

Parity, Prevention and Health Care Reform: Meeting the challenge through adolescent mental health checkups

Eric Trendell Health Policy Forum | November 16, 2010

On November 16, 2010, the TeenScreen National Center for Mental Health Checkups at Columbia University hosted the Eric Trendell Health Policy Forum *Parity, Prevention and Health Care Reform: Meeting the challenge through adolescent mental health checkups* at the U.S. Capitol Visitor Center in Washington, DC. This forum brought together leaders in the health care and policy fields to discuss the readiness of the health system to implement mental health screening in the wake of health reform and parity. The important role that this service can play in preventing mental illness – one of the most prevalent and costly types of chronic disease in the United States today – was also highlighted.

The Need to Improve Prevention and Early Identification of Mental Illness

U.S. Representative Doris O. Matsui (CA), the keynote speaker at the Trendell Forum, discussed the wide prevalence of mental health disorders and the importance of prevention and early intervention. Rep. Matsui noted that while most of us recognize the value of preventive strategies for physical health, the need for prevention of mental illness has not yet achieved the same level of awareness.

This lack of awareness has persisted despite a high disease burden. According to the National Institute of Mental Health (NIMH), as many as one in five youth suffer from mental illness, and the U.S. Surgeon General has reported that approximately 10 percent of all youth suffer significant impairment due to a mental disorder. Yet, research shows that 80 percent of youth with a diagnosable mental illness are not identified and do not receive treatment.

Bruce Lesley, president of First Focus, a national child advocacy organization, moderated the forum. Mr. Lesley echoed Rep. Matsui's comments about the lack of focus on mental health issues, saying that in the world of pediatric health policy, mental,

developmental and dental health have not been addressed as part of whole health.

“Particularly with respect to mental health issues, one of the big concerns we have is the lack of integration between the physical and mental health concerns of kids.”

Bruce Lesley, President of First Focus

NIMH data show that half of all lifetime mental disorders begin by age 14, making adolescence a critical period for prevention. According to the Institute of Medicine, there is a window of opportunity of two to four years after the first signs of mental illness appear, when research has shown treatment to be most effective. Rep. Matsui stated, “Without identification, these young people miss valuable time to receive treatment, where their ailment becomes even more severe . . . When the costs of mental illness are looked at across the lifespan of an individual and their families, the need for prevention and early detection is clear.”

Yet, few youth are offered routine mental health screening as part of preventive care. One survey of primary care providers found that just 23 percent routinely screen their adolescent patients for mental health disorders (Frankenfield et al., 2000). The passage of health care reform and expansion of parity protections brings a new opportunity to improve access to mental health screening.

“As we turn towards implementation of the Affordable Care Act, I see great opportunity to define prevention broadly and make our focus on prevention a holistic one that includes promoting both physical and behavioral health.”

U.S. Representative Doris O. Matsui

Health Reform and Mental Health Parity Expand Access to Prevention and Early Intervention for Mental Illness

With enactment of both the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and the Patient Protection and Affordable Care Act (PPACA), also known as the Affordable Care Act (ACA), the U.S. health care system is set to undergo dramatic changes. More than 30 million Americans are expected to gain health insurance coverage by 2014, and it is estimated that about 7 to 8 million of the newly insured will be children under age 18. Health reform and parity also created new consumer protections.

Forum panelists noted that ACA requires new health plans to cover adolescent depression screening. Mental health parity will provide increased access to mental health services for youth in need of follow-up care, because it requires equity in coverage of mental and physical health services.

Richard G. Frank, PhD, deputy assistant secretary for planning and evaluation for the U.S. Department of Health and Human Services, pointed to coverage expansion, parity, and preventive care as key components of health reform for mental health services. He also highlighted the new emphasis that health reform and parity place on delivery integration.

“The provisions of ACA are monumental for the mental health care community – finally both mental and physical health care will be part of a seamless set of services.”

Richard Frank, PhD
Deputy Assistant Secretary for Planning & Evaluation

To enhance the integration of physical and mental health services, ACA created grants to bring specialty mental health services to federally qualified health centers, as well as grants to bring primary care to specialty behavioral health centers. This represents a philosophy of promoting access to both mental and physical health services together in one location, or as Dr. Frank said, “To meet people where they are.”

Health reform also strengthened mental health parity protections – which require that limitations on mental health services be no more restrictive than those for medical/surgical services – by extending them to new types of plans and establishing minimum coverage standards for new plans. Dr. Frank emphasized that this will eliminate the option for some health plans to avoid triggering parity protections by opting not to offer any level of mental health coverage.

Taken together, mental health parity and health reform will expand access to preventive mental health services, including depression screening, as well as any necessary follow-up services.



From left to right: Mason Turner, MD, The Permanente Medical Group, Inc.; Emily Sherwood, Massachusetts Executive Office of Health and Human Services; Kelly Kelleher, MD, MPH, Nationwide Children’s Hospital; Richard G. Frank, PhD, Office of the Assistant Secretary for Planning and Evaluation; and U.S. Representative Doris O. Matsui.

