

# Massachusetts Health Policy Student Forum

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Marcia Fowler

Commissioner

Massachusetts Department of Mental Health



# DMH Statutory Mandate

DMH operates pursuant to Massachusetts state statute, Mass. Gen. L. ch. 19, and DMH regulations

DMH's statutory mandate: provide treatment and services to citizens with long-term or serious mental illness(es) and research into causes of mental illness

## DMH

- Provides or arranges for DMH services for adults and children for whom services authorized,
- Establishes standards and policies to ensure effective and culturally competent care that promotes recovery and self-determination and protects human rights, and
- Supports mental health training and research



# DMH Mission and Vision

## MISSION

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health is an essential part of healthcare, the Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

## VISION

Mental health care is an essential part of health care. The Massachusetts Department of Mental Health, as the State Mental Health Authority, promotes mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives.



## Statute Overview

- The Behavioral Health Integration Task Force was created under Section 275 of Chapter 224 of the Acts of 2012.
- **Overall Goal:** To develop clear standards for integration of behavioral health and primary care for adults, children and their families, within context of ongoing delivery system and payment reform efforts across payers.
- Legislative report due by July 1, 2013
  - To include recommendations for integration, including statutory and/or regulatory changes needed to implement



## Task Force Charge (1 of 3)

- Review the most effective and appropriate approach to including behavioral, substance use and mental health disorder services in the array of services provided by provider organizations
  - Provider organizations include risk-bearing providers and patient-centered medical homes
  - Services to include transition planning and maintaining continuity of care
- Review how current prevailing reimbursement methods and covered behavioral, substance use and mental health benefits may need to be modified to achieve more cost effective, integrated and high quality behavioral, substance use and mental health outcomes



## Task Force Charge (2 of 3)

- Review the extent to which and how payment for behavioral health services should be included under alternative payment methodologies, including:
  - how mental health parity and patient choice of providers and services could be achieved
  - the design and use of medical necessity criteria and protocols
- Review how best to educate all providers to recognize behavioral, substance use and mental health conditions and make appropriate decisions regarding referral to behavioral health services



## Task Force Charge (3 of 3)

- Review how best to educate all providers about the effects of cardiovascular disease, diabetes, and obesity on patients with serious mental illness
- Review the unique privacy factors required for the integration of behavioral, substance use and mental health information into interoperable electronic health records



## Task Force Focus

- How best to integrate behavioral health and primary care, wherever primary care is provided.
- Focus is at the intersection of payment reform and integration. How can integration be included in the existing and evolving payment reform models?
  - Focus is not on reimbursement rates of behavioral health services within health care system.
- Recommendations to resolve health system factors that prevent behavioral health integration.





# Who cares for patients with behavioral health disorders?

- 90 percent of patients with behavioral health disorders (mental health and substance use) are cared for in the primary care setting.<sup>1</sup>
- Massachusetts has the largest rate of primary care physicians per 100,000 population than any other state.<sup>2</sup>
  - 132 per 100,000 compared to a median of 91 per 100,000
- Remaining 10 percent of patients may receive care through an outpatient behavioral health provider or not at all.

