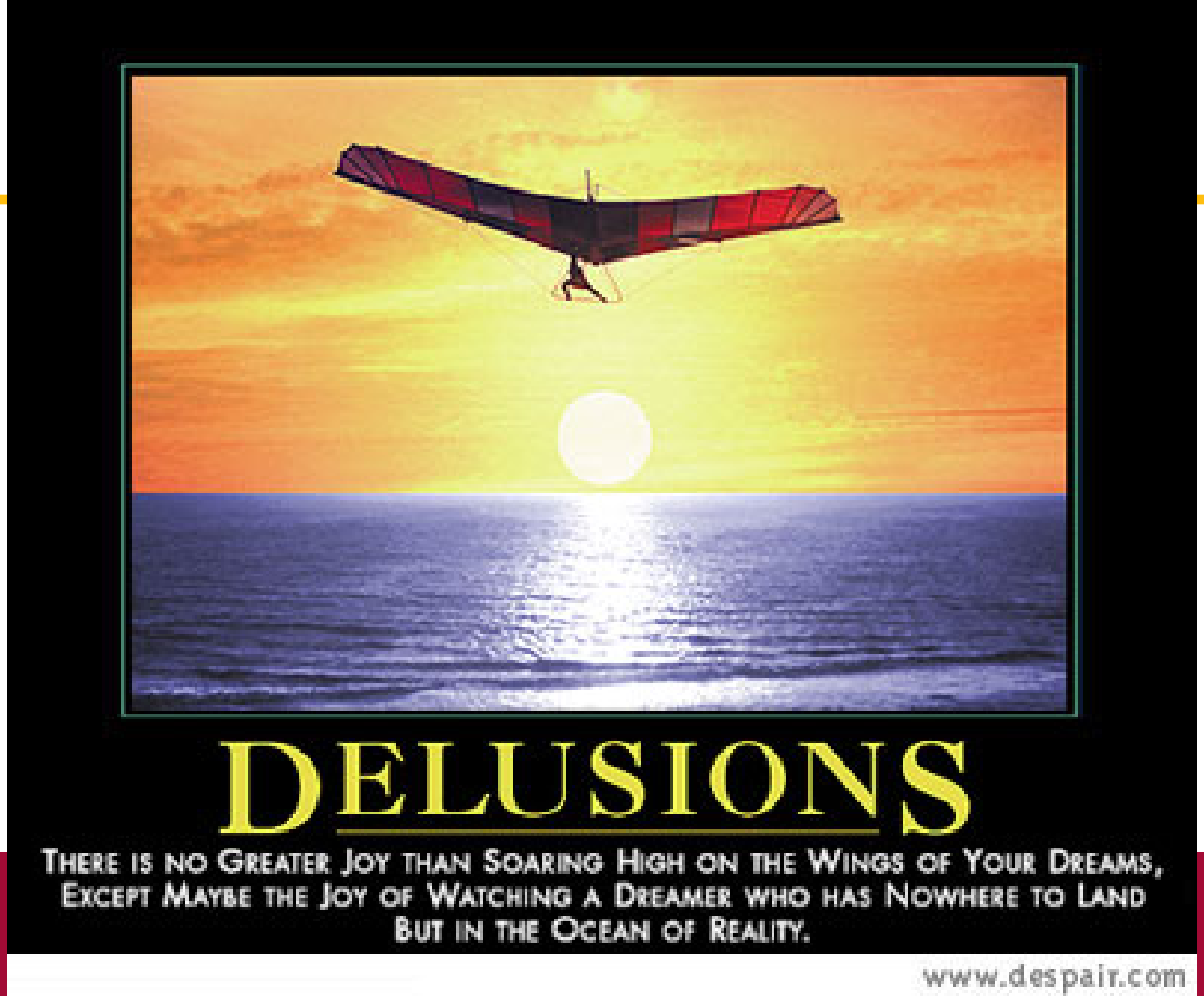
The Challenge of Access to Behavioral HealthCare

