

Mental Health Parity and Related Issues

By

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for the

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I. Introduction

Chairman Pitts, Ranking Member Green, and members of the subcommittee, I am Dr. Michael Trangle, Senior Medical Director of HealthPartners' Behavioral Health Division. In my current position, I am responsible for the delivery of behavioral health care at Regions Hospital and within the HealthPartners Medical Group. These two settings are part of the HealthPartners family of care. HealthPartners is an award winning integrated health care system based in Minnesota with a team of 22,500 people dedicated to a mission to improve the health of members, patients and the community. Through our insurance plans, we cover about 1.36 million health and dental plan members in Minnesota and western Wisconsin. In my 16 years at HealthPartners, I have been active in regional quality improvement initiatives and collaboratives including depression guidelines, improving depression outcomes in primary care and in Behavioral Health clinics, and improving care for patients with mental illnesses and/or chemical dependency in emergency rooms, in crisis in the community or going through the commitment process. In addition to my clinical work, I have been fortunate to be a part of HealthPartners' work in partnership with NAMI Minnesota on our mental health anti stigma campaign "Make It OK." I'm also a practicing psychiatrist who cares for patients/members in our system.

I appreciate this opportunity to testify today on mental health issues, including the parity requirements established by the Mental Health Parity and Addiction Equity Act (MHPAEA). I thank the committee for focusing attention on these important issues.

My testimony today addresses the following topics:

- HealthPartners' commitment to implementing mental health parity and meeting the needs of patients with mental health conditions;
- Challenges associated with the treatment of patients who have mental health and substance use disorders;
- The role of medical necessity review in helping to ensure the safety and appropriateness of care for patients with mental health conditions; and
- Opportunities for improving access to and quality of mental health services.

II. Our Commitment to Implementing Mental Health Parity and Meeting the Needs of Patients with Mental Health Conditions

HealthPartners strongly supports the protections established by mental health parity laws at both the federal and state levels. We have clinical and administrative personnel in our medical and behavioral departments who are working to promote a strong understanding and effective implementation of the parity rules.

In addition to complying with the parity requirements, we have pioneered innovative programs focused on ensuring that patients with mental health problems have affordable access to high-quality, evidence-based treatments. Several of these initiatives are highlighted in an issue brief¹ recently published by America's Health Insurance Plans (AHIP).

To identify individuals who are highly likely to be hospitalized with a mental health crisis within the next six months, HealthPartners has developed a U.S. patented predictive algorithm that uses claims data. By identifying these individuals early, dedicated behavioral health staff can proactively reach out to those members. With the patient's permission, care coordination staff helps members understand their behavioral health conditions, access care and help motivate them to stick to their mental health and/or substance abuse treatment plans before their condition worsens. This outreach is especially important for members who are in the early stages of a serious condition and for those who have never used behavioral health care before. Both of these groups benefit from guidance and assistance since they may not be aware of their benefits or how to access them.

Additionally, we have two initiatives that provide evidence-based, cost effective interventions as an alternative or supplement to psychotherapy or medication. Our members can access these services anywhere and anytime on a tablet, laptop, or personal computer.

- One of these services is “Beating the Blues”. Beating the Blues consists of eight half-hour sessions of cognitive behavioral therapy that can either be self-guided or offered as an adjunct to treatment through a recommendation from primary care, behavioral health, or specialty care. Peer reviewed research indicates that Beating the Blues improves conditions such as depression, anxiety and stress – making it especially relevant for patients who are coping with a co-existing medical condition such as post-partum depression or chronic pain

¹ Ensuring Access to Quality Behavioral Health Care: Health Plan Examples, AHIP, May 2016, <https://www.ahip.org/ensuring-access-to-quality-behavioral-health-care/>.

and for those engaged in cardiac rehabilitation. HealthPartners' behavioral health providers are using this online program as part of both individual and group psychotherapy, and specialty providers are beginning to offer it as well. More than 1,800 members and employees currently are using Beating the Blues cognitive behavior therapy. Early results suggest that completing even six sessions of the program leads to a statistically significant decrease in symptoms.

- We also offer emotional resilience group coaching to some of our employees and supplemented this group coaching with online virtual coaching on topics such as positive thinking, stress management, and healthy sleep. Among a group of employees who participated in three one-hour emotional resilience sessions, we found that improved well-being – when measured based on lifestyle, diet and exercise, quality of life measures, and missed work – persisted at least one year later. We are now in the process of offering this coaching to other employer groups and are piloting comparable content in an online approach.

