Family-Centered Care Recommendations for Payors

Why Family-Centered Care?

Research has documented the value of family-centered approaches to care, including impacts on improved mental health outcomes, greater satisfaction with care, greater engagement in care, increased understanding of conditions and treatment plans, improved self-management of conditions, shorter hospital stays, and reduced avoidable healthcare utilization (see research exemplars listed below).

Recommendations for Payors

To advance family-centered approaches as the standard of care, the Collaborative Family Healthcare Association (CFHA) recommends payors consider the following next steps:

- Improve reimbursement for family-based interventions and brief interventions.
    - *Reimbursement rates should adequately reflect the higher complexity of family-based care and the additional training required to deliver this care (e.g., 90846, 90847 CPT codes).*
        - *Reimbursement for brief family-centered interventions should also reflect this higher complexity.*
- Create a family support modifier code.
    - *Similar to the 90785 psychotherapy add-on code for Interactive Complexity, a family support add-on code for use with E&M visits would reimburse healthcare providers for the higher complexity of FCC and encourage implementation of family-centered approaches.*
- Reimburse behavioral health care related to prevention/anticipatory guidance and Z code conditions.
    - *This important care can reduce the likelihood that stressors (e.g., Z63.0 Relationship Distress, Z63.4 Uncomplicated Bereavement) progress to a mental health disorder, ultimately reducing costs to patients, healthcare systems, and payors.*
- Reimburse care provided by provisionally licensed behavioral health clinicians practicing under the clinical supervision of a licensed clinician.
    - *Reimbursing care provided by these qualified professionals will expand patient access to family-centered behavioral health care.*
- Create FCC billing guidance for medical and behavioral health clinicians, as well as healthcare institution billing and compliance teams.

    - *This guidance should address how healthcare teams should use relational billing codes, behavioral health integration codes, higher complexity E&M codes, and time-based billing to appropriately document the provision of FCC.*
- Incorporate family engagement metrics and use of family-level data into value-based payment models.
    - *Family engagement in care planning, care coordination, and chronic disease management improves quality outcomes and reduces avoidable utilization.*

Research Exemplars

- Cene, C. W., Haymore, L. B., Lin, F. C., Laux, J., Jones, C. D., Wu, J.R. … & Corbie-Smith, G. (2015). Family member accompaniment to routine medical visits is associated with better self-care in heart failure patients. *Chronic Illness, 11*, 21-32. doi: 10.1177/1742395314532142
- Law, D.D., Crane, D.R., & Berge, J.M. (2003). The influence of individual, marital, and family therapy on high utilizers of health care. *Journal of Marital and Family Therapy*, *29*(3), 353-363. doi: 10.1111/j.1752-0606.2003.tb01212.x
- Mayberry, L. S., Rothman, R. L., & Osborn, C. Y. (2014). Family members' obstructive behaviors appear to be more harmful among adults with type 2 diabetes and limited health literacy. *Journal of Health Communication*, *19*(2), 132-143. doi: 10.1080/10810730.2014.938840
- Rosland, A. M., Heisler, M., & Piette, J. D. (2012). The impact of family behaviors and communication patterns on chronic illness outcomes: a systematic review. *Journal of Behavioral Medicine*, *35*(2), 221-239. doi: 10.1007/s10865-011-9354-4
- Wolff, J. L., Clayman, M. L., Rabins, P., Cook, M. A., & Roter, D. L. (2012). An exploration of patient and family engagement in routine primary care visits. *Health Expectations, 18*, 188-198. doi: 10.1111/hex.12019

See our FCC Resources and Exemplars page for a list of other texts, resources, and research exemplars outlining the value of FCC.