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BEHAVIORAL HEALTH UPDATE: December 2016
A Monthly Report for Members
of the American Hospital Association www.aha.org and the
National Association of Psychiatric Health Systems, www.naphs.org

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1. House passes mental health bill and addiction funding as part of a broad *21st Century Cures* package; next goes to Senate.
2. CMS issues hospital OPPS final rule, with CY17 partial hospital rates and site neutral policy updates.
3. Codes for Psychiatric Collaborative Care included in CMS final rule on CY17 physician payments under Medicare part B.
4. Surgeon General releases historic report on "Facing Addiction."
5. HHS to launch buprenorphine training for nurse practitioners, physician assistants.
6. Comments due January 3 on parity disclosure document request process.
7. NAMI report looks at "The Unfulfilled Promise of Mental Health Parity."
8. Joint Commission annual report looks at hospital quality.
9. New and updated IPFQR manual and abstraction tools now available.
10. Joint Commission announces 2017 National Patient Safety Goals.
11. Study examines suicide attempts as a risk factor for completed suicide.
12. CDC: Potentially preventable deaths from unintentional injuries up 23%.
13. Study examines the impact of a behavioral health condition on "high-need" adults.
14. Alcohol-related ED visits have increased over past decade, study finds.
15. Brief offers introduction to effects of chronic substance use and cognitive effects on the brain.
16. SAMHSA publication offers clinicians a guide to providing integrated care for older adults.
17. Document offers guidance on supporting women in co-ed substance use treatment.
18. Week of January 23 is National Drug & Alcohol Facts Week; plan local outreach now.
19. Monograph summarizes caregivers' perspective on community inclusion.

1. **HOUSE PASSES MENTAL HEALTH BILL AND ADDICTION FUNDING AS PART OF A BROAD *21st CENTURY CURES* PACKAGE; NEXT GOES TO SENATE.** On November 30, the U.S. House of Representatives overwhelmingly (392-26) approved a package of mental health reforms as part of a broad *21st Century Cures Act* package. See a section-by-section analysis of the full bill for details. Included in the final package approved by the House are key components of H.R.2646, the *Helping Families in Mental Health Crisis Act* authored by Reps. Tim Murphy (R-PA) and Eddie Bernice Johnson (D-TX). For example, the bill would create an Assistant Secretary on Mental Health and Substance Use Disorders. Also, the bill establishes a Chief Medical Officer for Mental Health and Substance Use Disorders. The bill also includes several mental health parity provisions (including some recently recommended by the White House Mental Health and Substance Use Disorder Task Force). In addition, the House-passed bill also approved $1 billion in funding over two years for the *Comprehensive Addiction and Recovery Act* (P.L.114-198). The Senate is expected to take up the legislation next. The White House has signaled the Administration's support for the *Cures Act*.

2. **CMS ISSUES HOSPITAL OPPS FINAL RULE, WITH CY17 PARTIAL HOSPITAL RATES AND SITE NEUTRAL POLICY UPDATES.** In the November 14 Federal Register, the Centers for Medicare and Medicaid Services (CMS) published the final rule with comment period for Medicare's Hospital Outpatient Prospective Payment System (OPPS). The rule focuses on several areas, including CY17 partial hospitalization program (PHP) rates and site-neutral OPPS requirements. As proposed, the final rule replaces the existing two-tiered APC structure for PHPs with a single APC by provider type for providing three or more services per day. The CY17 rates for hospital-based PHPs will be

$207.27. For community mental health center (CMHC) PHPs, the CY17 rate will be $121.48. The rule also implements a CMHC outlier payment cap to be applied at the provider level. In any given year, an individual CMHC will receive no more than 8% of its CMHC total per diem payments in outlier payments. Regarding PHP payments under Section 603 of the Bipartisan Budget Act of 2015 (site-neutrality), the final rule adopts payment for non-excepted hospital-based PHPs under the MPFS, paying the CMHC per diem rate for APC 5853, for providing 3 or more PHP services per day. "CMS believes that paying for non-excepted hospital-based PHP services at the lower CMHC per diem rate is in alignment with Section 603 of Public Law 114-74, while also preserving access to the PHP benefit," CMS said in a fact sheet. A CMS news release also notes that, based on feedback from stakeholders, "the final rule with comment period finalized proposed limitations on relocation of excepted off-campus hospital outpatient departments, but makes a modification to allow flexibility to accommodate instances of extraordinary circumstances that are outside a hospital's control, such as natural disasters. Further, in response to stakeholder feedback, CMS is not finalizing its proposed limitation on expansion of services at this time." Both AHA and NAPHS have raised concerns with CMS and will be submitting further comments.