29th Annual Rosalyn Carter Symposium

November, 2013

The Major Obstacles to Access

- Enforcing Wellstone Domenici Parity within ACA
- Reductions to DSH under ACA will disproportionately impact Psychiatric Beds
- ACA mandated performance measures often don’t fit for behavioral health
- Behavioral Workforce Shortages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EXCEPT MAYBE THE JOY OF WATCHING A DREAMER WHO HAS NOWHERE TO LAND
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Essential Benefit Plans (EBP) on the Insurance Exchanges

- The plan selected by a state to be its EBP benchmark for ACA may not comply with parity.
- States had until exchanges went live to make it comply with parity - then it became an EHB benchmark plan
- But so far its unclear if CMS will enforce this – especially since the final ACA rule stated that “We do not intend to require or request states to include specific services within EHB categories offered by their ABP.”
- States resisting ACA implementation will not enforce it either
- High deductibles and co-pays will be an obstacle

Alternative Medicaid Benefit (AMB) for Medicaid Expansion Groups

- Wellstone – Domenici Parity does not apply
- **Unless** the individual meets that states definition for "medically frail" and reverts to the standard Medicaid benefit
- Serious Mental Illness and Substance Use Disorders constitute Medically Frail
- **But** - states get to define which diagnosis is "SMI"
- Many states are not expanding Medicaid

DSH REDUCTION CRISIS in ADULT PSYCHIATRIC INPATIENT BEDS: FOUR MISSOURI COMMUNITY HOSPITAL EXAMPLES

Hospital	# of Total Hospital Beds	# of Adult Psychiatric Inpatient Beds	% of all Hospital's Patients who are Uninsured	% of Adult Psychiatric Patients who are Uninsured	% of Hospital's Total Indigent Care Days Accrued on Adult Psych Units
Cox Health-Springfield	646	42	9.0%	30.9%	23.8%
SSM St. Joseph Health Center-St. Charles/Wentzville	331	61	9.4%	28.8%	58.2%
Truman Medical Center-Lakewood	310	28	17.9%	23.7%	46.7%
Twin Rivers Regional Medical Center-Kennett	116	12	6.7%	18.2%	52.2%

ACA Performance Measures

- Ambulatory Care Sensitive Conditions do not include **any** Behavioral Health Conditions
- Screening and Follow-up for Depression is a mandated CMS Core Measures for BH organizations ?!?

Psychiatrist Shortage Overview

- Currently Demand for Psychiatrists exceeds the supply
- Demand for psychiatric workforce is increasing
- Psychiatric workforce is projected to shrink
- The current psychiatric care delivery model is not sustainable
- So what can be done differently?

Drivers of Increased Demand

- ACA requires newly covered populations meet the parity requirements of Wellstone Domenici Parity Act
- Multiple parts of ACA require or incentivize integration of Behavioral Health and general medical care
- Stigma continues to drop releasing pent up demand
- In responding to recent press coverage of mass shootings increasing mental health services is more popular than gun control

CURRENT SHORTAGE

- Best data: Study by University of North Carolina commissioned by Health Resources and Services Administration (HRSA)
- Demonstrated shortages for all MH professionals, especially “prescribers”
  - 77% of U.S. Counties have “a severe shortage of prescribers, with over half their need unmet”
  - 96% of US counties have “some unmet need”

Konrad et al, Psych Services, 60: 1307-14, 2009

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Current Supply and Need for Psychiatrists

- Estimated need of 25.9 psychiatrists/100,000 population
  - With current population of 300,000,000, this is 78,000.
- Current supply is ~ 48,000 (~ 16/100,000)
- Current gap = at least 30,000
- Much greater supply vs. need gap for child and adolescent psychiatry (~ 7,500 total)

Sources: Konrad et al, Psych Services, 60: 1307-14, 2009

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Psychiatric Times Series on Psychiatrist Shortage (Summer 2010)

- "Psychiatry Job Openings Surge into the Future": Physician recruitment company, Merritt Hawkins reported a 121% increase in requests for psychiatrists between 2007/2007 and 2009/2010

