



Section for Psychiatric & Substance Abuse Services

To: Members, AHA's Section for Psychiatric & Substance Abuse Services
From: Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services
Subject: **Update on Key Issues in the Behavioral Health Care Field: [October 2015](#)**

AHA Supports: National Depression Screening Day set for Oct. 8

Participating hospitals and other health care providers will offer free, anonymous mental health screenings Oct. 8 as part of the 25th annual National Depression Screening Day. To find a local screening site, visit www.helpyourselfhelpothers.org. The World Health Organization predicts that depression will become the second-leading contributor to the global burden of disease by 2020, behind heart disease. Like many physical illnesses, early recognition and treatment offers the best opportunity for recovery from mental illness. If left untreated, suicide can be a fatal response to depression.

AHA Advocacy Update

Two Bills Clear HELP Committee: [S. 1893, *The Mental Health Awareness & Improvement Act*](#), an AHA [supported](#) mental health bill sponsored by Chairman Lamar Alexander and Sen. Patty Murray, was voted out of the Senate Health, Education, Labor, and Pensions (HELP) Committee on Wednesday, September 30. The bill reauthorizes suicide prevention and mental health awareness programs, as well as opioid use disorder treatment services, among other things. The measure was first introduced in 2013 and gained wide bipartisan support in the Senate, but failed after being attached to a gun control bill. Moreover, [the *Protecting Our Infants Act \(S.799/H.R. 1462\)*](#) passed out of the HELP Committee on the same day. This [AHA-supported](#) legislation would direct the Secretary of Health and Human Services to develop a strategy and recommendations to decrease the number of infants with opioid dependency, and encourages HHS to work with states to improve the public health response to this epidemic. The legislation is sponsored by Senate Majority Leader Mitch McConnell (R-KY) and Sen. Robert Casey (D-PA) in the Senate and by Reps. Katherine Clark (D-MA) and Steve Stivers (R-OH) in the House, which approved the measure earlier this month. The full Senate is expected to consider the bill soon.

IMD Demo Extension Bill Clears Senate: On Monday, September 28, the U.S. Senate approved by unanimous consent [AHA-supported](#) legislation ([S. 599](#)) to extend the Medicaid Emergency Psychiatric Demonstration Program, which allows eligible states to pay certain institutions for mental disease for emergency psychiatric care provided to Medicaid enrollees aged 21 to 64. The bill, introduced earlier this year by Sens. Ben Cardin (D-MD), Patrick Toomey (R-PA) and Susan Collins (R-ME), now goes to the House of Representatives for consideration. The bill would extend the program through September 2016, as long as it does not increase Medicaid spending. It then would allow HHS to extend the program for three more years and to more states, subject to the same budget-neutrality standard; and require the agency to recommend by April 2019 whether to make the program permanent.

AHA: Health Insurance Consolidation Could Harm Consumers: Anthem's proposed acquisition of Cigna and Aetna's proposed acquisition of Humana "merit the closest scrutiny from the Department of Justice's Antitrust Division and Congress," AHA recently [told](#) the Senate Judiciary Subcommittee on Antitrust, Competition Policy and Consumer Rights. The "unprecedented consolidation," which would result in a reduction in the number of large national health insurance companies, threatens to "make

health care more expensive and less accessible” for consumers and derail hospital efforts to improve the



health care delivery system, AHA President and CEO Rick Pollack testified at the [hearing](#) on health insurance industry consolidation and its impact on consumers. For more on AHA’s testimony, see today’s [AHASTAT blog post](#). The American Psychiatric Association has also warned U.S. antitrust regulators that the proposed health insurance deals could worsen access to mental health care services.

