RE: Surgeon General Report on Health and the Economy

https://www.federalregister.gov/documents/2018/09/06/2018-19313/surgeon-generals-call-to-action-community-health-and-prosperity#addresses

Docket: CDC-2018-0082

American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness

October 31, 2018

The American Association on Health and Disability (AAHD) appreciates the opportunity to provide comments on health and the economy. We are writing to endorse the previously submitted comments of No Health Without Mental Health (NHMH). The NHMH comments were initially submitted January 30 (see below) and resubmitted through the Federal Register portal on October 31.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

Both NHMH and AAHD strongly believe that health and wellness are substantially enhanced with the integrated treatment, services, and supports of behavioral health with primary care and general health.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

E. Clarke Ross

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-------- Original Message --------
Subject: Surgeon General Report on Health and the Economy
From: "Florence Fee" <florencefee@nhmh.org>
Date: Tue, January 30, 2018 2:25 pm
To: Jerome.Adams@hhs.gov
Cc: Nazleen.Bharmal@hhs.gov, "kana enomoto" <kana.enomoto@samhsa.hhs.gov>, "Roger Kathol" <rogerkathol@icloud.com>

Dear Dr. Adams,

NHMH - No Health without Mental Health, a patient advocacy 501(c)(3) nonprofit, with a focused mission to bring effective mental health services into the medical setting, writes to request that your upcoming Surgeon General Report on Health and the Economy, consider as a priority issue, the multiple negative impacts untreated behavioral conditions are having on patients, the healthcare industry, AND the wider national economy. And also consider the solutions to remedy this problem such as behavioral integration into primary care.

In this fiscal and health industry environment, *behavioral health care treatment has a great deal to contribute to lowering total healthcare costs, especially in co-morbid patients.* Integrating behavioral health services into primary care is a proven, evidence-based way to lower costs of the high-use, high-spend patient population with both medical and behavioral conditions.

NHMH requests that your Report prioritize federal health policy supports and incentives that *allow implementation of proven models of behavioral health integration (BHI) into primary care,* e.g. the TEAMcare, traditional collaborative care, and primary care behavioral consultation or co-location models of integrated care.

We know effective BHI models exist. The immediate need is to assist primary care practices to be able to provide these interventions in their practices. Especially small to medium practices (<5 clinicians) which constitute the majority of U.S. primary care settings. Efforts such as Montefiore's Behavioral Health Integration - Framework Evaluation are now assisting small practices across the State of New York with an organizing framework for BHI, plus technical assistance and coaching. The BHI-FE approach is a good example of practical ways of helping primary care doctors provide behavioral services in a step-by-step, considered approach that allows behavioral services integration to be adapted to particular practice environments.

The Business Case for BHI is strong. We refer you to the respected April 2014 Milliman Report (attached) which provides data on the cost to the national economy of care for patients with chronic medical conditions plus co-existing behavioral conditions such as depression and/or anxiety. That Report concludes (pg. 21):

"There is clear potential for healthcare expenditure savings through effective integration of behavioral healthcare with medical services. Figure 7 summarizes membership, claims, and cost impact potential through integration. Figure 7: Average Annual Cost Savings and Impact Through Effective Integration – 2012 Totals (All Costs in Millions) Payer Type Member Months Total Claims Value Opportunity Cost Impact of Integration Commercial 2,386,000,000 $1,013,386 $162,366 $15,815-$31,629 Medicare 556,000,000 $362,793 $30,803 $3,347-$6,693 Medicaid 546,000,000 $308,836 $100,374 $7,103-$9,945 **Total 3,487,000,000 $1,685,016 $293,543 $26,265-$48,267 The potential cost impact of $26-48 billion is several times that of expected psychiatric salaries and approaches the level of total national expenditures on psychiatric services provided by physicians (including non psychiatric physicians), estimated to reach about $35 billion in 2014. To realize this savings, it may be best to implement integration among conditions that show the highest potential for savings either per person or through the entire population**."

Currently behavioral health functions completely independently of medical healthcare in the U.S., with little communications between the two. As a result, patients are the ones who suffer. 75% of patients with behavioral health conditions are seen primarily, if not only (60%), in the medical sector. However, 95% of behavioral health practitioners work and get paid for work only in the BH sector. This leads to the cost figures referred to in the Milliman Report. Chronic medical illness doubles the total cost of care. Mental health co-morbidity doubles it again.

Further, a high percentage of patients with chronic medical conditions, e.g. diabetes, heart disease, etc have concurrent behavioral conditions (30-45%), compared to only 15% in the general population.

A specialty behavioral health sector will continue t be needed for patients with serious mental illness. But the majority of behavioral services can and should be delivered with other health services in the medical setting. However the majority of patients with behavioral issues go only to primary care, making BHI essential for health improvement and cost containment.

Thank you for considering as a priority the strong economic case for behavioral health integration into primary care. Such healthcare delivery intervention can make a major contribution to lowering total healthcare costs among the highest patient group with behavioral and chronic medical conditions.

NHMH welcomes your feedback and comments.

Respectfully,

Florence C. Fee., J.D., M.A.

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