3. **CODES FOR PSYCHIATRIC COLLABORATIVE CARE INCLUDED IN CMS FINAL RULE ON CY17 PHYSICIAN PAYMENTS UNDER MEDICARE PART B.** The Centers for Medicare and Medicaid Services (CMS) has issued a final rule with calendar year 2017 (CY17) updates to the physician fee schedule under Medicare Part B. Among various provisions, the rule finalizes new coding and payment for use of the Psychiatric Collaborative Care model in CY17. A news release also notes that "CMS is also finalizing payment for a new code that broadly describes behavioral health integration services, including payments for other approaches and for practices that are not yet prepared to implement the Collaborative Care Model." AHA and NAPHS supported the collaborative care model, which supports mental and behavioral health through a team-based, coordinated approach involving a psychiatric consultant, a behavioral health care manager, and the primary care clinician and which extends beyond the scope of an office visit. In a CMS blog, the agency noted that "payment for care using this model will help address one of the health system's major challenges -- access for behavioral and mental health care. For anyone who has struggled to gain access to behavioral health care for themselves or a loved one, the importance of these services cannot be overstated." The final rule also includes a set of changes that would improve how Medicare pays for primary care, care coordination, and mental health care. "These changes will result in an estimated $140 million in additional funding in 2017 to physicians and practitioners providing these services," the CMS blog noted. "Over time, if the clinicians qualified to provide these services were to fully provide these services to all eligible beneficiaries, the increase could be as much as $4 billion or more in additional support for care coordination and patient-centered care." The rule also expands the use of telehealth for Medicare beneficiaries.

4. **SURGEON GENERAL RELEASES HISTORIC REPORT ON "FACING ADDICTION."** U.S. Surgeon General Vivek H. Murthy, M.D., has released a landmark report titled Facing Addiction in America: A Surgeon General's Prevention Report on Alcohol, Drugs, and Health. This is the first time a U.S. Surgeon General has dedicated a report to substance misuse and related disorders. The report identifies substance use disorders as a public health problem that requires a public health solution. It recommends taking action by eradicating negative attitudes and changing the way people think about substance use disorders, recognizing substance misuse and intervening early, and expanding access to treatment. "It's time to change how we view addiction," said Dr. Murthy, "….not as a moral failing but as a chronic illness that must be treated with skill, urgency and compassion. The way we address this crisis is a test for America." The report addresses alcohol, illicit drugs, and prescription drug misuse, with chapters dedicated to neurobiology, prevention, treatment, recovery, health systems integration, and recommendations for the future. In an email to the field, Dr. Murthy noted that "nearly 21 million people in America have a substance use disorder involving alcohol or

drugs, an astonishing figure that is comparable to the number of people in our country with diabetes and higher than the total number of Americans suffering from all cancers combined. But in spite of the massive scope of this problem, only 1 in 10 people with a substance use disorder receives treatment," he wrote. "Though this challenge is daunting, there is much reason to be hopeful. That's because we know how to solve the problem. We know that prevention works, treatment is effective, and recovery is possible for everyone." Also see an accompanying You Tube video and a November 17 JAMA Viewpoint article by Dr. Murthy.