One measure of our commitment to providing mental health services is our annual satisfaction survey of our members which measures our members' access to behavioral health care clinicians. These surveys consistently show very strong levels of satisfaction with access to network providers of psychotherapy or psychiatry services. In fact, HealthPartners most recent surveys show that 82% of members are satisfied or very satisfied the ability to get an appointment for behavioral health services which are convenient for them, which is not significantly different from the member satisfaction with access to primary care providers. We use a number of strategies to help make sure that our members have access to the mental health care they need. For example, we pre-purchase a limited number of appointment slots with psychiatrists and make them available to health plan members. This strategy allows our behavioral health navigators to search for appointments on a targeted basis to help members get appointments. For our members with the most complex or serious mental health and/or substance use disorders, our dedicated behavioral health care coordinators work to help each member access the type of care and level of care they need, often explaining and supporting the member in accessing care they have been avoiding. Our behavioral health care coordinators are in phone contact with these members many times over the course of a few months to encourage, assist and support members in accessing care and sticking to their treatment plans. Our satisfaction survey results show 96% are satisfied or very satisfied with this help.

Here's an example of how our behavioral health care coordinators made a huge difference in the life of one of my patients. My patient was a middle-aged married mother of 4 who struggled with

depression, anxiety, pain, and most recently began abusing alcohol. While drunk and smoking in bed she started a fire, was badly burned, and spent 2-3 weeks in the burn unit of a local hospital that was not part of our system. She was discharged and had the same symptoms and complaints as before and couldn't think clearly, function well as a parent and struggled in her marriage. Unbeknownst to me, she did not give permission for the hospital to send her records to me. When I strongly recommended treatment for her alcohol abuse (which now included addicting pain meds), she refused. Our dedicated care coordinator had permission to access the records and discovered that the patient was seen by psychiatry, was actually civilly committed and was under a court order to follow her psychiatrist's plan of care. I was then able to get her into chemical dependency treatment which was successful and she has been able to once again live an active enjoyable life and function adequately as a mom and have an improved marriage while staying free of addicting meds and alcohol.

III. Challenges in Treating Patients with Mental Health and Substance Use Disorders

Despite health plan efforts, challenges exist in the treatment of patients who have mental health conditions, including: (1) the widespread national shortage of appropriately licensed behavioral clinicians; and (2) the lack of readily available information on the quality of behavioral health facilities.

Workforce Shortage

One of the most significant challenges is the shortage of appropriately licensed behavioral clinicians, particularly psychiatrists and psychologists to serve specific areas or specific population. For example, in Minnesota we face a shortage of psychiatrists, particularly those who specialize in treating children and young adolescents. The need is most acute in the inpatient psychiatry setting. The shortage of inpatient behavioral health clinicians leads to reduced numbers of staffed/available beds for many behavioral health inpatient facilities and more limited behavioral health services in some communities. The reduced capacity of the behavioral health workforce particularly focused on those with the most severe mental health and/or substance use conditions, paired with the scarcity of social services, affordable and supported housing and other community support options, is an area needing community-based solutions. As a first step toward addressing this issue, more loan guarantees and loan forgiveness for psychiatrists, psychiatrically trained nurse practitioners, physician assistants, and psychiatric clinical nurse specialists (all of whom can prescribe psychiatric meds) should be explored and

developed focusing especially on improving access to services in rural areas and for the most mentally ill no matter where they live.

Another significant concern is that we have too many patients accumulating in emergency departments for too long, waiting for an inpatient psychiatric bed. We have shortages of psychiatric inpatient beds (both for mental health conditions and substance use disorders) and an equally problematic shortage of group homes, residential treatment centers, supported housing and community supports that are necessary to safely allow these inpatients to leave the hospital and receive intermediate care. Our own organization has created hospital and community based care as part of our clinical continuum, and the services are nearly always at capacity. The solution also requires a much better partnership between state and county-based services and supports which currently are in short supply. I am appreciative of our state's leadership in convening a task force on mental health treatment that is currently studying these very issues.

Stigma

Another significant barrier to people accessing mental health or chemical health treatment is that these are still stigmatized conditions. Stigma is a barrier to making the choice to access treatment but there are several excellent programs which work to increase knowledge and eliminate stigma. For example, the "Make It OK" program is an online program at MakeItOK.org which was created and is supported by HealthPartners, NAMI Minnesota and Minnesota Public TV. Some counties and cities in Minnesota have taken this further, promoting MakeItOK.org in their communities to provide continuing local support to break the barrier of stigma.