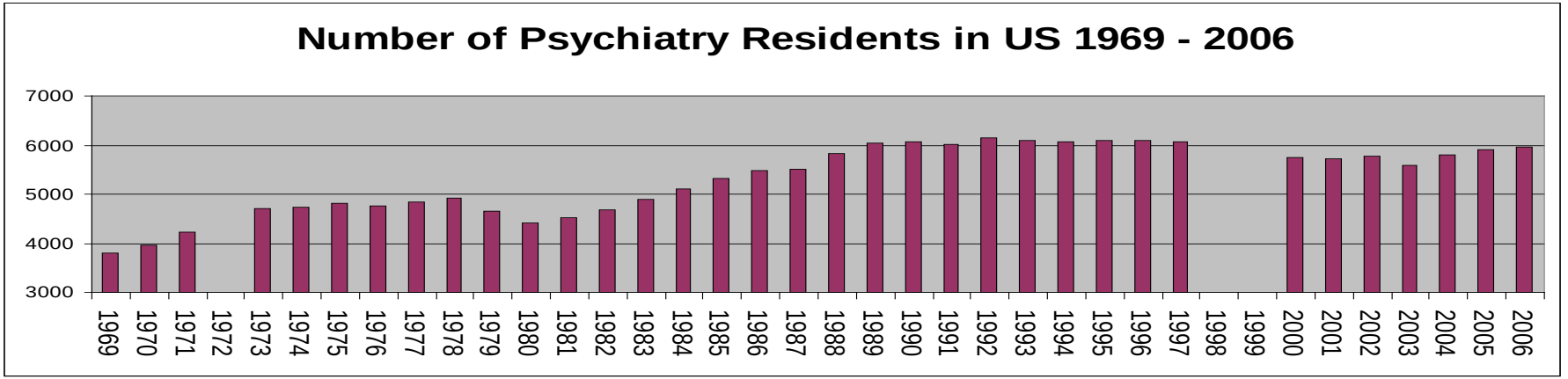
- "45,000 More Psychiatrists, Anyone?": HRSA commissioned studies considered "very conservative" because of exclusion of many patients with disorders that require some type of treatment (ADHD, Conduct Disorder, Dysthymia)

Demand for Psychiatrists Continues to Grow

- The Bureau of Health Professions predicts that demand for General Psychiatry services will increase nearly 20% between 1995 and 2020

- 100% increase in the need for Child and Adolescent Psychiatry

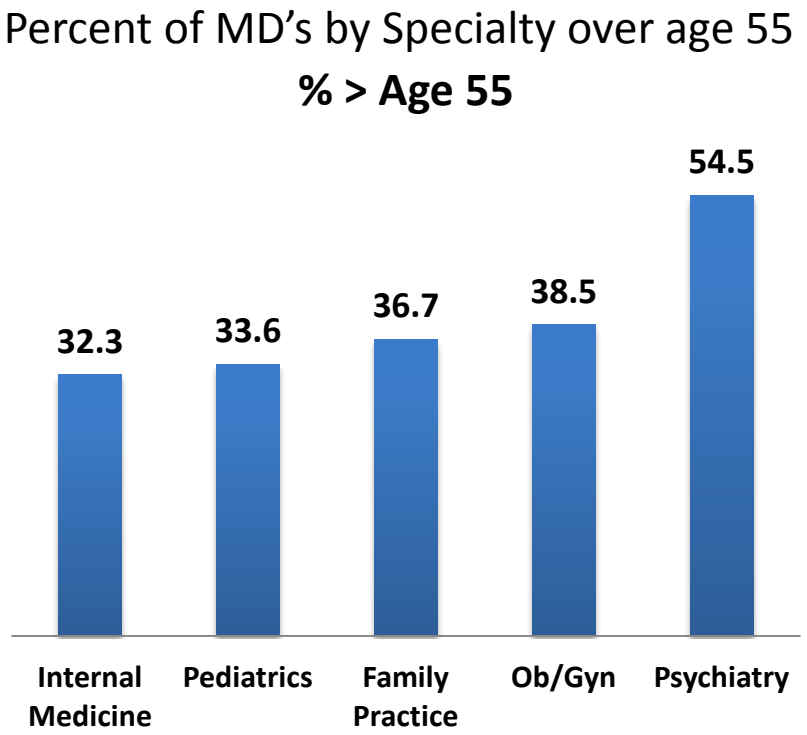
Supply of Psychiatrists has been flat for 20+ years



