April 4, 2024

Margaret E. O'Kane
President
National Committee for Quality Assurance
1100 13th St. NW, Third Floor
Washington, D.C. 20005

<u>Re</u>: <u>Comments on Proposed NCQA Virtual Primary Care Standards Draft</u>

Dear Ms. O'Kane,

As leading national behavioral health organizations, we write to express our deep concern that the proposed NCQA Virtual Primary Care Standards draft in large measure omits behavioral health (mental health, substance use, suicide and overdose care) as a required standard of care (the *only* referenced behavioral health standard, included in QPS 10, is an *optional* standard of care), and merely mentions the possibility of behavioral health's inclusion in future modules. This omission takes place in the context of national statistics amply demonstrating that behavioral health is the leading national public health crisis of our time, and the clinical care frontline for that crisis is primary care, virtual and in-person.

Data indicates that behavioral health concerns are a rapidly growing percentage of the reasons for individuals seeking primary care and virtual options have been particularly useful in addressing the acute behavioral health provider shortage. We believe that NCQA's failure to meaningfully discuss virtual standards of care related to behavioral healthcare services in primary care during the ongoing crisis is unfortunate and short-sighted.

NCQA standards of care should make explicitly clear that virtual primary care should meet the exact same standards of care as brick-and-mortar primary care and hybrid models providing both. Primary care is widely known as the first contact with patients and needs to be continuous, coordinated and comprehensive in delivering care. The same quality of care should be provided in either venue, virtual or in-person. Another fundamental of primary care standards should be ensuring the federal parity law (MHPAEA) requirement is met, i.e. that mental health and substance use conditions are covered by health plans at the same level as physical/surgical conditions.

According to the National Institutes of Health, 20% of U.S. adults suffer from mental illness and 16% from substance use disorders (HHS/NIH/SAMHSA). In 2021, 58 million adults experienced some form of mental illness and 46 million had a substance use disorder (Ibid). Data also confirm that 41% of U.S. adults suffered high levels of psychological distress during COVID (Pew Research Center). More than 30% of U.S. high school students reported mental health challenges during and/or after COVID (Ibid). As of 2023, 55% of adults experiencing some form of mental illness receive no treatment and 60% of youth with major depression go without help (Mental Health America, 2023). Nearly 70% of primary care visits involved discussion or treatment of at least one behavioral health concern (Hunter, C., et al, Integrated behavioral health in primary care, APA, 2017; Vohs, JL, et al, Novel approaches to integrating mental health care into primary care, J Clin Psychol Med Settings, 2023).

Behavioral health is an essential component of overall health and behavioral health and overall health are fundamentally linked (Knickman, J et al, Improving access to care for people with mental health and substance use disorders, 2016).

We believe NCQA is missing a significant opportunity to address the ongoing behavioral health crisis in the country, particularly given its previous work regarding patient-centered medical homes (PCMHs), and the PCMH Level 3 with Behavioral Health Integration Distinction recognition program, which have made an important contribution to the field of integrated care. In addition, the primary care and behavioral health fields have developed consensus-based core service elements for behavioral health integration in primary care (Bipartisan Policy Center, 2021); (Pincus H. et al, Prioritizing quality measures at interface of behavioral and physical health care, Int Jnl for Quality in Health Care, 2017); and (CMS Medicaid Core Set Measures and National Quality Forum and CQMC primary care measurement set that includes screening for depression and follow-up; follow-up after hospitalization for mental illness; diabetes screening for patients with schizophrenia using antipsychotic medications, pharmacotherapy for opioid use disorder; among others).

Given NCQA's role in our healthcare system, we believe the lack of any required behavioral health integration in the proposed Virtual Primary Care Standards is a harmful misstep. We urge NCQA to reconsider this draft and incorporate behavioral health and behavioral health integration in its Virtual Care Standards for Primary Care. Our organizations are ready to assist in the integration of behavioral health and behavioral health integration in the Standards. We welcome continued engagement with NCQA on this matter; should you have questions or wish further information, please contact Mary Giliberti at mgiliberti@mhanational.org or Florence Fee at florencefee@nhmh.org.

Sincerely,

American Association on Health & Disability
E. Clarke Ross, D.P.A., Public Policy Director

American Foundation for Suicide Prevention
Laurel Stine, J.D., M.A., Executive Vice President & Chief Policy Officer

American Psychological Association Services
Erin Swedish, PhD, MBA, Director Health Integration

Clinical Social Work Association
Laura W. Groshong, LCSW, Director of Policy & Practice

Inseparable
Angela Kimball, Chief Advocacy Officer

International Society for Psychiatric Mental Health Nurses
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Lakeshore Foundation
E. Clarke Ross, D.P.A., Washington Representative

Maternal Mental Health Leadership Alliance
Adrienne Griffiths, Executive Director

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National Alliance on Mental Illness
Anita Burgos, PhD, Director of Public Policy

NHMH – No Health without Mental Health
Florence C. Fee, J.D., M.A., Executive Director

Policy Center for Maternal Mental Health
Joy Burkhard, Executive Director