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BEHAVIORAL HEALTH UPDATE: July 2014
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. AHA AND NAPHS COMMENT ON PROPOSED IPF QUALITY MEASURES. In separate comment letters submitted late last month, both the American Hospital Association (AHA) and National Association of Psychiatric Health Systems (NAPHS) urged the Centers for Medicare and Medicaid Services (CMS) to reconsider some measures proposed for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program in fiscal years 2016 and 2017. While strongly agreeing that the public deserves reliable and accurate information on the quality of care provided in inpatient psychiatric facilities, the [AHA comment letter](#) expressed disappointment with most of the six new quality reporting measures proposed. “While we appreciate that there are few rigorous IPF-specific measures available to CMS, we believe that the public and providers deserve information far more relevant to the care provided in IPFs than will be generated by the proposed set of measures,” wrote Linda Fishman, AHA senior vice president for public policy analysis and development. “Given the widely recognized importance of addressing behavioral health care needs, we would strongly support efforts to develop measures more relevant to IPF care in the future.” In its letter, NAPHS called for a direct focus on quality. “Publicly reported data needs to help the consumer make choices on the *psychiatric* care provider they may need,” noted the [NAPHS comment letter](#). For example, “measures of immunization status and tobacco use – while of interest – are not meaningful in this context. Data needs to be presented in a way that is usable for consumers.” Limited resources should be directed to the collection of the most clinically significant and actionable data relative to the provision of psychiatric services, NAPHS said, with attention to operational and technical data extraction, feasibility, and burden. CMS is expected to issue a final rule on or soon after August 1.

2. EFFECTIVE JULY 1, REVISED JOINT COMMISSION ACCREDITATION AND CERTIFICATION DECISION REPORTS ALIGN WITH CMS. Changes to The Joint Commission’s accreditation and certification decision reports will be effective July 1, 2014, to align

with requirements of the Centers for Medicare and Medicaid Services (CMS). This alignment is part of The Joint Commission's application to renew its hospital deeming authority. CMS' approval means that Joint Commission-accredited hospitals may be surveyed by The Joint Commission for compliance with the health and safety requirements of CMS for participation in the Medicare and Medicaid programs. "The Joint Commission strives to help all health care organizations achieve 'zero harm'," said a *JCO* [news story](#), "and these changes to the decision reports will provide accredited and certified organizations a single place to find all of their risks identified by the survey team."

3. FREE JULY 8 WEBINAR ON "TRANSITIONING TO DSM-5 AND ICD-10-CM." Since the release in May 2013 of the *Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) by the American Psychiatric Association (APA), clinicians and outside organizations have asked the APA and the Substance Abuse and Mental Health Services Administration (SAMHSA) for more information about DSM-5's approach to diagnostic coding. While only the first 1,000 registrants at <https://www2.gotomeeting.com/register/570458474> can access the APA/SAMHSA webinar live on July 8 (from 3pm to 4:30pm), the webinar will also be available at www.dsm5.org after July 8. The program is designed to help clinicians to better understand the coding changes in DSM-5; how DSM-5's approach is similar to and differs from that in DSM-IV; the rationale behind the revisions; and specific clinical implications.

4. NEED FOR PSYCHIATRIC INPATIENT AND OUTPATIENT SERVICES GROWS, NAPHS ANNUAL SURVEY FINDS. The need for psychiatric services in inpatient hospitals continues to grow, according to the latest annual survey from the National Association of Psychiatric Health Systems (NAPHS). The survey reports 2012 data that was collected in 2013 from NAPHS-member organizations. Data were analyzed and reported by Dobson DaVanzo & Associates, LLC. Trended inpatient hospital admissions, lengths of stay, and days of care all increased over the past year. "While trended inpatient days of care increased by 5.4% since 2011, outpatient services also showed growth with the average number of outpatient visits in 2012 increasing by 6.6% since the prior year," noted NAPHS President/CEO Mark Covall in the report. "The average number of partial hospitalization visits also increased substantially (14.6%) from 2011 to 2012. Trended utilization days of psychiatric services in residential treatment centers decreased slightly (-3.8%) from 2011 to 2012, with members reporting both a lower number of admissions and a shorter average length of stay in residential treatment facilities in 2012." The report is available to the public for \$400. Online [ordering information](#) and a [Table of Contents](#) are at www.naphs.org.

