CATALIGHT™

Access, Quality and Value

Payer strategies leading to new AQV in behavioral health.

A CATALIGHT WHITE PAPER

Choosing new paths

The discussion around **value-based care (VBC)** in autism spectrum disorder (ASD) and intellectual and developmental disabilities (IDDs) – and behavioral health care in general – has accelerated in recent years. Trends such as state insurance mandates and research showing improved quality in value arrangements[1] favor shared-risk and pay-for-performance models rather than fee-for-service, which remains the common and costly reimbursement model.

Despite the momentum, there's **little agreement on the best way to move ASD and IDD care into a VBC model** – at least not on a broad level across payers, providers and clinicians. One big challenge? Unlike outcome measures for chronic diseases such as diabetes and heart disease, behavioral health conditions such as ASD and IDDs do not have decades of historical data, are newer conditions within health plan and actuary standards and can be harder to quantify than a physical biometric. Measuring improvement is further complicated by dissent in the client/patient population about what is a favorable or quality outcome.

Without clear standards, it can be difficult to model a framework for VBC and gather and analyze cost data for efficiencies. At the same time, access remains out of reach or arrives too late for many families. And payers might be paying for care and services that are not effective or even desired.

This white paper looks at the relationship between **access, quality and value, and it explores how value-based care can bring them together to improve the care experience**.

[1] Wong, V., Pham, H., & Kelleher, K. (2021). Achieving Better Value in Pediatric Care: School Systems as Clinical and Financial Partners? The American Journal of Managed Care, 27(2), 50-52. https://doi.org/10.37765/ajmc.2021.88520

TABLE OF CONTENTS

Access, Quality and Value

CATALIGHT

ACCESS

Driving the conversation

Given access to care constraints, overtreating means there is less care to go around, translating to longer wait times and children being left behind. The right care incentivized by quality outcomes should be the North Star for access.

Several factors are combining to bring **access, quality and value** to the forefront of behavioral health care, driving a national discussion around bridging those key components with a new approach: a value-based care model.

Health systems are evaluating their positions as they recover financially from COVID and grapple with a landscape that increasingly requires tough decisions about service lines. Historically, the behavioral health service line has been a loss leader. But early in the pandemic, thought leaders noted that demand for services would likely surge, and an existing shortage of providers would get worse.[2] That prediction has certainly come true.

New entrants have flooded into the marketplace to capitalize on the money involved in behavioral health care, driven in part by attractive reimbursement models. All 50 states now require that Medicaid cover autism services; a commercial plan that does not cover autism services is virtually unheard of, as autistic children often require high volumes of therapy.[3] Private equity has entered the market, resulting in mergers of many smaller ASD care organizations. With a focus on showing a return on investment and a preference for commercial plans, these investors can inadvertently leave some children behind—creating greater inequities.

Despite the number of different services from providers and paraprofessionals which people with ASD and IDDs require, these services often are not well coordinated, and use of electronic health records (EHRs) that would allow providers a whole-person view of their clients is not standard.[4]

Behavioral health care itself has been fragmented and separated from physical healthcare. The persistence of fee-for-service payment structures and models tend to incentivize providers to prescribe more services at higher volumes, advocate for complex and differential payment levels and de-emphasize care coordination (which is usually not billable).[5] These factors make it even more important that payers help drive the conversation around behavioral health care access, quality and value.

[2] ECG Management Consultants (2020, June 17). Behavioral Health in the Spotlight: Disruption, Innovation, and New Challenges Ahead. Retrieved March 17, 2023, from https://www.ecgmc.com/thought-leadership/blog/behavioral-health-in-the-spotlight-disruption-innovation-and-new-challenges-ahead
[3] Herlacher, E., & D'Amico, L. C. (n.d.). Autism: Venture Capital Has Arrived. Retrieved March 16, 2023, from https://www.lrvhealth.com/resource/autism-venture-capital-has-arrived/
[4] Foosness, S. (2022, July 25). Opening the door: Are behavioral health providers ready for value-based care? MedCity News. Retrieved March 16, 2023, from https://medcitynews.com/2022/07/opening-the-door-are-behavioral-health-providers-ready-for-value-based-care/
[5] Cameron MJ, et al. Toward a Value-Based Care Model for Children with Autism Spectrum Disorder. OA J Behavioural Sci Psych 2022, 5(1): 180065.

