

ALIGNING FOR VALUE

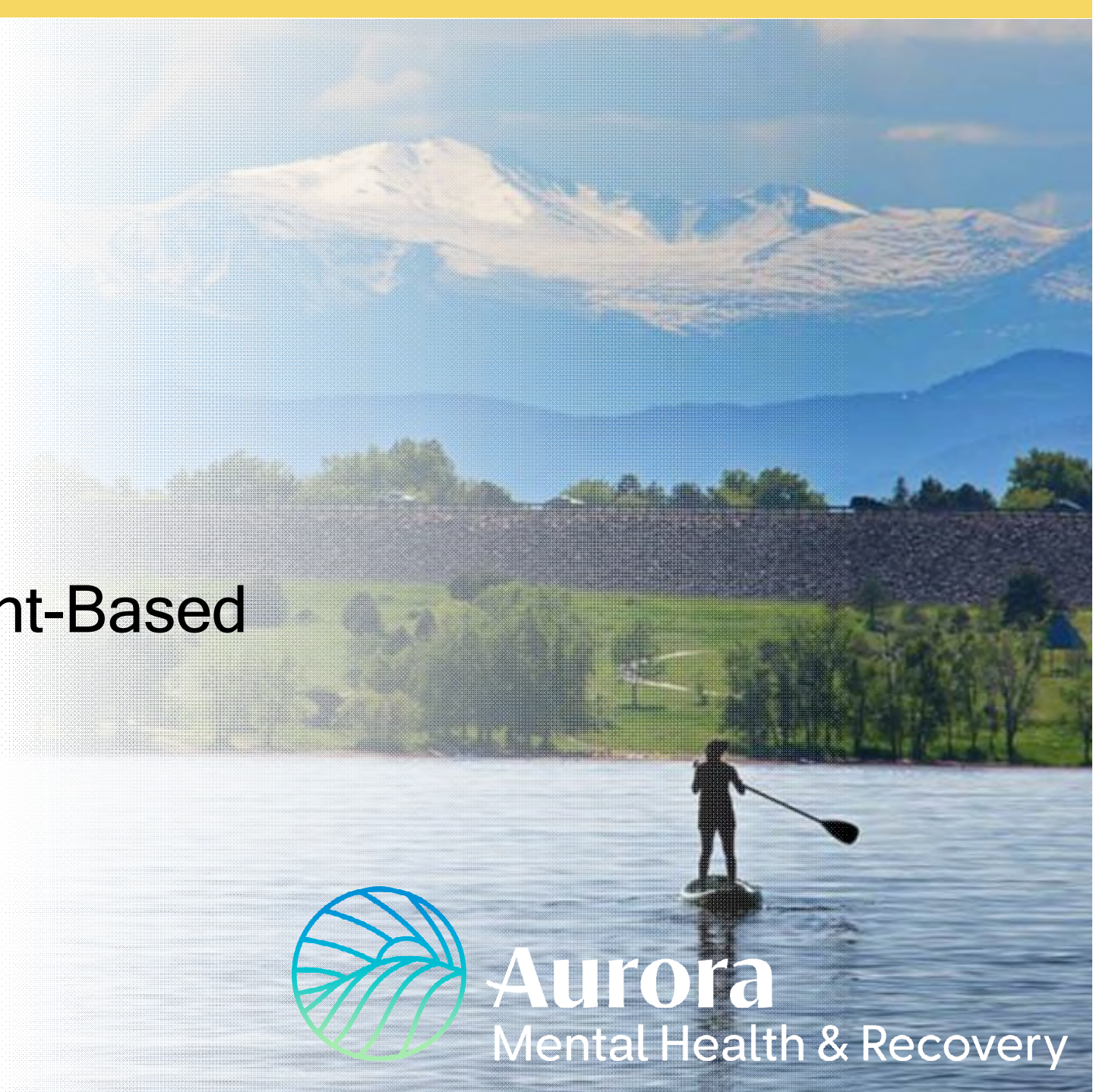


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Mental Health & Recovery

- Elements of Value
- Alignment with CCBHC
- Outcomes & Measurement-Based Care
- Payor/Provider Alignment



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# FOR AMHR, DELIVERING VALUE MEANS:

Understanding  
Community  
Needs

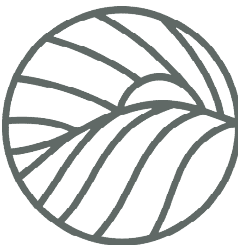
Serving a broad  
client population

Providing a  
comprehensive  
scope of services

Providing Timely  
Access

Ensuring quality  
of services

Demonstrating  
strong client  
outcomes



# Certified Community Behavioral Health Clinics

- ✓ **Ensure access** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- ✓ **Meet stringent criteria**
  - Staffing
  - Availability and Accessibility of Services
  - Care Coordination
  - Scope of Services
  - Quality and Other Reporting
  - Organizational Authority and Governance
- ✓ **Receive funding** to support the real costs of expanding services to fully meet the need for care in their communities



# DELIVERING VALUE MEANS CCBHC:

Understanding  
Community  
Needs

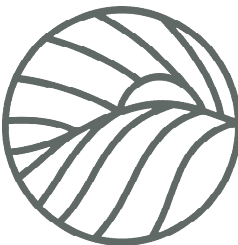
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# Measuring Outcomes

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## What is Measurement-Based Care?

