

The survey did find some important gaps in awareness of critical trends in healthcare IT. The survey reported limited awareness of the potential importance of participating in regional health information organizations (RHIOs) or Health Information Exchanges (HIEs), organizations that are assuming a greater role regionally in deciding how providers and payers should share patient information. According to the survey, the federal stimulus act includes provisions that call for the development of these regional arrangements.

In addition, responding providers were largely unaware of the emerging role of the nonprofit Certification Commission for Healthcare Information Technology (CCHIT) in certifying various software systems used in behavioral health and human services.

The importance of these entities comes to life in the federal recovery act, which states that electronic medical record subsidies are avail-

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able to providers only if they demonstrate that they are using a qualified technology in a meaningful manner.

Taking action

Much of the IT-related activity in the behavioral health community at present revolves around securing a more prominent place for behavioral health organizations in the IT-related funding plans from the stimulus legislation. "I'm spending half my time on the Hill these days," Scalia said.

While mental health and addic-

tion treatment organizations are eligible for a small portion of the billions of dollars in monies for health IT infrastructure made available in the stimulus, they have been excluded from the Medicare and Medicaid incentive payments that constitute the vast majority of the IT stimulus funding. "At the same time that providers recognize the need, they are excluded from this incentive," Scalia said.

Scalia said that among Netsmart's customer base, it is not necessarily only the largest organizations that are deriving the greatest benefit from technology. Still, he thinks it's important for organizations to consider working together to achieve their technology-related goals, whether that takes the form of some type of purchasing cooperative or a joint advocacy presence to argue for better treatment for the behavioral health field in federal legislation. "The voice of the whole community is much more powerful," Scalia said. •

MH groups continue to make the case for integrated care

As health care reform efforts press on in Congress, the mental health community continues to advance their case that mental health and substance abuse care is essential to a transformed health care delivery system. Many are pleased that a House proposal includes parity, the elimination of co-pays or deductibles for preventive care, and an end to discriminatory practices by insurance companies.

The House Committees on Ways and Means, Energy and Commerce, and Education and Labor, last week released its Tri-Committee Discussion Draft for Health Care Reform, an 800-plus page document proposing that parity be included in a benefits package that a qualified health benefit plan must provide in the new Health Insurance Exchange.

The exchange program creates a

transparent and functional marketplace for individuals and small employers to comparison shop among private and public insurers. It sets and enforces insurance reforms and consumer protections, facilitates enrollment, and administers afford-

Bottom Line...

Providers can look to improved reimbursement rates and the protection of Medicare beneficiary access to outpatient mental health services.

ability credits to help low- and middle-income individuals and families purchase insurance coverage.

"The exchange program is a favored approach to covering the uninsured," Kirsten Beronio, senior director of government affairs for Mental Health America (MHA), told *MHW*. "It sets up a system through

which people who are uninsured could gain access to affordable private insurance," she said. "The program would be structured similar to the federal government's health plan or the Massachusetts health program that covers the uninsured."

"We're appreciative of a number of provisions in the Tri-Committee bill," added Beronio. The House bill aims to improve the quality of care and the way care is delivered even beyond the issue of addressing care for those currently uninsured, she said.

The Senate Health, Education, Labor and Pensions (HELP) Committee last month unveiled its health care reform proposal, "The Affordable Health Choices Act," which puts the emphasis on disease prevention and public health and aims to reduce health care costs

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Continued from previous page (see *MHW*, June 22). The Senate Finance Committee lawmakers have not yet released its proposal which will address the Medicare and Medicaid aspects of the HELP committee's proposal.

House bill provisions

Other provisions would include caps on out-of-pocket spending. Individuals and families with incomes below 133 percent of the federal poverty level will be eligible for an expanded and improved Medicaid program. To improve provider participation in this safety net — individuals with disabilities and people with mental illnesses — reimbursement rates for primary care providers will be increased with new federal funding, according to the proposal.

The House bill also contains a provision that would allow for a medical home pilot program that would ensure that beneficiaries have access to physician and non-physician health care services available in the community, including mental and behavioral health services.

"We want to make sure that behavioral health providers are part of the care coordination team set up in the program," and that behavioral health is seen as a priority issue in the medical home program, said Beronio.

David L. Shern, MHA president and chief executive, indicated the association's strong support of the insurance market reforms in the bill that would prohibit pre-existing condition exclusions and premium rating based on health status as well as annual and lifetime limits on benefits in testimony last month before the Energy and Commerce Committee.

"In addition, we appreciate the provision to repeal the discriminatory 190-day lifetime limit on psychiatric hospital inpatient care under Medicare," Shern testified.

"The Tri-Committee bill is a good bill," William Emmet, director of the Campaign for Mental Health

Reform, told *MHW*. "It gives a more robust look at mental health and substance abuse, said Emmet. "It extends parity to all proposed plans."

The bill would also remove some of the limitations that currently exist in the new federal parity law, he said. The current parity law does not mandate that insurers provide mental health benefits. "The Tri-Committee bill would mandate equitable coverage" of mental health and substance abuse, Emmet said. "That's very important."

'The House committee health reform bill raises hope for the field.'

Ellen G. Garrison, Ph.D.

Emmet said advocates are concerned that as lawmakers consider the cost of the legislation they might be inclined to start cutting back on provisions important to the mental health community, he said. "Our task is to point out that [covering] mental health and substance abuse actually helps curb costs," he said.

Integrated care

The American Psychological Association (APA) has also joined the chorus of groups making the case for integrated care in the health reform debate. Representatives of the APA earlier this month were invited to attend a White House stakeholder discussion group that included pharmacists, pediatricians and nurse practitioners.

The APA focused on psychological services being a part of primary care, said Katherine Nordal, Ph.D., executive director for professional practice for the APA. "We were the only non-medical specialty group to be invited to at the table," she told *MHW*. "Our agenda was to advance integrated care."

One of the concerns among psychologists, she said, is the lack of training for new graduates. "We had a larger than usual number of psychologists who graduated and have not been able to get intern sites," she noted. There is a decline in the amount of federal dollars to train health care professionals, which was one of the points made during the White House discussion, she noted.

Workforce issues are also important. While the Senate's HELP committee bill points to mental health professionals, including psychologists, in its definition of the health care workforce, the current Tri-Committee bill does not, said Ellen G. Garrison, Ph.D., the senior policy advisor for the executive office of the APA. "We didn't see as clear a definition statement in the House bill," Garrison told *MHW*. "We want to ensure mental health professionals are recognized as key providers of mental health and overall health care services, where appropriate."

Improving Medicare

In a letter to the chairmen of each of the three committees addressing health care reform, the APA commended the committees for proposing to revise the Medicare payment formula to prevent the sustainable growth rate from taking effect in 2010.

The provision is critical to ensure that all Medicare providers, including psychologists and mental health providers, are adequately compensated for providing services to beneficiaries, according to the APA.

As the health care reform proposals continue to move forward, the field conceded that they are encouraged. "The House committee health reform bill raises hope for the field" said Garrison, who noted that APA will continue to seek further recognition of mental health and behavioral health as fundamental to overall health throughout the various reform proposals. •