

Increasing Measurement-Based Assessment and Care for People with Serious Mental Illness

Background

Approximately one in 25 U.S. adults experiences a serious mental illness (SMI) each year and many are treated with antipsychotic medications. Measurement-based care (MBC) is an important strategy to facilitate early screening, early intervention, mitigation of medication adverse effects, and improved overall mental health outcomes for people with SMI and the adverse effects of antipsychotic medications such as tardive dyskinesia (TD).

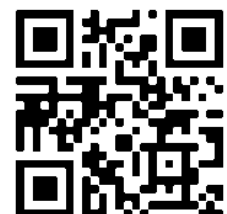
The Meadows Mental Health Policy Institute collaborated with Neurocrine Biosciences, Inc., on a report released in January 2024 making recommendations to increase the adoption of MBC to greatly improve treatment outcomes for patients.

Key Findings:

1. Technical infrastructure – The mental health system lacks the digital infrastructure to optimize MBC.
2. Clinical operations – While the value of implementing MBC is clear, its use can lead to increased time, effort and cost.
3. Financing – There are insufficient reimbursement and financial incentives to encourage clinicians and health systems to invest in MBC.
4. Limited access to care and limited awareness – People with SMI experience significant disparities in access to care and both patients and clinicians may lack awareness of early symptoms of TD.

Policy Recommendations:

1. Federal lawmakers should increase funding for IT infrastructure to include behavioral health.
2. Mental health system leaders should invest in EHRs to optimize data collection and utilization.
3. Health systems and clinical teams should integrate MBC into clinical workflows.
4. Health systems should support behavioral health integration and/or coordination between specialty and primary care clinics.
5. Health systems and clinical teams should utilize evaluation and management time or complexity codes to enable adequate compensation for time spent on MBC.
6. The U.S. Preventative Services Task Force should declare TD screening and monitoring as a preventative service with a grade A or B recommendation for anyone taking antipsychotic medications.
7. Public and private payors should provide adequate reimbursement for MBC and develop value-based care contracts for MBC.
8. Federal and state lawmakers should support flexible telehealth policy.
9. Clinical teams, professional associations, and advocacy organizations should educate patients, families and community organizations on TD.
10. Providers should work to increase patient trust and engagement.



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