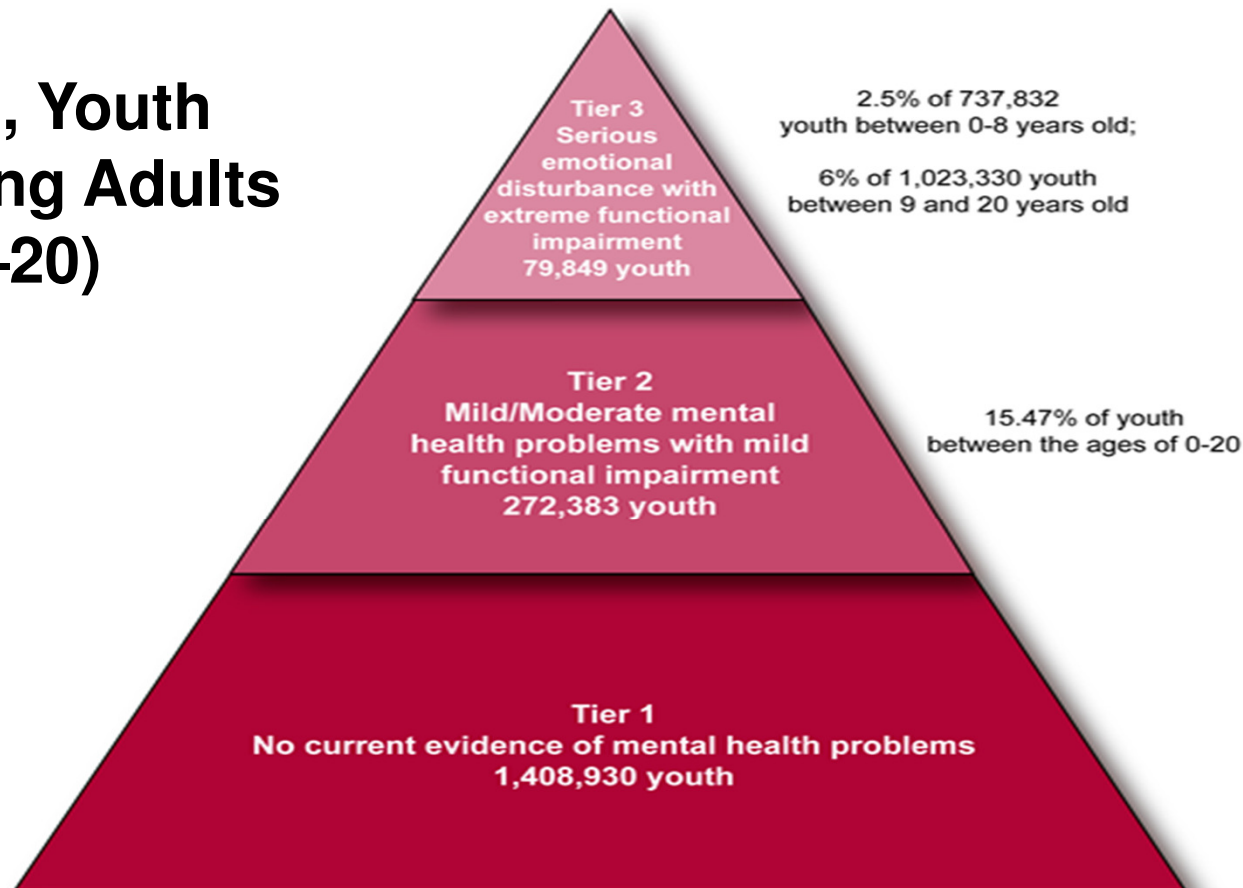
1. Kathol, Roger et al. "General medical and pharmacy claims expenditures in users of behavioral health services." *Journal of General Internal Medicine*. 2005, 160-167.

2. 2011 State Physician Workforce Data Book. *Association of American Medical Colleges*