Barriers to access

Five key factors make access problematic in behavioral health care:

1. **Provider shortages made worse by rising prevalence and demand**
2. **Lack of practitioners and options for diagnosis in certain regions, especially in rural areas**
3. **Shortage of paraprofessionals needed for certain treatment models**
4. **Social determinants of health and discrepancies in early interventions based on race and socioeconomic status[6-7]**
5. **Known access issues among the ASD/IDD population in general compared with people without ASD[8]**

In addition, a recommendation of 40-hours-per-week of applied behavioral analysis (ABA), with direct ABA provided by a paraprofessional as the gold standard, can act as a barrier in and of itself, **requiring significant commitment from family members** to manage and coordinate. In many cases, more care does not translate to better quality care.

Payers themselves may be seen as barriers. In January 2022, several major payers were sued for allegedly operating "ghost networks". Their behavioral health care providers were allegedly not providing care or taking referrals. Specifically, the payers had large inaccuracy rates in their mental health care directories, thus creating a barrier to access for individuals reaching out for behavioral health treatment.[9] And during the pandemic, many insurers insisted on completion of the Autism Diagnostic Observation 2 (ADOS-2) – even though it was no longer valid if a clinician or child was wearing a mask or if the sessions were remote.[10]

The high cost of care in a fee-for-service model may even incentivize payers to slow down diagnosis because that diagnosis is a critical step in triggering the high-cost care. Unfortunately, the longer a family waits, the better chance they will switch plans during open enrollment and become another plan's cost.

Without access to care, frustrated families who are unable to find a provider accepting clients may give up — **a self-defeating strategy for payers concerned about risk**, particularly in the face of widely accepted evidence that earlier intervention leads to better outcomes[11] and lower lifetime costs.[12]

Value-based care, with its goal of increasing quality while reducing costs, holds hope for reducing these access obstacles.

6 Ennis-Cole D, Durodoye BA, Harris HL. The impact of culture on autism diagnosis and treatment: Considerations for counselors and other professionals. The Family Journal: Counseling and Therapy for Couples and Families.

7 Durkin MS, Maenner MJ, Meaney FJ, Levy SE, DiGuiseppi C, Nicholas JS, et al. Socioeconomic inequality in the prevalence of autism spectrum disorder: Evidence from a US cross-sectional study. PLoS One. 2010;5(7):e11551.

8 Tregnago MK, Cheak-Zamora NC. Systematic review of disparities in health care for individuals with autism spectrum disorders in the United States. Research in Autism Spectrum Disorders. 2012;6(3):1023–1031.

9 https://bhbusiness.com/2023/01/31/senators-call-out-aetna-anthem-bcbs-humana-united-healthcare-for-mental-health-ghost-networks/

10 Holbrook A, Dow D, Kim SH, Toolan C, Byrne K, Grzadzinsk R, Sterrett K, Lord C. (2020, June 29). BOSA Training. Retrieved May 2, 2023, from https://www.semel.ucla.edu/sites/default/files/autism/pdf/BOSA Training Final No Videos.pdf

11 Fuller EA, Kaiser AP. The effects of early intervention on social communication outcomes for children with autism spectrum disorder: a meta-analysis. J Autism Dev Disord. 2020;50:1683–1700.

12 Cidav Z, Munson J, Estes A, et al. Cost offset associated with early start Denver model for children with autism. J Am Acad Child Adolesc Psychiatry. 2017;56:777–783.

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ACCESS

Advancing equitable care

Some stakeholders believe that VBC will drive equity in access. For example, Lori Geary, the Chief Health Outcomes Officer of the Behavioral Health Center of Excellence, said in a 2021 Autism Investor Summit that VBC could be considered a more equitable payment model and could address access issues associated with race and class.[13]

Since the passage of the 2008 Mental Health Parity and Addiction Equity Act and the Affordable Care Act, payers have increased coverage for behavioral health, often carving out those services to third parties.[14] But because that doesn't align with the idea of whole-person health, some payers have brought behavioral health services back under their roof and have been investing in program development. (That also means payers are taking on more risk and will likely be incentivized to shift some of that risk to providers.)

