

Coordinated Specialty Care for First Episode Psychosis: An Example of Science to Practice

Sometimes your good, Sometimes your lucky, Sometimes you
are both

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National Dialogues on Behavioral Health

New Orleans, Louisiana

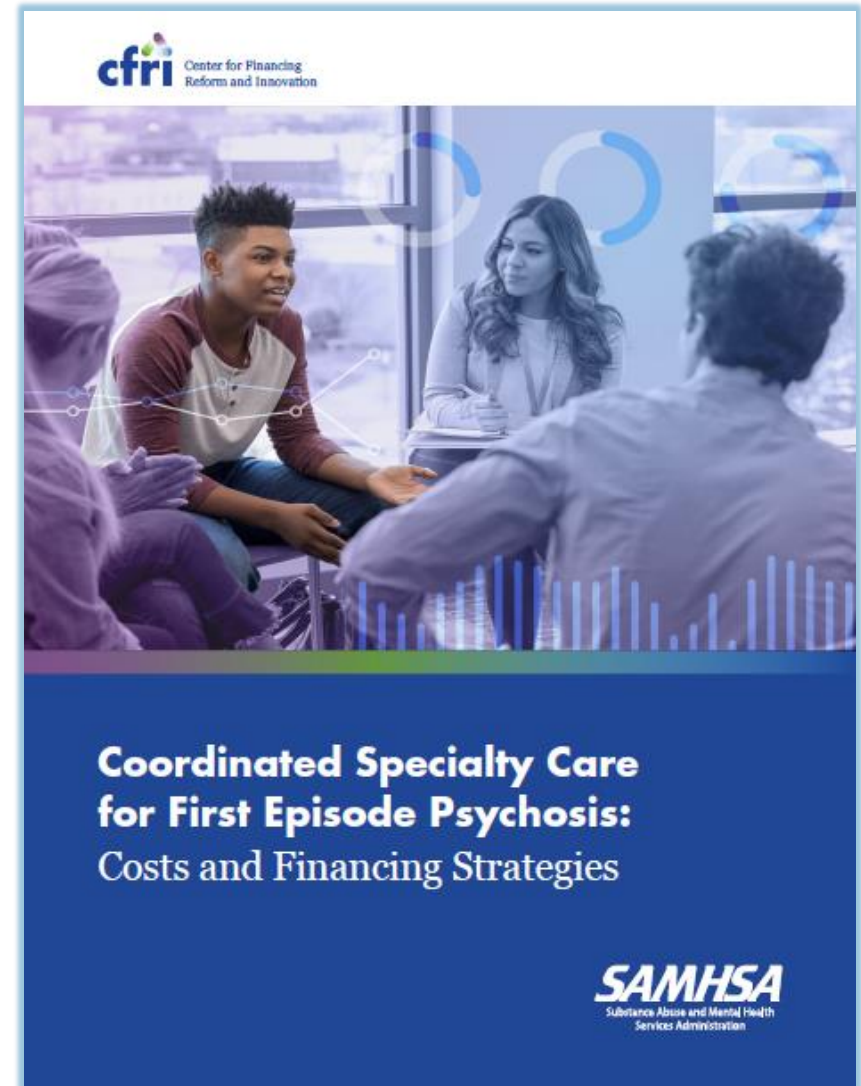
November 6, 2024

Presentation Overview

- I. What is Coordinated Specialty Care?
- II. Cost and Outcomes of CSC Programs
- III. Science to Practice Example
- IV. Ongoing Challenges
- VI. Dialogue

Access the report now:

<https://store.samhsa.gov/product/coordinated-specialty-care-for-first-episode-psychosis-costs-financing-strategies/pep23-01-00-003>



First-Episode Psychosis (FEP)

Psychosis describes conditions that affect the mind where there has been some loss of contact with reality.

First-episode psychosis is generally regarded as the early period (up to five years) after the onset of psychotic symptoms.

NIMH Estimates that approximately 100,000 individuals develop FEP each year.



