AMERICAN PSYCHOLOGICAL ASSOCIATION SERVICES, INC.

NHMH.org
No Health without Mental Health

April 4, 2022

The Honorable Anna Eshoo
Chair
Subcommittee on Health
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Health
House Energy & Commerce Committee
2322-A Rayburn House Office Building
Washington, DC 20515

Dear Chair Eshoo and Ranking Member Guthrie:

On behalf of the undersigned behavioral health care consumer and provider organizations, we are writing to share recommendations for significantly improving the effectiveness of H.R. 5218, the "Collaborate in an Orderly and Cohesive Manner Act" (COCM Act), to be considered by your committee as part of its April 5th hearing entitled "Communities in Need: Legislation to Support Mental Health and Well-Being".

Our organizations applaud your leadership in holding this hearing to consider policies to respond to the mental health and substance use disorder crisis facing our nation, and we appreciate the widespread bipartisan interest by members of both the House and Senate in increasing access to integrated primary and behavioral healthcare services. The majority of patients with behavioral health needs receive care for their behavioral health condition in primary care settings rather than in specialty care,[1,2,3] making primary care practices a critically important engagement point for improving the identification and treatment of patients with such needs.

Rep. Fletcher's initiative in H.R. 5218 has the seeds of what is needed to move toward greater of adoption of integrated primary care, but is too narrowly focused on the collaborative care model (CoCM). Research and clinical experience have demonstrated the effectiveness of both the CoCM model and the Primary Care Behavioral Health (PCBH) model of integrated care. Primary care practices vary widely in their resources, the treatment needs of the populations they serve, and the makeup of the healthcare provider workforce in their community and state. Consequently, we believe it is important that primary care providers be able to select the evidence-based integrated care approach that best fits their needs.

Like the CoCM model, the PCBH model of integrated care consists of primary care providers, behavioral health consultants, and care managers working together as a team, sharing the same health record systems, and collaborating in monitoring and managing patient progress. Unlike the CoCM model, in the PCBH model the lead mental health specialist for the care team works in the primary care practice the majority of the time, instead of consulting from a remote location on a weekly or bi-weekly basis. This allows the lead mental health specialist to provide immediate, face-to-face consultations, diagnostic interviews, and interventions with 20-30% or more of the patient population, and more tightly integrates the mental health specialist into the entire care team. In contrast, the lead mental health specialist for the care team in the CoCM model typically has little or no direct interaction with patients.

There are several reasons for expanding the scope of H.R. 5218 to include PCBH model as a stand-alone option for integrated care:

- PCBH services improve patient outcomes for patients with behavioral health conditions,[4,5,6,7] and increase the efficiency of medical care for patients with behavioral concerns, enabling physicians to see more patients and reduce their personal stress level.[8,9,10] Both patients and providers have reported high levels of satisfaction with PCBH model services.[11, 12]
- While the CoCM model has historically focused on improving outcomes for adults with a diagnosis of depression or anxiety disorder, the PCBH model was developed to support primary care practices in delivering team-based care to improve outcomes for ***all*** of the clinic's patients. This includes not only patients with mental health and substance use disorders, but also patients with physical or chronic conditions whose treatment could benefit from behavioral health services or interventions. For example, research has shown that PCBH services can improve rates of tobacco cessation, and glycemic control and depression symptoms in patients with diabetes and depression.[13,14,15]
- The PCBH model is particularly well suited for pediatric care, as it allows engagement by the mental health professional with both children and youth and their parents or caregivers. A "two generation" approach to care facilitates the prevention of behavioral disorders and promotion of positive health behaviors, including the teaching of parenting skills and delivery of short-term interventions related to child development.[16] PCBH services have been shown to increase rates of well-child visits and immunizations in the first year of a child's life, improve rates of screening and identification of depressive symptoms and engagement with treatment.[17, 18]
- As defined by the Centers for Medicare and Medicaid Services (CMS) and referenced in H.R. 5218, the CoCM model requires inclusion of a psychiatrist on the care team. Yet there is currently a dire nationwide shortage of psychiatrists. An estimated 55% of the total psychiatric workforce is expected to retire within the next ten years, with the number of psychiatrists leaving the workforce exceeding the number entering the workforce by a multiple of two.[19] Roughly 70% of rural counties are without a single psychiatrist[20], and even in urban areas most psychiatrists accept private health insurance for only a few patients per year.[21] Requiring primary care providers to find and contract with a psychiatrist in order to gain assistance in implementing integrated care will in many cases prove to be an insurmountable barrier.
- As written, H.R. 5218 requires adoption of the model of integrated care that is most difficult to implement. As described in a report coproduced by the AIMS Center at the University of Washington, "Collaborative Care is a complex, multi-component clinical practice change that affects the entire workflow of the clinic and all clinic staff."[22] Most Medicare physicians billing for integrated care services use the PCBH model or a related approach to care integration. Data from the 2019 Medicare Public Use File show that only around 22% of Medicare providers billed for integrated care using the three CoCM codes established by CMS, roughly 5% billed using both the CoCM and CMS's general behavioral health integration (BHI) code for other model services, and roughly 73% used solely the BHI code.[23]

It is abundantly clear that we are in the midst of a mental health and substance use disorder crisis, with rates of depression, anxiety, stress, substance use disorders, drug overdose deaths, pediatric emergency department visits up sharply over pre-pandemic levels.[24, 25, 26, 27, 28]

Within the last week, the Centers for Disease Control and Prevention has warned of an accelerating mental health crisis among adolescents. The magnitude of the challenge in addressing Americans' mental health needs demands we use all the evidence-based tools at our disposal, and research shows that more than one model of integrated care services can improve patient outcomes, access to care, and increase the efficiency of primary care practices.

We urge your committee to amend H.R. 5218 by explicitly referencing implementation of the highly successful Primary Care Behavioral Health model as an allowed use of grant, incentive payment, and technical assistance support, in addition to the already-referenced Collaborative Care model, blended models of these two approaches, and other models as approved by the Secretary. This would allow primary care physicians to choose the evidence-based intervention that best meets the needs of their patients, and enable an "all hands on deck" response to our behavioral health crisis.

Sincerely,

American Psychological Association
NHMH - No Health Without Mental Health
American Association on Health & Disability
Association of Medicine and Psychiatry
Clinical Social Workers Association
International Society of Psychiatric Nurses
Lakeshore Foundation
Maternal Mental Health Leadership Alliance

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