



AHA supports a health care system that addresses the overall health of individuals — both physical and mental. One out of every four patients admitted to a hospital has a psychiatric or substance abuse diagnosis or has a general medical disorder that would benefit from behavioral health services. The integration of behavioral and physical health care can improve access to appropriate and more cost-effective care. In addition, as the 24/7 access point for health care, hospitals too often serve as the front door to services via the emergency department (ED) in caring for those with behavioral health needs. Hospitals can play a pivotal role in establishing effective partnerships to ensure access to a full continuum of behavioral health care within a community.

Outlined below are just some of the ways AHA:

- Works for behavioral health providers;
- Engages member behavioral health providers; and
- Provides key resources.

Working for Behavioral Health Providers

Examples of how AHA is working for behavioral health providers are outlined below.

- **AHA's Behavioral Health Advocacy Initiatives.** AHA's behavioral health webpage outlines important advocacy initiatives and AHA's work to remove barriers to access behavioral health services and promote and support field leadership to better integrate behavioral health and physical health care, create greater public awareness and reduce stigma. Important issues found on the webpage include: AHA-supported legislation to decrease the number of infants with opioid dependency; AHA-supported legislation to combat deadly synthetic drugs; and AHA's support of H.R. 1604 to improve veteran access to non-VA mental health services. AHA also has a webpage focused on the opioid epidemic. This page provides information about AHA-supported legislation and policy, recorded webinars and other information about how hospitals are fighting the epidemic, Centers for Disease Control (CDC) resources, and more. For more, visit www.aha.org/behavioralhealth.
- **Combating the Opioid Epidemic.** AHA endorsed S. 524, the Senate-passed Comprehensive Addiction and Recovery Act, legislation authorizing numerous federal grants to promote education, awareness, prevention, and treatment of opioid abuse and alternatives to incarceration. AHA also supported several House-passed bills, including legislation to establish an interagency task force to review and modify best practices for pain management and prescribing, address neonatal abstinence syndrome, improve treatment for pregnant and postpartum women, promote co-prescribing of overdose reversal medications, and increase Food and Drug Administration (FDA) scrutiny of applications for new opioids. Resources for hospitals are available at www.aha.org/opioidepidemic.
- **Endorsed Legislation to Extend and Expand Medicaid Institutions for Mental Diseases (IMD) Demonstration Project.** AHA advocated for passage of the Improving Access to Emergency Psychiatric Care Act (S. 599), which was signed into law in December 2015.

- **Helping Families in Mental Health Crisis Act.** AHA voiced support for several provisions in the Helping Families in Mental Health Crisis Act (H.R. 2646), including allowing states to use federal Medicaid funds to cover services for adults in certain freestanding psychiatric hospitals, and eliminating Medicare's discriminatory 190-day lifetime limit on inpatient hospitalization benefits.
- **Endorsed Bill Funding Suicide Prevention and Mental Health Awareness Programs.** AHA supported the Mental Health Awareness and Improvement Act (S. 1893), Senate-passed legislation that reauthorizes federal programs for suicide prevention, assisting children affected by trauma, and increasing mental health awareness.
- **Medicaid & CHIP Mental Health Parity Oversight and Final Rule.** AHA played a large role in the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008, which requires insurance plans that offer mental health or substance use disorder benefits to provide them at parity with their medical/surgical benefits. Work to fully implement MHPAEA is ongoing, most recently via the proposed rule on how the parity rule applies to Medicaid Managed Care Plans and The Children's Health Insurance Program (CHIP). The Centers for Medicare & Medicaid Services (CMS) has issued a final rule applying provisions of MHPAEA to Medicaid managed care organizations, Medicaid alternative benefit plans and CHIP.
- **Promoted Innovations in Behavioral Health Integration.** AHA strongly recommended that CMS test innovations in Medicaid managed care that remove barriers to care innovation and integration for behavioral health.
- **Supported Medicaid Managed Care Coverage of Treatment in IMDs in CMS Proposed Rule.** AHA supported CMS's September 2015 proposed rule that would update Medicaid and CHIP managed care regulations to better align them with existing commercial, Marketplace and Medicare Advantage regulations. The proposed rule would, among other items, permit states flexibility to use managed care to provide mental health services for enrollees aged 21 to 64 in short-term inpatient or sub-acute IMDs.