5. USE OF BEHAVIORAL HEALTH SERVICES EXPECTED TO INCREASE UNDER THE ACA, SAMHSA FINDS. "In the next one to two years, an estimated two million previously uninsured people aged 18 to 64 will receive behavioral health services under the *Affordable Care Act*," according to a data spotlight prepared by the Substance Abuse and Mental Health Services Administration. [The CBHSQ Report: Use of Behavioral Health Services Is Expected to Increase under the Affordable Care Act](#) notes that most of those who are expected to receive services under the ACA will be Medicaid-eligible (1.2 million), and 0.8 million will be eligible for the new health insurance exchanges.

6. VALUE OPTIONS AND BEACON HEALTH STRATEGIES TO MERGE. Beacon Health Strategies has entered into a definitive agreement to merge with ValueOptions, "in a transaction designed to create the premier managed behavioral healthcare company in the United States," according to a [news release](#). Beacon CEO Tim Murphy will serve as the CEO for the combined companies. Upon completion of the transaction, ValueOptions President/CEO Heyward Donigan will serve as an advisor to Mr. Murphy. The combined business will serve 43 million people across all 50 states and the United Kingdom. It will have approximately 4,000 employees and be headquartered in Boston, MA. The merger is subject to regulatory review, which is expected to be completed in the fall of 2014. In the meantime, the two companies will continue to operate as independent organizations.

7. PARITY LAWSUIT FILED AGAINST UNITED HEALTHCARE. On May 21, a federal class action lawsuit was filed in California against UnitedHealthcare Insurance Company and United Behavioral Health (operating as OptumHealth Behavioral Solutions) on behalf of plan members affected by mental health conditions or substance abuse disorders whose coverage was denied. The class action suit asserts that United Healthcare is not properly applying the federal parity law and the *Employee Retirement Income Security Act* (ERISA). The suit was brought by three entities: the law firm Zuckerman Spaeder, LLP; Psych-Appeal, Inc.; and The Maul Firm, PC. Plan members were harmed, they argue, when the insurer required more prescriptive care standards for behavioral health than for other health conditions. According to a [news release](#), the lawsuit highlights “the insurers’ routine denial of coverage for treatment of mental illnesses and substance abuse based upon overly restrictive internal policies and practices that are inconsistent with nationally recognized scientific evidence, medical standards, and clinical guidelines.”

8. DESPITE PROGRESS, DEPRESSION REMAINS A WORKFORCE PRODUCTIVITY CHALLENGE, ACCORDING TO CIGNA ANALYSIS. While depression was the third leading cause of a short-term disability 20 years ago, today it is the fifth leading cause, according to an [analysis](#) of 20 years of health insurer Cigna’s short-term disability claims. “While related absences have been reduced slightly,” Cigna reported in a [news release](#), “depression still has a major impact on employers’ bottom lines.” More than one-fourth of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year, and since 1993, the use of antidepressant medications increased from 37.3% to 74.5%. “Advances in medication have helped,” Cigna’s release noted, “however this could also indicate an underlying problem of presenteeism. As more people fail to seek treatment, the longer and more deeply depression can impact an individual’s health and an employer’s workforce, which underscores the importance of an employee assistance program to help people with behavioral health needs to access care.”

9. STUDY LOOKS AT FACTORS ASSOCIATED WITH HIGHER SPENDING FOR YOUNGER DUAL ELIGIBLES WITH MENTAL DISORDERS. Spending for dual eligibles younger than 65 with a mental disorder was nearly twice (1.86 times) as expensive as spending for young dual eligibles who did not have a mental disorder, according to a study in the June *Health Affairs* by recently appointed Health and Human Services (HHS) Assistant Secretary Richard G. Frank and co-author Arnold M. Epstein. “We identified functional limitations, multiple chronic conditions, and substance use disorders as being associated with high levels of spending in this subpopulation,” they reported. “We conclude that case management that coordinated medical, mental health, and substance use treatment along with psychosocial rehabilitation services could yield savings, primarily to the Medicare program. Because only Medicaid pays for case management and psychosocial rehabilitation services, Medicaid spending may need to rise if overall savings are to be realized,” they write. An [abstract](#) is online.