# Who are the patients with mental health disorders?

## Children, Youth and Young Adults (Ages 0–20)

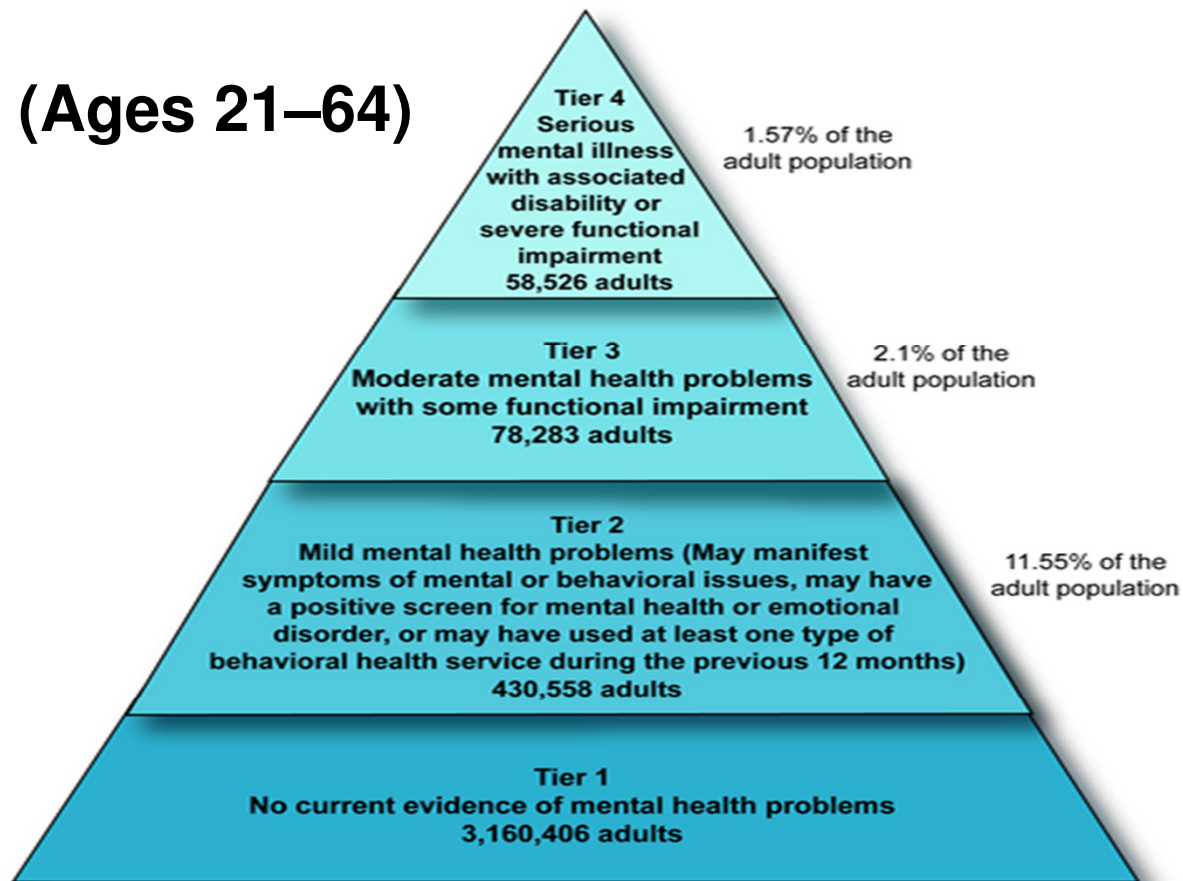


An estimated 1,761,162 youth between the ages of 0 and 20 are living in Massachusetts (27.7% of the total population). Tiers 3 and 2 represent 20% of the youth in Massachusetts based on the Surgeon General's report of any diagnosable mental disorder during childhood and adolescence.