- **Shaping National Quality Forum (NQF) New Psychiatric Measures.** AHA submitted a comment letter in response to the NQF-convened Measure Applications Partnership's (MAP) recommendations on quality measures that CMS is considering for payment and public reporting purposes.
- **Drove Delay of CMS Release of Star Ratings.** Due to significant concerns raised by AHA and others about whether the hospital quality star rating methodology provides a fair, accurate and meaningful representation of hospital performance, CMS delayed until at least July 2016 the release of overall hospital quality "star ratings" on its Hospital Compare website. AHA continues to work with CMS to refine its methodology.
- **"Two-midnight" Refinements.** In an effort to revise policies with burdensome regulations that divert time and resources away from patient care, AHA helped persuade CMS to finalize several positive changes to its two-midnight policy. In addition, AHA successfully challenged through the courts CMS's interpretation of its 0.2 percent payment reduction for inpatient services, convincing the agency to restore the resources that hospitals are lawfully due. CMS's recent IPPS proposed rule for FY 2017 proposes two adjustments to reverse the effects of the cut it unlawfully instituted when implementing the two-midnight policy in FY 2014.
- **Fighting Escalating Drug Prices.** AHA is evaluating options for addressing the escalation in drug prices, such as bringing media and policymaker attention to the issues, requiring greater transparency on drug pricing and charity policies by drug companies, and continuing to support the 340B program. AHA also continues to work in conjunction with the Campaign for Sustainable Rx Pricing to raise awareness with legislators, policymakers and the media about how rising prescription drug prices are putting a strain on the entire health care system.
- **Urged CMS to Develop Payment for Collaborative Care.** AHA applauded CMS's interest in developing separate payment for collaborative care, particularly with respect to beneficiaries with common behavioral conditions, and urged the agency to consider and evaluate such a payment's potential to help address the mental health professional shortage as part of its final Physician Fee Schedule final rule.
- **Protecting Patients from Insurer Consolidation.** AHA is working to ensure that the recently proposed acquisitions involving four of the five major national insurers receive the highest level of scrutiny. AHA has provided analysis to the Department of Justice (DOJ) and testified before Congress numerous times, introducing into the record concrete reasoning why the acquisitions would decrease competition and hurt the marketplace, in addition to working to educate the media and the public on the potential consequences for patients and providers. AHA also is supporting state hospital associations in impacted states with resources and technical assistance to help in their advocacy with state officials.
- **Collaborating with National Behavioral Health Organizations.** AHA works closely with the National Alliance on Mental Illness, the American Psychiatric Association, the National Association of Psychiatric Health Systems, and the Substance Abuse and Mental Health Services Administration. AHA also works with many national behavioral health organizations, including the American Psychological Association, the National Advisory Council on Alcohol Abuse and Alcoholism, and The Joint Commission's Professional & Technical Advisory Committee on Behavioral Health.

A comprehensive list of AHA's work can be found at www.aha.org/value.

Engaging Behavioral Health Leaders

Behavioral health leaders have a strong voice in AHA as they help shape key advocacy activities, policy positions and member services.

- **Governance and Policy-Making Roles.** AHA offers behavioral health leaders many opportunities to take an active role in shaping AHA policies and setting direction for the association. They may have a formal role in association governance and policy formation by serving on AHA's Board of Trustees, Regional Policy Boards, or Governing Councils and Committees. They also may participate on short-term advisory groups where members weigh in on more focused, time-sensitive policy and market issues.
- **AHA Constituency Section for Psychiatric and Substance Abuse Services.** This section 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. It provides forums linking members with shared interests and missions to advise 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.
- **Advocacy Alliances.** AHA's Advocacy Alliances provide members with another way to engage legislators on the specific 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. The AHA Advocacy Alliance for the 340B Drug Pricing Program focuses on preventing attempts to scale back this vital program.
- **Member Outreach.** Several times throughout the year, AHA's behavioral health member CEOs are individually contacted by AHA staff and/or are invited to participate in small group conference calls to discuss key AHA initiatives.
- **Behavioral Health Webpage.** AHA's web resource provides CEOs and their teams with information and tools related to national, state and local activities affecting behavioral health. For more, visit www.aha.org/behavioral_health.

Providing Key Resources for Behavioral Health Providers

AHA offers behavioral health providers myriad tools and resources to support their efforts to improve care for the individuals and communities served.

- **Triple Aim Strategies to Improve Behavioral Health Care.** A February 2016 Hospitals in Pursuit of Excellence (HPOE) guide describes strategies, action steps and examples for hospitals, health systems and community stakeholders working to develop a well-coordinated, accessible, affordable and accountable system for delivering behavioral health care.
- **Best Practices to Improve Health Care Quality and Outcomes.** The AHA Constituency Section for Psychiatric & Substance Abuse Services serves as a conduit for providers to share best practices during interactive webcasts and conference calls. Topics have included: improving through-put in EDs, effective integration of behavioral and physical health services and using community partnerships to improve access to behavioral health services.
- **Integrating Behavioral Health Care.** *Integrating Behavioral Health Across the Continuum of Care* is an HPOE guide developed in collaboration with AHA's Section for Psychiatric and Substance Abuse Services that offers several frameworks and models and strategic questions to consider for behavioral health integration. AHA's *TrendWatch* report, *Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Cost and Outcomes*, 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.



- **Behavioral Health and the Opioid Crisis Featured in AHA Publications.** *Hospitals & Health Networks'* March 2016 cover story described how hospitals are fighting on the frontlines of the opioid crisis. Recent articles in AHA's *Health Facilities Management Magazine* focused on behavioral health settings, including *Interiors for Behavioral Health Environments* and *Kaiser Invests in Behavioral Health Clinics*. Last July, *Trustee* magazine focused on how hospitals are improving behavioral health care. Last May, *Hospitals & Health Networks* described how four organizations were enhancing access and care – and easing pressure on their emergency departments – for people with psychiatric or substance abuse issues.
- **Veterans Resources.** A November 2015 AHA blog post highlights resources available to help hospitals care for and hire veterans. These include a Department of Veterans Affairs' consultation program and toolkit to help hospitals and health professionals treat veterans with post-traumatic stress disorder. In addition, AHA last year collaborated with the White House Joining Forces initiative on a resource to help hospitals hire veterans.
- **Equity of Care.** Addressing disparities is essential for performance excellence and improved community health. AHA issued goals and milestones from the National Call to Action, launched in 2011 to end health care disparities and promote diversity, and encourages hospitals to take the #123forEquity Pledge to eliminate health care disparities. For more, visit www.equityofcare.org.

