



White paper

Value-based provider enablement – the new paradigm in behavioral health

How actionable data and connecting with the right partners are improving outcomes and lowering costs

Executive summary

Value-based care (VBC) programs incentivize providers to improve patient outcomes. In contrast, traditional fee-for-service programs charge patients for the quantity of care they receive, not necessarily the quality.

VBC has become an established practice in primary care medicine. With the continued reduction in mental health stigma and public focus on conditions like anxiety and depression, VBC is starting to make inroads into behavioral health.

Addressing behavioral challenges remains far less linear than, say, fixing a broken arm. Every patient improves within different treatment modalities, at varying rates, and outcomes are harder to measure than most physical conditions.

The Optum approach to VBC helps providers achieve measurable results through the quadruple aims of value-based care: high-quality care, high provider experience, high patient experience, and affordable, equitable care. We use a mix of clinical, administrative and analytics rooted in data to drive outcomes.

Accelerating the movement toward VBC in behavioral health with more than \$650 million in VBC today, we remain at the forefront identifying and integrating best practices into our VBC programs with the Behavioral Health Provider Enablement Model. Similar to how primary care providers act as the quarterback of care in medical VBC, behavioral health and substance use care providers are the quarterbacks in behavioral value-based programs. These professionals are taking the lead with patients, especially those presenting with advanced substance use disorders and serious mental illness where behavioral health treatment can have the biggest impact.

This white paper outlines how value-based care and reimbursement programs work and how we're enabling providers and clinical teams with actionable patient data to build VBC behavioral health programs:



Financial and clinical transformation

Where we've been and where we're going



Clinical best practices

Enabling the transition to VBC



Optum collaborative partnerships

Ohio Behavioral Health use case

More than
\$650M

invested in VBC today

"Value-based care isn't just about the money. It's about **putting patients first** and allowing providers to flex their treatments to meet the needs of the individuals they serve. It's less about managing around what can be billed to insurance and more about clinicians **leading the way to better outcomes.**"

– Andy Kelly, Senior Vice President, Optum Behavioral Health

Financial and clinical transformation:

Where we've been and where we're going

In a traditional fee-for-service reimbursement model, every patient visit and procedure is a line item billed separately to patients, and their claims are submitted to insurance companies. However, more visits and procedures haven't always equated with improved outcomes.

The evolution of the VBC payment model

The bundled payment approach was the first transition toward VBC, where different health care providers treating the same or related conditions in a patient are paid an overall sum for care rather than being paid for each individual treatment, test or procedure. Every knee replacement surgery, for example, is treated and reimbursed as a bundled event, from the first X-ray to the last PT session.

This matured into a capitation model, where providers are reimbursed a lump sum per patient regardless of what services are delivered or what outcomes are achieved. For example, an HMO pays a primary care organization a negotiated annual sum for supplying authorized services to a patient population. The focus is less on producing results and more on managing volume.

VBC shifts the paradigm to one where the goal is improved outcomes. Patients receive higher value since the clinical goals of the provider and the financial goals of the payer are aligned. Costs are controlled by making decisions over a continuum of time and treatment options. In VBC, desired outcomes are planned in partnership between payers and providers, and in concert within budgets, courses of care, measurement plans and long-term prevention goals.

In the transition from fee-based care to value-based, payers and providers align payments with results by analyzing and tracking data outside the 4 walls of the clinic. Data sharing between payer and provider makes these efficiencies possible, and mutual access to the payer's member authorization information and historical claims data is central to this goal.

The clinical transition to VBC

VBC agreements between payers and providers outline what success looks like through clinical interventions. Bi-directional data sharing informs decisions on everything from determining the mix of virtual visits to integrating alternative payment methodologies. All staff play a role in driving quality care, patient engagement and cost controls.

Collaborative data access aligns fees, bonus payments, case rates, bundles, capitation controls and general accounting best practices. Financial and clinical population-based data enables population-level reporting, oversight excellence and produces better outcomes within cooperative VBC arrangements.

We can help facilitate partnerships between behavioral clinics and primary care organizations by sharing population health, medication adherence, cost and severity data across medical, behavioral health and pharmacy data sets.¹ No clinical organization is the same, and the Optum provider enablement program meets every provider where they are today.



VBC shifts the paradigm to one where the goal is improved outcomes – **patients receive higher value** since the clinical goals of the provider and the financial goals of the payer are aligned.

“We could not make the decisions we make, look at our processes, or do our jobs without all the Optum near **real-time data** we receive.”

– Optum Behavioral
Health clinical partner,
Louisiana

Transitions of care, interventions and services are integrated more efficiently, and at the critical points along the patient experience to help ensure the right care, at the right place, at the right time, with the right provider. Together, Optum partners with each provider on their journey to integrated VBC programming, setting new standards in both care and profitability.²

Clinical best practices: Enabling the transition to VBC

Determining what treatment is going to work best is often the biggest hurdle to better behavioral care outcomes. Social determinants of health (SDOH) such as access to reliable transportation and housing stability make behavioral care delivery increasingly complicated. Getting accurate, actionable data in the clinician's hands enhances those first critical diagnosis and treatment decisions.

For example, a behavioral health clinician can work with their Optum provider enablement consultant³ to access data showing a patient's diabetic condition and heart disease medications. In real time, our analytical capabilities inform the provider's care decisions by drawing on detailed patient data, personal safety concerns and medication adherence history.

This capability provides visibility into risks and opportunities for all treatment integration paths across assessments, assignments, referrals and medication management. With Optum data and analytics providers are moving the needle toward better cost management and improved outcomes through:

- **Clinical support**

- Providers are notified when a plan member is admitted or discharged from an ER, hospital or behavioral health facility.
- Integrated data helps to stratify and improve inpatient/outpatient care, based on individualized health plans, severity and utilization levels.
- Providers have access to medication history information across care settings to avoid medication conflicts and support medication reconciliation.