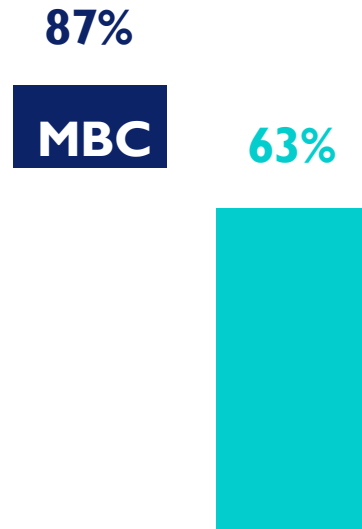
“The systematic evaluation of patient symptoms before or during each clinical encounter to inform behavioral health treatment” *(Lewis et al., 2018)*



# Why MBC? Treatment Effectiveness

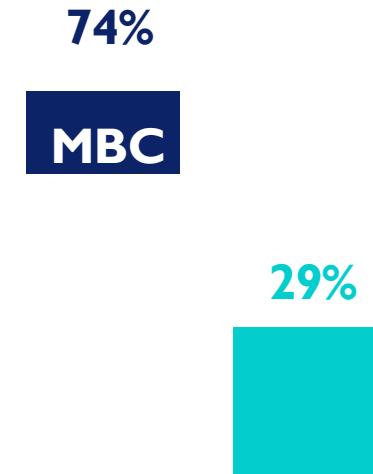


**MBC** is especially effective for catching treatment deterioration, preventing premature dropout, and improving outcomes for patients who are not on track (*Lambert & Shimokawa, 2011*).



## Response to treatment

MBC patients more likely to respond to psychopharmacologic treatment (87% vs 63% controls) (*Guo, 2015*)



## Remission

MBC patients more than 2.5X more likely to reach remission (74% vs. 29% controls) (*Guo, 2015*)

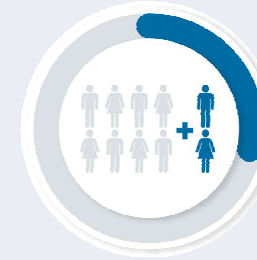


# Better Data. Better Insights. Better Outcomes.



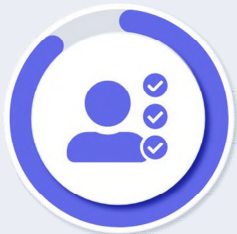
**56%**

Reduction in time to remission



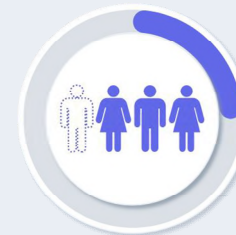
**30%**

Increase in capacity with existing resources



**89.5%**

Patient engagement rate



**26%**

Reduction in no-show rate



# Quick Responsiveness to Suicidal Ideation & Self-Harm Alerts

**2,003**

alerts

**99%**

acknowledged

**90%**

schedule change to  
be seen asap



# Preliminary Impact Study Data (Hot Off the Press!)



# Can MBC Have a Positive Impact on Total Cost of Care (TCOC)?

## Aligning Claims and Outcomes Data to Test Hypotheses on MBC Impact

### HYPOTHESIS:

Owl has a positive impact on TCOC & adverse event utilization for patients receiving behavioral health treatment.

1

Received COA claims data March 10, 2023;  
Aligned COA claims data with Owl's outcomes data

2

Defined patient cohorts (Above clinical cut off at screening)

- Consistent Owl Users
- One-Time Owl Users (Control)

3

Defined cohort care timeline parameters

- Before Owl Implementation  
*(12 months before)*
- Owl Implementation  
*(4-15 months after Owl start)*

4

Measured patient spend and utilization across patient cohorts & timelines;  
Compared TCOC & utilization impacts between the Consistent Owl Users and the Control groups

The 90-day time period following Owl implementation represents the diagnosis window

# Consistent MBC Use Results in Dramatic Reductions in Inpatient Admissions, ER Visits, and Total Cost of Care



## Reduced IP Admits

**Consistent Owl Users show a 75% Reduction in Psychiatric IP Admits**  
Control group displays no significant change



## Reduced ER Visits

**Consistent Owl Users show a 63% Reduction in Psychiatric ER Visits**  
Control group displays no significant change



## PMPM Savings

**Consistent Owl Users display a \$40 PMPM Decrease**  
Control group displays a \$59 PMPM increase



# MBC *Does* Have a Positive Impact on TCOC

Period	Consistent Owl Users n = 143	One-Time Users (Control) n = 156	Comments
Total Cost of Care, 12 months prior to Owl implementation	<b>\$388 PMPM</b>	<b>\$325 PMPM</b>	Owl cohort has greater cost of care prior to Owl Implementation
Total Cost of Care, 4-15 months after Owl implementation starts	<b>\$349 PMPM</b>	<b>\$384 PMPM</b>	Consistent Owl patients save 10% PMPM; Control group spends 18% PMPM
TCOC 12 month estimated savings for Colorado Access (Before Owl Implementation vs. After Owl Implementation)	<b>\$10M</b>	<b>-\$15M</b>	Owl provides compelling value with a net estimated savings of \$25M

## Assumptions:

- Colorado Access Medicaid MCO Membership: 688,000
- Members Seeking BH Care: 103,200 (15%)
- Consistent Use of Owl: 51,600 (50%)
- Patients at or above Clinical Cut Off at Intake: 20,640 (40%)



# Outcomes Data and Payer/Provider Alignment

## Patient Engagement

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Better engagement in BH care leads to TCOC savings across the healthcare spectrum

Improving health literacy

## Patient-Centered

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Right service, right place, right time

Keeping patients in the least restrictive/invasive setting possible

## Workforce

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No workforce bandwidth for overutilization and misutilization of services

Efficient use of clinical resources expands accessibility of services



THANK YOU!



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