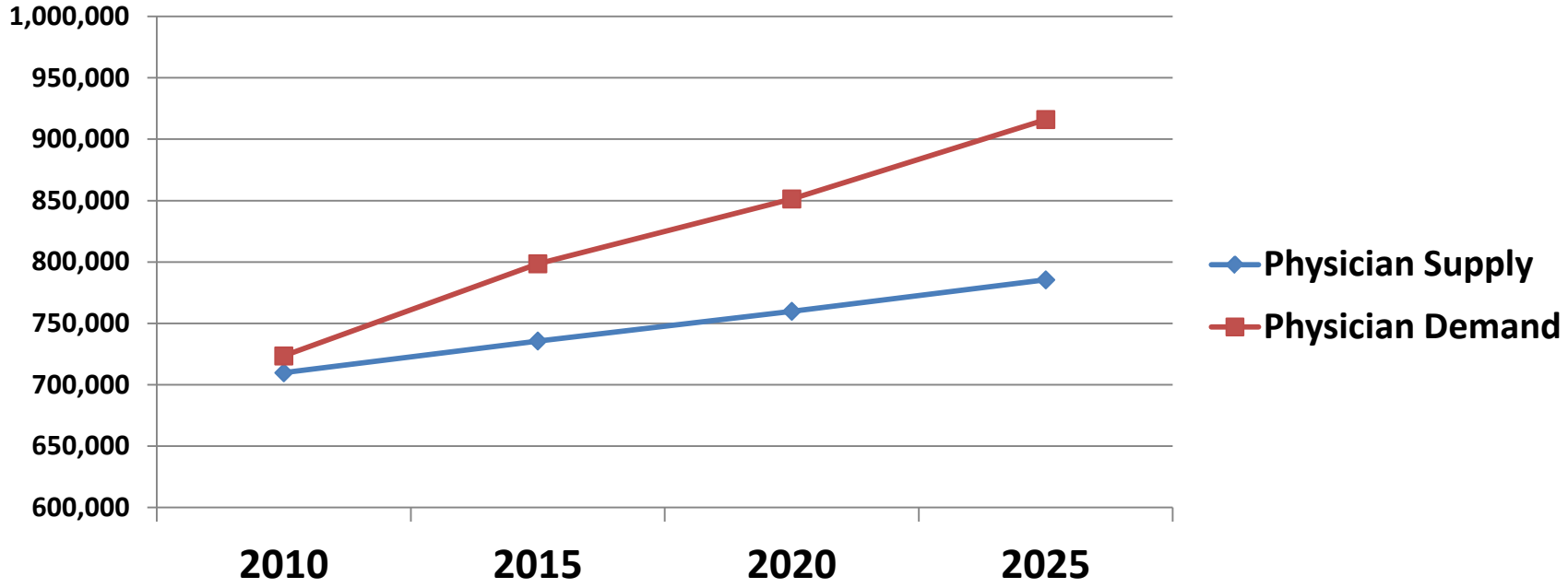
Note: there has been a linear increase in number of physicians overall during this time

Current Psychiatrists are Aging Out Fast

- Off all sub-specialties (35), Psychiatry is second oldest (Second only to Preventive Medicine)
- 55% of current psychiatrist are > age 55

