Position Statement on Core Principles for Alternative Payment Models for Behavioral Health

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Issue: There have been decades of inadequate funding and reimbursement for mental health and substance use treatment. The APA supports the development of new models of care that will improve access, quality of care, and patient outcomes for the millions of individuals with mental health and substance use disorders. We strongly recommend including the Collaborative Care Model in alternative payment models. We have also advocated for new models of care that address mental health and substance use benefits for children, adolescents, and young adults—particularly new models addressing the onset of psychosis in adolescents and young adults. However, we also have concerns that the current approach and prevailing requirements for new models of care, especially under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and the development of models without input from psychiatry, could lead to decreases in patient access and quality of care, as well as insufficient reimbursement for psychiatrists and other mental health providers. Consequently, we advise a cautious approach consistent with general principles that will avoid harming patients or providers.

POSITION:
The APA urges future alternative payment models (APMs) for behavioral health to follow a core set of general principles to avoid unintended consequences that could harm patients, psychiatrists, and other mental health professionals and providers.

- The predominant goals for behavioral health APMs should be defined as increasing access and improving quality of care for individuals with mental health and substance use disorders (MH/SUDs), in order to improve outcomes.
- Current payments for psychiatric services do not cover the costs of providing the services and APMs must reflect the true costs of care. Therefore, APMs cannot be expected to reduce expenditures for the care of the population with these disorders.
- APMs should incentivize the care of underserved populations, with the use of evidence-based treatments, efficient use of resources, and tracking of outcomes using validated measures.
- Behavioral Health APMs must be designed specifically for the care of individuals with MH/SUDs and tailored to support individual treatment options, with flexibility in care delivery, to meet the diverse needs of this heterogeneous patient population.
- Behavioral Health APMs must be developed with substantive input from practicing psychiatrists and other mental health providers.
- Participation in Behavioral Health APMs should be voluntary, not mandatory.
- Behavioral Health APMs must provide improved reimbursement to psychiatrists, other mental health professionals, and systems of care, utilizing value-based payment.

- Behavioral Health APMs should take into account the lack of access for many psychiatrists to appropriate certified electronic health record technology (CEHRT); the expense and administrative burden of data reporting; and the limited availability of well validated behavioral quality measures.
- Behavioral Health APMs should support the delivery of services via telepsychiatry.

Authors:
Committee on Reimbursement for Psychiatric Care