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Behavioral health outpatient capacity analysis finds Milwaukee County challenges linked both to supply and coordination issues

MILWAUKEE – *Tuesday, October 27, 2015* – A report released today by national mental health consultants and the Milwaukee-based Public Policy Forum finds that stakeholders in Milwaukee County are challenged by "issues of fragmentation, complexity of provider types, a rapidly changing policy environment, multiple levels of governance, and limited resources" in their efforts to provide sufficient outpatient behavioral health services for low-income individuals.

"A key question is whether the extent of unmet need would best be reduced by a simple increase in the supply of providers or by addressing inefficiencies and barriers to access among the array of providers currently in place," says the report. "Our various data sources indicate that both are significant factors and both need to be addressed."

The Milwaukee County Outpatient Capacity Analysis is the third report issued jointly by the Human Services Research Institute, the Technical Assistance Collaborative, and the Public Policy Forum on the behavioral health care delivery system in Milwaukee County. The three organizations also teamed up on a comprehensive mental health redesign report released in October 2010 and an inpatient bed capacity analysis released in September 2014.

The new report explores the variety of clinical behavioral health services and programs that are provided outside of inpatient settings and that are deemed essential for a comprehensive system of

care, especially for low-income populations. Many stakeholders have cited a lack of psychiatrists and other clinicians in outpatient settings who are willing to serve low-income populations as a key obstacle to successful system redesign.

The report finds that a notable feature of Milwaukee County's outpatient "system" is the large number of providers that serve very small numbers of consumers, and the handful of large organizations that serve a preponderance of low-income individuals.

"The implication of this in a policy context is that the provider 'system' is in fact bifurcated into two segments, a few large-volume providers and many smaller providers. On the one hand, this poses a challenge to integration and continuity of care. A more positive inference, however, is that these low volume providers may represent untapped potential for capacity expansion."

Another key finding derived from an analysis of Medicaid claims data is that despite a huge increase in Medicaid enrollment in 2014 caused by the State's implementation of the Affordable Care Act, utilization of behavioral health outpatient services by Medicaid recipients remained about the same. This finding, according to the report, may be indicative of a shortage of providers available to serve the Medicaid population.

"It may be that the low reimbursement rates for Medicaid relative to other payment sources create a disincentive for providers to change the payer mix by accepting more Medicaid clients," says the report. "Another possibility is that providers' ability to expand capacity is constrained by workforce shortages, as widely reported by stakeholders."

To test the findings obtained from analysis of utilization data and stakeholder interviews, the research project also used a simulation methodology in which researchers posed as potential new patients and called a subset of providers to request new-patient appointments for a mental health disorder. The goal was to obtain information about whether new patients (particularly those insured with Medicaid) were being accepted and the length of time to the first appointment. In general, results supported the anecdotal evidence from stakeholders about barriers to access, particularly with respect to psychiatrists.

The report issues a series of recommendations to address both system fragmentation and provider shortages, including the following:

- Having the County's Behavioral Health Division (BHD) – which has announced plans to outsource its remaining inpatient and emergency care – expand its role in coordinating outpatient services by identifying capacity among existing outpatient providers, communicating available capacity to discharge specialists from area hospitals, and coordinating increased use of health information technology.
- Formalizing and enhancing the role of Federally Qualified Health Centers in integrating behavioral health care with comprehensive patient-centered medical homes for low-income individuals.
- Expanding use of telepsychiatry – which has been found to be effective in treating individuals with a variety of mental health conditions – to increase access to psychiatric care.
- Increasing Medicaid rates for behavioral health outpatient services and engaging Medicaid managed care organizations in addressing gaps in outpatient care.
- Addressing the fragmentation and discontinuity of behavioral health services by establishing comprehensive and well-integrated data systems that will provide for overall monitoring of system performance and identification of opportunities for improvement.

The report concludes that "how the various issues of provider shortage and lack of system integration that affect capacity and accessibility are addressed and who should take the lead initiative in doing so depends on the issue; the general thrust of our recommendations, however, is that BHD, on the basis of its defined mission and statutory authority, is in the best position to define the vision and the goals for this effort and to lead the monitoring of its progress."

It adds that ultimately, "success will be determined not only by how well BHD performs in this role, but also by how well the State, private health systems, and the diverse array of other stakeholders in the community work with BHD and together as necessary partners."

The report was commissioned by the Milwaukee Health Care Partnership, a public/private consortium focused on improving access and care delivery for medically underserved Milwaukee County residents. It was funded by a diverse array of organizations, including the Partnership's health system members, foundations, and the State of Wisconsin, as well as local health care and managed care entities. It can be accessed at the Forum's web site, www.publicpolicyforum.org.

Milwaukee-based Public Policy Forum, established in 1913 as a local government watchdog, is a nonpartisan, nonprofit organization dedicated to enhancing the effectiveness of government and the development of southeastern Wisconsin through objective research of public policy issues.

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