Meanwhile, some states have argued that ASD care and therapy falls under the purview of the school system, though most require insurers to cover care.[15] While that has led to an increase in premiums, it also has increased access to ASD services.[16] As of 2019, all 50 states and the District of Columbia had enacted private autism insurance mandate legislation.

According to the latest CDC figures, for 2020, **one in 36 children** aged 8 years (approximately 4% of boys and 1% of girls) has been identified with ASD. With prevalence of autism increasing, public awareness of and support for autism care, access and equity will no doubt continue to keep lawmakers' eyes focused on the issue.[17]

[13] https://bhbusiness.com/2021/05/27/obstacles-aba-providers-must-overcome-to-successfully-transition-to-value-based-care/

[14] https://www.ecgmc.com/thought-leadership/blog/behavioral-health-in-the-spotlight-disruption-innovation-and-new-challenges-ahead

[15] https://www.ncsl.org/health/autism-and-insurance-coverage-state-laws

[16] Ryan K. McBain, Jonathan H. Cantor, Aaron Kofner, Bradley D. Stein, Hao Yu; State Insurance Mandates and the Workforce for Children with Autism. Pediatrics October 2020; 146 (4): e20200836. 10.1542/peds.2020-0836

[17] Speaks, A. State Regulated Health Benefit Plans. 2020; Available from: https://www.autismspeaks.org/state-regulated-health-benefit-plans

ACCESS

Timely takeaways

Payers can play a key role in access transformation by partnering with providers and ensuring they have the training, tools and frameworks to:

- **Identify** barriers to care such as social determinants of health and risks like low health literacy
- **Help** families find the right level of care and support suited to their unique needs
- **Reduce** the time from referral to appointment
- **Take** a person-centered approach that meets clients where they are and supports them as they choose their own ways of contributing to the world around them
- **Offer** flexible treatment options such as naturalistic developmental and language-based service lines, practitioner and parent-led ABA, and occupational and speech therapy
- **Align** ABA hour recommendations with recent research showing high hours of ABA are not needed for children to make good progress
- **Help** clients overcome geographic and other access barriers with telehealth
- **Partner** with a behavioral health network that has experience in lowering costs while working in a value-based reimbursement model

QUALITY

Measuring quality and outcomes

Stakeholders continue to grapple with how to measure quality, but at least the pace of conversation has accelerated. The severity of ASD and IDD and how they show up varies widely, which makes pinning down and measuring quality difficult – a "good outcome" may look different from person to person, but with enough data, there are indicators that clients and practitioners can agree are better outcomes.

In general, performance measures are organized into three categories: Quality, Experience and Cost:

Quality performance
How effectively did providers produce high-quality clinical results?

Experience performance
How satisfied are patients and families with their care experience?

Cost performance
How effectively is the cost of care reduced within the scope of services?

Although all three factors go hand-in-hand, quality is a point frequently discussed among stakeholders. Each person with ASD is unique, as are their needs, disorder severity, variations in intellectual and developmental disabilities, physical health and care journeys. Their treatment plans should recognize that, but it also makes aligning behind a firm set of quality standards difficult.

Plus, while many tools measure outward behaviors to gauge the effectiveness of ABA, they don't recognize that behaviors such as hand flapping or rocking can be self-soothing. This adds to the problem of aligning on the best tools to measure outcomes performance.

Recently, the International Consortium for Health Outcomes Measurement developed a standardized Autism Spectrum Disorder Standard Set (ASDSS), with input from a variety of international experts, to suggest a set of outcome measurements including family functioning, anxiety and leisure, among others.[18]

[18] Cameron MJ, et al. Toward a Value-Based Care Model for Children with Autism Spectrum Disorder. OA J Behavioural Sci Psych 2022, 5(1): 180065.

