



## Section for Psychiatric & Substance Abuse Services

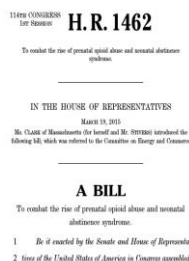
**To:** Members, AHA’s Section for Psychiatric & Substance Abuse Services  
**From:** Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services  
**Subject:** Update on Key Issues in the Behavioral Health Care Field: [July 2015](#)

### AHA Legal Update

**King v. Burwell update:** AHA [welcomed](#) the U.S. Supreme Court decision in *King v. Burwell* as a significant victory for preserving access to affordable coverage for millions. The Court ruled 6-3 that subsidies can continue for the purchase of health insurance for qualified individuals in the 34 states where the federal government operates the health insurance exchanges. AHA discussed the ruling on a timely [call](#) for members and provided in-depth analysis of the ruling on our [AHASTAT blog](#).

### AHA Advocacy Update

**Senate Committee Approves IMD Demo Expansion:** Last month, the Senate Finance Committee [approved](#) an [AHA-backed](#) bill to support emergency psychiatric care for underserved and vulnerable populations. [S. 599](#) would extend the Medicaid Emergency Psychiatric Demonstration Program through September 2016 or whenever the Department of Health & Human Services (HHS) completes its final evaluation of the project, whichever occurs first, as long as the extension would not increase Medicaid costs. It also would allow HHS to extend the demonstration project, set to expire this year, for an additional three years and to other states, subject to the same budget-neutrality standard. The bill now awaits consideration by the full Senate and the House of Representatives.



**AHA-Supported Bill to Address Newborn Opioid Dependency:** The House Energy and Commerce Health Subcommittee held a [hearing](#) on the AHA-supported [Protecting Our Infants Act \(H.R. 1462/S. 799\)](#). The bipartisan legislation directs the HHS Secretary to develop a strategy and recommendations to decrease the number of infants suffering from opioid dependency, and would encourage the Centers for Disease Control and Prevention to work with states to improve their public health response to this epidemic. “Research has shown the incidence of infants born dependent on opioids has increased at least 300% over the past 15 years,” AHA Executive Vice President Rick Pollack said in a recent [letter](#) of support for the bill. “Your legislation is a positive step toward addressing this critical public health issue.” The House bill was introduced by Rep. Katherine Clark (D-MA) and has 78 co-sponsors. The Senate companion bill was introduced by Majority Leader Mitch McConnell (R-KY) and has 15 cosponsors.

**Standardizing the Merger Review Process, Refining RACs, and Increasing Residency Slots:** Please urge your representative to co-sponsor the Standard Merger and Acquisition Reviews Through Equal Rules (SMARTER) Act (H.R. 2745), [AHA-supported](#) legislation that would standardize the merger review process for the Department of Justice and Federal Trade Commission to rely exclusively on the federal courts to determine the competitiveness of a transaction. In addition, continue to urge your legislators to support our [RAC bill](#) (H.R. 2156) in the House and the Resident Physician Shortage Reduction Act, [legislation](#) to increase the number of available physician residency slots at teaching hospitals (S. 1148/H.R. 2124) in both chambers.

Prompt Payment by the VA: The House Committee on Veterans' Affairs Subcommittee on Health recently held a [hearing](#) on the "VA's ability to promptly pay non-VA providers." [Testifying](#) for the AHA, Vince Leist, president and CEO of North Arkansas Regional Medical Center, highlighted hospitals' strong record of collaborating with the VA to care for veterans, but emphasized that lack of prompt payment by the VA and its contractors "hinders access to care for veterans who need non-VA services and undermines the viability of non-VA hospitals and the essential services they provide to their communities." Leist provided a number of recommendations that could help ensure prompt payment by the VA, including paying claims within 30 days of the receipt of a proper claim, making interest payments to hospitals when claims are not paid in 30 days and requiring the VA to develop a metric to measure effectiveness in its claims processing. Many studies have shown the need for increased access to mental health services for veterans.



