

Why geriatric behavioral health CBOs should embrace data in value-based era

Community-based organizations providing behavioral health services for older New Yorkers will need to effectively deploy data to form critical partnerships with health systems and managed-care organizations, panelists said Thursday at the symposium The Future of Geriatric Behavioral Health, hosted by the Coalition for Behavioral Health.

As health care moves from a fee-for-service model to value-based payments, CBOs must be able to communicate their accomplishments to potential partners with data, rather than anecdotes, to show how they are improving outcomes and driving down costs, said Catherine Thurston, chief program officer at Service Program for Older People, a Manhattan organization that provides services to adults 55 and older to promote independent living.

"We need to be able to articulate with confidence that our outcomes are the same outcomes that benefit the marketplace," Thurston said.

CBOs are "warned almost daily that if we don't become fluent [in the new language of value-based payments], we'll be left out, marginalized and all of our doors are going to close," she said. But, "we are already speaking a dialect of the same language." CBOs just have to restate the work they are doing in a "data-driven, compelling way."

For instance, Thurston said, CBOs provide tools for their clients to seek out resources that are alternatives to costly emergency room services. These organizations then need to document how they provided the tools and "summarize all of that into language that resonates with managed-care organizations and health systems."

Expanding access to community-based services is crucial for older adults with behavioral health concerns to enable them to live at home in their communities, said Michael Friedman, chair of the Geriatric Mental Health Alliance of New York. There is also the need for more data and better outcomes, he said.

JoAnne Sirey, professor of psychology in psychiatry at Weill Cornell Institute of Geriatric Psychiatry, said clinicians should consider changing their mindset from questioning why certain metrics are being used to judge how they're serving patients to suggesting additional metrics, such as improving patients' quality of life.

More than 200 people attended the symposium at New York University's Kimmel Center, including social workers and other licensed behavioral health practitioners, who will receive continuing-education credits, said Jason Lippman, interim president and CEO of the Coalition for Behavioral Health.

"A number of stakeholders in the community realized that the number of older adults is increasing and changing, and they are noticing that behavioral health is a big need of that population as it ages and changes, whether it is mental health or substance use," Lippman said after the panel.