

Presented by
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How To Effectively and Profitably Add Behavioral Health Services To Your Practice

Today's Challenges

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Some Stats:

- Approximately 13% to 20% of children in the United States experience a mental health (MH) disorder each year
- Suicide is the second leading cause of death for children ages 10 to 14 and youth ages 15 to 24 (after unintentional injury).
- One-quarter of pediatric primary care office visits involve concern for B/MH problems
- One-third of adults reported experiencing high levels of psychological distress since the pandemic began

... And most primary care practices have limited ability to effectively manage services for these patients...



Today's Challenges

The result?

- A growing demand for Behavioral and Mental Health Services
 - However, there is less access to BH Providers than ever before
 - Fewer in-network providers
 - Long wait times
 - BH Providers are costly to hire and can only see a small number of patients per day (versus the numbers seen in pediatric primary care)
 - Payments from insurers are ineffective and credentialing and contracting is difficult
 - There is confusion over what providers and services are covered
- ... and yet we must address our patients' needs

Adding BH To Your Practice

Most Common Models

Adding BH Services typically follows one of three models:

1. Facilitated Referrals
 - Usually provided by hospitals or systems
 - Those BH Providers share status with referring providers and assist with co-management of the patient
2. In-House
3. Co-Location
 - Joint Venture
 - Shared Space

Most Common Models

Facilitated Referrals

- Made to local provider(s) that are in the patients Payer network
- Or to a behavioral health hotline
- Or to a local facility or regional health system that has dedicated BH/MH services

Benefits: external parties manage the patient, less time spent by primary care practice coordinating care

Drawbacks: Long wait times, access issues, unknown status of patient, time spent following up

Most Common Models

In-House Services

- BH/MH Providers are typically employed or contracted by the practice
- Difficult to recruit and retain BH providers (shortages)
- Difficult to determine what level of provider is needed

Benefits:

- No access issues, immediate appointments, scheduling is managed by the practice

Drawbacks:

- Expensive to hire BH/MH providers, usually a break-even proposition, difficulties obtaining adequate payment from Payers

Most Common Models

Co-Location – Joint Venture

- BH/MH providers share space at the practice
- BH/MH Providers may or may not be employed by the practice
- Either a separate entity is created to employ the providers or an existing 'partner' (like a hospital) helps to support the salary/start up costs

Benefits:

- No access issues, immediate hand-offs, patients can be co-managed.

Drawbacks:

- Depending upon the arrangement, there may be obligations between the parties

Most Common Models

Co-Location – Shared Space

- BH/MH Providers are not employed by the practice
- BH/MH providers share space at the practice and contribute toward costs

Benefits:

- No access issues, immediate hand-offs, patients can be co-managed.
- Under shared space arrangements, BH/MH providers help support the costs of the practice by renting space, leasing employees and paying for some utilities

Drawbacks: Few, if any

Recommended Models

Recommended Models

Employ Providers Directly or Seek Co-Location Arrangements

Employment:

- Determine what services you are looking to provide
- Determine the level of providers to hire (e.g. LCSW vs PhD)
- Determine how Payers contract for different levels
 - Some outsource all BH to external networks
- Determine Payers rates

Recommended Models

Employ Providers Directly

Employment offers the most control but also comes with risk

- Determine what services you are looking to provide
- Determine the level of providers to hire (e.g. LCSW vs PhD)
- Determine how Payers contract for different levels
 - Some outsource all BH to external networks
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Recommended Models

Co-Location Arrangements

Shared Space Co-Location offers the most cost-effective and efficient option

- Additional income to the practice
- Opportunity to co-manage patients
- Direct access

Recommended Models

What to Look for in Co-Location Arrangements

- Make sure your terms are fair and set at market value
- Implement short term agreements
- Determine expectations for referral processes, sharing case details and patient co-management
- Look for partners that make your processes easier (not more difficult)
- Avoid arrangements where you have to do the billing (the BH provider or BH company should have their own Payer contracts and manage all of the coding and billing associated with providing services)



MARKETING



Marketing BH Services

With such high demand for BH services, chances are that you will have plenty of referrals from your existing patient base that you won't need to do much to fill BH providers' schedules! But ...

- Present these services on your website and social media channels so that existing and potential patients know you have these services
- Provide details about how these services work (insurance plans accepted, hours, types of services)
- Profile BH providers as part of your team on the website and channels
- Provide resources related to BH to help your patients better understand various BH conditions
- Offer BH services to other pediatric practices (if applicable)

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