Behavioral Health and the Beltway: Politics, Policy, and Practice

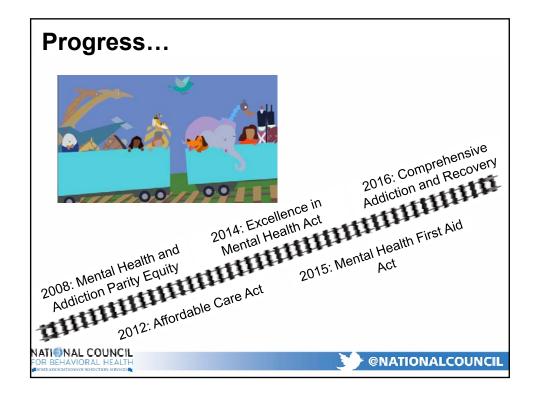


TAMHO December 13, 2016















- All but three counties in Tennessee voted for Donald Trump. (Vote: 61.1% Trump vs. 34.9% Clinton) - also won Tennessee Primary
- Governor, both Senators (Chairman of the Senate Help, Education, Labor and Pensions Committee Lamar Alexander and Bob Corker) and 7 of 9 Representatives are Republican.
- Republicans control both chambers of the Tennessee legislature.





Available, effective services is still our true north







Health Agenda



- 115th Congress January health care focus will be "repeal and replace" Affordable Care Act (ACA)
 - Reconciliation repeal parts (requires 50 votes)
 - Individual tax subsidy
 - Medicaid expansion
 - Individual mandate penalty
 - Development of bill/package of bills to reform the remaining parts of law and replace policies eliminated



Medicare and Medicaid Reform

- Republican reforming entitlement programs could happen given control of legislative and executive branch.
- Medicare and Medicaid overhaul difficult without 60 vote Senate margin, but more likely than in recent history.
- House Republicans move Medicare from defined benefits to defined-contribution, subsidy to help buy coverage.
 - Changing Medicare needs bipartisan support, doesn't have now, campaigning, Trump opposed change
- Converting Medicaid entitlement to fixed dollar, block grant or per capita cap - could advance portions via reconciliation, Trump supports





We've been here before

- This is not the first time we've seen an incoming Congress and Administration propose to roll back coverage, financing, or benefits.
- We know how to play defense, and we can do it.
- Number of healthcare packages likely advance next year, including must-pass bills (CHIP Extension and Medicare Extenders) - could be vehicles for mental health/addictions



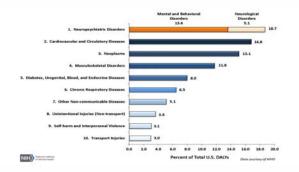


We know the FACTS





Fact: US Burden of Disease



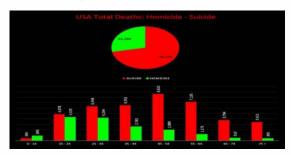
- · Mood disorders 1st in work loss costs
- Most common reason for SSD
- ¼ of adult stays in U.S. hospitals involved mental or substance use disorders –readmission driver





Fact: Climbing suicide rates

Suicide deaths jumped 24% from 1999 to 2014



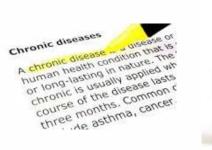
Angus Deaton, ...Mortality rate for white, middle-aged men and women with no more than a high school education increased markedly between 1999 and 2013, largely because of <u>drugs</u>, <u>alcohol</u>, and <u>suicide</u>.





Fact: Addictions... change in 50 years?

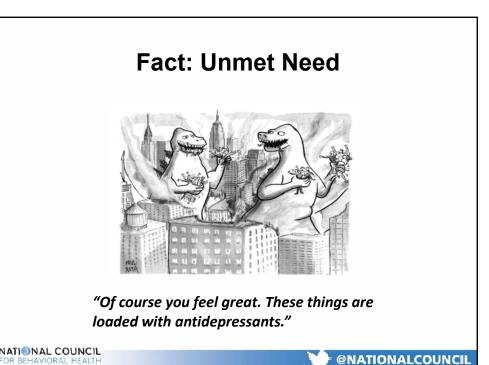
- 1980+ 600,000 died of AIDS, 3.3 million SUD
- · 23.5 million addicted to alcohol and drugs
- One in ten, population of Texas.
- 11 percent receive treatment.