NAIC’s Model Network Adequacy Legislation: Proposed changes to the National Association of Insurance Commissioners’ 1996 model state legislation for health plan network adequacy would help address problems that consumers and health care providers face with respect to the adequacy and transparency of health plan provider networks, AHA told a NAIC subgroup yesterday. “Of particular importance to our hospital members is the Subgroup’s work on ‘surprise bills’ to protect consumers from unexpected large bills and balanced billing,” [wrote](#) Ashley Thompson, AHA acting senior executive for policy. “AHA also commended a number of other changes to the Model Act and urged additional changes, such as requiring that state insurance commissioners set quantitative standards for measuring network sufficiency and have prior approval authority of network access plans.”

AHA Regulatory Update



ICD-10 Conversion on Oct. 1: The Centers for Medicare & Medicaid Services (CMS) will continue to pay claims and implement ICD-10 if the Congress fails to act by Oct. 1 on legislation to fund the government into fiscal year 2016, CMS Principal Deputy Administrator Patrick Conway said during a press briefing today on ICD-10 implementation. “We recognize that [ICD-10] is a significant transition and we have set up processes and operations to monitor the transition in real time, assess our system, and investigate and address issues as they come in through the ICD-10

Coordination Center,” he said. “Providers experiencing issues related to the submission of their claims should first contact their billing vendor and/or clearinghouse. After that they can contact their Medicare Administrative Contractor.” For more on the transition, see today’s [CMS Blog post](#) by ICD-10 Ombudsman Bill Rogers, M.D., or visit www.aha.org. Rogers can be contacted at ICD10_ombudsman@cms.hhs.gov.

HHS Latest on Opioid Crisis: Last month, Health and Human Services Secretary Sylvia M. Burwell kicked off a two-day intensive session on preventing opioid overdose and opioid use disorder – convening representatives from all 50 states and Washington, DC. The secretary [announced](#) that HHS will move to expand access to medication-assisted treatment (MAT) by revising the regulations related to the prescribing of buprenorphine to treat opioid dependence. She also announced \$1.8 million in awards to rural communities to expand access to naloxone – a drug that reverses an opioid overdose. Meanwhile, the American Society of Addiction Medicine’s (ASAM) recently released: [*ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*](#). In collaboration with Guideline Central, ASAM also released quick-reference printed [pocket cards and digital apps](#) to support the adoption of the national practice guideline.

AHA Resources

AHA/HRET Continues HEN Initiative: AHA’s Health Research & Educational Trust affiliate is one of [17 organizations selected](#) to lead Hospital Engagement Networks (HEN) for another year under the

Partnership for Patients initiative, a public-private collaboration to reduce preventable hospital-acquired conditions and 30-day readmissions. “We are thrilled that CMS has decided to select us and believe our participation will allow us to build upon the important patient safety and engagement work we started under the original HEN contract,” said Maulik Joshi, HRET president and AHA associate executive vice president. Under the new contracts, the HENs will continue to help hospitals make patient care safer through learning collaboratives, intensive training and other activities. More than 1,500 hospitals, including 41 psychiatric hospitals, participated in AHA’s first round of HEN work; improving care for more than 69,000 patients over the two years while reducing health care costs by nearly \$202 million.

Hospitals Commit to Population Health: More than 90% of hospitals are committed to population health, according to a recent survey conducted by the AHA’s Health Research & Educational Trust and the Association for Community Health Improvement. The survey asked hospitals to self-assess their commitment to population health – from “no commitment” to “total commitment.” Survey findings show that though large hospitals (300+ beds) were only slightly more committed to population health than small hospitals (<100 beds), urban hospitals were more likely to be committed to population health. Nearly 75% of hospitals “totally” committed to population health have developed initiatives to address the socioeconomic determinants of health, per the survey. To improve population health, hospitals reported partnering with federally qualified health centers and community clinics, other hospitals, public health departments, health insurance companies and healthy community coalitions. The survey elicited responses from more than 1,400 hospitals and addressed how population health initiatives are structured, partnerships with community organizations and the process of assessing community health needs. The survey also identified individuals with backgrounds in behavioral health as a key component in the population health structure.