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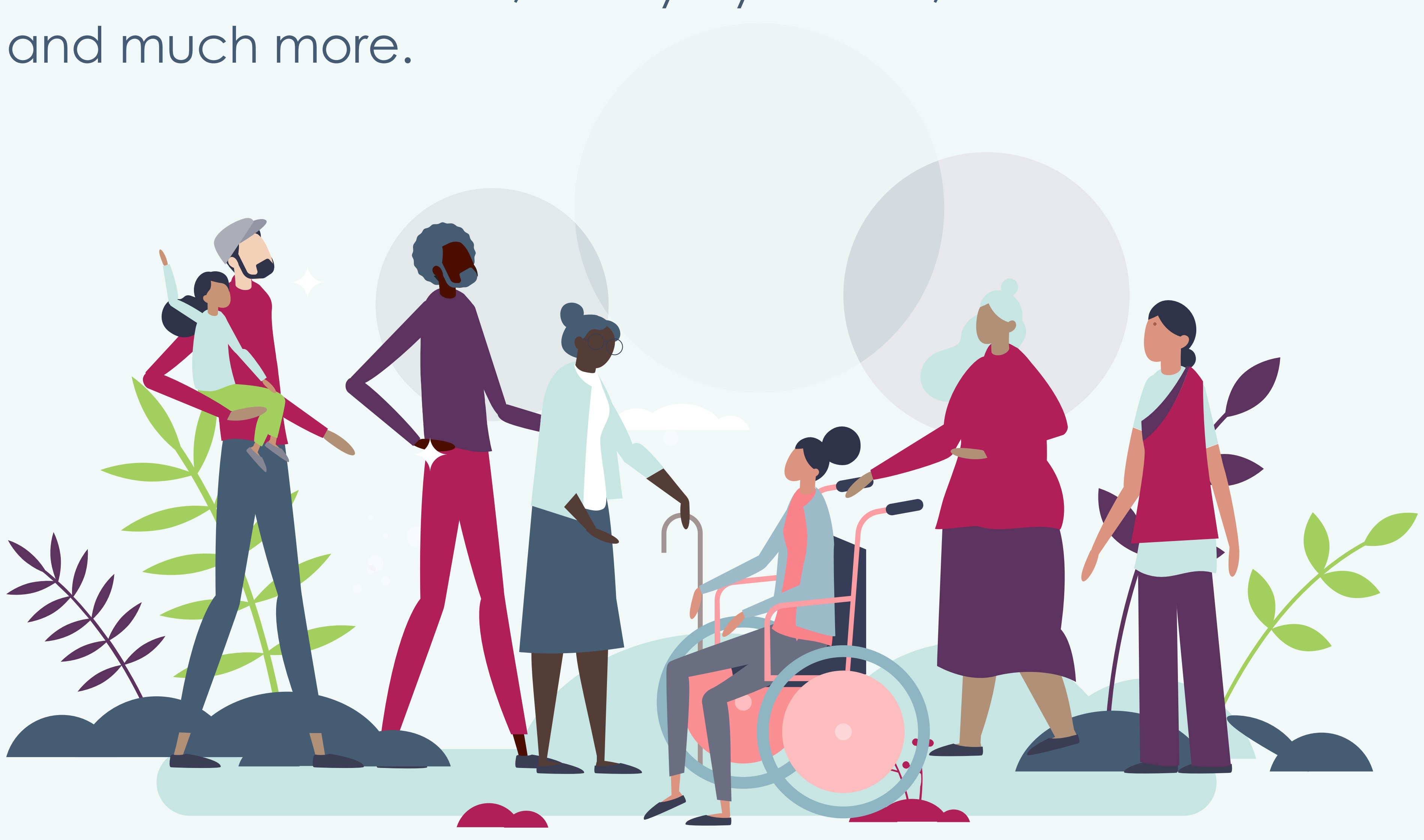
QUALITY

Quality of life as an outcome measure

Autism is often discussed and measured in terms of clinical symptoms. But the dimensions of **functioning and quality of life (QoL) are more significant** and accessible for people with ASD and their families. Leaders in ASD and IDD research have focused on shifting the conversation away from diagnostic measures and instead toward QoL measures.

