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: May 2015

May Is Mental Health Month

Our minds and our bodies cannot be separated; a health care system that treats them as if they can be cannot reach the optimal levels of population health to which we all strive. May is Mental Health Month – a good time for hospitals to consider ways to further integrate behavioral health services into their planning and current offerings. It’s clear that no effort to improve population health will be entirely successful until we overcome both the stigma and access issues that keep people from getting the treatment they need to be healthy. Hospitals can play an important role in convening community discussions about the best ways to provide behavioral services locally. To get the conversation started, please check the resources on our Behavioral Health Hospitals & Services page, and expect to hear more from the AHA on this vital topic.

Thanks, Rich

Each Wednesday during May, look for more stories about how hospitals and health care systems are removing barriers to mental health care and reducing the stigma that often surrounds behavioral health disorders at blog.aha.org. For more information on behavioral health and hospitals, check out AHA.org and AHA’s Section for Psychiatric & Substance Abuse Services.

AHA’s Section for Psychiatric & Substance Abuse Services is Hosting Three Member Best Practice Webcasts During Mental Health Awareness Month

Reduction the Impact of Addiction & Substance Abuse: Greater Bangor’s Community Health Leadership Board  ----- St. Joseph Healthcare, Bangor, ME

Thursday, May 21, 2015
3:00 pm – 4:00 pm Eastern
(2:00 pm CT, 1:00 pm MT, Noon PT)
Expected Duration: 60 Minutes
To Register: http://event.on24.com/r.htm?e=997527&s=1&k=4BE3B21D3D26A4C5B3777A80D6E2F05B
AHA Advocacy Update

Support for Expansion of IMD Demonstration Grows: Bipartisan co-sponsors have been added to the AHA-backed S.599, the Improving Access to Emergency Psychiatric Care Act of 2015 introduced earlier this year by Sens. Ben Cardin (D-MD), Patrick Toomey (R-PA), and Susan Collins (R-ME). Sen. Roy Blunt (R-MO), who serves on the Appropriations Committee, has signed on as have Sens. Claire McCaskill (D-MO), Al Franken (D-MN), Chris Murphy (D-CT), Shelley Moore Capito (R-WV) and Sheldon Whitehouse (D-RI).

Urge Lawmakers to Co-sponsor RAC, GME Bills: Reps. Sam Graves (R-MO) and Adam Schiff (D-CA) recently introduced the AHA-supported Medicare Audit Improvement Act, which would make several changes to the Recovery Audit Contractor program. Sens. Bill Nelson (D-FL), Charles Schumer (D-NY) and Harry Reid (D-NV), and Reps. Joseph Crowley (D-NY) and Charles Boustany (R-LA), also have introduced AHA-supported legislation that would add 15,000 residency positions eligible for both Medicare direct graduate medical education (DGME) and indirect medical education (IME) support. See our Action Alerts for more details on the bills, and please urge your legislators to sign on as co-sponsors – these bills are important to reducing regulatory burdens and workforce shortages for behavioral health providers.

Telehealth Benefits & Barriers to Expansion: On April 21, the Senate Commerce Subcommittee on Communications, Technology, Innovation and the Internet held a hearing on “Advancing Telehealth Through Connectivity.” Witnesses agreed that telehealth is helping to lower costs and improve outcomes for patients with limited access to medical services, including behavioral health. AHA has urged Congress to modernize Medicare coverage and payment for telehealth. For more on the promise of telehealth for hospitals, health systems and their communities, see the recent AHA TrendWatch report and Section best practice calls.
Regulatory Update

Proposed FY 2016 Inpatient Psychiatric Facility Rule: The Centers for Medicare & Medicaid Services (CMS) has issued its inpatient psychiatric facility proposed rule for fiscal year 2016. The rule would increase IPF rates by 1.6 percent in FY 2016 compared with FY 2015, after accounting for inflation and other adjustments. Beginning in 2016, CMS proposes to replace the Rehabilitation, Psychiatric and Long-Term Care market basket with a new, IPF-specific market basket based on data from both freestanding and hospital-based IPFs. In addition, CMS proposes to change the IPF quality measure set by adding five new measures and removing three. The agency also would change some data-reporting requirements, such as requiring IPFs to report measure data as a single, yearly count instead of by quarter and patient age. AHA is currently evaluating the proposed rule. AHA’s Section for Psychiatric & Substance Abuse Services will host a member call in early June to update the field and get input for our comment letter, which we will submit by the deadline of June 23.

