

## APA Official Actions

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

Approved by the Board of Trustees, December 2021

Approved by the Board of Trustees, December 2018

Approved by the Assembly, November 2021

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### 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 (APMs). 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 clinicians. Consequently, we advise a cautious approach consistent with general principles that will avoid harming patients or clinicians. Finally, Behavioral Health APMs provide a mechanism to achieve health equity and eliminate health disparities among minorities with mental health and substance use disorders.

### APA Position:

**Future alternative payment models (APMs) for mental health care should follow a core set of general principles to avoid unintended consequences that could harm patients, psychiatrists, and other mental health professionals and clinicians, including:**

- **Setting predominant goals as increasing access, improving health equity, and improving quality of care for individuals with mental health and substance use disorders (MH/SUDs), in order to improve outcomes;**
- **Covering the cost of providing services based on the true costs of care;**
- **Incentivizing the care of underserved populations through the use of evidence-based treatments, efficient use of resources, and tracking of outcomes using validated measures;**
- **Flexible and inclusive design specifically tailored to the care of individuals with MH/SUDs to support individual treatment options and to meet the diverse needs of this heterogeneous patient population;**
- **Development with substantive input from a racially diverse representation of practicing psychiatrists and other mental health clinicians;**

- **Voluntary, not mandatory participation in Behavioral Health APMs;**
- **Improved reimbursement to psychiatrists, other mental health professionals, and systems of care, utilizing value-based payment;**
- **Addressing many psychiatrists' lack of access to certified electronic health record technology (CEHRT), the expense and administrative burden of data reporting, and the limited availability of well-validated behavioral mental health quality measures;**
- **Service delivery using telepsychiatry; and**
- **including evidence-based programs, outcomes, and incentives to achieve healthy equity and eliminate health disparities.**

**Authors:**

Committee on Reimbursement for Psychiatric Care

**Collaborators:**

Council on Healthcare Systems and Financing