

Optum and the Idaho Behavioral Health Plan: Transforming systems of care to improve health outcomes



Recognizing that the Medicaid behavioral health services for Idaho residents were not consistently producing quality health outcomes, the state decided to shift to a managed care plan and contracted with Optum® to help transform this system of care. The Idaho Behavioral Health Plan (IBHP) was launched in September 2013 to manage the outpatient behavioral health services for Medicaid beneficiaries with mental health and substance use conditions. These included services for behavioral health therapies and medication management which were typically offered in a clinician's office or a community-based center.

“Optum Idaho has been an excellent proponent and accessible partner in supporting the transformation of our practice, our providers and our profession. Transforming the mental health care system in Idaho has meant applying national best practices that are grounded in recovery-focused, evidenced-based treatment.”

— Kim Dopson, Clinical Director
Proactive Advantage Behavioral
Health, a community-based
network provider

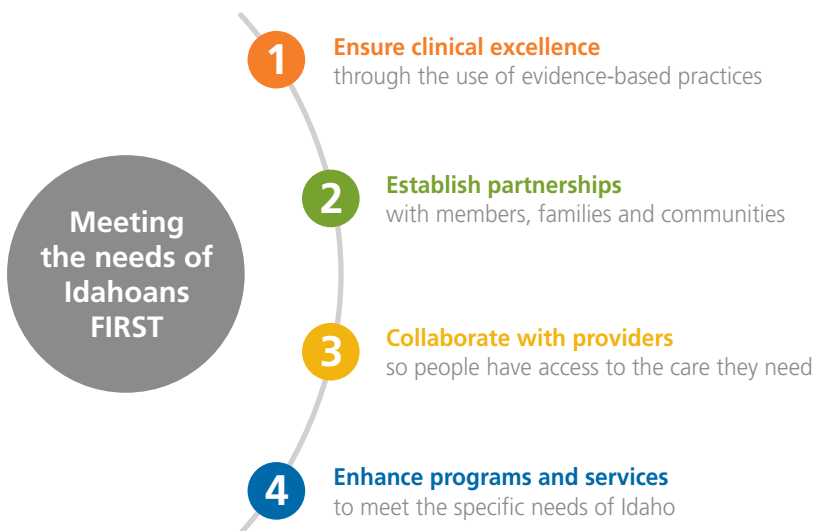
Optum has been nationally recognized for their ability to help states transform their behavioral health service systems, improve outcomes and control costs. Optum achieves this by collaborating with all stakeholders to build evidence-based systems of care for behavioral health services that are recovery-focused and person-centered — and promoting treatment methods that go beyond addressing clinical symptoms and focus on individual strengths and the goals each person in care wants to achieve in life. This helps enhance the covered member’s experience of care, and ensures that quality measures for effectiveness and efficiency are established and achieved. In addition, across state contracts, Optum develops and manages provider networks, manages clinical care for behavioral health services, and assumes financial risk on outcomes.

In state fiscal year 2015, the IBHP served more than 265,000 covered members annually,¹ and had achieved a successful track record of improving the quality of behavioral health services for the state’s Medicaid-covered members. Implementation of the IBHP had led to a decrease in overall state spending for behavioral health services — approximately \$28 million a year.² The majority of savings had come from improved provider network outcomes, and systems of care utilizing evidence-based services that provided appropriate care at the right level of intensity. In addition, a review by the Division of Medicaid and the Division of Behavioral Health confirmed that the program changes did not result in any increases in service use elsewhere across their systems.²

A roadmap for transforming behavioral health systems of care in Idaho

Transforming systems of care required the development of a shared vision for a new way to provide behavioral health services, and building collaboration among all constituents. The transformation to the IBHP was built on a strategic vision, and the implementation of changes that fostered collaboration among members, providers, and the state to improve behavioral health services and outcomes. Four key principles guided the plan’s approach.

Transforming the system of behavioral health care in Idaho



A new service paradigm focused on evidence-based care

When Optum began managing the IBHP in September 2013, they initially hired 45 local Idaho professionals to manage the plan’s benefits and services as part of their commitment to the state. These professionals included Regional Care Managers and Regional Network Managers in Coeur d’Alene, Idaho Falls, and Meridian. The IBHP’s commitment to help transform Idaho’s behavioral health outpatient system focused on a new service paradigm that helped people reach their recovery goals by connecting Medicaid-covered Idahoans to the timely and effective care they need, based on evidence-based practices established by the national behavioral health and medical communities. In 2014, Optum also added field care coordinator staff to serve each region of the state.

1 Ensuring clinical excellence — Optum saw an opportunity for the IBHP to improve behavioral health care and lower costs by ensuring that members, who may otherwise be inappropriately admitted to inpatient care, receive the most appropriate care for their specific needs. To do this, Optum established a primary care physician hotline with case consultation available through the plan’s medical directors. They also established a team of local Optum behavioral health care coordinators who conducted ongoing treatment reviews and partnered with providers to ensure members receive the appropriate level of care in accordance to evidence-based guidelines. Optum also increased outreach meetings with providers to inform and educate them on the IBHP’s new referral and service options, as well as replaced the telephonic care authorization process with a faster web-based method.