5. **HHS TO LAUNCH BUPRENORPHINE TRAINING FOR NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS.** Nurse practitioners and physician assistants can begin the 24 hours of required training to prescribe buprenorphine, a medication-assisted treatment (MAT) for opioid use disorders, the Department of Health and Human Services (HHS) has announced. HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) has said that NPs and PAs may start by taking the eight-hour DATA-waiver course for treatment of opioid use disorder designed by national experts that physicians currently take. The course is offered for free by SAMHSA through the Providers' Clinical Support System for Medication Assisted Treatment (PCSS). For the additional 16 hours, SAMHSA will offer the training for free through the PCSS-MAT once it has been developed in 2017. Several other medical society organizations also are expected to develop training modules. When state law allows, NPs and PAs who complete the 24 hours of training and are certified as DATA-waiver practitioners by SAMHSA can prescribe buprenorphine for up to 30 patients. Before a legislative change, only physicians could prescribe the treatment. HHS said it plans to initiate rulemaking that would allow NPs and PAs who have prescribed at the 30-patient limit for one year to apply for a waiver to prescribe for up to 100 patients. More on the training and waiver application will be available soon at http://www.samhsa.gov/medication-assisted-treatment. The application for NPs and PAs will likely be available in February, according to SAMHSA.

6. **COMMENTS DUE JANUARY 3 ON PARITY DISCLOSURE DOCUMENT REQUEST PROCESS.** The Departments of Labor, Treasury, and Health and Human Services (HHS) are requesting specific comments on the parity disclosure document request process required by the Mental Health Parity and Addiction Equity Act (MHPAEA). The request for comments is part of a set of Frequently Asked Questions issued along with the release of the final report of the White House Task Force on Mental Health and Substance Use Disorder Parity (see November 2016 Behavioral Health Update). The agencies are seeking input on: 1) whether issuance of model forms that could be used by participants and their representatives to request information with respect to various nonquantitative treatment limits (NQTLs) would be helpful and, if so, what content the model forms should include; 2) whether different types of NQTLs (such as fail-first policies, medical necessity criteria, formulary design) require different model forms; 3) whether issuance of model forms that could be used by states as part of their review would be helpful and, if so, what content should the model form include; 4) what other steps the Departments can take to improve the scope and quality of disclosures or simplify (or otherwise improve) processes for requesting disclosures under existing law; and 5) what steps could be taken to improve State market conduct examinations and/or federal oversight of compliance by plans and issuers. If you would like to share your perspective, email comments to e-ohpsca-mhpaea-disclosure@dol.gov by January 3.

7. **NAMI REPORT LOOKS AT "THE UNFULFILLED PROMISE OF MENTAL HEALTH PARITY."** A new report from the National Alliance on Mental Illness (NAMI) describes the barriers that people with mental health conditions encounter in finding mental health providers who are in their health insurance plan's network. Titled Out-of-Network, Out-of-Pocket, Out-of-Options: The Unfulfilled Promise of Mental Health Parity, the report is based on NAMI's Coverage for Care survey, conducted for the second time in 2015 with more than 3,000 respondents nationwide. "Consistent with nationally reported trends, NAMI's survey found that people with insurance had more difficulty

locating in-network providers and facilities for mental health care compared to general or specialty medical care," the report says. "This was true of both inpatient mental health care (hospitals and residential facilities) and outpatient mental health care (therapists and prescribers of mental health medications). Because out-of-network providers were often the only reasonable option, many respondents incurred greater costs for mental health compared to other types of specialty medical care." Among other things, NAMI recommends that health plans maintain accurate, up-to-date provider directories, provide easy-to-understand information about mental health benefits, promote integration of mental health and primary care, expand mental health provider networks, and cover out-of-network care to fill provider gaps. See www.nami.org/parityreport for additional background.

8. **JOINT COMMISSION ANNUAL REPORT LOOKS AT HOSPITAL QUALITY.** The Joint Commission has released its latest annual quality report titled America's Hospitals: Improving Quality and Safety – The Joint Commission's Annual Report 2016. The report summarizes the performance of Joint Commission-accredited hospitals on accountability measures of evidence-based care processes closely linked to positive patient outcomes, including the Hospital-Based Inpatient Psychiatric Services (HBIPS) measures and substance use measures. The new report notes that the inpatient psychiatric services composite result was 90.3% in 2015, up from 89.9% in 2014. The 2015 composite was up a full 3 percentage points from 2011, when it was 87.3%. The 2015 substance use care composite was up 19.3 percentage points (from 58.2% in 2014 to 77.5% in 2015). In conjunction with the report, The Joint Commission recognized 39 Pioneers in Quality hospitals "at the forefront of a new era in health care quality reporting—one in which hospitals collect information on the quality of patient care through electronic health records, and report the data to The Joint Commission and the Centers for Medicare and Medicaid Services (CMS)." See a news release with additional details.

