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BEHAVIORAL HEALTH UPDATE: September 2015
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. CMS issues final rule on inpatient psychiatric PPS for FY2016.
2. IPF quality measure reporting program changes are detailed in final IPF PPS rule.
3. **Senators introduce mental health reform bill.**
4. Administration to test new “heroin response strategy.”
5. Kana Enomoto is new acting administrator of SAMHSA.
6. Only half of adults with suicidal thoughts seek mental health services, study finds.
7. Initiative to reach women on mental health issues “across the lifespan” is launched.
8. NIDA offers online resources on women and substance use.
9. ABHW issues paper on integration.
10. White paper looks at integration of substance use disorder and healthcare services.
11. APA updates practice guidelines for the psychiatric evaluation of adults.
12. American Heart Association issues scientific statement on link between teen depression and heart disease.
13. Reminder: Switch to ICD-10 starts October 1.

1. CMS ISSUES FINAL RULE ON INPATIENT PSYCHIATRIC PPS FOR FY2016. The Centers for Medicare and Medicaid Services (CMS) has issued a [final rule](#) on the Medicare “Inpatient Psychiatric Facilities (IPF) Prospective Payment System (PPS) – Update for Fiscal Year Beginning October 1, 2015 (FY16).” IPF rates will increase by 1.5% in FY 2016, after accounting for inflation and other adjustments. Specifically, the final rule includes an initial market-basket update of 2.4% for hospitals that submit data on quality measures. Hospitals not submitting data will receive a 0.4% update. The rule also will make a 0.5 percentage point cut for productivity and an additional 0.2 percentage point market-basket cut, as mandated by the *Affordable Care Act*, and a 0.2 percentage point decrease resulting from an updated outlier threshold. In the rule, CMS also confirmed that, beginning in 2016, the agency will replace the Rehabilitation, Psychiatric and Long-Term Care market basket with a new, IPF-specific market basket based on data from both freestanding and hospital-based IPFs. A [CMS fact sheet](#) provides additional details. This final rule, which is effective October 1, also outlines new quality measures and reporting requirements under the IPF quality reporting program (see story below).

2. IPF QUALITY MEASURE REPORTING PROGRAM CHANGES ARE DETAILED IN FINAL IPF PPS RULE. In the [final rule](#) on the inpatient psychiatric prospective payment system update for FY16 (see story above), the Centers for Medicare and Medicaid Services (CMS) outlines new quality measures and reporting requirements under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. CMS adopted all proposed measures, but delayed implementation of the transition of care measures and the metabolic screening measure until July 1, 2016. CMS is planning to hold an IPFQR webinar this fall on the quality provisions of the rule. Details will be emailed to the IPFQR listserv and posted at www.qualityreportingcenter.com.

3. SENATORS INTRODUCE MENTAL HEALTH REFORM BILL. Sens. Bill Cassidy (R-LA) and Chris Murphy (D-CT) have [introduced](#) the *Mental Health Reform Act of 2015* (S.1945). According to the sponsors, the bipartisan legislation would create an assistant secretary within the Department of Health and Human Services (HHS) to coordinate federal mental health services, a committee to

coordinate research and treatment for serious mental illness, and a national policy laboratory to provide innovation grants. The bill also would require the Departments of Labor, HHS, and Treasury to conduct audits and issue guidance on mental health parity implementation, and provide grants to help states integrate physical and mental health care and provide early intervention for children at risk for mental illness. In addition, the legislation would allow Medicare and Medicaid patients to use mental health and primary care services at the same location and on the same day, and repeal the Medicaid exclusion on inpatient treatment for adults aged 22-64 in Institutions for Mental Disease if the Centers for Medicare and Medicaid Services actuary certifies that the provision would not lead to a net increase in federal spending. The measure is complimentary to a comprehensive mental health reform bill, H.R.2646, introduced in the House earlier this year by Reps. Tim Murphy (R-PA) and Eddie Bernice Johnson (D-TX) titled the *Helping Families in Mental Health Crisis Act*.

4. ADMINISTRATION TO TEST NEW “HEROIN RESPONSE STRATEGY.” National Drug Control Policy (ONDCP) Director Michael Botticelli has [announced](#) a total of \$13.4 million in funding for High Intensity Drug Trafficking Areas (HIDTA). Included in this total is \$2.5 million for the “Heroin Response Strategy,” which is “an unprecedented partnership among five regional HIDTA programs — Appalachia, New England, Philadelphia/Camden, New York/New Jersey, and Washington/Baltimore — to address the severe heroin threat facing those communities through public health-public safety partnerships across 15 states.” This plan, he said, is to address the heroin and prescription opioid epidemic as both a public health and a public safety issue, moving from punishment to the treatment of addicts.

5. KANA ENOMOTO IS NEW ACTING ADMINISTRATOR OF SAMHSA. As of August 22, Kana Enomoto is the new Acting Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). Previously the agency’s principal deputy administrator, she had worked with outgoing SAMHSA Administrator Pamela Hyde, J.D., who [announced](#) her resignation last month after six years of service. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

6. ONLY HALF OF ADULTS WITH SUICIDAL THOUGHTS SEEK MENTAL HEALTH SERVICES, STUDY FINDS. Only about half of individuals reporting past-year suicide ideation, plans, or attempts reported contact with mental health services (inpatient, outpatient, or psychiatric prescription medication) over the same period, according to a [study](#) published online in *Psychiatric Services in Advance*. The study examined data from the 2013 National Survey on Drug Use and Health for adults age 18 or older. “Individuals who were more likely to have connected with services in the past year included females, non-Hispanic whites, those in worse general medical health, and those with a more severe clinical picture (that is, presence of serious psychological distress or a past-year diagnosis of a major depressive episode),” the researchers found. They suggest that “efforts must be made to develop and rigorously test programs targeted at increasing service use among suicidal adults. Given the correlates of service use identified by this study,” they conclude, “effective approaches may involve improving access to care for those without insurance, implementing screening and referral procedures in primary care and emergency department settings, and crafting interventions that are culturally sensitive and acceptable to males.”

