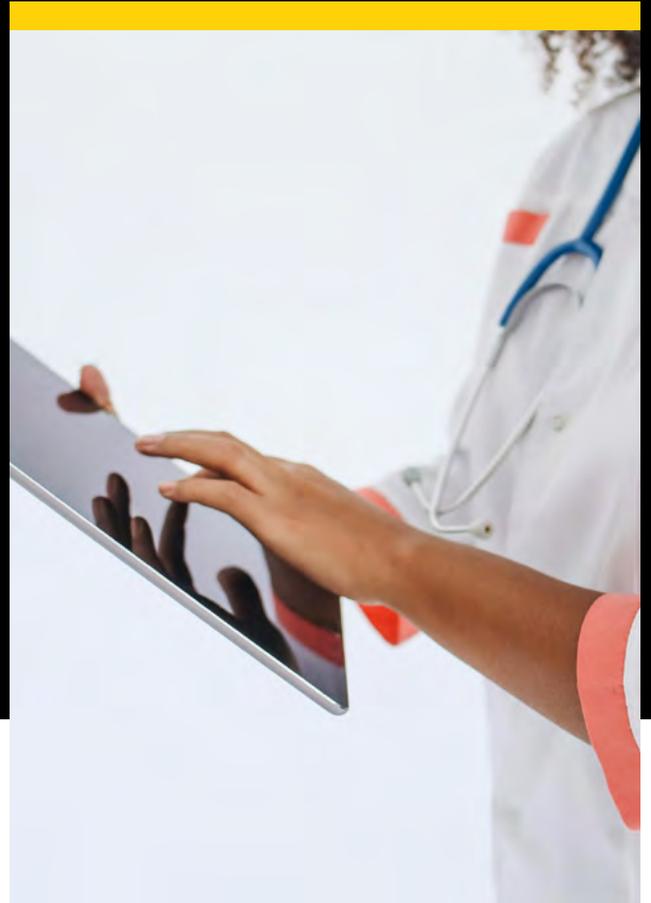


# Moving the Needle on Mental Health Outcomes



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Policy Issue Brief

**Prepared**

September 2024

# Acknowledgments

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This report was made possible thanks to many organizations' and individuals' input and contributions.

## Full Data Committee

Dr. Caroline Carney (Co-Lead), Magellan Health  
Nawal Roy (Co-Lead), Holmusk  
Seth Howard, Epic Systems  
Prerana Laddha, Epic Systems  
Peter Nixon, Kaiser Permanente  
David Strocchia, Netsmart Technologies  
Daniel Skinner, Netsmart Technologies  
Dr. Sarah Scholle, Leavitt Partners  
Dr. Arpan Waghray, Providence Health & Services  
Tammer Attallah, Intermountain Healthcare  
Dr. Harold Pincus, Columbia University & New York Presbyterian Hospital  
Dr. Russell Robbins, PurpleLab  
Dr. Tamara Campbell, Veterans Health Administration  
Dr. Jeffrey Staab, Mayo Clinic  
Dr. Rabindra Tambyraj, Optum Behavioral Care

## Data Fellow

Becky Messing-Haigler

## Quality & Outcomes Subcommittee

Dr. Thomas Insel (Co-Lead), Vanna Health  
Dr. Margaret-Mary Wilson (Co-Lead), UnitedHealth Group  
Dr. Caroline Carney (Co-Lead), Magellan Health  
Tammer Attallah, Intermountain Healthcare  
Dr. Samuel Nordberg, Reliant Medical Group  
Dr. James Polo, Carelon Behavioral Health  
Dr. Doug Nemecek, Evernorth Health Services  
Dr. Andrew Nierenberg, Massachusetts General Hospital  
Dr. Harold Pincus, Columbia University & New York Presbyterian Hospital  
Dr. Anisha Patel-Dunn, Lifestance Health  
Dr. Joe Parks, National Council for Mental Wellbeing  
Dr. Tamara Campbell, Veterans Health Administration  
Dr. Rhonda Robinson Beale, UnitedHealth Group  
Dr. Gregory Simon, Kaiser Permanente  
Dr. Arthur Robin Williams, Columbia University & New York State Psychiatric Institute  
Dr. Jeffrey Staab, Mayo Clinic



## About

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 [linkedin.com/company/the-kennedy-forum](https://www.linkedin.com/company/the-kennedy-forum)

Co-founded by former Congressman Patrick J. Kennedy and his wife, Amy L. Kennedy, The Kennedy Forum (TKF) is creating a future where all people can access effective prevention and treatment of mental health and substance use disorders (MH/SUD).

