Environmental Factors and Plan

3. Innovation in Purchasing Decisions - Requested

Narrative Question
While there are different ways to define value-based purchasing, the purpose is to identify services, payment arrangements, incentives, and players that can be included in directed strategies using purchasing practices that are aimed at improving the value of health care services. In short, health care value is a function of both cost and quality:

Health Care Value = Quality / Cost, (V = Q / C)

SAMHSA anticipates that the movement toward value based purchasing will continue as delivery system reforms continue to shape states systems. The identification and replication of such value-based strategies and structures will be important to the development of behavioral health systems and services.

There is increased interest in having a better understanding of the evidence that supports the delivery of medical and specialty care including M/SUD services. Over the past several years, SAMHSA has collaborated with CMS, HRSA, SMAs, state behavioral health authorities, legislators, and others regarding the evidence of various mental and substance misuse prevention, treatment, and recovery support services. States and other purchasers are requesting information on evidence-based practices or other procedures that result in better health outcomes for individuals and the general population. While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions and technologies and in turn, to establish the evidence. SAMHSA supports states' use of the block grants for this purpose. The NQF and the IOM recommend that evidence play a critical role in designing health benefits for individuals enrolled in commercial insurance, Medicaid, and Medicare.

To respond to these inquiries and recommendations, SAMHSA has undertaken several activities. NREPP assesses the research evaluating an intervention’s impact on outcomes and provides information on available resources to facilitate the effective dissemination and implementation of the program. NREPP ratings take into account the methodological rigor of evaluation studies, the size of a program’s impact on an outcome, the degree to which a program was implemented as designed, and the strength of a program’s conceptual framework. For each intervention reviewed, NREPP publishes a report called a program profile on this website. You will find research on the effectiveness of programs as reviewed and rated by NREPP certified reviewers. Each profile contains easily understandable ratings for individual outcomes based on solid evidence that indicates whether a program achieved its goals. NREPP is not intended to be an exhaustive listing of all evidence-based practices in existence.

SAMHSA reviewed and analyzed the current evidence for a wide range of interventions for individuals with mental illness and substance use disorders, including youth and adults with chronic addiction disorders, adults with SMI, and children and youth with SED. The evidence builds on the evidence and consensus standards that have been developed in many national reports over the last decade or more. These include reports by the Surgeon General, The New Freedom Commission on Mental Health, the IOM, and the NQF. The activity included a systematic assessment of the current research findings for the effectiveness of the services using a strict set of evidentiary standards. This series of assessments was published in *Psychiatry Online.* SAMHSA and other federal partners, the HHS’ Administration for Children and Families, Office for Civil Rights, and CMS, have used this information to sponsor technical expert panels that provide specific recommendations to the behavioral health field regarding what the evidence indicates works and for whom, to identify specific strategies for embedding these practices in provider organizations, and to recommend additional service research.

In addition to evidence-based practices, there are also many promising practices in various stages of development. Anecdotal evidence and program data indicate effectiveness for these services. As these practices continue to be evaluated, the evidence is collected to establish their efficacy and to advance the knowledge of the field.

SAMHSA’s Treatment Improvement Protocol Series (TIPS) are best practice guidelines for the SUD treatment. The CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPS, which are distributed to a growing number of facilities and individuals across the country. The audience for the TIPS is expanding beyond public and private SUD treatment facilities as alcohol and other drug disorders are increasingly recognized as a major health problem.

SAMHSA’s Evidence-Based Practice Knowledge Informing Transformation (KIT) was developed to help move the latest information available on effective behavioral health practices into community-based service delivery. States, communities, administrators, practitioners, consumers of mental health care, and their family members can use KIT to design and implement behavioral health practices that work. KIT, part of SAMHSA’s priority initiative on Behavioral Health Workforce in Primary and Specialty Care Settings, covers getting started, building the program, training frontline staff, and evaluating the program. The KITs contain information sheets, introductory videos, practice demonstration videos, and
Please respond to the following items:

1. Is information used regarding evidence-based or promising practices in your purchasing or policy decisions? [ ] Yes [ ] No

2. Which value based purchasing strategies do you use in your state (check all that apply):
   a) Leadership support, including investment of human and financial resources.
   b) Use of available and credible data to identify better quality and monitored the impact of quality improvement interventions.
   c) Use of financial and non-financial incentives for providers or consumers.
   d) Provider involvement in planning value-based purchasing.
   e) Use of accurate and reliable measures of quality in payment arrangements.
   f) Quality measures focus on consumer outcomes rather than care processes.
   g) Involvement in CMS or commercial insurance value based purchasing programs (health homes, ACO, all payer/global payments, pay for performance (P4P)).
   h) The state has an evaluation plan to assess the impact of its purchasing decisions.

Does the state have any activities related to this section that you would like to highlight?

New Hampshire’s reporting system identifies evidence-based practices for adults and youth in the community mental health centers system:
   1. Assertive Community Treatment (ACT); data collected by SMHA and reported in the Mental Health Block Grant (MHBG)
   2. Illness Management and Recovery (IMR); data collected by SMHA and reported in the MHBG
   3. Supported Employment (SE); data collected by SMHA and reported in the MHBG

NH’s grant-funded PSAs, statewide, provide the evidence-based practice of Wellness Recovery Action Plan (WRAP) and the emerging promising practice of Intentional Peer Support (IPS). Organized peer support in general is being looked at as an emerging promising practice, and standards and competencies for credentialing are being formulated.

MATCH (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems) is an evidence-based practice profiled on the NREPP website. New Hampshire has embarked upon a 3-year implementation project funded by the MHBG.

NAVIGATE is the model NH has chosen for use of MHBG FEP set-aside funds.

The decision to implement the CANS and the ANSA, which are assessments rather than practices, was based upon formal verification of their use as reliability-based evidence-based screening and assessment tools. [Link to source](https://link.springer.com/article/10.1023/A:1023935726541)

Please indicate areas of technical assistance needed related to this section.

- Use of available and credible data to identify better quality and monitor the impact of quality improvement interventions.

Footnotes:

56 [Link to source](https://psychiatryonline.org/)
57 [Link to source](http://store.samhsa.gov)
58 [Link to source](http://store.samhsa.gov/shin/content//SMA08-4367/HowtoUseEBPKITS-ITC.pdf)
New Hampshire tracks and disseminates information regarding evidence-based (EBP) required as provisions of the CMHA, which requires implementation of Assertive Community Treatment (ACT) and Supported Employment. Data on these practices is reported monthly by the CMHCs. Annually, the Phoenix system generates EBP penetration based on services records and reports that data using the block grant Uniform Reporting System (URS) client counts as a baseline.

The CMHCs receive incentive funds to assist them in the implementation and provision of the EBPs specified in the CMHA and in their contracts.

Information involves research reports and, importantly, the assistance of our research partner, the Geisel School of Medicine at Dartmouth University, a leader in EBP development.

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