Access to Mental Health Services Important in Chronic Care Management: The AHA submitted recommendations to the Senate Finance Committee's chronic care working group, chaired by Sens. Johnny Isakson (R-GA) and Mark Warner (D-VA). The AHA urged the senators to consider expanding access to telehealth, removing legal barriers to clinical integration, and better engaging beneficiaries in their health and health care. "Care that is coordinated across settings and over time is particularly important for patients with chronic conditions; however, the Medicare payment structure historically has not incentivized providers to coordinate care," [wrote](#) AHA Senior Vice President Tom Nickels.

Defending the 340B Program: In a [letter to the editor](#) of The Hill, AHA Executive Vice President Rick Pollack responded to a recent [blog](#) on the 340B Drug Pricing Program. "The truth is that the hospitals eligible for this necessary program stretch their scarce federal resources to do more for patients. For example, they are expanding care, providing services to more patients and reducing the price of pharmaceuticals. In addition, increasing patients' access to drugs helps to improve health outcomes and reduce future health care spending." Many hospitals use the 340B savings to provide free care for uninsured patients, as well as offer services in mental health clinics, medication management programs and community health programs. Pollack noted that drugs purchased through the 340B program represent only 2% of the \$325 billion in annual U.S. drug purchases. "The truth is that without the program, some hospitals would not be able to provide the array of services their communities depend on, jeopardizing care for our nation's most vulnerable patients. In the end, it's patients who will suffer the most if this valuable program is compromised."

### **AHA Regulatory Update**

AHA Concerns with IPF PPS Proposed Rule: Last month, the AHA expressed concern that the Centers for Medicare & Medicaid Services (CMS) continues to propose measures for the Inpatient Psychiatric Facility Quality Reporting Program that are not central to treating the psychiatric disorder for which patients have been admitted. "We urge CMS to work with IPF stakeholders to identify evidence-based measures that more appropriately assess the type of care that patients predominantly need and receive in these settings," [wrote](#) AHA Executive Vice President Rick Pollack, commenting on quality reporting provisions in the proposed fiscal year 2016 IPF prospective payment system rule. "Further, we continue to be concerned that several of the proposed measures lack National Quality Forum endorsement or have not been endorsed for, or tested in, psychiatric settings." While AHA supports some of the quality proposals, it expressed concern with the proposed measures for tobacco use treatment, brief intervention for alcohol use, and screening for metabolic disorders. The letter also reiterates stakeholder concerns with

a proposal to replace two transition of care measures with new measures that have not been tested in the psychiatric setting, and urges that any proposed readmissions measures be adjusted for sociodemographic factors.

[AHA Comments on Proposed Rule for Medicaid Managed Care and CHIP](#): On June 1, the Centers for Medicare & Medicaid (CMS) published in the *Federal Register* a long-awaited [proposed rule](#) that would modernize the Medicaid and Children’s Health Insurance Program (CHIP) managed care regulations. The rule, which is the first major update to Medicaid and CHIP managed care regulations in more than a decade, is intended to better align them with existing commercial, Health Insurance Marketplace and Medicare Advantage regulations. The proposed rule would, among other items, permit states flexibility to use managed care to increase mental health services for enrollees aged 21 to 64 in short-term inpatient or sub-acute institutions for mental disease (IMDs). For additional information, check out AHA’s [Advisory](#) on the Proposed Rule.

## THE CHAIRMAN’S FILE

### Community Collaboration for Good Health

Working with community organizations, including competitors, *Palmetto Health* is improving the health of its patient population. The 1,138-bed, nonprofit health care system is located in Columbia, S.C., a state with a relatively large number of uninsured residents at higher risk of developing chronic diseases. Palmetto Health has pursued multiple initiatives and strategies and collaborated with more than 20 community groups. Together these organizations are better able to fund a wide array of community health services, all integrated within Palmetto’s Office of Community Health. For example, Changing Lifestyles focuses on behavior change to prevent or mitigate the effects of diabetes, and to promote smoking cessation. Among adult participants, 64% have shown measurable improvements in HbA1c, BMI and other health indicators. Healthy Choices addresses teen pregnancy, provides weekly youth development programming for middle and high school students and hosts an annual summit. In 2013, students enrolled in Teen Talk reported no pregnancies. Going Beyond Physical Health funds the Mental Illness Recovery Center and its programs, HomeBase and Homeless Recovery Center. Along with housing, HomeBase provides treatment for ongoing substance abuse and mental health disorders. During 2013, mental illness-related emergency department visits decreased by 49%. Palmetto Health received the 2014 Foster G. McGaw Prize for Excellence in Community Service.