TKF uniquely cultivates relationships with key leaders to advance sweeping change for major MH/SUD issues, including inequity in insurance coverage and the escalating youth mental health crisis.

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## Ten-Year Goal: 90-90-90 by 2033

The Kennedy Forum's strategic initiative, [Alignment for Progress](#), sets forth a [ten-year 90-90-90 goal by 2033](#):

# 90%

of individuals screened for MH/SUDs

# 90%

receiving evidence-based treatment

# 90%

managing symptoms and achieving recovery

One element of the Alignment for Progress is its [National Strategy](#) for Mental Health and Substance Use Disorders, a reference for federal policymakers to attain better access to MH/SUD care for all.



# Data Driven Progress to Reach 90-90-90 by 2033

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## Delivering Improvement in MH/SUD Outcomes

To achieve the Alignment for Progress goals by 2033, stakeholders in the mental health and substance use disorder (MH/SUD) ecosystem will need to **generate and use data effectively toward better clinical outcomes.** This includes not only data on desired clinical outcomes, but also structural and process data on the functioning of the care delivery system, which enables insights for improving clinical outcomes.

With this data, policymakers, health insurers, employers, providers, technologists, researchers, and consumers can understand the scope of the problem, decide what approaches might be impactful, determine whether an approach worked, learn how to adapt an approach, and assess whether progress is being made overall to ensure that systems achieve better outcomes.

Effective use of data to improve outcomes becomes the backbone for collective progress toward our nation's new population health NorthStar goals of 90-90-90 by 2033 by:

- **Improving identification of MH/SUD needs** and tracking rates of screening and prevalence of MH/SUD conditions to target prevention and early intervention efforts;
- **Enabling connections to care** that are evidence-based, continually improving, and responsive to individual needs, including cultural and linguistic context; and
- **Focusing attention and incentives toward outcomes** that matter for individuals while ensuring improvement in MH/SUD outcomes at the population level.

To advance the data infrastructure and aligned practice delivery systems needed to improve clinical outcomes and achieve these goals, TKF convened leading stakeholders from across the MH/SUD ecosystem and formed The Alignment for Progress Data Committee to:

1. Guide the measurement approach for the 90-90-90 goals
2. Launch a clinical Quality & Outcomes Subcommittee

The Data Committee identified pressing federal policy changes necessary for meaningful data usage and focus on outcomes in MH/SUD care, building on the Alignment for Progress National Strategy for MH/SUD. This report outlines federal policy recommendations, including some novel and some existing from the National Strategy, to advance:

- **Infrastructure for Using Data in MH/SUD Care;**
- **Data Standardization and Sharing; and**
- **Incentives for Utilizing Data to Improve Outcomes.**

# The Alignment for Progress Data Committee

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Measuring advancement towards achieving our nation's new population health NorthStar goals of 90-90-90 by 2033 cannot be achieved without meaningful and transparent MH/SUD data and continuously learning practice systems that leverage data to facilitate the delivery of effective clinical practice and improve outcomes. Unfortunately, the information needed has not been fully identified, collected, collated nor analyzed, which has left us without the ability to truly understand movement towards progress, nor the impact of different incentive systems on potential progress.

In response to this challenge, TKF created the Alignment for Progress Data Committee in November 2023 under the leadership of Dr. Caroline Carney and Nawal Roy to understand the barriers and opportunities presented by currently available data and to anticipate what new data systems are needed to make progress towards accurate measurement of the goals over the next 10 years. The Alignment for Progress Data Committee brings together decision makers, providers and health plan leaders representing nearly 50% of US insurance-covered lives.

