

The Thirty-second  
Annual Rosalynn Carter  
Symposium on Mental  
Health Policy



  
THE CARTER CENTER

*WIDENING THE CIRCLE OF  
HEALTH & WELLNESS: THE  
CENTRAL ROLE OF BEHAVIORAL  
HEALTH*

# Plenary II: The Current State of Integration Efforts

**Moderator: Glenda Wrenn, MD**

*Director, Behavioral Health  
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# Plenary II: The Current State of Integration Efforts

## Panelists:

**Danna Mauch, PhD**, *President & CEO, Massachusetts Association for Mental Health*

**Paul Keckley, PhD**, *Managing Editor, The Keckley Report*

**Richard Frank, PhD**, *Margaret T. Morris Professor of Health Economics, Harvard Medical School*



# Update on the Affordable Care Act: Behavioral Health Opportunities



**32<sup>ND</sup> ANNUAL ROSALYN CARTER SYMPOSIUM  
ON MENTAL HEALTH POLICY**

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**DANNA MAUCH, PHD  
PRESIDENT AND CEO, MAMH**

# ACA Provisions Impact Behavioral Health and Promote Integrated Care



## Who gained coverage and needs access to behavioral health or integrated care benefits ?

- New TXIX Eligibles
- TXIX Expansion
- Youth to Age 26
- Pre-Existing Condition Groups
- Medicare Eligibles
- Dual Eligibles
- Small Groups & Individuals

## What behavioral health and integrated care services and functions are covered?

- Wellness
- Population Health
- Screening
- Essential Services
- BH Services at Parity
- Integrated BH & Primary Care
- Home & Community Based Services

## How is service delivery targeted and structured?

- Epidemiological, Utilization and Cost Data Analytics
- Patient Centered Medical Homes
- Chronic Disease Group Health Homes
- Accountable Care Organizations
- Bundled/VBPs

## Innovation Initiatives

- IAP SUD Demos
- HCIA Grants
- SIM BH Grants
- FQHC Primary Care Practice Demo
- Strong Start
- Emergency Psych
- Prevent Chronic Disease
- Dual Eligibles Demo

# Progress on Individuals and Groups Covered



| ACA Provision                  | Opportunity  |
|--------------------------------|--|
| Previously Medicaid Ineligible | <ul style="list-style-type: none"><li><i>TXIX now covers single adults; many with MH/SU conditions</i></li></ul>   |
| Medicaid Expansion             | <ul style="list-style-type: none"><li><i>Covers low income individuals/families with low rates of treatment among estimated 26% in need (NIMH)</i></li></ul>               |
| Young Adults to Age 26         | <ul style="list-style-type: none"><li><i>50% onset by age 14; 75% onset by age 24 (Kessler); early ID and Tx to mitigate morbidity, disability and mortality</i></li></ul> |
| Pre-existing Condition Group   | <ul style="list-style-type: none"><li><i>50M to 129M/25M uninsured (HHS); majority with behavioral health conditions</i></li></ul>   |
| Individuals and Small Groups   | <ul style="list-style-type: none"><li><i>25M people; estimated 26% in need (NIMH)</i></li></ul>  |
| Larger Employer Groups         | <ul style="list-style-type: none"><li><i>111M in Employer plans; 29M in Govt Employee plans</i></li></ul>  |
| Medicare                       | <ul style="list-style-type: none"><li><i>Cuts BH Part B co-pay disparity; partial Part D donut hole</i></li></ul>  |

# Progress on Services and Functions Covered



| ACA Provision                     | Opportunity  |
|-----------------------------------|--|
| Population Health Management      | <ul style="list-style-type: none"><li>• <i>Epidemiological , cost, use data analyses to target care</i></li></ul>  |
| Prevention and Wellness           | <ul style="list-style-type: none"><li>• <i>Screening for BH in PC settings; Smoking cessation</i></li></ul>  |
| Healthy Mothers and Children      | <ul style="list-style-type: none"><li>• <i>Perinatal, Postpartum and Well Child screening</i></li></ul>  |
| Care Coordination and Integration | <ul style="list-style-type: none"><li>• <i>PC &amp; BH Integration; Early ID/ Tx intervention; Patient Centered Medical Homes, Health Homes, Co-Location</i></li></ul> |
| Patient Navigators                | <ul style="list-style-type: none"><li>• <i>Patient engagement, education, peer support</i></li></ul>   |
| Home and Community Based Care     | <ul style="list-style-type: none"><li>• <i>HCBS under State Plan; cover rehab and recovery</i></li></ul>   |
| Long Term Services and Supports   | <ul style="list-style-type: none"><li>• <i>LTSS essential for those disabled by MI/SUD and/or MCCs</i></li></ul>   |
| Pharmacy Benefits                 | <ul style="list-style-type: none"><li>• <i>Challenges on formulary composition and management</i></li></ul>  |

