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TO: Peter Fise, Health Counsel, Democratic Staff, U.S. Senate Committee on Finance

FROM: NHMH – No Health without Mental Health
American Association on Health & Disability
Clinical Social Workers Association
International Society for Psychiatric Mental Health Nurses
Lakeshore Foundation

DATE: November 4, 2022

RE: Comments on the Discussion Draft of the "Improving Integration, Coordination, and Access to Care Act"

MEDICARE PROVISIONS:

Sec. 11 Guidance for Expanding VB and APMs in Medicare:

p. 2, lines 11-12: add 'alcohol use disorder.'
p. 2, line 15: add 'also known as the Behavioral Health Consultant Model, or other evidence-based models' after 'Primary Care Behavioral Health Model.'
p. 2, line 16: add 'Short Brief Intervention Referral to Treatment (SBIRT) Model' after 'integration.'
p. 2, line 17: replace 'mental' with 'behavioral.'
p. 2, line 20: insert 'certified' in front of 'peer.'
p. 3, line 1: insert 'protocols, formal arrangements and/or contracts to coordinate' after 'maintaining.'
p. 3, line 4: replace 'mental' with 'behavioral.'

Sec. 12: Integration of BH Care for Treatment of MH and SUDs in the Primary Care Setting:

p. 3, line 15: delete 'psychiatric.'
p. 3, line 21: add 'alcohol use disorder' after 'anxiety.'

p. 3, line 22: after 'disorder' insert ', or creating and offering an Integrated Health Model voluntary option for primary care providers in traditional Medicare, offering comprehensive, risk-adjusted, per member per month payments for outpatient primary care with integrated behavioral services.'

Sec. 14: Report on Progress Integrating BH in Primary Care:

p. 5, line, line 25: add 'and clinical care and patient-reported health outcomes' after 'made.'
p. 6, line 23: add 'of care' after 'experience.'

Sec. 15: Incentives for BH Integration:

p. 7, line 15: Comment re Incentives for BH Integration: The bill should ensure that primary care physicians and clinical staff receive adequate incentives and supports to deliver integrated medical-behavioral healthcare, especially as they also deal with other transformative changes in the primary care environment. The following essential elements of support should be provided:
(a) financial payment to providers to jump-start, and financially sustain, this innovation;
(b) funding of training for clinicians and staff to provide this new care delivery innovation;
(c) funding for tracking tools to monitor and adjust care to prevent patients falling through cracks;
(d) incentives for medical provider and behavioral provider communication-collaboration agreements.

p. 9, line 6: Comment re Quality Measurement Development: Quality measurement is the first step in delivering effective mental health and substance use disorder care for patients in primary care, and it is also an essential foundation for value-based payments.
CMS, AHRQ, the National Quality Forum (NQF), the National Committee on Quality Assurance (NCQA) and accreditation bodies such as the Joint Commission on Accreditation of Healthcare Organizations, should be developing on a priority basis medical and behavioral quality measures and standards addressing behavioral health integration in primary care. CMS, AHRQ, NQF, NCQA and the Joint Commission should work with professional organizations, health plans, and patient-beneficiary program participants and their family organizations, to develop these measures and standards.

The quality measurement process should include: developing, endorsing, using, reporting and monitoring quality metrics. Steps in this sequence of processes should include:
(a) testing new interventions; (b) with a focus on identifying elements of treatment that contribute to outcomes; (c) translate into clinical guidelines and quality metrics; (d) assess gaps in evidence base; and (e) specify gaps in clinical guidelines to inform development of a federal research agenda.

Priorities for quality measurement development should include:
(a) expansion of outcomes measurement, including patient-reported outcomes (PROs);
(b) organizational structural approaches (capacity);
(c) integrated care approaches development;
(d) psychosocial interventions
(d) substance use disorder treatments.

p. 11, line 17: Comment re Medicare Shared Savings Program: This legislation should also specify that the Affordable Care Act be updated to include behavioral health in the Medicare Shared Savings Program requirements, as well as include integration in the Medicare Shared Savings Program ACO

quality performance standards, provide financial incentives for high-performing ACOs to exceed the Medicare Shared Savings Program performance standards for behavioral health integration, and incentivize behavioral health integration in Medicare Advantage plans.

p. 11, line 25: add 'and shall include sufficient behavioral health measures in the Medicare Advantage performance rewards system.'

p. 12, line 22: add 'evidence-based' after 'other.'

MEDICAID AND CHIP PROVISIONS

Sec. 21: Guidance to States on Supporting Mental Health and Substance Use Disorder Care Integration with Primary Care in Medicaid and CHIP:

p. 23, line 23: insert 'and patient-reported' after 'clinical.'

p. 24, line 5: insert 'constitute a care-team sharing accountability for care plan and treatment' after 'model.'

p. 24, line 22: insert 'and provide technical assistance' after 'guidance.'

p. 25, line 1: insert 'provide financial incentives and require accountability to build behavioral health integration into existing models for Medicaid managed care organizations' after 'shall.'

p. 25, line 13: insert 'supporting capacity-building through a new grant or Sec. 1115 waiver' after 'including.'

p. 25, line 21: insert 'certified' after 'trained.'

p. 26, line 4: insert 'and patient reported' before 'outcomes.'

p. 26, line 20: insert 'and/or other evidence-based models' after 'model.'

p. 27, line 14: insert 'tracking/monitoring of patient symptoms and adjustment as needed' after 'ventions.'

GENERAL COMMENTS -

A.Integration Services Should Target Medicare and Medicaid Highest-Cost Utilizers: We recommend adding a provision to the bill to encourage practices and practitioners to target the highest-cost utilizer patients for delivery of behavioral health integration, using an integrated multi-condition collaborative care program for chronic illnesses and depression called TEAMcare.

It is well-established that 20% of U.S. adult patient, those with chronic co-existing medical and behavioral conditions, account for 80% of total U.S. healthcare costs (Milliman, 2018). TEAMcare is the proven successful, gold standard, multi-condition collaborative care model (*J Ambul Care Manage*. 2011 Apr-Jun; 34(2): 152-162) that has been shown to improve quality of depression and medical care, as well as disease control for depression and prevalent medical diseases among patients with co-existing depression and diabetes and/or coronary heart disease. This intervention integrates behavioral health care into primary care by applying one treatment approach across 3 chronic illnesses (CHD, diabetes and depression), illnesses all highly prevalent in Medicare and Medicaid beneficiaries.

B.Federal Research Agenda: We recommend addition of a provision in the legislation directing HHS/NIH/NIMH to prioritize health service delivery research in general, and research related to developing new models of bidirectional integrated medical-behavioral care in particular, and improve widespread implementation of existing evidence-based models of bidirectional integrated care. NHMH's 2020 Congressional (Budget) Justification, included a budget allocation for all Services & Intervention Research (SIR) of less than 9% out of a total NIMH budget of $2.2 billion. SIR is vastly underfunded to meet its assigned area of responsibility to research interventions to improve the quality and outcomes of care, and organization and system-level interventions to enhance service delivery and strategies for widespread dissemination and implementation of evidenced-based treatments into routine care settings. Our nation needs a healthcare system that is better at delivering known evidence-based treatments. We recommend inclusion of a provision that Congress direct HHS/NIH/NIMH to prioritize improvement of our health delivery system and increase SIR budget allocations so that current treatments can be more effectively implemented. This is a matter of national importance given our current mental health and addiction crisis.

Best regards,

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