9. **NEW AND UPDATED IPFQR MANUAL AND ABSTRACTION TOOLS NOW AVAILABLE.** New and updated tools are now available online to assist facilities participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The **IPFQR Program Manual** provides a comprehensive overview of the IPFQR Program, measure specifications, as well as step-by-step guidance on the QualityNet Secure Portal registration, data submission using the web-based measures application, and preview report processes. Two key updates to the manual include 1) information about the "SUB-3/-3a" and the "30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF" measures, including details about data reporting, sampling, and submission; and 2) additional information to assist with the collection of the "Transition Record with Specified Elements Received by Discharged Patients" and the "Timely Transmission of Transition Record" measures. In addition, **IPFQR Program Abstraction Tools** provide an optional, informal abstraction mechanism to assist IPFs in data collection. New paper tools for data to be submitted in summer 2017 are available for: 1) Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and -3; 2) HBIPS-5: quarter three to quarter four (Q3-Q4) 2016; 3) Influenza Immunization, IMM-2: Q3-Q4 2016; Calendar Year 2017; and 4) Tobacco Use (TOB)-1, -2/-2a, -3/-3a: Q3-Q4 2016. Also available is an updated Non-Measure Data Collection Tool. New paper tools for data to be submitted in summer 2018 are available for: 1) HBIPS-2 and -3; 2) HBIPS-5; 3) IMM-2; 4) Substance Use (SUB)-1, -2/-2a, -3/-3a; and 5) TOB-1, -2/-2a, -3/-3a. Also available are updated tools for 1) Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record; and 2) Screening for Metabolic Disorders. Access all of these documents at www.QualityReportingCenter.com under "IPFQR Program Resources and Tools." Direct questions to the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team at https://cms-ip.custhelp.com or call 844-472-4477 or 866-800-8765 (weekdays, 8am to 8pm Eastern).

10. **JOINT COMMISSION ANNOUNCES 2017 NATIONAL PATIENT SAFETY GOALS.** The Joint Commission has issued its 2017 National Patient Safety Goals (NPSGs) for both Behavioral Health Care and for Hospitals. Included on each program's page is a link to download the chapter.

Easy-to-read versions of the NPSGs are forthcoming. For frequently asked questions (FAQs) about the NPSGs, visit the Standards Interpretation section.

11. **STUDY EXAMINES SUICIDE ATTEMPTS AS A RISK FACTOR FOR COMPLETED SUICIDE.** Suicide attempts are "an even more lethal risk factor for completed suicide than previously thought," conclude the authors of a study in the November American Journal of Psychiatry. The fatality rate among suicide attempters was nearly 59% higher than had been previously reported, they said. "Research should focus on identifying risk factors for populations vulnerable to making first attempts and target risk reduction in those groups," the researchers concluded. Also see a November 7 New York Times article ("After a Suicide Attempt, the Risk of Another Try" by Jane E. Brody), which explores the implications of the study.

12. **CDC: POTENTIALLY PREVENTABLE DEATHS FROM UNINTENTIONAL INJURIES UP 23%.** While the number of potentially preventable deaths in the U.S. declined overall from 2010 to 2014, potentially preventable deaths from unintentional injuries increased 23%, according to a Centers for Disease Control and Prevention (CDC) report. The rise was largely driven by deaths related to drug poisoning and falls, which rose 25% and 12%, respectively. "Fewer Americans are dying young from preventable causes of death," said CDC Director Tom Frieden, M.D. "Tragically, deaths from overdose are increasing because of the opioid epidemic, and there are still large differences between states in all preventable causes of death, indicating that many more lives can be saved through use of prevention and treatment available today."