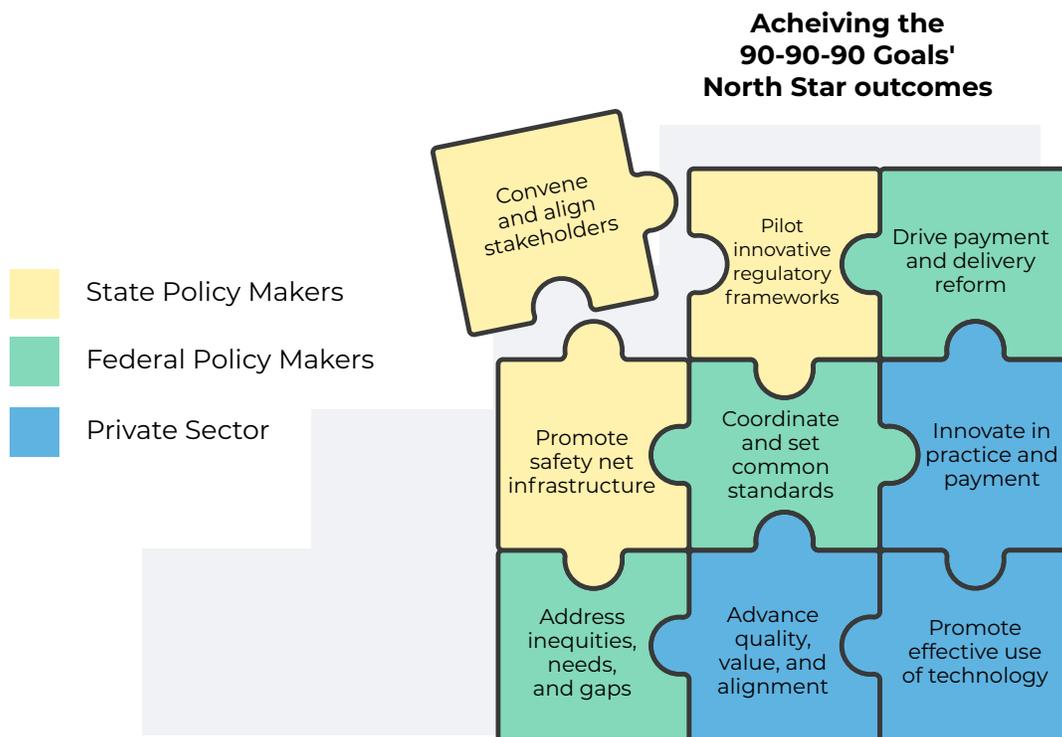
Additionally, measuring an individual's MH/SUD progress has been historically challenging because there has not been industry consensus on measurement and consequential outcomes, the infrastructure to facilitate adoption, the ability to implement data generation, collection and analysis to inform providers patients and payers. In response to this need, the Alignment for Progress Data Committee created a clinical Quality & Outcomes Sub-committee under the leadership of Drs. Tom Insel, Margaret-Mary Wilson, and Caroline Carney in February 2024.

The committee and sub-committee met monthly over the course of a year and, in April 2024, both the sub-committee and full committee met in person in Washington, D.C.



# Driving Progress Toward the 90-90-90 Goals

In addition to informing this policy brief, the committee and sub-committee outlined approaches for tracking progress toward the 90-90-90 NorthStar goal. Three key drivers for advancing the 90-90-90 NorthStar goal were identified and illustrated in the graphic below.



This paper will focus on the role of federal policy as a key driver for aligning incentives and bringing together stakeholders, offering specific recommendations for policymakers.

Future webinars will address the other drivers, with topics including:

- A proposed measurement framework for driving payer and provider alignment to advance quality and outcomes in MH/SUD care, along with key use cases.
- Proposed pilots for data and technology collaboratives at the regional and state levels, setting the stage to improve access to quality MH/SUD care across the nation.

These additional products will be recorded and publicly available on [www.thekennedyforum.org](http://www.thekennedyforum.org).

# Infrastructure for Using Data in MH/SUD Care

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In 2009, the U.S. began offering incentives for healthcare providers to implement and use electronic health records (EHRs) with the Health Information Technology for Economic and Clinical Health (HITECH) Act. Unfortunately, the HITECH Act specifically excluded MH/SUD providers from these incentives. As a result, many MH/SUD providers today continue to lack important technological infrastructure, such as EHRs or other tools for tracking MH/SUD outcomes.<sup>1</sup>

We cannot make progress in leveraging data to improve access and outcomes if MH/SUD providers do not have core technological infrastructure. Some recent federal initiatives have tested different approaches to creating incentives, such as with Certified Community Behavioral Health Centers<sup>2</sup> or the Behavioral Health Information Technology Initiative launched by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the National Coordinator for Health Information Technology (ONC). While promising, these initiatives are limited in scope due to limited available funding and do not reach all MH/SUD providers.

**Congress must expand incentives to enable universal adoption of core technological infrastructure among MH/SUD providers.** This could take a variety of forms. Congress could extend the HITECH Act Medicare incentives to MH/SUD providers, or expand incentives through Medicaid. Congress could also authorize additional funds as part of a program like the Behavioral Health Information Technology Initiative. Congress could also further empower the Centers for Medicare and Medicaid Services (CMS) to offer advanced payments for technological infrastructure for MH/SUD providers across different payment models.