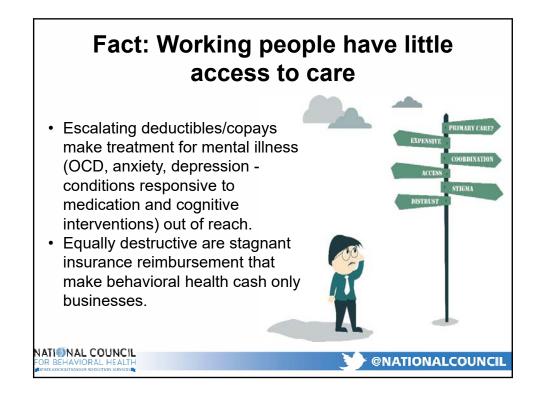




The Irrationality of Alcoholics Anonymous







Fact: Disparities persist



Generational:

- 8x more women in prison than in 1980
- 2/3 for non violent offenses
- 43% mental illness; 82% alcohol or drugs
- 60% have children 6.2 m children





Fact: Children are suffering

- Same rates of mental health issues, black and Hispanic children and young adults receive half the treatment
- Children and youth of color ... psychiatric/behavioral problems result in suspension/expulsion or incarceration,
- Black young adults receive one-seventh the substance abuse counseling
- · Private and residential schools for those with lawyers.



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

@NATIONALCOUNCIL





We know the FACTS We know where to FOCUS 7 Areas of Focus

- Integration
- Access
- Addictions
- Clinical excellence first episode, families, trauma, risk - measurement based care
- · Workforce and Technology
- Financing
- Leadership

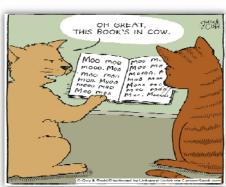




Focus: Integration

Bi-directional Integration - Standard of Practice

Talking a different language with unfamiliar colleagues



Harvard Business Review: Cross-cultural Communication







Hospitals Population Health Strategies

Social determinants of health status – employment and economic stability, housing, nutrition, and neighborhood context

Accountable Care Organizations (ACOs) – strategies refocus away from high-cost procedures to high need consumers include:

- Global Budget fixed reimbursements for population over designated period, allowing "a unique plan
- Inpatient/Outpatient Resource Shift partner?
- Emergency Medical Centers/Urgent Care provide emergency services, transportation, outpatient, and postacute
- Virtual Care align technology, regulation, and financing

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
INTEL ASSOCIATIONS OF ADDICTIONS SERVICES.

@ NATIONAL COUNCIL

Specialty Behavioral Health

- Integrated inside medical homes/hospital systems/ACOs
- ➤ Independent health homes but partnered with insurance companies, hospital systems/ACOs as preferred provider for whole health of populations with most serious addictions and mental illnesses

National Council

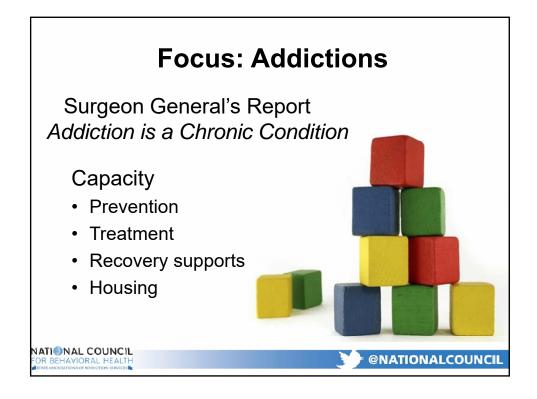
- 2005 present Learning Collaborative
- 2009 \$7 million grant program
- 2012 ACA \$50 million grant program and Medicaid Health Homes

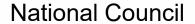
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH





