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HEALTH CARE REFORM

Mental Health America Policy Statement

Mental Health America (MHA) believes that all individuals and families should have access to mental health services that are responsive to their needs. This requires minimizing barriers, providing multiple referral and service pathways, redesigning services that are more culturally and linguistically competent[1] and evidence-based,[2] and expanding access in rural and inner-city areas to community-based systems of mental health and substance use services and supports that are integrated with medical care. MHA particularly advocates dedicating new funding "B4stage4."[3] To promote wellness and recovery, governmental initiatives should promote mental health[4] and prevent mental illness[5] and identify people at risk as soon as symptoms become apparent.

Background

As of February 22, 2016, the Patient Protection and Affordable Care Act, commonly known as the ACA, extended health insurance coverage to an estimated 20 million people through a combination of state-based private insurance exchanges, Medicaid expansion, and allowing individuals up to the age of 26 to remain on their parents' health insurance.[6] In addition, the ACA included a number of reforms to curb harmful insurance company practices, to slow the growth of health care costs, and to improve quality of care.[7]

The ACA also took ground-breaking steps toward improving access to mental health and substance use disorder treatment services. Significantly, the ACA includes mental health and substance use disorder services as well as rehabilitative services as components of the "Essential Benefits" package that must be offered to cover the uninsured. The ACA also extended provisions of the Mental Health Parity and Addiction Equity Act to more plans, so now more health insurance plans must offer mental health and substance use benefits on parity with medical and surgical benefits.

Since the passage of the ACA, health care has continued to evolve. In 2015, Congress passed the Medicare Access & CHIP Reauthorization Act, which tasked the Department of Health and Human Services (HHS) to begin paying for value over volume (sometimes called "value-based payment") through Medicare, as well as to encourage more providers to participate in alternative-payment models, which are different ways of paying for health care other than by reimbursing fees-for-service that pay providers based on how many procedures they perform.[8] While these reforms are specific to Medicare, they may set the tone for a larger movement in health care. HHS set the goal that 90% of its Medicare payments to be tied to quality in some way by 2018, and launched the Health Care Payment Learning and Action Network, along with a number of other initiatives, to ensure that Medicaid and

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private health insurance carriers begin to work together to transition toward alternative-payment models and value-based payment.[9]

These reforms, along with an increasing focus on public health promotion, prevention of illness and community engagement, represent a movement toward population health in which systems work to constantly improve health outcomes, meet the needs of individuals, and reduce total costs.[10] MHA supports the movement toward population health and is working to ensure that health care systems more effectively promote and sustain healthy mental development and address individuals' mental health needs. But MHA emphasizes that these reforms must be carried out in a way that encourages more providers to accept federal insurance, since the dearth of providers available to serve people with mental illnesses who are dependent on federal and state medical insurance is reaching crisis levels, especially in rural areas.[11]

Major Principles Of A Modern Behavioral Health System

As health care reform continues to evolve, MHA will work to ensure that our health care system is more integrated and more effectively meets individuals' needs. MHA believes that an effective system is one that:

- **Provides comprehensive health insurance coverage to all Americans that affords access to mental health and substance use services that are effective, high-quality, culturally and linguistically appropriate, integrated, person-centered, trauma-informed, strengths-based, affordable and accessible. This should include prevention, early-intervention, treatment, and rehabilitation services, including promising as well as proven, evidence-based practices, which address the continuum of behavioral health needs.**

- **Makes treatment knowledge accessible to individuals and providers for shared decision-making in treatment planning, including comprehensive information from clinical studies and the prevalence of side-effects, comparative effectiveness research, and research on orphan drugs for which the market does not justify the required investment.**

- **Incentivizes providers to promote positive mental development and prevent mental health conditions.**

- **Empowers individuals in treatment for mental health conditions to be engaged and at the center of every level of the health care system that serves them, including in the management and provision of care.**

- **Provides screenings for mental health conditions and continuously and regularly evaluates the healthy mental development of individuals, both during visits and online so individuals can get help as soon as a need arises. All services should ensure that individuals understand their own mental health issues and what they can do to promote wellness, prevent illness and treat difficulties, so that they can evaluate their mental health, support others, and seek treatment as soon as it becomes appropriate.**

- **Identifies how information technology, like Electronic Health Records (EHR) and Personal Health Records (PHR's), can support individuals to share important information for their**

care. Information shared should be driven by clients with recovery as a goal. Tools should be easily accessible by physical and mental health providers to support coordinated care. EHR's and PHR's could include assessments, treatment plans, treatment options, progress, and goals identified by individuals in recovery. When willing, information provided by clients can be utilized within a learning healthcare system to improve innovation and outcomes.

- **Focuses on recovery as the goal – Providers should ask about the individual's strengths, challenges, and goals, and the individual and the provider should work together through shared decision-making to design a treatment plan, coordinate supports, and measure the effectiveness of care based on supporting the individual in meeting the identified goals, as they evolve.**

- **Provides flexibility for individuals and providers to best meet the individuals' needs and experiment with innovative approaches, such as capitated payment models, use of peer support specialists, and self-directed care. The effectiveness of the flexible services should be rigorously measured with person-reported, recovery-oriented outcomes, and high-quality care should be financially rewarded and used as an opportunity for shared learning throughout the health care system.**

- **Seamlessly integrates behavioral healthcare services with primary care and other services in interdisciplinary teams, with the focus on the individual as the center of the health care system. Enables peer specialists to support an individual outside of office visits as needed, including home visits and ongoing communication and services in the community.**

- **Gives individuals control over what information is shared and with whom it is shared, including allowing individuals to authorize sharing information between health care systems.**

- **Integrates with other social systems such as education and housing to provide the most effective support for the person in treatment, ensures there is "no wrong door" to receiving care, and provides incentives to focus on the individual as the center of the health care system, with due regard for family, community, and social determinants of health.**

- **Provides transparency in a way that allows people in treatment to make educated choices about their healthcare, providers to learn from one another and the individuals they treat to better promote health and treat illness, government agencies to ensure regulatory compliance, and researchers to study and improve the health care system.**

References

[1] See MHA Position Statement 18, Cultural and Linguistic Competency, http://www.nmha.org/positions/cultural-competence

[2] See MHA Position Statement 12, Evidence-based Healthcare, http://www.nmha.org/positions/evidence-based-healthcare

[3] MHA's work is guided by its *Before Stage 4 (#B4Stage4)* philosophy – that mental health conditions should be treated long before they reach the most critical points in the disease process—and driven by its commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as a goal.

[4] See MHA Position Statement 17, Promotion of Mental Wellness, http://www.nmha.org/positions/promotion

[5] See MHA Position Statement 48, Prevention, http://www.nmha.org/positions/prevention-youth

[6] https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf

[7] http://www.hhs.gov/healthcare/about-the-law/read-the-law/index.html

[8] https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html

[9] http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html

[10] http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/

[11] See, e.g., Gray, J.S., *Rural Mental Health Research White Paper,* published by University of North Dakota School of Medicine and Health Sciences, Center for Rural Health (September, 2011), full text available online at https://ruralhealth.und.edu/pdf/j_gray_nimh_white_paper.pdf