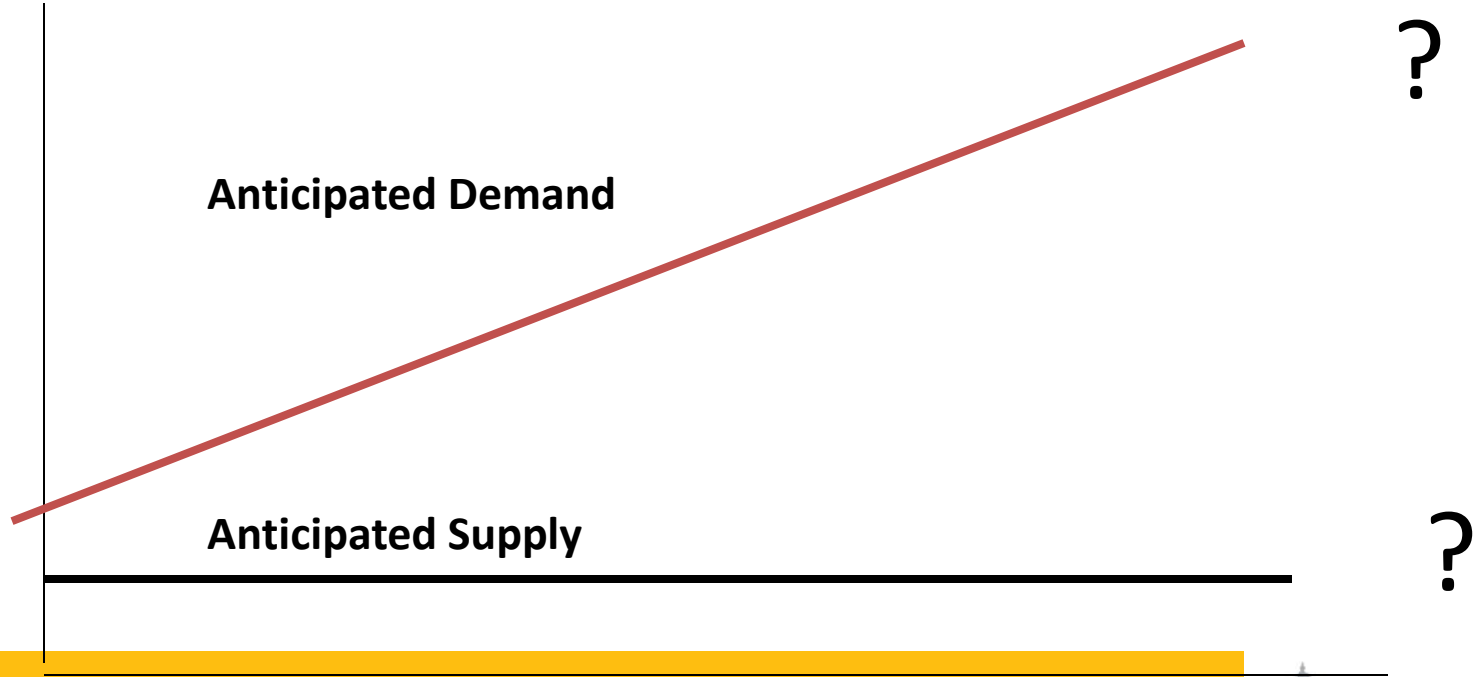


Projected Supply and Demand of All Physicians 2010 - 2025



Source: AAMC Center for Workforce Studies, June 2010 Analysis

Anticipated Supply and Demand of Psychiatrists?



So, what to do…

- There is NO one magic bullet
- More and larger “help wanted” signs won’t work
- Warm bodies with prescription pads won’t work
- Locums Tenens isn’t “the solution”
- Tele-psychiatry isn’t “the solution”

Collaboration Models

- Clearly must change the way we do business
- Primary Care Physicians with Consulting Psychiatrist
- Advanced Practice Nurse Practitioners as LIPs with Collaborating Psychiatrists (practice agreements or prescriptive agreements)
- Psychologists with Supervising Psychiatrists
- Physician Assistants as psychiatrists' extenders

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Potential Options and Concerns

1. Primary Care Physicians take on more psychiatric patients – already overloaded and not doing the best job in treating people with psychiatric problems
2. Train more Psychiatrist – $100,000 per residency slot (times 45,000 = $4.5B)
3. Train more APRNs and Physician Assistants in Psychiatry – very little training in psychology or psychotherapy
4. Psychologists Prescribing Authority – What is “adequate training” in basic science medicine and clinical science medicine to prescribe?

Benefits of Co-Location and Integration

- Patients prefer it
- Percent complying with a referral rises from 15-20% to 40-60%
- Builds personal relationships – the foundation of any enduring arrangement
- Allows more accurate understanding of each other's incentives, methods and constraints
- Opportunities for informal consultation
- Single clinical record reduces errors
- Facilitates converting BH clinicians into consultants to PCPs

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