13







1 Billion in CURES/MH Bill

- Toolkit based on Surgeon General's Report
- Relias Certificate of Excellence
- Hilton Foundation collaboration disseminate SBIRT, standardizing implementation
- Opioid Addiction and State Medicaid Directors
- Co-hosting National Cannabis Summit





Focus: Clinical Excellence and Measurement Based Care

First Episode
Families
Trauma
Risk assessment and management







If you don't measure it, you can't improve it

- Using patient-specific data to examine progress or lack of progress
- Using registries and monitoring to benchmark staff variance in clinical practice standards



PHQ9; DLA20



Focus: Workforce and Technology

Need:

- Physicians, RNs, APNs, PAs?
- Psychologists? Assessment/ management of risk?
- Training in family involvement and support?
- Experts for new science based practice?
- Supervisors and Mentors??

Shortage by 2025:

 Shortages more than 10,000 FTEs - psychiatrists, psychologists, social workers, SUD counselors, mental health counselors, & school counselors







Focus: Financing

ACA and/or Service and Payment Redesign (Reform?)

- Integrating care
- Focusing on populations ("high user" 5% spend 50%)
- · Reducing specialist and institutional care



Medicaid's big player: Managed Care



- Medicaid Managed Care: State downloads responsibility and risk
- Integration and Medicaid –market opportunity
 - Integrate primary & behavioral health care clinically at site of service – improve outcomes
 - Integrate financially take from Paul and give Peter
 ... No evidence ... easier
 - · Medicaid expansion versus exchanges
- It's business: PR; contract driven; RFP opportunity





Follow the Money

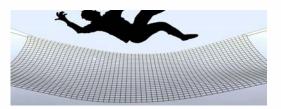


- Venture and private equity investments inpatient, residential, methadone, 7 cups
- 2011 to 2015, insurers' payments to hospitals, laboratories, treatment from \$32 million to \$446 million — a 1,375% increase.





The Fragile Behavioral Health Safety Net



- No parity in the safety net: Hospitals and FQHCs cost based reimbursement
- · State withdrawal of general funds
- · No reserves, no margins
- No access to capital
- Payment risk continuum few are able to bear risk





"Value Based Purchasing"



100 articles/15 empirical studies on value-based care, *Psychiatric Services.*

- behavioral health process and outcome measures lag behind those for physical health
- hard to justify shared savings for participating behavioral health providers
- no way to identify when consumers are receiving substandard care.

Solutions:

- Measure treatment response
- Measure acute behavioral health service use
- For critical outcomes, measure key treatment processes:







Leadership

Smart, fearless, teambased leadership



National Council and Leadership:

- Middle Management Academy
- · Executive Leadership Program
- · Mastering Supervision
- Addressing Health Disparities
- Medical Directors Institute







We know the FACTS.

We know where to FOCUS
We know how to use our VOICE





Our Voice: Keep Medicaid intact

- Advocacy will be needed to ward off major changes to Medicaid financing:
 - Per-capita caps
 - Block grant
 - Medicaid expansion repeal
 - Others?
- Reducing federal share of Medicaid results in cost-cutting actions that include:
 - Provider pay cuts
 - Coverage rollbacks/limitations
 - Benefit reductions















As a National Council Ambassador, you'll become a resource for your legislators and an influential voice in the halls of Congress – and it only takes a few hours a year.

Contact Michael Petruzzelli (<u>michaelp@thenationalcouncil.org</u>) to learn more.



Our Voice: Member outreach

we are updating materials and will encourage members to reach out to lawmakers during the lame duck – start the ball rolling now with stories about why we need to protect Medicaid...



NATIONAL COUNCIL



We will start a major Get Out the Vote push, including materials to help members register clients to vote and get them to the polls – GOTV activities will continue through the election in 2018.







- Post-election briefing webinar on Thursday, December 15,2016 at 1pm (eastern)
- 2 x month webinars beginning January. Up to date information on Congressional negotiations and opportunities for advocacy
- Mid-late January political messaging webinar on communicating impact of Medicaid/importance of investing in MH/SUD to new wave of legislators.
- Re-release of advocacy guide providing techniques for advocacy –Dec/Jan

Washington Updates

