



Nearly half of all Americans will develop a mental illness during their lifetime and 27% of Americans will suffer from a substance abuse disorder during their lifetimes. While behavioral health disorders primarily affect adults they also are prevalent among children. The American Hospital Association (AHA) supports a health care system that treats the whole health of the individual – both physical and mental.

Outlined below are just some of the ways the AHA works for behavioral health providers.

Working for Behavioral Health Providers

Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these – increase the burden on all providers, including mental health providers, and draw much-needed resources away from patient care. Time and again, the AHA demonstrated the need for streamlined regulations, common sense rules and manageable timelines as outlined below.

- **Patient Protection and Affordable Care Act (ACA) Implementation:** AHA and other national hospital groups urged the Supreme Court in June 2012 to rule the ACA's individual mandate and Medicaid expansion constitutional. Although the court struck down the penalty for a state declining to expand its Medicaid program, states that do participate in the Medicaid expansion will receive the federal financial support included in the ACA. The AHA will continue to press the Department of Health and Human Services for answers and provide members with resources as ACA implementation moves ahead:
 - AHA ensured that the final rule governing essential health benefits (EHBs) under the ACA must include behavioral health treatment and must be compliant with the Mental Health and Addiction Equity Parity law.
 - The expansion of Medicaid coverage under the ACA will significantly expand coverage for individuals with psychiatric and addition disorders.
 - AHA advocated for the IMD demonstration, established under the ACA, which provides up to \$75 million in federal Medicaid matching funds to 11 states and Washington, DC, to test whether reimbursing private psychiatric hospitals for emergency services improves care while reducing costs and the burden on general acute-care hospital emergency departments.
- **Outpatient Supervision for Outpatient Psychotherapy Services:** Voiced support for the Centers for Medicare & Medicaid Services' (CMS) preliminary and now final decision to allow general supervision for 27 hospital outpatient therapeutic services. The services deal with psychotherapy, bladder catheterization, immunization, and smoking and tobacco cessation counseling.
- **ICD-10 Delay:** Successfully urged CMS to delay the deadline for implementing ICD-10 diagnosis and procedure codes to Oct. 1, 2014. CMS also delayed enforcement of the new Version 5010

and D.O transaction standards for electronic health care claims. This will give the behavioral health field time to adjust as the new Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which was released in May 2013.

- **Emergency Medical Treatment and Labor Act (EMTALA):** Convinced CMS not to expand the current EMTALA regulations. The agency said that a hospital has satisfied its EMTALA obligation when it admits an individual “in good faith in order to stabilize the [emergency medical condition].”
- **Medicare Psychiatric Quality Measures:** Worked with members of the CMS Technical Expert Panel that recommended the proposed Medicare Psychiatric Quality Measures – including adoption of a significant number of the Joint Commission's Hospital Based Inpatient Psychiatric Services core measures and held a members-only conference call to obtain additional information and further inform AHA's policy position on the issue. The AHA subsequently issued a *Regulatory Advisory* outlining key provisions of the final rule and hosted member conference call briefings. In July 2013, the AHA urged CMS not to move forward with proposed new quality measures for the Inpatient Psychiatric Facility Quality Reporting program.
- **Medicare Coverage for Psych Telehealth:** Commented on CMS' CY 2013 proposed rule for the Medicare physician fee schedule supporting a number of provisions, including Medicare coverage for several new preventive services to the list of approved Medicare telehealth services including screening for depression in adults and intensive behavioral therapy for cardiovascular disease.
- **Collaborating with National Behavioral Health Organizations:** The AHA collaborates with other national behavioral health organizations including the American Psychiatric Association Committees, the National Advisory Council on Alcohol Abuse and Alcoholism, and The Joint Commission's Professional & Technical Advisory Committee on Behavioral Health. The AHA also works closely with staff at the National Alliance for the Mentally Ill, the American Psychological Association, the National Association of Psychiatric Health Systems and the Substance Abuse and Mental Health Services Administration.

Engaging Behavioral Health Leaders

Behavioral health leaders have a strong voice in the AHA. They help shape key advocacy activities, policy positions and member services of particular interest to behavioral health providers through their active involvement in many forums.