CSC is an evidence-based, recovery-oriented, team approach to treating early psychosis that promotes easy access to care and shared decision making among specialists, the person experiencing psychosis, and family members.



- Psychotherapy
- Medication Management
- Family education and support
- Service coordination and case management
- Supportive employment and education
- Peer Support

In addition to these specific services, CSC involves

- Intensive outreach and engagement
 - Services delivered at time and place convenient for patient
- Frequent team meetings to assure coordination
- Frequent collateral contacts
- Small caseloads
- Unlicensed team members
- Specific training requirements for working with younger population in age-appropriate way.

Benefits of CSC



Reduced preventable hospitalizations



Reduced symptoms of psychosis



Improved education and employment rates



Fewer depressive symptoms



Higher quality of life

Correll et al Comparison of Early Intervention Services vs. Treatment as Usual for Early Phase Psychosis: A Systematic Review, Meta Analysis... Jama Psychiatry, 2018

- Included 10 RCTs
- Involving 2,176 patients
- Duration of untreated psychosis = 79.9 Weeks
- EIS programs were
 - Team based multi-component interventions
 - Average 4.8 Components
 - All included psychopharm interventions and family psychoeducation
 - CBT, family therapy in 7 studies
 - Vocational and educational counseling and social skills training in 5 studies
 - Crisis and crisis management in 4 studies
 - Fidelity assessment in all studies