# Who are the patients with mental health disorders?

## Adults (Ages 21–64)

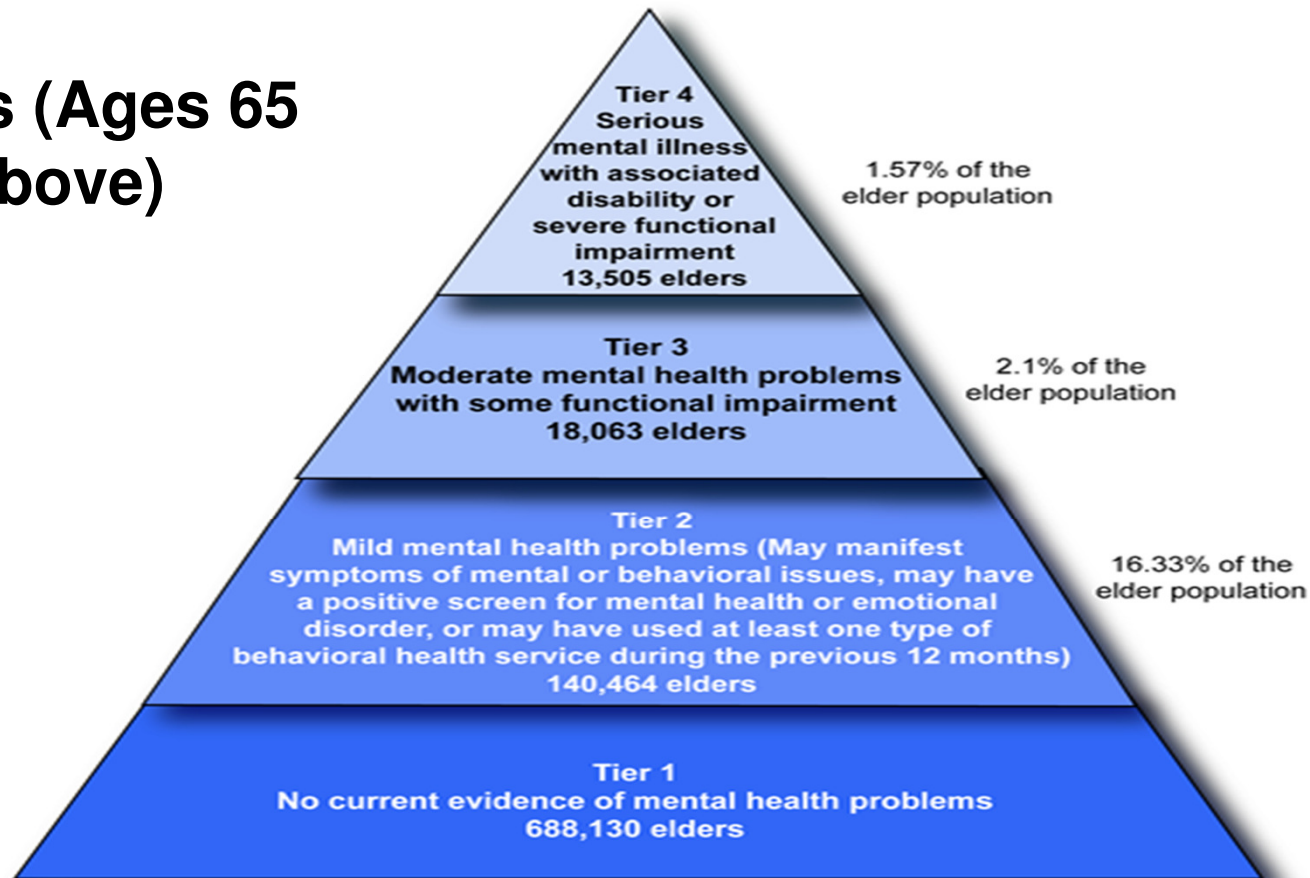


An estimated 3,727,773 individuals between the ages of 21 and 64 are living in Massachusetts (58.7% of the total population); 567,367 are potentially living with a mental illness (15.22% of individuals based on DMH prevalence estimates of adults with a diagnosable mental illness).