Jonathan B. Perlin, M.D., AHA Chairman

HRET Partners with RWJF: AHA’s Health Research & Educational Trust has received a grant from the Robert Wood Johnson Foundation to create resources to support a culture of health in U.S. communities. The project will provide resources to help hospital and community partnerships document and assess their value, share best practices and learn from each other, and create a searchable online database of community health needs assessments. Particular attention will be given to needed resources to improve access to behavioral health services. For more info, e-mail hpo@aha.org.

Huddle for Care Launch Webinar: Join AHA’s HRET for the official launch of Huddle for Care, an exciting new resource for care transitions! The webinar is set for Oct. 15, 2015, 11:00-11:45 a.m. CT / 12:00-12:45 p.m. ET. Huddle for Care is a virtual community of care transitions implementers exchanging innovations and teaming up to solve the challenges of care coordination. Online registration required.



AHA Constituency Section Resources

AHA Constituency Section Member Best Practice Webcasts

Using TelePsychiatry to Expand Access to Care: The University of New Mexico Medical Center Experience

Thursday, October 22, 2015

3:00 pm – 4:00 pm Eastern (2:00 pm CT, 1:00 pm MT, Noon PT)

Caroline Bonham, M.D., Director, Division of Community Behavioral Health, Department of Psychiatry and Behavioral Sciences, and Rodney McNease, Executive Director, Behavioral Health Finances, University of New Mexico Health Sciences Center, Albuquerque, New Mexico, will share their hospital's real-world experience with telepsychiatry programs. If you can join us, register at: <http://event.on24.com/r.htm?e=1054387&s=1&k=53BBFDEC7B7262AFE7BB78547E30E00E>

A Behavioral Intervention Team for Internal Medicine: Yale's Proactive, Multi-disciplinary Psychiatric Consultation Service

Tuesday, November 17, 2015

3:00 pm – 4:00 pm Eastern (2:00 pm CT, 1:00 pm MT, Noon PT)

Steve Merz, Vice President & Executive Director, Behavioral Health; Merlyn LaPaix, MSN, MBA, LNC, Director, Psychiatric Nursing, and William Sledge, M.D., Medical Director, Behavioral Medicine, Yale-New Haven Hospital, New Haven, will describe BIT: a proactive, multi-disciplinary psychiatric consultation service for all internal medicine inpatients at Yale-New Haven Hospital. You'll learn how BIT has resulted in reduced length of stay, and improvement in outcomes and patient satisfaction. If you can join us for this webinar and discussion, please let us know by registering at: <http://event.on24.com/r.htm?e=1065089&s=1&k=9E70B60729EFA48A0CFAE1B8950E83FB>

October Update: The [October Behavioral Health Update](#) includes, among other items, the announcement that Thomas R. Insel, M.D., will step down as National Institute of Mental Health director effective Nov. 1 to join the Google Life Sciences team and lead a new effort that will focus on mental health; resources from the Centers for Disease Control on suicide prevention; the CMS Equity Plan for Improving Quality in Medicare and more. For additional resources, such as how to integrate physical and behavioral health services, go to the Section's website at www.aha.org/psych.

Additionally, I ask that each of you consider having your organization "*Take the Pledge to Eliminate Health Disparities.*" As the U.S. continues moving toward a majority-minority population, the need to identify, address and eliminate health care disparities is increasing. That's why the AHA in 2011 joined several other national organizations in a national call to action to eliminate health care disparities. In July 2015, AHA launched the #123forEquity Pledge to Act Campaign. More than 700 hospitals have signed the pledge already. Information on how you can pledge and resources that can assist you are available at www.equityofcare.org.

Also, please let me know if your organization participates in the 25th annual National Depression Screening Day on Oct. 8. AHA is a supporter of the annual event, sponsored by Screening for Mental Health. We know that many of our members will offer free, anonymous mental health screenings – but want to hear from you about the results.

Rebecca B. Chickey

Director, Section for Psychiatric & Substance Abuse Services, 615-354-0507; rchickey@aha.org