

# Trends in Health Care



**KELLY  
KNIVILA**

## **Q: What opportunities and challenges do you see for behavioral health providers in the future?**

**A:** Telemedicine has been the big story for behavioral health providers this year. It's been encouraging to hear reports from our clients on how quickly they made the transition to providing virtual services. Behavioral health providers are also seeing increased demand as the pandemic and other societal stressors contribute to increased need. These two forces are driving more providers to think about opportunities for growth.

On the challenges side, we are seeing an increase in payer audit activity. This often takes the form of pre-payment review audits. These can be justified and even helpful as an education tool if payers identify a pattern of incorrect billing. But it can also become a barrier to access if payers do not establish clear targets for providers to meet to be removed from pre-payment review. Payers that lack transparent standards also risk claims for unfair trade practices and failure to comply with prompt payment laws. Behavioral health providers who are subject to pre-payment review audits should establish a coordinated game plan early in the process to ensure they document their compliance efforts and pursue all appeal opportunities.



**TIMOTHY N.  
HATFIELD**

## **Q: What is driving these trends toward value-based purchasing and what are the major considerations when entering into such arrangements?**

**A:** Value-based purchasing (VBP) models are nothing new. For decades Medicare and the nation's largest employers (e.g. Walmart, Boeing) have pursued innovative VBP arrangements to control costs and increase quality. More recently smaller self-insured employers are purchasing off-the-shelf VBP arrangements wherein a third-party administrator gives groups access to shared savings programs and accountable care networks. The Oregon Health Authority (OHA) is requiring all Coordinated Care Organizations ("CCOs") to increase annually the proportion of payments with a value-based component from 20% in 2020 to 70% in 2024.

These value-based relationships are inherently more complex than traditional fee-for-service contracts. They require careful consideration of the achievability of financial/quality targets, the ability to access and share data, the statistical validity of the value/quality metrics, and the cost-effectiveness of available interventions. Providers also need to be aware of governance models and the potential tradeoff between practice autonomy and the need to enforce value-based decision making across participating providers. In addition, providers need to ensure compliance with antitrust and fraud and abuse laws when making arrangements with other groups to integrate clinically or financially.



**SARAH  
OYER**

## **Q: Telehealth use has expanded rapidly during the COVID-19 pandemic. Do you expect this trend to continue?**

**A:** Yes, we do. Patient satisfaction has been high across age, race/ethnicity, income, and urban/rural demographics, and government support remains steady. The U.S. Department of Health and Human Services announced last month that it will issue an additional \$12 million in grants to expand telehealth in rural areas, while the Centers for Medicare and Medicaid Services (CMS) is proposing to make permanent nine telehealth codes that it added during the pandemic, and to add 13 temporary codes while evaluating whether they should become permanent. The governors of Oregon, Washington, Colorado, and Nevada announced in August that they will collaborate to identify best practices that support telehealth. Their initiative embraces principles extending well beyond the concerns that prompted telehealth expansion during the pandemic, including providing equitable access to care; applying evidence-based strategies and standards of care; ensuring patient choice and informed consent; and protecting confidentiality, including a focus on technology. Unfortunately, telehealth expansion has spurred a significant increase in targeted attacks on patient data since the pandemic began. Increased flexibility in telehealth modalities will require enhanced technologies to protect data privacy and security, and we're pleased to see this addressed in the governors' initiative.



**TODD A.  
HANCHETT**

## **Q: What significant employment-related challenges and opportunities do senior housing providers face?**

**A:** We continue to see recruiting and retention as a significant challenge going forward, but there are also significant opportunities for change in the industry. In recent years, historically low unemployment rates made recruiting and retention a challenge. The steep increase in the overall unemployment rate due to the pandemic could change that in the near term, although the increased risk of contracting COVID-19 on the job may cause many to seek work in other industries. Senior living providers will always be competing for skilled workers, so to attract and retain good employees, senior housing providers must differentiate themselves as employers of choice. They can do this by creating a brand that employees associate with high-quality care that instills employees with a sense of pride. They also can do this through offering competitive pay, good benefits, and programs to help their employees gain skills and certifications. The industry also needs to consider ways to increase the available labor pool. For example, senior housing associations have advocated for changes in the immigration laws that would create a new visa category for caregivers. The aging population is sure to create significant demand for senior housing in the years to come, and the best senior housing providers will have a strong workforce there to meet it.