# Progress on Service Delivery and Payment



| ACA Provision                     | Opportunity   |
|-----------------------------------|---|
| Patient Centered Medical Homes    | <ul style="list-style-type: none"><li><i>PC and BH Integration; Early ID/ Tx intervention</i></li></ul>   |
| Health Homes                      | <ul style="list-style-type: none"><li><i>PC, BH and Specialty Care Integration for MCCs</i></li></ul>   |
| CMHC/FQHC Co-Location             | <ul style="list-style-type: none"><li><i>Bi-directional PC &amp; BH Integration</i></li></ul>   |
| Delivery System Reform Incentives | <ul style="list-style-type: none"><li><i>DSRIP to address structural deficits in BH</i></li></ul>   |
| Bundled/Value Based Payments      | <ul style="list-style-type: none"><li><i>Flexibility on covered services; may address structural BH inequities/reimbursement deficits if those players in ACO governance or ACOs directed to fairly pay</i></li></ul> |
| Integrated Care for Comorbidities | <ul style="list-style-type: none"><li><i>68% of adults with mental disorders have medical conditions; 29% with medical conditions have mental disorders (Druss &amp; Walker)</i></li></ul>                            |

# Progress on Innovations in Delivery and Payment



| ACA Provision                 | Opportunity  |
|-------------------------------|--|
| Primary Care Transformation   | <ul style="list-style-type: none"><li>• <i>FQHC Advanced Practice; Independence at Home</i></li></ul>  |
| Speed Best Practice Adoption  | <ul style="list-style-type: none"><li>• <i>Multi-Payer Advanced PC Practice Demo; Capitation</i></li></ul>   |
| Medicaid and CHIP Initiatives | <ul style="list-style-type: none"><li>• <i>IAP SUD; Emergency Psych; Chronic Disease Prevention</i></li></ul>                                      |
| Health Care Innovation        | <ul style="list-style-type: none"><li>• <i>HCIA Grants for BH &amp; PC Integration/serious mental illness</i></li></ul>                            |
| Dual Eligibles Demonstration  | <ul style="list-style-type: none"><li>• <i>Financial alignment; reduce avoidable hospitalization</i></li></ul>                                     |
| Primary Care Payment          | <ul style="list-style-type: none"><li>• <i>Multi-Payer Advanced PC Practice Demo; Capitation</i></li></ul>   |
| Bundled/Value Based Payment   | <ul style="list-style-type: none"><li>• <i>Spending flexibility; performance incentives increase reward</i></li></ul>                              |
| System Wide Improvements      | <ul style="list-style-type: none"><li>• <i>Investments in HIT, quality improvement, data analytics, population management, and PCORI</i></li></ul> |

# Opportunities, Challenges, Questions



## Opportunities

- Improving health and wellness depends on data, coverage, service delivery and payment
- Data in the public domain prove BH and care integration impact diverse demographic groups
- Data emerging on impact of BH integration on quality, clinical outcomes and cost
- Expansion of Interest Groups: Patients, Providers, Payers, PhRMA, Investors, Consultants, Legislators, Governors and Civil Society Structures

## Challenges

- Substantial state variation in implementation
- Uncertain role, authority and reimbursement in hospital and/or plan led ACOs
- Rollback of expanded eligibility and coverage absent free care pools; rollback of Parity
- Risk of retaining prior condition coverage without controls on individual premium increases
- Risk Year 1 estimated \$6B increase to federal deficit and loss of insurance for 20M (Rand)

## Questions

- Echo of MH Systems Act (1980) and Medicare Catastrophic Coverage (1989) repeals?
- Reversal of a widespread public benefit after it has taken effect?
- Eliminate BH and integrated care provisions, as considered main levers for bending cost curve?
- Rob low and middle income people of subsidies for insurance?
- Overlook positive impacts on families, productivity associated with access to BH treatment?