcare organization to win the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO's) Ernest A. Codman Award for excellence in the use of outcomes measures. Under the leadership of CEO Dennis Morrison and research director Gordon Gibson, the Center for Behavioral Health chose to replicate treatment based on a panic disorder treatment protocol and research studies by David Barlow.

They invested in training a senior psychologist in the cognitive-behavioral treatment intervention; the psychologist then became the trainer for other staff. They implemented therapist adherence processes and ongoing outcome measurement to ensure that staff continued to adhere to the treatment protocol and attain comparable results. They published an article on their careful process for implementation of this evidence-based practice.

Information on Barlow's therapy manuals and extensive research publications can be found at

www.bu.edu/anxiety/dhb/treatmentmanuals.shtml and at www.psychcorp.com/catalogs/paipc/psy107apri.htm.

The Center for Behavioral Health found that data on patients who completed this time-limited outpatient program showed very high patient satisfaction and positive improvement rates comparable to the original research groups. Other researchers have reported that persons with panic disorder have high rates of unemployment. Positive results with this cognitive-behavioral intervention can allow many patients to improve enough to regain and maintain employment. Costs are low enough for many to pay if insurers refuse to allow the number of sessions needed, or if they lack insurance.

As specialists in psychiatry and behavioral healthcare catch up to the general health field in disseminating evidence-based practices, those who are not prepared to retool their services to provide care based on proven evidence can expect to lose market share. Savvy patients will make effective use of information from Internet searches on proven interventions. Advocates and support groups will provide this information and will urge patients to make informed choices of providers.

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