

Hospital and Healthsystem Association of Pennsylvania Task Force on Behavioral Health

1. *What is the purpose of the task force? Is it focusing on a specific aspect of the behavioral health system? (e.g., Opioid prescribing guidelines)*

In response to growing concerns regarding needed access to behavioral health care, the increasing focus on mental health and behavioral health care at the state and federal level, as well as the growing business case for improving the quality of service delivered to vulnerable, complex populations in a world of alternative, “value-based” payment models, the Hospital and Healthsystem Association of Pennsylvania (HAP) Board of Directors identified securing new funding and policy support for integrated physical and behavioral health services as a strategic top priority. HAP established the multi-disciplinary Task Force on Behavioral Health in 2015, as a convening body to guide HAP’s behavioral health advocacy and participation in state and federal policy discussions surrounding behavioral health issues.

The Task Force on Behavioral Health’s mission is to evaluate and develop policy and reimbursement recommendations to address the growing gaps in access to behavioral health care services in Pennsylvania and to foster better integration with the physical health care delivery system. Instead of concentrating on a singular care delivery issue, the Task Force aims to leverage Task Force members’ knowledge and expertise to generate feasible recommendations to address high-level, systematic issues in the behavioral health delivery system.

2. *Who participates in the task force? Just your members? Other organizations? Government entities?*

HAP encouraged (and continues to recruit) interested HAP members to join the Task Force on Behavioral Health. Our current participant list includes hospital and health system leadership, patient and community engagement leaders at member hospitals, government relations representatives, and administrators and clinical staff from our behavioral health inpatient units and standalone facilities. The participants have some overlap with our Council for Behavioral Health Providers, which unlike the Task Force, is comprised mostly of participants who work day-to-day on solely behavioral health care delivery.

Government agency staff and stakeholders have participated in Task Force meetings, however, the core group is comprised of HAP members.

3. *What is the expected timetable for the task force? What kind of report or recommendations will result? What happens then?*

In 2015, HAP’s Task Force on Behavioral Health met and identified high-level policy goals to steer HAP’s work in improving behavioral health care in Pennsylvania. Goals approved by the task force included:

- Improve access to behavioral health and supportive services

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- Fully integrate behavioral health and physical health care
- Secure adequate behavioral health provider payment
- Assure availability of behavioral health professionals
- Improve data transparency/information sharing among health care providers
- Address behavioral health as a public health issue

The Task Force convened in January 2016 to define strategies and lay out an action plan to support the goals. At its January 26 meeting, Task Force members approved HAP's regulatory and payment advocacy efforts to improve the operating environment for integrated care. This 2016 work plan includes:

- Increase access to services by addressing workforce shortage—2016 priorities to include increasing access to telemedicine and expanding the allowable use of Advance Practice Professionals in inpatient psychiatric settings
- Increase financial incentive for integrated care—2016 priorities to include strengthening the Commonwealth's implementation of mental health parity; aligning the Commonwealth's value-based payment planning; and leveraging the State Innovation Model planning effort to promote care integration
- Improve operating environment to support care integration—2016 priorities to include advocating for the removal of administrative barriers to the co-location of care services and clarifying the Commonwealth's super-protected data legal constraints
- Promote innovative care delivery/clinical integration models—2016 priorities to include monitoring and disseminating information on federal funding opportunities and creating opportunities to share lessons learned and best practices

Task Force members also used their meeting to share reports on efforts made, to date, to integrate behavioral and physical health services within their health system or at their facilities. These included a broad spectrum ranging from facilities just beginning to consider how to begin to pilot programs to those that have been running for more than a year with proven clinical and financial results.

Going forward the Task Force will:

- Continue to identify specific regulatory barriers to integration and put forward recommendations on securing feasible resolutions
- Strategize on how best to engage and partner with commercial insurers and behavioral health managed care organizations to advance integrated behavioral health care delivery models
- Promote success stories and provide data to strengthen the quantitative, outcomes-based, arguments for integrated care
- Engage other stakeholder groups

The Task Force will continue to convene to shape HAP's advocacy agenda and monitor progress against the work plan going forward.