- **Quality analytics**

- With a lens on patient data, clinicians gain diagnostic insights, leading to better-informed treatments and success along the continuum.

“By creating a **partnership grounded in trust**, Optum and our provider partners are actively engaged in supporting integrated, value-based care.”

– Michelle Berthon,
Associate Director, Optum
Behavioral Health



Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

“Integrating analytics into value-based programs **empowers our clinicians** and makes data actionable across all point-of-care decisions. Our provider enablement program is the glue behind behavioral health care change management and the key to monitoring and **measuring successful treatments.**”

– Dr. Stanley Williams, Director of Integrated Health,
The Harris Center, Texas

With these tools, Optum provider enablement consultants work directly with care organizations to build best-practice, custom programs. In partnership, they support whole-person population health management strategies, establish target member outcome metrics and maximize opportunities to earn shared savings.

“Optum has been wonderful in helping us to connect with other providers to build partnerships and collaborations, but also by helping us to outreach inpatient facilities and hospitals when coordinating care in regard to discharge/transitional planning.”

– Tennessee HealthLink partner

Information is collected and shared through a number of sources including administrative files, claims and health information exchanges (HIEs).

Quality metrics are customized and can include:

- Ambulatory care (emergency department visits)
- Inpatient utilization (general hospital/acute care)
- Readmission rates (broken out by cause)
- Post-hospitalization follow-ups
- Diabetes screenings for patients with schizophrenia or bipolar disorders
- Rates of inpatient behavioral health admissions
- Medication adherence performance

Optum collaborative partnerships: Ohio Behavioral Health Provider Network business case

In the paradigm shift away from transactional fee-for-service models, we’ve built a VBC provider enablement program on trust and partnership, with the value-based expertise of behavioral health care providers like the Ohio Behavioral Health Provider Network (OBHPN).

OBHPN’s objective is to enable behavioral practice transformation through collaboration and cost management.⁴ To achieve this, OBHPN partnered with Optum provider enablement consultants to build an integrated managed care program encompassing hospitals, ambulatory surgery centers, health plans, nursing homes, home health agencies, hospices and other accountable care organizations within the network.



Since initial launch, measurable success from Optum provider enablement programs include:

42% reduction

in anxiety through virtual behavioral coaching

14% lower

readmission rates per inpatient episode

\$2,991 average

savings per inpatient episode

\$16K average

savings per SUD case per year

Today, OBHPN has implemented Optum provider enablement practices and is enhancing its client programs to support whole-person population health management. Optum and OBHPN collaborate with providers in building back-office and network visibility support infrastructure. Teams work in concert to review performance data, establish custom metrics, monitor outcomes, help troubleshoot issues, and resolve clinical and financial challenges.

“The social determinants of health, member needs and cost management issues are very different in behavioral health. The Optum dashboard gives us comprehensive visibility of member reports, a welcome improvement from the past. We’re better able to conduct outreach into our own communities and local clinics, **making sure that people are getting the care they need** and aren’t falling through the cracks.”

– Katy Smith, Manager, OBHPN

Linking reimbursements to improved performance is the key to holding everyone accountable to both cost and care metrics. With this guidance, OBHPN continues to meet and exceed its goals, improve member outcomes and maximize cost-savings opportunities.

“We’ve heard repeatedly from providers that once they start using our data, they don’t want to stop because they’ve been able to do a **whole lot more for their patients.**”

– Jack Pullins, Optum Provider Enablement Consultant

Partners like OBHPN benefit from the experience of Optum provider enablement consultants, who are licensed behavioral health specialists who understand clinicians’ jobs and workflows. They help maximize both patient goals and financial outcomes, provide training and support, and serve as clinical liaisons between providers and plan members. In addition, consultants are assigned to each organization to ensure efficient sharing of reports and quarterly results with executive leadership teams, third parties and other stakeholders.⁵

“Our passion is to facilitate provider transformation. Working together we’re producing **better patient outcomes** by integrating behavioral and physical health data across the continuum of care and enhancing our providers’ profitability.”

– Andy Kelly,
Senior Vice President, Optum Behavioral Health



OBHPN partnered with Optum to build an integrated managed care program to encompass:

- Hospitals
- Ambulatory surgery centers
- Health plans
- Nursing homes
- Home health agencies
- Hospices
- Other accountable care organizations within the network



Linking reimbursements to improved performance is the key to holding everyone accountable to both cost and care metrics.

With one of the nation's largest behavioral health networks, Optum is unique in its ability to analyze, scale and source the most meaningful patient data from the largest population datasets:

More than 280K

members in value-based programs across all lines of business

More than 165

partner organizations engaged in outpatient-driven, value-based programs

More than 130

facilities engaged in \$650M+ in behavioral care inpatient spend

There's a new paradigm in behavioral health

The time has come to bring best practices to the same value-based and level playing field with physical medicine – and to finally connect the mind and body toward achieving the long-term goal of data-driven whole-person health care. Choosing the right partner is the first step in the transformation to better outcomes and economic success.

Value-based care is the main vehicle for giving our increases. We encourage providers to think in terms of patient outcomes and improvement, not just volume.

“By supporting providers with data, they are taking more effective action. With the Optum Behavioral Health Provider Enablement Program, we’re **moving into a new era of mutual trust and transparency** with our providers and delivering more measurable benefits to our members.”

– Michelle Berthon,
Associate Director,
Optum Behavioral Health

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2. The Harris Center. [Healthcare Services: OneHealth Wellness](#).
3. Optum. [Health system and provider performance](#).
4. Optum Behavioral Healthcare Provider Network. [The network advantage](#).
5. Optum. [Transforming the care delivery system](#). 2019.



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