Service Delivery – Are We Ready?

While these policy changes have the potential to enormously improve access to care, changes in policy are not always successful in effecting corresponding changes in practice. Primary care providers, government health plans and private insurers will all play a large role in ensuring that the policy changes made by health reform and mental health parity translate to expanded access to services for youth.

A Primary Care Perspective

Kelly Kelleher, MD, MPH, a pediatrician who is a professor of pediatrics, public health and psychiatry at The Ohio State University College of Medicine and a member of the American Academy of Pediatrics Task Force on Mental Health addressed the question of readiness to provide mental health screening among primary care providers by stating, “Is it where we want to be? No. But we’re getting ready and the field is moving.”

For a variety of reasons, including lack of payment, training and referral resources, many primary care providers do not offer routine mental health screening to their adolescent patients. Now, the passage of health reform and expanded mental health parity will increase the building momentum around expanding access to mental health screening.

Dr. Kelleher pointed to the availability of validated and efficient mental health screening tools and effective treatment services as important factors in persuading primary care providers to offer mental health checkups. The 2009 recommendation of the U.S. Preventive Services Task Force to offer depression screening to adolescents (12-18 years of age) and a 2009 Institute of Medicine report urging prevention, early identification and intervention for mental, emotional and behavioral disorders in youth have also helped to spur efforts to improve prevention of mental health disorders.

Medical professional groups have begun taking steps to ensure that primary care providers have the training and technical assistance they need, not only to screen, but to diagnose, treat and refer patients for mental health diagnoses when necessary.

Dr. Kelleher spoke about the increased emphasis on skills building and stated, “The pediatrics and family practice communities have dramatically expanded training for behavioral health care. At the national training sessions for pediatricians this year, emotional and behavioral health sessions were the number-one attended and number-one largest sessions.”

Changes in the way health care services are paid for under health reform also have the potential to promote the adoption of mental health screening and follow-up services. An effort to pay for value, rather than volume, has resulted in payment demonstrations to incentivize quality and care coordination.

“The opportunity afforded by recent changes to health care policy nationally and at the state levels, is going to allow us to do things and integrate care between behavioral health and primary care in ways that haven’t happened before . . . we’ve found that when specialists and primary care physicians work together, care can become much more effective and much more efficient.”

Kelly Kelleher, MD, MPH
Director of the Center for Innovation in Pediatric Practice,
Research Institute at Nationwide Children’s Hospital

Finally, technology and electronic health records will also promote care coordination and quality tracking. Dr. Kelleher noted that electronic registries and quality improvement are allowing physicians to track referrals, medication, and other outcomes. The National Committee for Quality Assurance (NCQA) and the medical home initiatives nationally are also beginning to include behavioral health measurements in their evaluations of primary care quality.

These developments are all helping to spur the work required to make mental health screening a routine component of all well-child visits.

A Health Plan Perspective

Mason Turner, MD, assistant director of regional mental health and chemical dependency services at The Permanente Medical Group, a part of Kaiser Permanente, offered insight on the role that health plans can play in expanding access to adolescent mental health screening.

Kaiser Permanente is an integrated medical group, health plan, and hospital system with a very robust electronic medical record system. Dr. Turner emphasized that these attributes have promoted the successful implementation of an adult mental health screening demonstration by giving physicians a more complete and accessible picture of patients’ health. The demonstration originally began as a primary care effort, but has grown to include psychiatry as part of an effort to improve integrated care.

This work is now expanding to include adolescent patients. Dr. Turner stated, “We have to ask [adolescents] some specific targeted questions. Just saying, ‘How are you doing? How are you feeling?’ is not adequate. We have to think about what are the questions we need to ask to identify those patients most at risk.” Kaiser is working to provide comprehensive and universal screening for adolescents, including questions about often overlooked concerns including depression, domestic violence, high-risk sexual behavior and substance abuse.

Going forward, health plans will need to look at how to address some of the challenges to early identification and intervention for adolescent mental illness. Dr. Turner stated that there is a real need to ensure that pediatricians are educated about the importance of mental health screening, as well as how to best provide care for youth and families who may be uncomfortable seeking services outside of the primary care setting. He noted that promoting integration of care can play a key role in addressing these hurdles.

“We predict that integration between primary care and behavioral health will improve both engagement in mental health care and outcomes regarding getting teens into remission for their depression.”

Mason Turner, MD
Assistant Director of Regional Mental Health and
Chemical Dependency Services, The Permanente Medical Group, Inc.

Improving outcomes *and* reducing costs

In addition to improving health outcomes, some health plans may be motivated to improve access to preventive services for mental health in order to reduce costs. Dr. Turner stated, “What we know about treating depression, at least in adults, is that we don’t realize the cost savings initially when we first implement these programs. It’s really three, four, five or ten years down the road in terms of improved outcomes. With adolescents, we would definitely expect to see the same. If we can prevent a case of depression or treat it early on in the course of someone’s life, it’s going to save money down the road.”