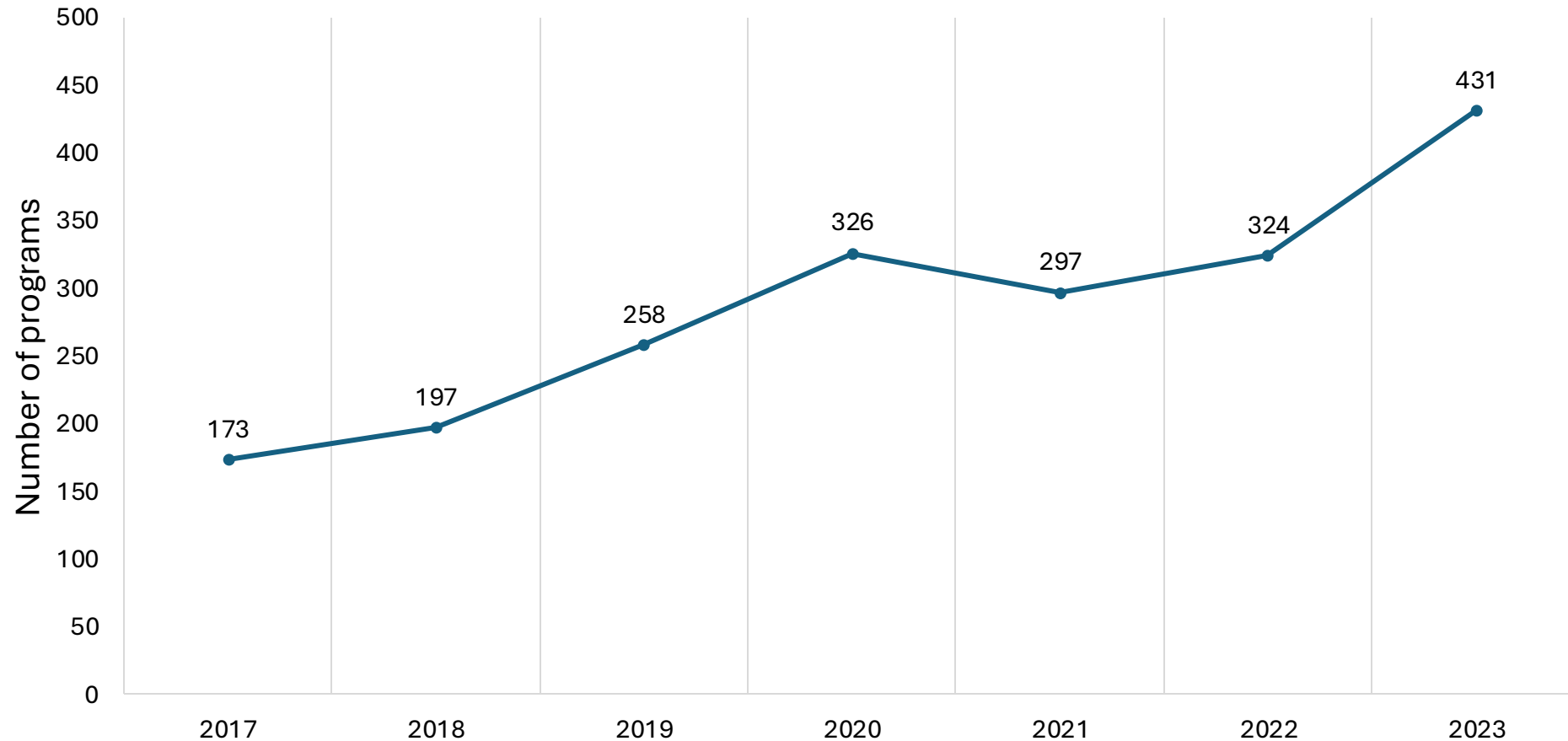
Correll et al Meta Analysis Results

- Early intervention programs compared with treatment as usual
 - Lower all cause terminations from treatment
 - Reduced risk of at least one psychiatric hospitalization
 - Greater reduction in total symptom severity as well as
 - Positive and Negative symptoms
 - Depressive symptoms
 - Significantly lower relapse rates
 - Improved global level of functioning
 - Significantly higher quality of life

SAMHSA/NIMH/ASPE Funded National Evaluation of Block Grant Funded CSC Programs

- 780 Clients at 36 Clinics
 - 68% Male
 - 39% White, 35% Black, 15% Hispanic
 - 75% Between 18 and 27 years old (Mean = 20.6)
 - 50% Schizophrenia, Schizophreniform, Schizoaffective
 - 48% Medicaid, 32% Private Insurance, 19% Uninsured
- Pre-Post Comparisons
 - Significant reductions in symptoms
 - Significant improvement in quality of life, social and role functioning
 - Improved involvement in work or school activities (42% Pre, 65% Post)
 - Reduction in marijuana use (34.7% Pre, 27.4% Post)
 - Reduced psychiatric hospitalization, ER use, legal involvement and suicide attempts

Growth of CSC Over Time

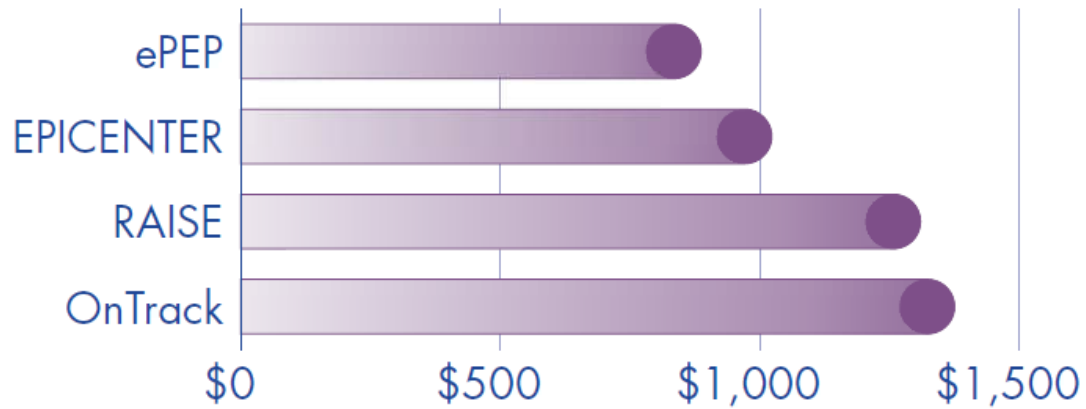


Notes:

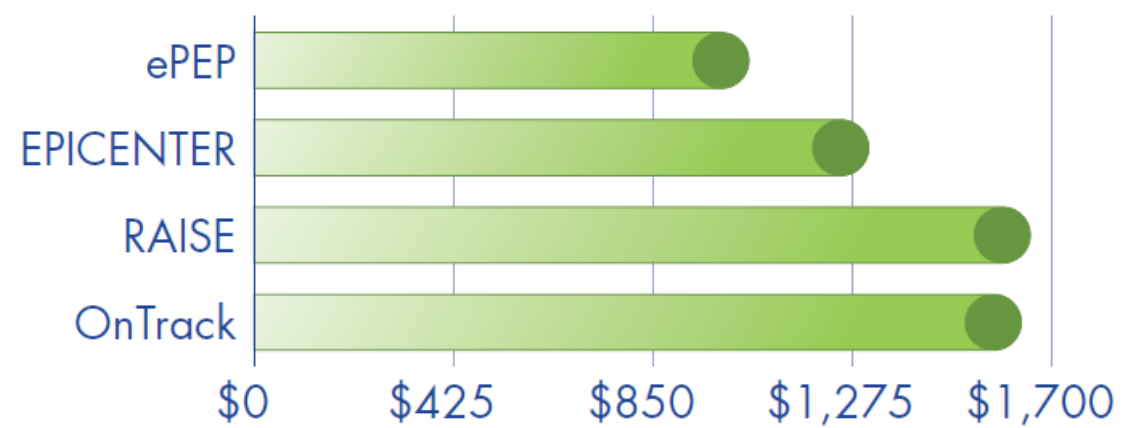
The decrease in number of programs from 2020 to 2021 is a result of some states' inability to submit data due to the impact of COVID-19 as well as reduced staffing and focus of care during this time frame.

Costs of CSC Services in the United States

Cost per client per month



Cost per client per month, 2023 Adjusted for inflation



International Early Psychosis Intervention Costs and Outcomes Research



14 of 15 international studies concluded that early psychosis intervention resulted in **reductions in total costs** or were **cost effective** based on decreases in high cost adverse outcomes.



Reduced inpatient **hospitalization costs**, emergency department visits, and potential improvements in **quality of life** were the most frequently cited sources of savings.

Science to Practice Success Story

Critical Nature of Program Design, Multiagency Collaboration and Capitalizing
on Opportunities

Design of the Recovery After Initial Schizophrenia Episode (RAISE) Trial

- 2008 study contracted by NIMH
- Designed to both test effectiveness and feasibility
 - Kane et al quasi experiment to demonstrate effectiveness
 - Dixon et al study feasibility within state systems in New York and Maryland
 - Initial focus on scalability and generalizability



2008 NIMH Engaged with Stakeholder to Ensure RAISE Findings would be Relevant and Actionable

- NIMH
- SAMHSA
- CMS
- SSA
- Advocacy Groups
- State MH Authorities
- Professional Organizations