QoL is an umbrella measure – it carries across the highly diverse ASD population, including levels of functioning, social circumstances, family dynamics, mental health and much more.



While stakeholders agree that QoL is an extremely important outcome for autistic people, existing tools remain imperfect; they don't account for how QoL may be different in autistic people, or they may not work well across this diverse group of individuals. For example, one study, using data from 700 autistic adults, looked at measurement properties of the autism spectrum QoL form (ASQoL). Results showed the instrument had a pronounced sex and gender bias, which causes it to underestimate QoL in autistic women.[19]

One expression of QoL that can be measured among autistic people and their families is wellbeing, a measure that Catalight has developed among **a suite of scales to measure QoL**. Wellbeing is defined as the measure of a person's overall happiness, satisfaction with life and positive outlook on life. There is a scale for families too, as QoL in ASD families is important to all its members.

[19] https://onlinelibrary.wiley.com/doi/10.1002/aur.2519

QUALITY

Creating client satisfaction

Client satisfaction is a major component of value-based care in physical health, and stakeholders mostly concur it should be a component of behavioral health. Payers have agreed, although some research shows a gap between what payers think people experience and what people say they experience.

According to research by Accenture, despite having low Net Promoter Scores, 33% of payer CMOs think they are 'extremely successful' at delivering relevant customer experiences. "For healthcare experiences to be relevant, people need easy access to them—and the experiences need to improve outcomes," write the authors. "In the past, **health organizations had to trade experience vs. access vs. outcomes, but no longer**. In healthcare's bold new era, organizations can do better in all three areas simultaneously."

Like other metrics, the standards for measuring client satisfaction in behavioral health care remain unsettled. While this does offer some flexibility when it comes to VBC arrangements, especially on the local level where some communities have unique needs and attributes, it's another outcome that will eventually require a standard to help drive care quality and outcomes.

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QUALITY

Timely takeaways

Payers can meet quality needs now and in the future by partnering with provider organizations that focus on quality through:

Keeping pace with market dynamics, including changes in diagnostic approaches and incidence figures, treatment modalities, laws and regulations

Preparing continuously for clinical, regulatory and market changes ahead

Using multidisciplinary expertise to achieve the best clinical outcomes for clients and their families while reducing the cost of care

Training providers to support treatment plans for the children and families in their care

Supporting flexible modalities of care, such as parent-led ABA, to produce the best outcomes for each unique client situation and their families and caregivers

Committing to elevating and continually improving the client experience

Toward a workable model

Behavioral health has been slow to move toward value-based compensation, but **that's starting to change**, as payers and providers work to standardize meaningful, measurable quality outcomes, and other organizations test value-based care payment models for behavioral health.[20]

The cost of care is driving the desire for transformation. The costs associated with ASD and IDD care are rising for a variety of reasons: increasing prevalence, scarcity of providers and policy and care standard changes. Some payers have described costs as out of control.[21]

But many obstacles remain to widespread adoption of a VBC model. There is a lack of industry standard for VBC in behavioral health in general and more specifically in ASD. Metrics for quality measurement must be settled, and **providers may need time to make operational changes** and adopt new procedures, workflows and tools to adjust to a VBC model.

Unlike in many physical health conditions under VBC models, historical data for behavioral health conditions is lacking; it's not uncommon for some caregivers to use paper records still. Then there is the true cost of behavioral health care, from payments disbursed to lost family income when a parent has to stop work or go part-time.

[20] BHCOE. Value-based payment models in ABA: Preparing for value-based payment models in applied behavioral analysis. BHCOE.org.

[21] https://www.lrvhealth.com/resource/autism-venture-capital-has-arrived/

VALUE

Flexible care options

The practitioner-led ABA, in which a paraprofessional delivers direct care, can be effective but is not a one-size-fits-all solution. The number of treatment hours typically recommended is not always necessary and is **costly and unsustainable for many families**. Other modalities of care, which recognize differences in ASD severity, manifestation and responsiveness to ABA, among other things, can be used to tailor the intensity and course of treatment accordingly.