### AHA Resources

*How a Community Health Needs Assessment Influenced a Hospital's Strategic Plan*

Thursday, July 16, 2015; 1:00–2:00 p.m. Eastern Time

Massachusetts General Hospital’s 2012 community health needs assessment, in which communities prioritized substance use, led to the creation of a new hospital initiative to improve clinical care for patients with substance use disorders. This new initiative builds on years of prevention work by the Center for Community Health Improvement through multi-sector coalitions in the community that has achieved measurable results. MGH now has a comprehensive approach along every rung of the health impact pyramid, from prevention to chronic disease management. This webinar, in collaboration with the [Association for Community Health Improvement](#), will describe the strategies used to cultivate

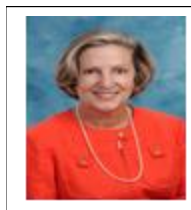
leadership and create the bridge between the community and the hospital. This webcast is available free of charge, but advance registration is required. To register, [click here](#).

Principles on Integrating Hospital & Physician Leadership: The AHA and American Medical Association recently released new guidance on best practices for reimagining traditional relationships between physicians and hospital executives. The [six principles](#), the result of more than two years of work between the associations, provide a framework for physicians and hospitals that choose to create an integrated leadership structure. “Care coordination is critical as health care continues to evolve, all leading to better outcomes for patients and providers alike. As health care is fundamentally a team-based activity, we believe that organizational collaboration models the increasing necessity for inter-professional collaboration,” said Jonathan Perlin, M.D., chairman of the AHA Board of Trustees, and president of clinical services and chief medical officer at HCA.

### **AHA Constituency Section Member Best Practice Webcast**

*Community-based Behavioral Health Solutions – Spartanburg Regional Healthcare System*

Tuesday, July 7, 2015; 2:00-3:00 p.m. Eastern Time



The AHA’s Section for Psychiatric and Substance Abuse Services invites you to join a small group of your executive colleagues for a webinar and discussion on *Community-based Behavioral Health Solutions – Spartanburg Regional Healthcare System*. Renée Romberger, vice president of Community Health Policy and Strategy for Spartanburg Regional Healthcare System, will describe how SRHS helped initiate, design and implement effective community partnerships to improve the health of the community and reduce the costs of care. She will share SRHS’s various initiatives in support of community behavioral health care needs and, in particular, describe the 2014 Spartanburg Behavioral Health Initiative Update. This initiative is a partnership of hospitals, community agencies and not-for-profit organizations that have successfully taken on the management of care for patients with complex mental health and/or substance abuse issues. This webcast is available free of charge, but advance registration is required. To register, [click here](#) or go to: <http://event.on24.com/r.htm?e=1007581&s=1&k=4BE017212F05F3D344DB4D2A0C7F4B92>.

The [July Behavioral Health Update](#) includes, among other items, the House Energy and Commerce Committee’s Subcommittee on Health [hearing](#) on *Helping Families in Mental Health Crisis Act*, [H.R. 2646](#); the Medicaid and CHIP Payment and Access Commission’s (MACPAC’s) [June 2015 Report to Congress on Medicaid and CHIP](#); and two new parity resources: the 2<sup>nd</sup> Edition of a [Parity Resource Guide](#), and [ParityTrack](#), a web-based site for mental health and substance use disorder parity information. For additional resources, such as the new SAMHSA report [Disaster Behavioral Health Interventions](#) and the American Society of Addiction Medicine report on [National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use \(Practice Guideline\)](#), go to the Section’s website at [www.aha.org/psych](http://www.aha.org/psych).

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