Proposed Rule on Mental Health Parity for Medicaid & CHIP: CMS released a proposed rule that would apply certain requirements of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to coverage offered by Medicaid managed care organizations (MCOs), Medicaid alternative benefit plans (ABPs) and Children’s Health Insurance Program (CHIP) plans. The proposed rule seeks to align the Medicaid managed care and CHIP markets with the commercial insurance market (including the state and federal Health Insurance Marketplaces). This rule follows closely the 2013 final rules implementing the MHPAEA parity requirements for group health plans and individual issuers in the commercial insurance market. The rule would maintain state flexibility in implementing the applicable parity requirements for Medicaid and CHIP enrollees. AHA held a member call on May 6th to share details on the proposed rule and obtain member input to help shape our comment letter. AHA’s Regulatory Advisory provides additional detail.

Inpatient Psychiatric Quality Reporting: The AHA and four other national organizations representing members of the psychiatric-provider community urged CMS not to include in the Inpatient Psychiatric Facility Quality Reporting program two measures recently supported by the Measure Applications Partnership. “We absolutely agree with the importance of effective care transitions in providing high-quality behavioral health care,” the organizations wrote. “However, we are concerned that NQF #0647 and #0648 overlap with the continuity of care measures currently in use in the IPF QR and Joint Commission programs. The addition of NQF #0647 and #0648 in the IPF QR would not address an unmet programmatic need, and could disrupt important improvement efforts that use data from the care continuity measures already in the IPF QR program.”

New Initiative to Reduce Mentally Ill in Jails: Two million people with serious mental illness cycle through our nation’s jails each year. Recently government officials, mental health advocates, health care providers and law enforcement officials launched a national action plan to provide an alternative to incarceration. The Stepping Up Initiative aims to scale up efforts already proving effective in reducing the number of mentally ill people in jails. AHA’s Section for Psychiatric & Substance Abuse Services recently offered a webcast on this topic: Expanding an Effective Jail Diversion Program in the Emergency Room - Florida 11th Judicial Circuit Criminal Mental Health Project Collaborates with West Kendall Baptist.
Mental Health Top Priority for New Surgeon General: Vivek Murthy, M.D., whose nomination was supported by AHA, was sworn in as U.S. Surgeon General by Vice President Biden on April 22. In remarks at the ceremony, Dr. Murthy said, “In the great American community, we treat mental health as part and parcel of overall health. We must cast aside the unacceptable stigma and barriers to access that keep too many people from getting the help they need. Together we will bring mental illness out of the shadows.”

New Resources from the AHA


Panel Discussion on Behavioral Health Care at AHA’s Annual Meeting – Health Systems & Hospitals Partnering with their Communities. It is often said that the measure of a society is how it cares for its most sick and vulnerable. AHA board member Tom Huebner, president of Rutland (Vt.) Regional Medical Center, and a panel of health care providers, shared examples of effective community partnerships to ensure that those with mental illness are treated and cared for in the most appropriate setting. A summary of their presentations is available at: http://news.aha.org/article/annual-meeting-briefing-looks-at-innovative-approaches-to-address-behavioral-health-issues. The PowerPoints are available at: www.aha.org/psych.

The May Behavioral Health Update includes, among other items, a new report from the National Alliance on Mental Illness – A Long Road Ahead, Achieving True Parity in Mental Health and Substance Use Care; the National Institute of Mental Health new five-year Strategic Plan for Research; and The Substance Abuse and Mental Health Services Administration revised Federal Guidelines for Opioid Treatment Programs. For additional resources on issues, such as integration of physical and behavioral health, and suicide prevention and response, go to the Section’s website at www.aha.org/psych.

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