Since 2009, technology has also evolved dramatically. For example, artificial intelligence (AI) is increasingly being tested for MH/SUD care, and the U.S. Department of Health and Human Services (HHS) is actively working to promote responsible uses of AI in healthcare.<sup>3</sup> **Federal policymakers should ensure that incentives for technological infrastructure set the stage for effective use of emerging technologies in MH/SUD care.**

The 2009 HITECH Act specifically  
**excluded** MH/SUD providers from  
electronic health records (EHR) incentives.

# Data Standardization and Sharing

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To ensure actionable insights at the population level and improve outcomes, MH/SUD stakeholders must be able to share data with a common framework, making MH/SUD data interoperable. Without data sharing, the potential for effective care coordination and population-level strategy is lost, as data remain siloed within each system.

Without a common framework, any data shared would not be useful because it would be difficult to understand what the data from each system means. The federal government has taken key steps in each of these areas that must be built on in the coming years.

The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) has launched several initiatives to enable standardization. This includes efforts to build common approaches to data elements, as with the United States Core Data for Interoperability (USCDI), and common approaches to governance policies, as with the Trusted Exchange Framework and Common Agreement (TEFCA).

**Congress and the Administration should bring together stakeholders to pilot and advance interoperability frameworks that promote standardization and effective uses of data in MH/SUD care**, similar to the approaches currently being pioneered around social determinants of health data.<sup>4</sup>

Congress and HHS have also taken a number of steps to remove barriers to data sharing. This includes implementation of new rules and enforcement efforts to stop “information blocking” – when one stakeholder in the system hinders effective data sharing.<sup>5</sup> HHS also updated rules for sharing SUD data, referred to as [42 CFR Pt 2](#), to promote interoperability.<sup>6</sup>

**Federal policymakers should provide technical assistance and implementation of existing data sharing rules, while identifying and addressing further barriers facing MH/SUD data interoperability, with appropriate protections and guidance in place to ensure data security.** This may include further legislative changes to address remaining barriers from 42 CFR Pt 2, as well as other reforms that would enhance population health management without compromising privacy and security.

## interoperability

[in·ter·op·er·a·bil·i·ty] *noun*

The ability of a system to work with or use the parts or equipment of another system.

# Incentives for Utilizing Data to Improve Outcomes

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Once data is being accurately and consistently generated, MH/SUD stakeholders must use the insights to drive better care. Ideally, payment systems would reward providers for the improved outcomes they achieve with these insights, incentivizing a focus on what matters most to patients.

Given the historical discrimination and under-investment in MH/SUD, many providers are not well equipped to implement measurement-based care approaches, in which data is routinely used to guide decisions about care based on outcomes.<sup>7</sup> Additional investment is needed to support MH/SUD providers to make effective use of data a part of their workflows and focus attention on outcomes.

First, healthcare financing must be reformed to support measurement-based care approaches. Unlike with many physical health conditions, MH/SUD payment was traditionally not tied to any kind of routine measurement of outcomes and did not support the use of data.

More recently, payment approaches, such as the new Behavioral Health Integration codes, specifically pay providers for measurement-based MH/SUD care.<sup>8</sup> Unfortunately, uptake of these codes has been limited due to lack of awareness and capacity for implementation. **Federal policymakers should set targets for uptake of measurement-based MH/SUD care practices and adjust financing incentives to ensure that targets are met, in collaboration with states, payers, providers, purchasers, and consumers.**

Second, payment should be tied to performance on some key measures related to outcomes, also known as value-based payment. To date, many models of value-based payment have not successfully incentivized better outcomes for MH/SUD.<sup>9</sup> One challenge is whether what is being measured is most important to incentivize. **Federal policymakers should invest in additional efforts to implement and scale quality measures that assess the structures, practices, and outcomes that matter most in MH/SUD.**

Another challenge is whether the incentives are right for driving change across MH/SUD stakeholders. **Federal policymakers should collaborate across stakeholders to implement value-based payment models that recognize the needs of diverse MH/SUD providers and offer glidepaths toward meaningful participation in value-based payment models that improve overall outcomes.** In implementing value-based payment models, equity should be central.<sup>10</sup>

Many simple outcome-based incentive programs can unfairly penalize clinicians or healthcare organizations serving higher proportions of traditionally disadvantaged or underserved populations. Policymaker should ensure that value-based payment model designs enable diverse providers to participate, incentivize caring for high-need or traditionally underserved populations, and focus on closing key MH/SUD disparities.