# Who are the patients with mental health disorders?

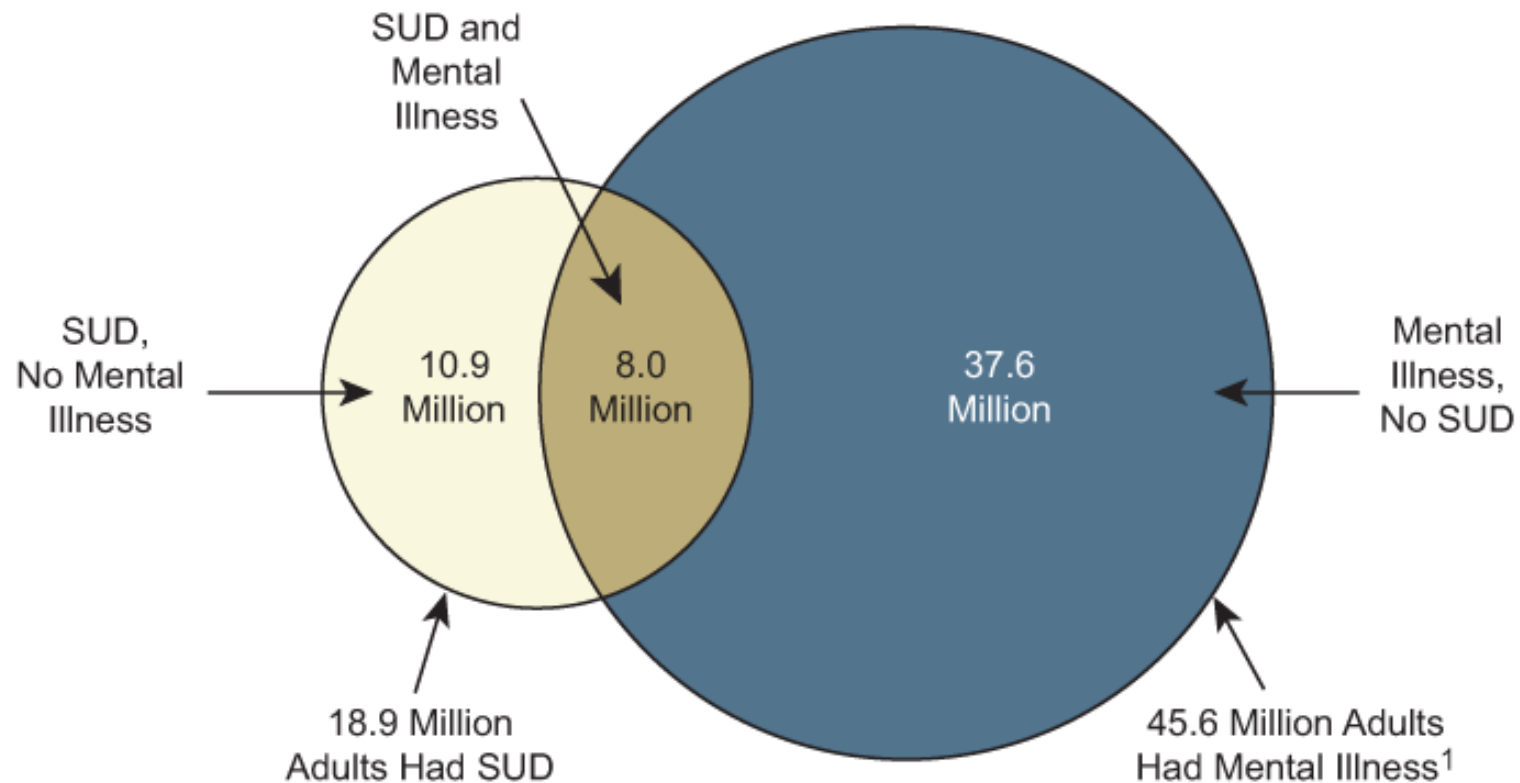
## Elders (Ages 65 and Above)



An estimated 860,162 elders live in Massachusetts (13.5% of the total population); 172,032 are potentially living with mental illness (20% of elders based on the Surgeon General's estimates for individuals aged 55 and over who will experience mental disorders that are not part of normal aging).



# Substance Dependence or Abuse and Mental Illness <sup>1</sup> Adults (Ages 18–older)



1. Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.



## Why Is This So Important and What Are the Opportunities?

- 21% of children and adolescents in the US meet diagnostic criteria for MH disorder with impaired functioning
- 50% of adults in US with MH disorders had symptoms by the age of 14
- Children with chronic medical conditions have more than 2x the likelihood of having a MH disorder
- We know that people recover from mental illness



## Epidemic of Premature Death

In the US the average life expectancy has increased steadily to 77.9 years

The average life span for SPMI is 53 years

25-30 year shorter life span than the general public

Declining over the past 30 years

Disproportionate risk of death from preventable cardio metabolic risk factors, common chronic illnesses and cardiovascular disease

The average loss of life expectancy of all cancers combined is 15 years