7. INITIATIVE TO REACH WOMEN ON MENTAL HEALTH ISSUES “ACROSS THE LIFESPAN” IS LAUNCHED. The National Institute of Mental Health (NIMH) and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) have partnered with Delta Sigma Theta (DST) Sorority, Inc., to launch the [Mental Health Across the Lifespan](#) initiative. The multi-year collaborative effort seeks to raise awareness about issues affecting women and their families throughout the lifespan, including mental disorders such as postpartum depression,

and issues that can impact mental health, including bullying and aging. Educational materials are available at <http://www.deltasigmatheta.org/mhal/>.

8. NIDA OFFERS ONLINE RESOURCES ON WOMEN AND SUBSTANCE USE. A new online resource from the National Institute on Drug Abuse (NIDA) provides information on the importance of scientific research into sex and gender issues related to drug use. At <http://www.drugabuse.gov/related-topics/women-drugs>, NIDA offers research summaries about women and commonly abused drugs, including marijuana and prescription medications. It also summarizes the latest research related to drug use while pregnant or breastfeeding, along with what science has told us about sex and gender differences in drug addiction treatment. It also looks at co-occurring mental health disorders, women and violence, and the importance of including women in research.

9. ABHW ISSUES PAPER ON INTEGRATION. The Association for Behavioral Health and Wellness (ABHW) has released a paper titled [*Healthcare Integration in the Era of the Affordable Care Act*](#). It describes how some of the largest health plans and managed behavioral healthcare organizations are integrating treatment for mental health and substance use disorders with physical health. The paper defines integration as “whole person care that focuses on overall health; creates partnerships across all aspects of health; and is facilitated by a variety of clinical, structural, and financial arrangements and community supports that remove barriers between physical and behavioral healthcare.”

10. WHITE PAPER LOOKS AT INTEGRATION OF SUBSTANCE USE DISORDER AND HEALTHCARE SERVICES. An Addiction Technology Transfer Center (ATTC) white paper titled [*Integrating Substance Use Disorder and Health Care Services in an Era of Health Reform*](#) is the first in a series of three produced as part of the Network's [*Advancing Integration*](#) project. Written by the ATTC Network's Technology Transfer Workgroup, the white paper emphasizes the need for better integration of substance use disorder (SUD) and healthcare services.

11. APA UPDATES PRACTICE GUIDELINES FOR THE PSYCHIATRIC EVALUATION OF ADULTS. The American Psychiatric Association (APA) recently released an updated third edition of the [*Practice Guidelines for the Psychiatric Evaluation of Adults*](#). Rather than resembling a manual, the new guidelines are divided into nine “modules” that span the breadth of psychiatric evaluation (Review of Psychiatric Symptoms, Trauma History, and Psychiatric Treatment History; Substance Use Assessment; Suicide Risk Assessment; Assessment of Risk for Aggressive Behaviors; Assessment of Cultural Factors; Assessment of Medical Health; Quantitative Assessment; Involvement of the Patient in Treatment Decisions; Documentation of the Psychiatric Evaluation). This new format will enable psychiatrists to readily access what they need while allowing APA to make updates to individual guideline modules when needed as they become outdated, the APA [*said*](#).

12. AMERICAN HEART ASSOCIATION ISSUES SCIENTIFIC STATEMENT ON LINK BETWEEN TEEN DEPRESSION AND HEART DISEASE. Adolescents with bipolar disorder (BD) or major depressive disorder (MDD) may have a greater risk for heart disease. This is the key message of a [*scientific statement*](#) from the American Heart Association published online August 10 in *Circulation*. “Major Depressive Disorder and Bipolar Disorder Predispose Youth to Accelerated Atherosclerosis and Early Cardiovascular Disease (CVD)” is intended to increase awareness and recognition of MDD and BD among youth as moderate-risk conditions for early CVD. “A transformational change is required in the management of MDD and BD among youth to meaningfully integrate cardiovascular risk assessment and management into the day-to-day treatment of these conditions,” the statement says. The authors conclude that “a concerted effort across stakeholder groups will be required, including pediatricians and other primary care providers, psychiatrists, patients and their families, research funding agencies, and policy makers.”

13. **REMINDER: SWITCH TO ICD-10 STARTS OCTOBER 1.** See the official Centers for Medicare and Medicaid Services (CMS) webpage at <http://www.cms.gov/Medicare/Coding/ICD10/index.html> for the latest news and updates.

This edition of Behavioral Health Update was prepared by Carole Szpak at comm@naphs.org. Feel free to give us your feedback, stories: * NAPHS: Carole Szpak, NAPHS, comm@naphs.org, 202/393-6700, ext. 101 or AHA: Rebecca Chickey, AHA SPSAS, rchickey@aha.org, 312/422-3303

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