Recent research, including Catalight's own data, shows that children can make the same progress with significantly fewer treatment hours. This is not only more cost effective, but better for the wellbeing of clients and their families.

Empowering parents

One particularly effective form of treatment pioneered in recent years is parent-led ABA. Parent-led ABA is a proven approach to improving behavioral goals for children with ASD. Combined with specific training, parent-led ABA helps deliver individualized care plans.

That, in turn, improves QoL. By eliminating the need for scheduling appointments outside of the home, parent-led ABA allows greater flexibility in daily routines. This empowers parents, increases self-efficacy and reduces stress.

Specifically, researchers have found that parent-led ABA:

- **Can be as effective as practitioner-led ABA**[22]
- **Demonstrates improvement in communication**[23]
- **Increases parent efficacy, in turn decreasing parent stress**[24]

Studies have also shown that training parents is more effective than simply educating them in reducing disruptive behaviors, which improves activities of daily living and QoL. "By contrast, the expected trajectory for adaptive behavior in children with ASD is often flat and predictably declines in children with intellectual disability," wrote Scahill, Bearss, et. al. "In the parent training group, higher-functioning children achieved significant gains in daily living skills."

[22] Shiri, E., Pouretemad, H., Fathabadi, J., & Narimani, M. (2020). A pilot study of family-based management of behavioral excesses in young Iranian children with autism spectrum disorder. Asian Journal of Psychiatry, 47, 101845. https://doi.org/10.1016/j.ajp.2019.101845

[23] Sneed, Lindsey Renee, "Treatment Efficacy of Parent-Led ABA for Children With Autism and Their Parents" (2021). Walden Dissertations and Doctoral Studies. 10685. https://scholarworks.waldenu.edu/dissertations/10685

[24] Scahill L, Bearss K, Lecavalier L, Smith T, Swiezy N, Aman MG, Sukhodolsky DG, McCracken C, Minshawi N, Turner K, Levato L, Saulnier C, Dziura J, Johnson C. Effect of Parent Training on Adaptive Behavior in Children With Autism Spectrum Disorder and Disruptive Behavior: Results of a Randomized Trial. J Am Acad Child Adolesc Psychiatry. 2016 Jul;55(7):602-609.e3. doi: 10.1016/j.jaac.2016.05.001. Epub 2016 May 7. PMID: 27343887.

Timely takeaways

Payers can meet value needs today and in the future by partnering with provider entities who deliver value by:

- **Focusing on outcomes,** not specific goal attainment
- **Prioritizing quality of care,** not quantity of care
- **Offering flexible treatment options** that best support client and family needs
- **Adopting modalities of care** other than conventional 40-hour-per-week practitioner-led ABA that incentivize for more service hours
- **Recommending lower hours-per-week** when practitioner-led ABA is the best fit for the family

Value-based care adoption is highest in primary care but other specialties see meaningful and growing traction.

Value-based care (VBC) adoption by medical specialty[1], nonexhaustive

HIGH ADOPTION ⟷ LOW ADOPTION

Specialty	Primary Care	Nephrology	Oncology	Orthopedics	Women's Health	Cardiovascular	Behavioral Health
Description	Enables primary care to act as the 'quarterback' and takes full responsibility for patient health	Enables nephrologists to succeed in CMS[4] and MA VBC[5] focused on reducing CKD/ESRD[6] costs	Enables oncologists to prescribe an appropriate drug for the patient while maximizing practice margin from prescription	Large spend area with significant employer focus and increase in penetration of episodes	Pregnancy episodes particularly in Medicaid and increasingly commercial	Large spend area, particularly in MA, driving high inpatient and emergency department utilization; state-of-care shift for procedures	Episode-based models for facilities with more innovative approaches involving PCPs on integration of BH[8]/physical health
Applicable CMMI model	Primary care first, MSSP[2], ACO REACH	Kidney care choices, ESRD treatment choices	Oncology care model, enhancing oncology model	Comprehensive care for joint replacement, BPCI[7]	N/A	BPCI	N/A

SOURCE: McKinsey & Company

- McKinsey & Company. (2022, Dec. 16). Investing in the new era of value-based care. https://www.mckinsey.com/industries/healthcare/our-insights/investing-in-the-new-era-of-value-based-care#/
- Centers for Medicare & Medicaid Service Alternative Payment Models program data; expert interviews and discussions with payer and provider senior executives.