# National Strategy Policy Recommendations

## INFRASTRUCTURE FOR USING DATA

**Expand EHR utilization in MH/SUD.** Congress should pass legislation like the Behavioral Health Information Technology Coordination Act to advance adoption of electronic health records (EHRs) among mental health and substance use disorder (MH/SUD) providers.

[Source](#)

## DATA STANDARDIZATION AND SHARING

**Create a common MH/SUD data model.** Federal departments and agencies should make mental health and substance use disorder (MH/SUD) data collection and reporting a top priority by creating a common MH/SUD data model.

[Source](#)

**Develop quality measures to assess care integration.** Congress should require the Centers for Medicare and Medicaid Services (CMS) to develop Medicare quality measures that assess the degree to which clinician practices integrate mental health and substance use disorder (MH/SUD) and primary care.

[Source](#)

## INCENTIVES FOR UTILIZING DATA

**Expand value-based payments to encourage care integration.** Congress should require the Centers for Medicare and Medicaid Services (CMS) to conduct an analysis of integration models in Medicaid and publish guidance describing state options for adopting or expanding value-based payment arrangements that integrate mental health or substance use disorder (MH/SUD) care within the primary care setting and best practices.

[Source](#)

**Create a care funding pool for IPAs and VBP models.** Congress should create a care transformation funding pool that can support providers in developing Independent Practice Associations (IPA) or other network structures to support the infrastructure needed to advance value-based payment (VBP) models that can improve patient care and outcomes.

[Source](#)

**Increase Medicare payment rates for care integration.** Congress should increase Medicare payment rates for mental health and substance use disorder (MH/SUD) integration services to help defray a portion of the startup costs that providers incur when they begin delivering care through models that integrate MH/SUD and primary care.

[Source](#)

# End Notes

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- 1 Adler-Milstein, Julia, and Ashish K. Jha. "HITECH Act drove large gains in hospital electronic health record adoption." *Health affairs* 36, no. 8 (2017): 1416-1422.
- 2 Brown, Jonathan, Joshua Breslau, Allison Wishon, Rachel Miller, Courtney Kase, Michael Dunbar, Kate Stewart et al. "Implementation and Impacts of the Certified Community Behavioral Health Clinic Demonstration: Findings From the National Evaluation." Washington, DC, US Department of Health and Human Services (2021).
- 3 Everson, Jordan, Jeffery Smith, Kathryn Marchesini, and Micky Tripathi. "A Regulation To Promote Responsible AI In Health Care." *Health Affairs Forefront* (2024).
- 4 Argentieri, Ryan, Samantha Meklir, and Jawanna Henry. "Moving Standards to Support SDOH Data Capture from the Sandbox to Production." *HealthITBuzz*. Assistant Secretary for Technology Policy (2022). <https://www.healthit.gov/buzz-blog/health-equity/moving-standards-to-support-sdoh-data-capture-from-the-sandbox-to-production>
- 5 "Information Blocking." *HealthIT.gov*. Assistant Secretary for Technology Policy (2024). <https://www.healthit.gov/topic/information-blocking>
- 6 "Fact Sheet 42 CFR Part 2 Final Rule." *Health Information Privacy*. US Department of Health and Human Services (2024). <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>
- 7 Fortney, John C., Jürgen Unützer, Glenda Wrenn, Jeffrey M. Pyne, G. Richard Smith, Michael Schoenbaum, and Henry T. Harbin. "A tipping point for measurement-based care." *Psychiatric services* 68, no. 2 (2017): 179-188.
- 8 Marcotte, Leah M., Ashok Reddy, Lingmei Zhou, Anna Razliff, Jürgen Unützer, Denise Chang, and Joshua M. Liao. "Provision of collaborative care model and general behavioral health integration services in Medicare." *Psychiatric Services* 72, no. 7 (2021): 822-825.
- 9 Hockenberry, Jason M., Hefei Wen, Benjamin G. Druss, Travis Loux, and Kenton J. Johnston. "No improvement in mental health treatment or patient-reported outcomes at Medicare ACOs for depression and anxiety disorders: Study examines mental health treatment and patient outcomes at Medicare ACOs." *Health Affairs* 42, no. 11 (2023): 1478-1487.
- 10 Agniel, Denis, Irineo Cabrerros, Cheryl L. Damberg, Marc N. Elliott, and Rhianna Rogers. "A Formal Framework for Incorporating Equity into Health Care Quality Measurement: Study proposes a framework to incorporate equity into quality measurement." *Health Affairs* 42, no. 10 (2023): 1383-1391.

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# About

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