



# The Paradigm Shift in Employer Sponsored Behavioral Health



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March 1, 2022

# The Great Disruption

Access to Mental Health Care Problem ( chronic ).....

## Covid Stress : Jan 2020

- The Players:
  - **Clinicians**: adoption of Virtual Care
  - **Payors/ Health Plans/ Licensing Boards**: ok'd coverage
  - **Subscriber complaints** ↑ ↓
  - **HR Benefit Managers** : Utilization and Access
  - **Venture Capital**: Opportunity

# VENDOR SCREENING

## Clinical Training

- Do the vendors have a plan to recruit clinicians with an approach towards quality?
- Do the vendors have a good approach to train their coaches?

## Clinical Supervision

- Does the team have clinical subject matter expertise?
- Does the clinical team have oversight from appropriate level of clinicians?

## Clinical Care

- How do the vendors manage participants with missing data, or not active in the programs?
- How do you ensure someone is at the right level of care? (especially by coaches where clinical quality is more difficult to measure)
- Is the vendor process for dealing with escalated issues or acute psychiatric needs that require immediate care appropriate?
- Do the vendors have a clear **care coordination** approach to share data/encounter information with members' PCP or other treating clinicians? Is this done **electronically** with EPIC, Cerner, etc?
- Do the vendors have an approach to **manage longitudinal outcomes**, especially when you have missing information?

## Academic Publications

- Does the vendor have credible peer reviewed publications?
- Are the outcomes being measured clinically meaningful and assessed with sound methods?
- Does the vendor have data/outcomes on healthcare utilization, cost, and functional improvements? Do the vendors ensure oversight of **quality and outcomes**?

# VENDOR SCREENING

What quality **accreditations** does your organization have (e.g. NCQA, URAC etc.)

For contracting and **credentialing** your network providers, do you use a credentialed CVO (credential verification organization) to gather primary source **verification** of your provider's documents/license status? If not describe your process for primary source verification and credentialing/re-credentialing standards and timelines.

# VENDOR EVALUATION

## Navigation

Is the company's solution easy to navigate to and within? Does the company offer a way to integrate current BH services and network into their user experience?

## Clinical Resource / Supply Efficiency

Does the company have a well-thought-out approach to using their network efficiently? Does the company have an effective provider matching and triaging process?

## Breadth and Depth of Services

Does the solution offer deep local coverage in addition to a national network? Do they have the potential to cover a broader population/need than our minimum requirement (over 18+ and general depression/anxiety)?

## Member Engagement and Customer Service

Does the company engage members in a meaningful way? Do they have a mechanism of connecting their customer service with ours?

## Account Management and Reporting

Does the company offer robust account management, implementation support, and reporting services?

# VENDOR EVALUATION

## User Experience

Does the solution demonstrate a strong and easy user experience?

## Marketability

Does this company or solution provide an opportunity for differentiation for us? Do they have a strong brand presence in the marketplace?

## Business Viability

Does this company have a compelling vision for the future and a strong financial foundation to pursue it?

## Ease to Implement and Sustain

Do you believe this solution and/or company can implement and/or co-create our desired solution? Do we believe they be easy to work with?

## Team and Culture

How compatible do you believe this company's team or culture would be with our organization?

## Presentation

How strong was the company's presentation?