North Country Behavioral Healthcare Network

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Written Testimony of

Northern New York Rural Behavioral Health Institute, Inc.
(dba: North Country Behavioral Healthcare Network)

Joint Legislative Public Hearing on 2013-2014 Executive Budget Health / Medicaid

Wednesday, January 30th, 2013
10:00 am - 3:00 pm

Legislative Office Building
181 State Street, Hearing Room B
Albany, NY 12247

Chairs:
Senator Kemp Hannon
Assemblyman Richard Gottfried

Submitted by:

Bud Ziolkowski, Sr. Project Specialist for System Redesign
Barry Brogan, Executive Director

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Testimony to the Joint Legislative Budget Hearing: Health and Medicaid

North Country Behavioral Healthcare Network (NCBHN) is comprised of nineteen nonprofit member agencies providing mental health (MH) and substance use disorder (SUD) services in New York's seven northernmost counties, the "North Country."

NCBHN appreciates the opportunity to provide testimony to the Joint Committee on Health and Medicaid with regard to issues salient to the behavioral healthcare community.

Health System Redesign
Toward the ends of better access to treatment, improved outcomes and dramatically lowered healthcare costs, systems integration is moving forward, in some cases, at warp speed. This system transformation has been facilitated, in large part, through much needed State and Federal start-up funding which has been made available to primary healthcare through vehicles such as demonstration projects and HEAL grants. While there seems to be a consensus among government and healthcare leaders that a key component to successful transformation will be the integration of mental health and substance use disorder services, funding to support system realignment and specifically the incorporation of health information technology has not followed.

Recommendation: There is a need to bring behavioral healthcare (BHC) to the table with equal-partner status and proportionate funding for all aspects of system transformation, and nowhere is this more crucial than in system connectivity. The real Achilles heel in the larger plan is the lack of resources for BHC to connect in any meaningful way with the medical community via electronic health records.

There has been an enormous investment in connectivity for primary care, while BHC providers have been left to utilize their own marginal resources in a largely unsuccessful attempt to develop the ability to communicate on a real-time basis with the rest of the medical community. The result is a serious lapse in overall connectivity, and a very real threat to the success of systems integration. We also call your attention to resistance we have found on the behalf of the regional health information organizations (RHIOs) to incorporate behavioral health agency data into their services.

Recommendation: It is our understanding that the RHIOs have also benefited greatly from the investment of state dollars in their development. We believe these dollars should be used to incentivize the RHIOs to take the necessary steps to fully implement the vision of the Medicaid Redesign Team and incorporate behavioral health agency data for individuals enrolled in Health Home and Medical Home demonstration projects.

Managed Care Payment Reform
Another concern is that there is a significant need to coordinate "medical necessity" criteria for behavioral health across all entities, including private insurers. Until now, we have utilized a "square peg, round hole" approach to receiving reimbursement by trying to force behavioral health needs into medical criteria. This has been especially true for addictions treatment, where managed care payers regularly require medical and/or psychiatric criteria for continued reimbursement for treatment (that is neither medical nor psychiatric in nature). The fact is that addictions treatment, beyond detoxification and medication management, is based on ***clinical*** and not medical necessity. Symptoms are behavioral in nature, and require appropriate, evidence-based, clinical interventions such as cognitive behavioral therapy, delivered via talk therapy. This is often true, as well, for the treatment of mental health conditions.

Recommendation: Health care plans need to be held accountable by the state to recognize and reimburse for treatment of chronic behavioral health conditions based on ***clinical necessity*** rather than just on the narrowly applicable guidelines of medical necessity.

Recommendation: New York State needs to create a regulatory environment which allows behavioral health providers to not only assume risk for the population they are caring for but to also manage that care, and share in the cost savings realized by improved health outcomes. The shift of risk to health homes, Accountable Care Organizations and treatment providers will require that those entities determine the most appropriate level of care and length of treatment stay in order to achieve the best outcomes.

So, our focus includes three key points:

~ The need for an equal-partner voice and proportionate start-up funding for behavioral healthcare,
~ More specifically, the need for proportionate State investment in connectivity for BHC providers, and
~ A new paradigm for assessing appropriate utilization review for BHC.

Thank you very much for your consideration of these issues as they pertain to the current development of a State budget.

Barry Brogan, Executive Director
North Country Behavioral Healthcare Network.