Value-Based Care

10 Easy Steps
to Work Smarter
and Reap Profits

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Table of Contents

As a behavioral health provider, you want to deliver effective treatment that brings hope and healing to clients. You also want robust reimbursement so you can invest in the best resources and personnel.

An emerging model of care in behavioral health can help you achieve both. Value-based care orients your practice and your payors toward the most important factor in mental health treatment: the outcome for patients.

Value-based care is gaining popularity in the behavioral health world, but many providers don't know what it is or how to implement it to improve treatment and reimbursement. Valant software offers the solutions you need to put this care model to work for you.

What Is Value-Based Care?

Value-based care (VBC) is a system of healthcare reimbursement that rewards the value of care rather than the amount of care given. In other words, you are paid based on the outcome of the treatments you deliver.

Within behavioral health, outcomes that indicate a high value of care and justify higher reimbursement might include measures like:

- Reducing hospitalization for mental health among your patient population.
- Meaningfully reducing patient symptoms.
- Reducing patient symptoms in a shorter number of treatment sessions

Improving the value of care is often done using measurement-based care (MBC). Under MBC, you assess a patient's progress in treatment by administering objective measurement tools such as symptom rating scales. This enables you to draw more accurate conclusions about the efficacy of treatment, and thus improve treatment strategies over time.

The Dilemma: Underpaid and Falling Behind

The behavioral health industry has historically lagged behind physical healthcare in adopting value-based and outcomes-based care models. This is changing rapidly as more behavioral health groups embrace VBC and MBC. However, many behavioral health providers still feel unprepared to make the switch, and many don't have VBC contracts with their payors.

If that's you, you are likely being underpaid compared to the true value of your services, and you are at a disadvantage when it comes to assessing and improving your treatment strategies. As the shift toward VBC gains momentum, you risk falling behind.

Fortunately, adopting value-based care is less daunting than you might think.

> **Value-based care orients your practice and your payors toward the outcome for patients.**

Higher Pay, Happier Patients with Value-Based Care

There's never been a better time to adopt value-based care for your behavioral health practice. Insurance companies and government programs have recognized the potential of VBC in mental health to cut long-term healthcare costs for their patients, and many payors are now willing to offer higher reimbursement for practitioners who demonstrate favorable patient outcomes.

Payors recognize the potential of VBC to cut costs and are willing to offer higher reimbursement for better patient outcomes.

Renegotiate contracts for higher reimbursement.

When you come to the negotiating table armed with outcomes data, it's easier to convince payors to increase your compensation.

Build your reputation.

As your clients experience better and faster results, your reputation grows among your referral network. Use the success of VBC and MBC to differentiate yourself from competitors.

Improve outcomes for patients.

Measurement-based care has been shown to improve patient outcomes. Its objective results let you see in real time which treatments and/or practitioners yield good outcomes, and which need to improve. You can also course-correct individual treatment plans promptly thanks to detailed insight on patient symptoms.

But What About…?

Skeptical? You may have concerns, objections, or questions about implementing VBC at your practice. This is a normal reaction to the prospect of change. Here are common objections that may give you pause about pursuing VBC.

1. I don't know anything about VBC or how to get started.

2. I'm worried VBC will be too hard to set up.

3. How will I get patients and staff to comply with MBC?

4. I'm afraid my providers will leave if I ask them to participate in a new system.

5. I don't think I have the internal resources to set up new processes.

6. Will completing outcome measures for every patient make the daily workflow untenable?

7. I don't know how to get my payors to agree to a VBC contract.

Valant software was designed to address these concerns and make VBC an effortless part of your daily routine. We can help you raise your reimbursements through VBC *without* adding more work for you or your staff.

10 (Easy) Steps to VBC Success

Follow Valant's 10-step process for establishing value-based care, clearing the hurdles, and getting the reimbursement you deserve.

01.

Identify your goals.

What do you hope to achieve with value-based care? Do you want to increase your average reimbursement rate per CPT code via VBC contracts with payors? Are you focused on increasing revenue by adding new billing codes like the 96127 code for outcome measures? Perhaps you want to pursue both strategies.

Adding on billing codes is the fastest and easiest way to grow your bottom line from a value-based care model. Simply set up the capability for outcome measures in your system, start using them, and begin coding for all measures used at each appointment.