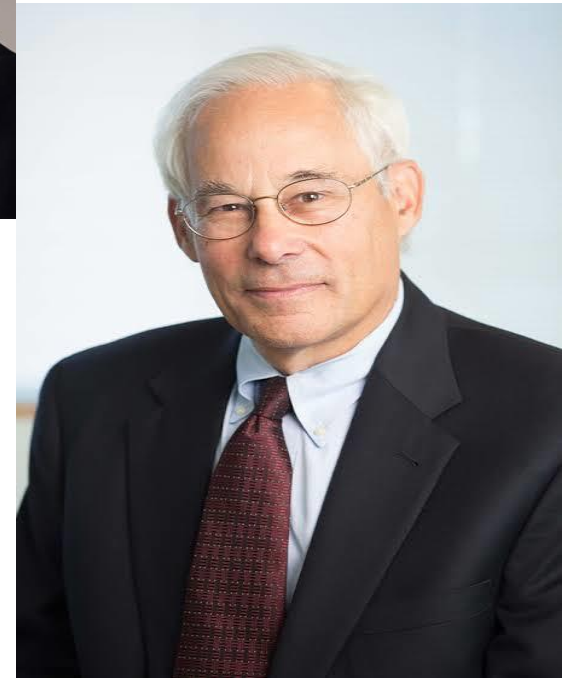
2009 Shovel Ready Projects

- American Recovery and Reinvestment Act (ARRA) 2009
 - Intended to stabilize the economy following the greatest recession since the great depression
 - Sought projects that could be rapidly implemented
 - NIMH offered RAISE as shovel ready and obtained funding for the project from ARRA



2010 – 2013 NIH and CMS Workgroup

- Francis Collins and Don Berwick convened a workgroup to better coordinate the implementation of NIH research findings through CMS financing
- 3 year Project
- RAISE Initiative included on agenda



2012 Sandy Hook School Shooting

- President and Congress desired a response to the shooting
- Tom Insel identified RAISE intervention as the only project of relevance
- Bob Heinssen and Paulo del Vecchio worked with Appropriations staff for ESMI set aside based on international literature.



2013 State Leadership

- Prior to the results of the RAISE study. New York and Maryland State mental health authorities announced plans to establish early schizophrenia treatment programs based on the CSC approaches tested in RAISE



2014 NIMH and SAMHSA

- Had 90 days to come up with a plan for implementing the set aside
- Heinessen, Goldstein and Azrin produce a manuscript describing Coordinated Specialty Care
- Extracting common elements from RAISE and other initiatives
- Has the imprimatur of NIMH



2014 Psychosis-risk and Early Psychosis Program Network (PEPPNET)

- Convened by NIMH, SAMHSA and Robert Wood Johnson Foundation including Clinicians, researchers, advocates, consumers
- Housed at Stanford Dept of Psychiatry
- Mission To support the national network of programs providing services to those at risk for or experiencing early psychosis by promoting communication, collaboration, and best practices so that individuals and families experiencing early psychosis have timely access to specialized, appropriate, and affordable care.
- Sponsored workgroups on clinical issues, technical assistance, lived experience and financing
- Jointly sponsored 5 national meetings
- Developed a listserv with over 1,300 members.
- Coordinated with other SAMHSA funded initiatives



Joint Agency Advice to the Field on Medicaid Funding for CSC



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Joint Informational Bulletin

DATE: October 16, 2015

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

Thomas Insel, M.D., Director
National Institute of Mental Health, National Institutes of Health

Kana Enomoto, Acting Administrator
Substance Abuse and Mental Health Services Administration

SUBJECT: Coverage of Early Intervention Services for First Episode Psychosis

SMD # 18--011

**RE: Opportunities to Design
Innovative Service Delivery
Systems for Adults with a
Serious Mental Illness or
Children with a Serious
Emotional Disturbance**

November 13, 2018

Dear State Medicaid Director:

2015 RAISE and STEP Study Results Released

- Confirmed the international literature findings regarding benefits of early intervention.
- RAISE results underscored the importance of early intervention
 - Median duration of untreated psychosis (DUP) was 74 weeks
 - Persons with DUP below the median showed greater benefit from the intervention than those greater than the median
 - Intervention was found to be cost effective.
- RAISE Implementation study produced a suite of practice tools that supported broad implementation of CSC programs across the U.S.



2016 EPINET Concept Introduced at NIMH

- Implemented in 2019
- Learning health care system composed on 8 academic hubs and over 100 participating clinics
- Developed a comprehensive assessment battery (CAB) adopted by each clinic
 - Web based version
- Inviting other clinics or states to use some or all of the CAB
- Beginning second five year cooperative agreement in 2024