As health reform and parity spur delivery integration and an increased focus on measuring and paying for outcomes rather than volume, health plans will be incentivized to improve access to routine mental health screening. This will be true for private health plans, as well as for publicly funded plans.

A Medicaid Perspective

For most health plans, the requirement to offer depression screening as a covered preventive service without cost-sharing was newly established under health reform. By contrast, Medicaid programs have long been required to include an assessment of mental health at well-child visits under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Despite this requirement, many states have taken few, if any, steps to ensure that this service is offered.

The Massachusetts Medicaid program, MassHealth, provides unique insight on how to successfully expand access to mental health screening. In the wake of a legal ruling in *Rosie D. v Patrick* in 2006, MassHealth was required to take steps to ensure that mental health screening using a standardized tool is offered at all EPSDT well-child visits. Since reporting on the rate of mental health screening began in the first quarter of 2008, mental health screening rates have risen from just 19.95 percent to 74 percent for youth ages 13 to 17.

Emily Sherwood, director of the Children’s Behavioral Health Inter-Agency Initiative (CBHI), oversees Massachusetts’ efforts to comply with the ruling in the lawsuit and to successfully expand access to mental health screening. Speaking at the forum, she emphasized the importance of engaging primary care providers and medical leadership in implementation, providing reimbursement for mental health screens, and ensuring access to clinical consultation support in child psychiatry for primary care providers.

Ms. Sherwood stressed that these policies helped to overcome initial resistance to the screening requirement among some primary care providers. Ms. Sherwood related one physician’s response: “I was pretty skeptical . . . but it’s prompting different conversations with my patients and with families. I’m learning not only about their behavioral health conditions, but I’m getting more insight into their medical conditions.”

This integration of mental health into the well-child visit and the attendant benefits for overall health outcomes is beneficial for primary care providers, but also for patients, families and communities.

“My hope, and I think it’s a reasonable one, is that by bringing the discussion of social and emotional well-being squarely into the realm of primary care and proactively prompting a discussion of these issues between primary care clinicians and children, youth and parents that more and more children, adolescents and adults will learn and experience that social and emotional health are part of overall health.”

Emily Sherwood
Director, Children’s Behavioral Health Initiative, Massachusetts
Executive Office of Health and Human Services

The outcome of the Massachusetts legal decision in *Rosie D. v Patrick* created new case law, setting a precedent that may be applied in suits against Medicaid programs in other states. Health reform will also result in increased pressure to improve prevention and early intervention services. As thousands more youth and adults become eligible for Medicaid under health reform in 2014, an increased number of individuals will be likely to stay on Medicaid rolls for a longer term – giving states an increased stake in improving overall health and long term outcomes.

As primary care providers begin offering mental health screening to patients as part of the comprehensive preventive services package required to be covered by new plans under health reform, they also will be more likely to offer this service to all patients. As Ms. Sherwood noted, the primary care providers participating in MassHealth have begun to offer standardized mental health screens at all well-child visits – regardless of payer. In other words, policies that promote the integration of care within private health plan networks can also help to promote it within public health plan networks, and vice versa.

The Wider Significance of Mental Health Screening

Coverage of preventive services was just one component of the sweeping health reform passed as part of the ACA, and depression screening is just one of the many recommended services that will be covered under health reform. Similarly, coverage of mental health screening was not the focus of mental health parity, which sought to ensure equitable access to mental health services. However, as the forum made clear, the incorporation of mental health screening into primary care as part of standard preventive services lays the foundation for promoting integrated care and improving overall health.

“Our piece of the work – screening and early detection to help identify youngsters at risk – is part of a larger effort to raise the whole agenda of mental illness and mental health, to really mainstream these issues, to recognize that when we talk about health we have to talk about the mind and the body. And for children, recognizing all of that can be the key to achieving their potential.”

Laurie Flynn
Executive Director, TeenScreen National
Center for Mental Health Checkups at Columbia University

While an active debate continues to surround the implementation of ACA, there is broad agreement that advances in prevention and integration of care will improve health outcomes. Going forward, the TeenScreen National Center will continue to emphasize the importance of these elements in improving our nation’s fiscal and public health.

This forum was held in honor of Eric Trendell, a college student who died by suicide in 2002. A gift from the family’s estate helped to support the forum.

The TeenScreen National Center for Mental Health Checkups at Columbia University is a non-profit, privately funded mental health initiative. Our mission is to prevent death and disability due to mental illness by expanding access to mental health checkups as a routine preventive service in adolescent health care, schools, and other youth-serving settings. The TeenScreen National Center provides free resources and technical assistance to more than 1,500 sites offering voluntary mental health screening in 46 states.

Contact TeenScreen National Center for Mental Health Checkups:
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