Through the increased use of evidence-based practices, more members accessed appropriate outpatient care and community-based services to address their behavioral health needs. For example, between September 2013 and July 2014, the number of people accessing individual therapy had increased by 14%³ and there was significant use of newly established family therapy services.⁴ Local care coordinators reportedly connected an average of over 500 individuals to helpful community services each month.⁵ These trends helped lower costs by preventing inappropriate admissions, as well as enabled more members to remain in the community and their daily lives.

2 Partnering with the Member Advisory Board, including members, families, and community stakeholders — The state recognized that the best way to ensure positive outcomes was to empower people to play a key decisive role in their behavioral health treatment and recovery. Previously, Medicaid members could only access behavioral treatment through a referral from their primary care doctor. The IBHP removed this requirement, as well as established a new 24/7 Crisis and Access Line to make it easier for people in crisis to connect to the behavioral services they need. In 2014, the crisis line had effectively referred over 8,600 members to helpful clinical and community services.⁶

To improve member engagement, Optum conducted training sessions with members and their families in all seven regions of the state on the topic of building recovery and resiliency, and the special roles they have in a successful recovery plan. Optum also partnered with the Speedy Foundation, a local non-profit mental health organization, to conduct Mental Health First Aid (MHFA) training in urban and rural areas throughout the state, to help over 100 community stakeholders (including first responders, law enforcement personnel, and school faculty)⁷ better understand how to recognize someone who is experiencing a mental health crisis and how to assist them in accessing the right help they need.

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High satisfaction rates from Idaho Medicaid members⁸
94.8% are satisfied with their counseling experience
90% are satisfied with the provider network
.....

3 Provider Collaboration — Through the IBHP, Optum worked with their network providers to ensure that people have access to the care they need in the communities where they live. A provider advisory committee helped identify opportunities for improved services including increased telehealth use and new provider training opportunities. Optum also provided health risk assessment tools to providers and worked collaboratively with them to help identify members at-risk for higher overall utilization costs and poor health outcomes. In addition, the reduced pre-authorization requirements and the web-based authorization process had helped ease the administrative burden and increased efficiency for these providers.

The outreach meetings also informed providers on how to access available tools and resources for continuing education that they required to maintain their license. In 2014, over 500 providers have participated in nearly 1,000 hours of free training and continuing education units (CEUs).⁹

Optum was committed to continued collaboration with providers throughout the system transformation process. As an example, Optum and the state had created a community health initiative grant of almost a half million dollars to community providers who assisted children with serious emotional disturbances (see sidebar). These and other joint collaborations continue to help benefit members served while promoting improved health outcomes.

4 Enhancing programs and services — The IBHP now included certified peer support services, which were initially not reimbursed under the state's Medicaid plan. Peer services had been nationally recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) for increasing a person's understanding of their mental health issue and improving the likelihood of a successful recovery. From April to December 2014, over 1,200 IBHP members had accessed these newly available peer support services.¹⁰

Optum and the state also saw a need for additional support services to family members of Medicaid recipients who were dealing with a behavioral health issue. These services helped families understand and navigate through the behavioral health care system.

In addition, while the IBHP was only responsible for outpatient care, Optum is working with state stakeholders to create and deploy community transition support programs that assist members discharged from the hospital with maintaining their follow-up appointments and connect them to in-home support services if needed. These programs are intended to promote a better transition to the members' home environment, sustain community engagement and tenure, and reduce inpatient costs by avoiding unnecessary readmissions.

Optum reallocated savings to help address serious emotional disturbances

Optum Idaho reallocated claims dollar savings to help fund a community health initiative grant for clinicians who assist children with serious emotional disturbances (SED). In partnership with the Idaho Department of Health and Welfare, the goal of the Community Health Initiatives (CHI) grant was to improve behavioral health outcomes among Idaho child and adolescent Medicaid beneficiaries with SED by facilitating clinician adoption and implementation of evidence-based psychosocial treatments such as Cognitive Behavioral Therapy (CBT), Parent-Child Interaction Therapy, and Functional Family Therapy. The grant would fund a statewide effort to continue the transformation of Idaho's behavioral health care system by investing in accountable, outcome-driven and recovery-centered programs and services.

As part of the Community Health Initiatives savings, Optum is launching a new intensive outpatient program, as well as additional transportation payments for in-home psychotherapy services to better assist members in both rural and urban areas of the state.

Improved health outcomes support stakeholder satisfaction

In Idaho and other states where Optum had helped transform behavioral health systems of care, there were at least three principal stakeholders:

- Members in treatment, with their families and caregivers;
- Providers and facilities who delivered clinical care; and
- States and other funders of care.

Effective system transformation required that all of these groups would both engage in systems change and benefit from this innovative transformation. In Idaho each of these groups endorsed the outcome of IBHP's system-wide improvements.