10. REPORT RECOMMENDS \$4.5 BILLION IN FUNDING FOR BRAIN INITIATIVE. A year after President Obama first announced creation of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, a federal advisory group has given the National Institutes of Health ([NIH](#)) its recommendations for \$4.5 billion in funding for brain research over the next 12 years. If fully funded, the proposals outlined in the BRAIN Working Group [report](#) would be the largest targeted brain science ever undertaken. “Not only will BRAIN revolutionize neuroscience,” [said](#) NIH Director Francis Collins, M.D., in accepting the report, “it will transform our efforts to help the millions of people suffering from Alzheimer’s disease, autism, epilepsy, schizophrenia, traumatic brain injury, and many other neurological disorders.”

11. NEW HEALTH REFORM EXECUTIVE AT SAMHSA. As of June 13, Christopher Carroll, M.Sc., has assumed Health Reform executive responsibilities within the Substance Abuse and Mental Health Services Administration (SAMHSA). He will head the agency's newly named Financing and Integration Team, a cross-agency team approach to the next phases of SAMHSA's health reform, integration, and financing efforts. Mr. Carroll comes to this role as a trained health economist and senior public health advisor with significant behavioral health background and knowledge of SAMHSA and its history. He takes the place of Suzanne Fields, M.S.W., LICSW, who served as senior advisor to the Administrator for Health Care Financing during the roll out of the *Affordable Care Act*.

12. TWO QUICK GUIDES AVAILABLE ON CLINICAL SUPERVISION OF SUBSTANCE ABUSE COUNSELORS. The Substance Abuse and Mental Health Services (SAMHSA) has published two Quick Guides related to a previously published, fully referenced TIP report ([TIP 52](#)) on *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. The Quick Guide on [Tips for Clinical Supervision in Substance Abuse Treatment](#) covers functions of a clinical supervisor, developmental levels of counselors and clinical supervisors, cultural competence, ethical and legal issues, and monitoring clinical performance of counselors. The guide also covers practical issues, such as how to balance clinical and administrative duties. [Helping Administrators Develop Best-Practice Programs](#) provides guidance on how to develop and implement a model for clinical supervision, and a discussion of key issues (including cultural competence).

13. ISSUE BRIEF LOOKS AT RESEARCH AND POLICY ISSUES ON PSYCHIATRIC BOARDING IN EDs. An issue brief from Urgent Matters looks at [Psychiatric Boarding in U.S. EDs: A Multifactorial Problem that Requires Multidisciplinary Solutions](#). According to the report, "emergency department (ED) visits for psychiatric conditions make up an ever-increasing share of all ED visits. Patients with psychiatric complaints have a significantly greater length-of-stay in the ED than patients with non-psychiatric complaints. Prolonged boarding in the ED for psychiatric patients is associated with lower quality care for psychiatric patients and further contributes to overall ED crowding." This is the second in a [series](#) of research-based issue briefs on this topic.

14. ED VISITS INVOLVING THE NONMEDICAL USE OF ALPRAZOLAM INCREASING. The number of emergency department (ED) visits involving non-medical use of the sedative alprazolam (or Xanax) doubled from 57,419 to 124,902 during the years 2005 to 2010, and then remained stable at 123,744 in 2011, according to a [report](#) by the Substance Abuse and Mental Health Services Administration (SAMHSA). "When used as directed, alprazolam is safe and effective, but misuse can result in serious health consequences," said SAMHSA Administrator Pamela S. Hyde. "This report highlights the need to educate people about the dangers of misusing or sharing prescription medications and the importance of properly disposing of unused medication." Alprazolam was the 13th most commonly sold medication in 2012 and the psychiatric medication most commonly prescribed in 2011. The report is based on data from SAMHSA's 2011 Drug Abuse Warning Network (a public health surveillance system that monitors drug-related emergency department visits).

15. FETAL ALCOHOL SYNDROME RESOURCES AVAILABLE. A new Treatment Improvement Protocol (TIP 58) is now available on [Addressing Fetal Alcohol Spectrum Disorders \(FASD\)](#). The TIP 58 provides strategies and recommendations for expanding FASD prevention and treatment efforts across behavioral health settings. It also includes guidance for program administrators, as well as a variety of checklists and tools to assist service implementation. A variety of [fact sheets](#) are also available.

16. NEW ADDRESS FOR AHA'S DC OFFICE AS OF JUNE 30. The Washington office of the American Hospital Association (AHA) has moved as of June 30. The new DC address is American

Hospital Association, 800 10th Street, NW, Two CityCenter, Suite 400, Washington, DC 20001-4956.
Please update your database.

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