[1] Proportion of money in specialty at risk. [2] Medicare Shared Savings Program. [3] Accountable care organization Realizing Equity, Access, and Community Health (REACH) model.
[4] Center for Medicare & Medicaid Services. [5] Medicare Advantage value-based care. [6] Chronic kidney disease/end-stage renal disease. [7] Bundled Payments for Care Improvement initiative. [8] Behavioral Health.

Moving toward Access, Quality and Value

Access, quality and value are closely intertwined. A focus on quality can help open access and serve as a foundation for VBC models that incentivize individualized yet universal outcome measures that reduce cost through risk-sharing. Access can improve quality outcomes at a population health level, as individuals with ASD are diagnosed and treated earlier and more consistently throughout a lifetime of care.

The move toward value-based care in behavioral health still faces many hurdles before widespread adoption – obstacles, a lack of recognized universal quality measures, entrenched processes. **But it has reached a tipping point.**

Instead of undervaluing behavioral health care, payers should recognize they are uniquely positioned to **lead the national conversation on a VBC framework for ASD and IDD care**. This can help payers fulfill their mission of delivering high-quality care to their member populations in a manner that shares risk, lowers costs and drives improved outcomes in one of healthcare's most vexing and costly conditions. That stands to make a massive difference in the lives of millions of people, their families, their workplaces and communities.

CATALIGHT

VALUE

Solving for AQV

Catalight Care Services is one of the largest behavioral health networks in the nation with more than **10,000 practitioners serving 12,000 clients and families** every day.

Catalight's approach to multi-modality care is designed to increase access while driving down the cost of care and improving outcomes. Its commitment to value focuses on improving the wellbeing of people with developmental disabilities and their families, while also lowering costs.

CATALIGHT

VALUE

Access

Catalight leads the industry in reducing time from referral to appointment – on average, just **4-7 days**. Its goal is to ensure that clients and families receive timely access to evidence-based treatment that's right for them.

Catalight has pioneered the use of telehealth services for individuals with developmental disabilities, virtually eliminating geography as a barrier to effective treatment.

4–7 days

from referral to appointment on average

CATALIGHT

Quality

Catalight's approach encompasses the wellbeing of both our clients and their families. Research based on a decade of real-world experience shows that parent-led treatments incorporating family wellbeing led to equal, and in some cases better, outcomes.

Catalight's emphasis on **high-quality care rather than high quantities of care** means that families and caregivers don't have to worry about being overburdened by unnecessary care or appointments. The Catalight point of view is that every single intervention should improve client and family wellbeing.

New research from Catalight shows that parent-led treatment modalities produce high-quality outcomes for individuals with developmental disabilities and their families, improve wellbeing and drive down the cost of meaningful, effective care.

4.4

The average satisfaction rating among Catalight clients is **4.4 on a 5-point scale** – significantly above industry benchmarks.

79%

And in 2022, **79%** of Catalight client families reported being satisfied with the services they received.

Value

Catalight's care services include continually measuring and analyzing the impact of care to contribute to ongoing research that leads to new modalities of care and the continued delivery of value. As a nonprofit, Catalight's resources are focused not only on caring for people today, but continually **reinvesting in research that can enhance value in the future**.

The organization's success is gauged by improvements to the health outcomes of its clients. This contrasts with health systems focused on goal attainment that – intentionally or not – create incentives to provide more services and bigger bills.

Catalight's commitment to value is one of the reasons it leads the industry in…

- Reduced time from referral to appointment
- Higher satisfaction rates among clients and their families
- Ongoing research and innovation in treatment modalities
- Lower costs

Join us on the journey.

For more information, visit choose.catalight.org