A person-centered approach to care recognized the central role of the recipients of care as essential stakeholders. These members and their families had ongoing challenges in the previous system of care, and easily recognized and appreciated improvements that supported their own recovery and well-being. One example of how care coordination helped members was a story about the grandmother of an IBHP member who served as her grandchild's caretaker. After reviewing the clinical notes, an Optum care coordinator reached out to the grandmother to ensure that she understood what support services were available for her grandchild, as it appeared that the child was not utilizing all available services. The grandmother felt constantly overwhelmed, and expressed gratitude that someone else was also looking out for her grandchild's care and she appreciated the support. The child was now using the additional evidence-based services and the grandmother was more engaged in the recovery plan for her grandchild.

In another example, an IBHP member recently shared his story about regularly seeking out support from friends and family to help him on his recovery journey. He said that he would get discouraged because he felt this support always fell short of what he needed to overcome his obstacles. After engaging with a peer support specialist that was now available through the IBHP, he said, *"I finally feel like I can actually do this. I am not ashamed of who I am, and I know there are other people in the world just like me who are thriving, and I can too."* Commenting on the availability of peer support services, another member said, *"Since I got the help from my Peer Support Specialist, it has changed my life. If I didn't have this service, I would be right back where I was."*

Educational tools are available online for clients and providers

Optum Idaho's website – optumidaho.com – offers both member and provider portals with access to extensive recovery and resiliency resources. Several community-based behavioral health service locations have installed computer kiosks to access these Optum resources for clients to learn about their diagnoses and treatment options. These tools are empowering members to shape and drive their recovery goals to match their strengths, support systems and resources. This empowerment is optimizing treatment outcomes.

Frequently, providers were skeptical about changes and perhaps had been resistant to the implementation of managed care programs. Optum strived to provide resources for providers that helped them care for plan members, as well as supported evidence-based treatments that promoted recovery and improved well-being. As an example, a young man in Eastern Idaho named “Kevin” (name changed to protect his identity), had struggled with self-harming behaviors, including cutting himself. These behaviors resulted in him being in and out of hospital emergency rooms eight times in the 18 months before he became involved with the IBHP. Care coordinators recognized that there were evidence-based community transition and peer support services that Kevin was eligible for, but that he was not using. Over the course of more than a year, Optum worked with Kevin and his provider to ensure he received all of the evidence-based services he required. As a result, Kevin had not visited an emergency room or been hospitalized during this time. His provider recently noted that *“Before working with Optum, I thought we were doing the best we could to manage Kevin but now I am seeing him actually recover. I never thought that could be possible for Kevin and am overjoyed that it is indeed possible.”*

State Medicaid plans continue to struggle with the high costs for behavioral health services and the poor outcomes for those they cover. States have tried a variety of options for improving these services. Optum has a history of commitment to working with states and counties to help address these challenges and supporting system transformation that improves the outcomes of care for their citizens. Idaho has reported that implementation of the IBHP resulted in decreased overall spending while increasing the services provided to Medicaid members. In reviewing the lessons learned in the transformation of their behavioral health care system, the state notes the importance of having good collaborative partnerships and clear communications among the managed care partner, provider stakeholders, and the people served.

Implementation of the IBHP

has led to an annual decrease of

**approximately
\$28 million**

in overall state spending. This was achieved primarily through the use of evidence-based practices and outpatient care.²

Transforming Systems of Care to Improve Health Outcomes

1. Based on an average monthly membership of 266,430 from July 1, 2014 to June 30, 2015; Stockwell, October 5, 2016.
2. Design of the Idaho Behavioral Health Plan, Office of Performance Evaluations, Idaho Legislature Evaluation report 16-01, January 2016.
3. Change in unique utilizers of individual and extended therapy between September 1, 2013 and July 31, 2014; from Optum's Outpatient Member Service Utilization by Age Report — All Ages, August 31, 2016.
4. Based on unique utilizers of family therapy between September 1, 2013 and July 31, 2014; from Optum's Outpatient Member Service Utilization by Age Report — All Ages, August 31, 2016.
5. Optum community service referrals for unique utilizers of family therapy between September 1, 2013 and July 31, 2014; from Optum's Outpatient Member Service Utilization by Age Report — All Ages, August 31, 2016.
6. Optum 2014 crisis line referral figures reported in an Optum January 27, 2015 update to the Idaho Senate Health and Welfare Committee.
7. Optum MHFA training attendance counts for sessions conducted in 2014, reported in an Optum January 27, 2015 update to the Idaho Senate Health and Welfare Committee.
8. Based on Optum 2014 satisfaction surveys to IBHP members, reported in an Optum January 27, 2015 update to the Idaho Senate Health and Welfare Committee.
9. Optum provider continuing education training participation figures reported in an Optum January 27, 2015 update to the Idaho Senate Health and Welfare Committee.
10. Based on Optum claims for peer support services by IBHP members from April 1, 2014 to December 31, 2014; reported in an Optum January 27, 2015 update to the Idaho Senate Health and Welfare Committee.



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