- **A Role in Governance and Policy-Making:** The AHA offers behavioral health leaders many opportunities to take an active role in shaping AHA policies and setting direction for the association. They can play a formal role in association governance and policy formation by serving on the AHA's Board of Trustees, Regional Policy Boards, Governing Councils and committees. In addition, the association creates short-term advisory and work groups where members weigh in on more focused, time-sensitive policy issues.
- **AHA Section for Psychiatric & Substance Abuse Services:** The AHA Section for Psychiatric and Substance Abuse Services currently has more than 1,660 members from across the country and comprises executives from general hospitals and freestanding specialty hospitals that provide behavioral health services. The section provides forums linking members with shared interests and missions to advise the AHA on policy and advocacy activities and to discuss issues of great importance

to behavioral health providers and the field as a whole. These efforts are led by the Psychiatric and Substance Abuse Services Governing Council, which meets at least three times a year. Valuable opportunities are also provided for behavioral health executives to interact and network with one another through special member conference calls and meetings.

- **Advocacy Alliances:** The AHA's Advocacy Alliances provide members with another way to engage legislators on the specific issue or issues that have a direct impact on their ability to continue providing quality health care services in their communities. The **Advocacy Alliance for Coordinated Care** focuses on ensuring payment rates remain fair and equitable in the hospital outpatient setting for evaluation and management and other services.
- **Member Outreach:** Several times throughout the year, AHA's specialty hospital member CEOs are individually contacted by AHA staff and/or are invited to participate in small group conference calls to discuss key AHA initiatives. During the calls members contribute their perspectives and often receive additional tools and resources to address key challenges shared during the discussions.

Providing Key Resources for Behavioral Health Providers

Membership in the AHA means more than representation on critical regulatory and legislative issues. AHA offers behavioral health providers the tools and resources to navigate today's changing landscape of health care delivery and to support efforts to improve quality of care for the communities served.

- **Opportunities to Integrate Behavioral Health Care:** Health reform creates new impetus and opportunity for better managing the care delivered to individuals with behavioral health conditions according to a new AHA TrendWatch report, "Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Costs and Outcomes." The 2012 report, shared with legislators, policymakers and the field, outlines how health care organizations and providers can effectively integrate care across treatment settings as well as between the behavioral and physical health care systems to realize gains in quality and outcomes and reduce treatment costs.
- **Best Practices that Improve Health Care Quality and Outcomes:** The AHA serves as a conduit for health care providers to share best practices that accelerate performance improvement and support delivery system transformation through the AHA's Health Research & Educational Trust's Hospitals in Pursuit of Excellence (HPOE) initiative. In addition, current health care best practices and research developed and implemented by behavioral health providers are presented and discussed during interactive conference calls hosted by the Section for Psychiatric and Substance Abuse Services. A few of the topics featured this year included quality measures, patient-centered medical homes, readmissions reduction and tele-psychiatry.
- **Meeting the Needs of Our Returning Military:** AHA partnered with the Defense Centers of Excellence (DCoE) to help raise awareness of the medical, social and emotional challenges our

military face as they return home to their daily lives. The primary goal of this partnership is to ensure that returning service members find the support and resources they may need. More information can be found at www.dcoe.health.mil or www.ahacommunityconnections.org.

- **Get Enrolled:** This AHA webpage provides members with comprehensive resources to help their organizations navigate the ACA's insurance marketplaces, and Medicaid and CHIP enrollment. The site features AHA-prepared advisories, webcasts and webinars and links to national and state-specific resources.
- **Reducing Health Care Disparities:** The guide "Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data," provides a four step approach on how to obtain an accurate REAL data set and discusses how hospitals and care systems can use this data to reduce health care disparities and increase equity of care.
- **Reducing Violence in Our Communities:** This *Community Connections* resource offers examples of replicable hospital outreach programs and community partnerships that focus on violence prevention and reduction.
- **AHA Resource Center:** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.
- **Advocacy Action Center:** This site provides a set of resources and materials tailored to help hospital executives effectively communicate key messages and explain concerns to legislators, the hospital family and the community at large. These resources can also be accessed through AHA's mobile app, available for both Apple and Android-based devices.