If you want to negotiate or renegotiate VBC contracts, you'll need to explain your adoption of MBC to your payor and request to be paid according to value. For example, perhaps you negotiate an insurance company to increase the reimbursement rate for code 90837—the standard 60-minute psychotherapy code—by $10 each year for the next four years. In return, you'll demonstrate the efficacy of that specific treatment by collecting data on improvement among patients treated under code 90837.

You may not have to show the insurance company all of your outcome measures all of the time. You'll use them regularly at your practice to improve care, but many insurance companies require limited documentation of your compliance with MBC application.

02.

Add outcome measures to the intake process.

Valant's MBC automation features make outcome measures a seamless part of your intake procedure. Choose from our extensive library of common assessment tools to select which measures you'll use to screen all incoming patients. All screening happens online prior to the appointment, with no physical paperwork to file, and the clinician receives the results before meeting their new client.

03.

Automate your email messaging.

Valant allows you to automate emails to send the appropriate assessment tools to each client before every appointment. Include instructions requiring clients to complete the assessment before their appointment time.

It's wise to educate new clients up front about the requirement to complete outcome measures prior to appointments. Post this on your web site and at your physical location, and instruct scheduling staff to share this information with clients.

04

Outcome measures will be scored and recorded automatically.

Valant software scores the outcome measures completed by patients and automatically populates the results into the appropriate clinician's notes.

Automated emails and measures spare you and your staff from spending extra time to manage measurement-based care.

05.

Use reporting features to measure success.

Valant software gives you the ability to chart a client's symptom rating scales and other assessment tools in graph form. This allows you and your patient to "see" the trajectory of their progress over time.

Use this feature to evaluate treatment efficacy. Clinicians can see improvement rates for one client or see aggregate data for all of their patients. Managers at multi-provider sites can also see aggregate data per provider, practice-wide, or per location.

Drill down further to see data on specific diagnoses. For example, a clinician might review progress for all of her OCD patients to see if her OCD treatment strategy is yielding results. A practice manager might chart results for all OCD patients at the practice to see which providers are having greater success with those patients. You can also use reporting features to compare success between diagnoses, cluing you in when your practice excels at treating a certain condition or needs to improve its approach for another.

Valant's automation features help you gather a great deal of information without adding to your own to-do list.

Automated emails and measures spare you and your staff from spending extra time to manage measurement-based care.

06.

Gather data and approach your payor.

Once you have a significant amount of reportable data (6-12 months), approach your payor representative to discuss your options for a value-based care contract.

In addition to bringing data from your own practice, you may need to educate your payor about how an investment in value-based mental healthcare benefits them. Research has indicated that untreated mental health conditions lead to higher healthcare costs overall. Investing in effective and efficient behavioral healthcare is in the best interest of payors who want to pay lower overall costs for their members.

07.

Produce the reports from Step 5.

Bring data on specific patients at your practice in order to demonstrate to payors that their per-member-per-month cost decreases as a result of MBC. Show them that highly effective behavioral healthtreatment can reduce symptom severity with fewer appointments, and decrease the number of patients who are hospitalized for mental health-related causes.

08.

Negotiate and sign the contract.

Once you've achieved success with one payor, begin the process of reaching out to others. Follow steps 6 and 7 with each payor until you've secured more VBC contracts.

09.

Continue to proactively send data.

Make a practice to send updated outcomes data to each of your payors throughout the contract cycle. This keeps your value and your results top-of-mind every time contract renewal rolls around, increasing the likelihood that you'll keep your VBC arrangement from one cycle to the next. Over time, you can gain leverage to secure increasingly favorable terms.

10.

Improve your business.

With copious information on patient outcomes at your fingertips, you can hone in on the most effective treatments and create an even better experience for your patients. Use the increased reimbursement to pay your providers more, which will improve employee retention. Finally, enjoy your growing bottom line. Keep up the good work!

Keep your value and your results top-of-mind by sending your outcomes data to payors throughout the contract cycle.

The Future of Behavioral Healthcare

Value-based care supports you in your ultimate goal: to help clients overcome behavioral health challenges. When supported by the right software and implemented strategically, VBC can improve your treatment strategies and provide weight to your requests for higher reimbursement.

As VBC grows in popularity among clinicians, practices, and insurance companies, it seems poised to become the future of behavioral healthcare. Stay abreast of the trends and put VBC to work for your practice.

→ **Want to learn more about measurement-based care?**
Check out our free MBC eBook.

→ **Want to hear experts discussing how to negotiate VBC contracts?**
Check out this on-demand webinar.

→ **Start your value based care journey today. Valant makes it easy.**
Request a free live demo.