13. **STUDY EXAMINES THE IMPACT OF A BEHAVIORAL HEALTH CONDITION ON "HIGH-NEED" ADULTS.** More than half of "high-need" adults in the U.S.—defined as those with three or more chronic conditions and a functional limitation—have a diagnosed behavioral health condition (such as depression, alcohol- or substance-related disorders, or severe mental illness), according to a report from The Commonwealth Fund. Based on analyses of health spending data, the researchers found that high-need adults with a diagnosed behavioral health condition make greater use of some healthcare services than those without a behavioral health condition. Compared to high-need adults without diagnosed behavioral health conditions, those with such conditions made 27% more visits to hospital emergency departments and used, on average, 35% more paid home healthcare days. And one-third of adults with a behavioral health condition (34%) remained in the top 10% of spending over two years compared to less than a quarter of those without a behavioral health condition (23%). These findings reinforce the importance of an integrated approach to addressing behavioral health needs across the continuum of care for high-need patients, the authors say.

14. **ALCOHOL-RELATED ED VISITS HAVE INCREASED OVER PAST DECADE, STUDY FINDS.** "Alcohol-related ED [emergency department] visits are increasing at a greater rate than overall ED visits and represent a growing burden on hospital resources," according to a study in the journal Alcohol and Alcoholism. Researchers conducted a retrospective review of data on national ED visits among patients aged 18 years or older with alcohol intoxication between 2001 and 2011 using the National Hospital Ambulatory Medical Care Survey (NHAMCS). They found that between 2001–2002 and 2010–2011, alcohol-related ED visits increased more than 50% (going from 2,459,748 to 3,856,346). Total alcohol-related hours spent in EDs nationwide increased 108.5% (from 5.6 million in 2001 to 11.6 million in 2011), far faster than the increase in overall ED hours (which increased 54.0%).

15. **BRIEF OFFERS INTRODUCTION TO EFFECTS OF CHRONIC SUBSTANCE USE AND COGNITIVE EFFECTS ON THE BRAIN.** To help clinicians who may encounter clients with cognitive deficits related to chronic substance use disorder, the Substance Abuse and Mental Health Services Administration has published a document titled In Brief: Chronic Substance User and

Cognitive Effects on the Brain: An Introduction. The brief highlights ways in which chronic substance use may affect the brain.

16. **SAMHSA PUBLICATION OFFERS CLINICIANS A GUIDE TO PROVIDING INTEGRATED CARE FOR OLDER ADULTS.** The Substance Abuse and Mental Health Services Administration (SAMHSA) has published Growing Older: Providing Integrated Care for An Aging Population. The document is intended to guide clinicians on the best approaches for providing integrated care to older adults suffering from substance use disorder and mental illness. It explains the importance of assessing clients for cognitive deficits and adapting behavioral interventions to help clients gain maximum benefit from treatment.

17. **DOCUMENT OFFERS GUIDANCE ON SUPPORTING WOMEN IN CO-ED SUBSTANCE USE TREATMENT.** A Substance Abuse and Mental Health Services (SAMHSA) document offers clinicians guidance on the best practices for treating women suffering from substance use disorder in co-ed treatment and recovery settings. The Guidance Document for Supporting Women in Co-ed Settings highlights the importance of gender differences, cultural sensitivity, and developing healthy relationships.

18. **WEEK OF JANUARY 23 IS NATIONAL DRUG & ALCOHOL FACTS WEEK; PLAN LOCAL OUTREACH NOW.** National Drug & Alcohol Facts Week (NDAFW) will be held January 23 - January 29, 2017. NDAFW is an annual health observance week for teens that aims to "Shatter the Myths" about both drug and alcohol abuse. It is sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Go online for resources to help you plan local activities during NDAFW.

19. **MONOGRAPH SUMMARIZES CAREGIVERS' PERSPECTIVE ON COMMUNITY INCLUSION.** Mental Health American (MHA) and the Temple Collaborative for Community Inclusion of People with Psychiatric Disabilities (TU Collaborative) have released a monograph titled Community Inclusion from the Perspective of Caregivers. "This monograph offers a close up view of the entrenched stigma and barriers that caregivers say their loved ones, and that they also, experience that impact many aspects of their lives," said Mental Health America. "Caregivers want providers, community institutions and the public to help foster more community inclusion for their loved ones, and for themselves. They call on policymakers and legislators to address structural issues, such as poverty, lack of transportation, and entrenched discrimination, and they implore educators, employers and the general public to become more educated about mental health issues, and to be more supportive, understanding and compassionate."

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