Financing CSC Services

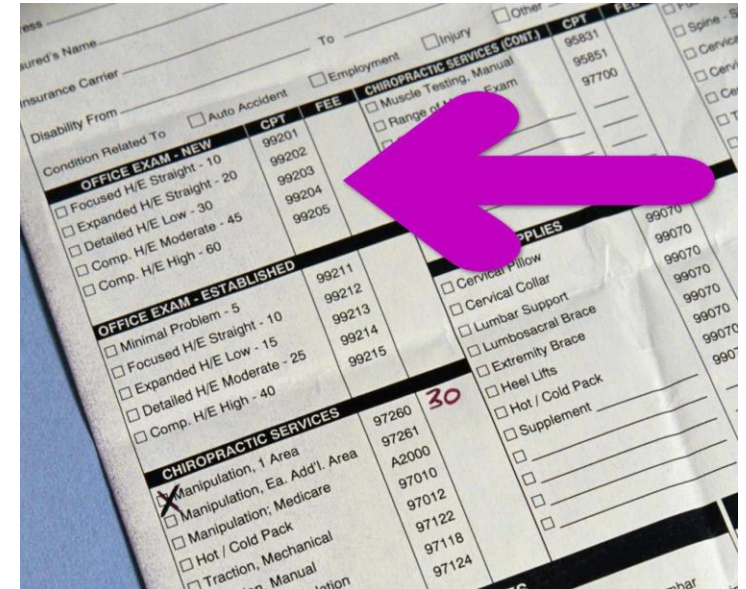


Current Funding Approaches

- Block grant set aside helps support initial implementation but is inadequate for meeting the needs of the population experiencing early psychosis
- Programs typically use a mixture of block grant funds, state general funds and insurance payments (Medicaid and Commercial).
- Reliance on discretionary resources threatens long term sustainability.
- Without establishing an insurance benefit **that covers the costs** of the program the population in need will never be served
- Lack of a recognized billing code frustrates insurance billing

In December 2022 NASMHPD and colleagues applied to CMS for Issuance of a HCPCS Code Specifically for CSC

- Much like the HCPCS codes for other team based intensive services
 - Assertive Community Treatment
 - Multisystemic Therapy
- The code should be inclusive of all activities performed by the CSC team
- Will be billed by the team and not individual practitioners
 - No confusion with other services that have existing HCPCS or CPT codes



The Existence of a Code Will

- Greatly facilitate insurance reimbursement by both public and private payers covering the full cost of the program
- Enhance the sustainability and expansion of the program to better meet population need
- Support development of case rates for this specialty team-based care to facilitate tracking and reimbursement by Medicaid and Commercial Insurers.



HCPCS Application is Supported by

- National Leaders – Miriam Delphin-Rittman, Don Berwick, Tom Insel, Josh Gordon
- Service Providers
- Commercial Insurer
- State Mental Health and Medicaid Authorities
- Other HHS Operating Units – NIMH and SAMHSA
- Many other family members and advocates

Issuance of a HCPCS Code by CMS

- The application and response to questions documented that use of existing fee for service codes does not result in recovering full cost of the program
 - Current FFS codes are based on office based services – not community based like CSC
 - Several key components of the program (like outreach and public education) are not billable as free standing services
- The application was approved and CMS issued HCPCS codes for team based billing in October 2023
 - H2040, “Coordinated specialty care, team-based, for first episode psychosis, per month”
 - H2041, “Coordinated specialty care, team-based, for first episode psychosis, per encounter”

Ongoing Challenges

- Development of billing rates
- Implementation in Medicaid and Commercial Insurance
 - Parity Considerations
- Program certification procedures
- Fidelity and performance benchmarking
- Workforce shortages
- Developing/Adapting rural models
- Reducing DUP/Increasing rapid access



Summary

- CSC represents a new technology for serving individuals with early psychosis.
- Research on CSC was conceived to maximize feasibility and scalability
- Research endeavor involved key stakeholders from the onset
- Being poised with research contracts in hands allowed opportunistic funding
- Tragedy of Sandy Hook provided opportunity for federal response
- Several initiatives supported national implementation
- Ongoing work should continue to support improvement
- CMS issuance of billing codes should facilitate insurance reimbursement for the full cost of the program

Questions and Discussion