Lack of Quality Information

The final challenge I'd like to highlight is the lack of available information on the quality of behavioral health facilities, including data on patient outcomes, to help consumers make decisions. Despite the emphasis on parity between medical/surgical services and mental health /substance use services, there is no similar evidenced based clarity and consensus in measuring or reporting information on the quality of inpatient psychiatric facilities or patient outcomes. To date, the National Quality Forum (NQF) has identified more than 700 health quality measures overall, but only 30 are directly linked to behavioral health care. Most behavioral health quality measures are clinical process of care measures; only a few which tend to be in the outpatient realm, are outcome measures. Depression measures are a great example of this. As a member of the Behavioral Health Committee of NQF, I know that there is tremendous interest in making this better. As more medical groups and hospitals use electronic medical records NCQA and the

Joint Commission will be able to efficiently and economically access patient outcomes data. This should be encouraged and supported. We will need this level of data to begin measuring whether we are effectively working with our patients who are most seriously mentally ill in ways that will allow them to live as long as their cohorts without mental illnesses. Currently they are dying up to 25 years earlier.. While the reporting of quality measures by inpatient psychiatric facilities through Hospital Compare is a step in the right direction, more needs to be done to make such quality information more robust and accessible.

IV. The Role of Medical Necessity Review: Helping to Ensure Safety and Appropriateness of Care

HealthPartners provides coverage for mental health services using a process – known as medical necessity review – through which we evaluate whether the care proposed for a patient, is necessary and appropriate, based on evidence-based clinical standards of care.

Medical necessity review is used for a range of medical and surgical services, such as non-routine outpatient services with a wide variation in cost and/or utilization, outpatient surgical procedures to ensure safety in the non-hospital setting, advanced radiology or imaging, and infusion therapy. Similarly, medical necessity review also is applied to mental health and substance use therapies where too often evidence for a particular service or condition is lacking or has conflicting results, safety concerns have been reported, or such services are delivered by unqualified clinicians practicing outside their licensed scope of practice. For patients with mental health conditions, such reviews are conducted in accordance with MHPAEA disclosure standards.

Non-quantitative treatment limits (NQTLs) are included among the strategies used by health plans in determining the medical necessity of mental health services. NQTLs are permitted with regard to mental health and substance use provided that the “processes, strategies, evidentiary standards and other factors” used in applying the NQTL are comparable to medical/surgical benefits and are not more stringent.

When performing medical necessity review, HealthPartners uses nationally recognized care criteria – medical, surgical, mental health or substance use – such as Milliman Level of Care Criteria, or American Society of Addiction Medicine (ASAM) criteria for chemical dependency,

the input of our pharmacy and therapeutics committee composed of specialty clinicians for specific medical protocols, and consideration of the best research on clinical outcomes. Prior authorization is used to ensure that care takes place in the most appropriate setting and at the most appropriate frequency for the specific clinical condition, particularly with respect to services prone to overuse or misuse. Prior authorization also can be used to make sure that drugs and devices are not being used for clinical indications other than those approved by the Food and Drug Administration.

Although HealthPartners does not use step therapy, some health plans do use it as an important tool to prescribe recognized safe and cost-effective drugs before approval of a more complex, costlier or riskier drug or drug combination. Step therapy can help reinforce the American Psychiatric Association's recommendation that the use of multiple antipsychotic medications concurrently not be tried by clinicians until at least three attempts using a single antipsychotic medication have failed.²

V. Opportunities for Improving Access to Mental Health Services

Looking ahead, we believe there are several areas where policymakers and stakeholders can work together to improve access to services for patients with mental health conditions and achieve our shared goal of parity:

- Continuing to support and promote important, innovative programs, like Make It OK, to reduce stigma and encourage people to seek mental health care;
- Addressing workforce shortages, especially in rural areas and for cultural communities, by providing expanded roles and loan forgiveness for psychiatrists, psychiatrically trained nurse practitioners, physician assistants, and clinical nurse specialists, which is an issue on which we've worked directly with Minnesota NAMI;
- Facilitating better access to community resources including group homes, supportive housing and affordable housing, at both the state and local levels, to address gaps in services and supports and ensure that patients with serious mental illnesses are connected to social service supports that can help them thrive;

² <http://www.choosingwisely.org/clinician-lists/American-psychiatric-association-routine-prescription-of-two-or-more-concurrent-antipsychotics/>

- Considering grant programs to better streamline health and housing services through innovative community partnerships;
- Better integrating behavioral health care with primary care, while also providing support for collaborative care for chronic mental conditions and substance use disorders; and
- Advancing new payment models and standards that reimburse providers based on attaining best outcomes using a Triple Aim standard: simultaneous improvement in clinical outcomes or health, patient satisfaction or experience and cost to help keep healthcare affordable.

VI. Conclusion

Thank you again for this opportunity to present my perspectives on issues surrounding mental health parity. We appreciate the committee's interest in this critical issue.