

Association for Behavioral Healthcare
Massachusetts Association of Behavioral Health Systems
Massachusetts Association of Registered Nurses
Massachusetts Mental Health Counselors Association
Massachusetts Psychological Association
Mental Health Legal Advisors Committee
National Association of Social Workers - MA Chapter
Nurses United for Responsible Services

Statement of Principles:
Mental Health and Accountable Care Organizations

The following undersigned organizations, members of the Mental Health Coalition present this summary of principles mutually agreed upon in regard to Accountable Care Organizations (ACOs.) We all support quality, cost effective health care. If the public and/or private sectors adopt new payment mechanisms, including ACOs, there must be evidence that the payment mechanisms support quality care to all patients. We propose that prior to widespread implementation, ACO pilot projects, whether they include or carve out behavioral health, must demonstrate that ACOs reduce the cost of overall health care and maintain or improve the quality of health care. Behavioral health providers represent a mix of large hospitals, large clinics and systems of care as well as large numbers of independent and small group providers. In most of the pilots that have been run thus far using the medical home model, behavioral health systems have not been included in the risk contracts and have been run as they currently are, as unintegrated carve-outs to the medical homes. Additionally, most of the behavioral health system has labored under an inability to access federal funds for purchase of electronic health record systems. Therefore, until evidence exists for successful models of services with integrated behavioral health components, we urge that the next step taken by the Commonwealth be pilot projects and that they be voluntary for patients, clinicians and providers, none of which should be penalized for non-participation.

We propose that the following principles apply to any system that utilizes ACOs to provide and pay for health care:

- **Continuity of care needs to be protected.** Mental health care is dependent upon a therapeutic alliance between the provider and the patient. Persons who are in the continuing care of a clinician should not be forced to abandon the therapeutic relationship because their employer does not offer the ACOs with which their clinician has contracted or by which their clinician is employed. Similarly, patients should not suffer because their clinician has chosen not to contract with or has not been hired by a particular ACO. The therapeutic relationship also should not be breached because a patient switches ACO because of job loss or because a particular option becomes unaffordable. Finally, we are concerned that patients not be forced to choose between their physical health providers and their behavioral health providers, as relationship is a crucial factor to effective quality care.

- **Patients need access to medically and linguistically appropriate care.** Access includes geographical proximity, timeliness, cultural competency, and experience and training to treat the patient's particular disorder(s).

- **Patients need choice of clinicians and providers to ensure access to appropriate care.** As noted above, a therapeutic alliance is one of the factors critical to treatment. Patients deserve choices that maximize effective care. There should be mechanisms for small group and independent practice providers to participate in the care delivery systems of ACOs. There must be safeguards that ACO networks of providers not restrict access to treatment by a range of appropriately specialized behavioral health disciplines and practitioners. If appropriate clinicians cannot be found within the ACO or found in a timely

manner, there should be a provision for single case agreements for care with appropriately trained providers. Access to the full range of licensed behavioral health disciplines preserves the freedom of choice.

- **When coverage or care is denied, the burden of proof should be on the party denying the care.** Care/coverage should only be denied by a clinician licensed in Massachusetts to provide that service. If ACOs place the treating clinician or ACO staff in the role of authorizing or denying coverage of care, all patients need the ability to access protections they currently have under the managed care reform law, to pursue an independent appeal with a like-licensed provider and obtain an independent second opinion to support their appeal at no additional charge. MHC believes that it is crucial for medical necessity criteria to be made available to providers and to the public and that the Office of Patient Protection be authorized to oversee appeals to medical necessity criteria sets as it currently does for appeals of insurance denials of coverage.

- **The aggregate data generated by ACOs should be transparent, comparable, and sufficiently detailed to provide accurate information.** The resulting dataset should be publicly available to help guide health care policy in Massachusetts. Consistent systems should be in place to evaluate the quality of treatment provided by behavioral health providers as well as other services within the ACO. In addition, there should be evaluations of disposition factors to insure that denial of appropriate care at the appropriate time does not lead to negative outcomes where cost is shifted to other systems such as nursing homes or DYS.

- **Criteria and protocols that are routinely and/or systematically employed by an ACO in the implementation of treatment must be transparent and available to clinicians and the public upon request.** They should be scientifically-based and reflective of local standards of care.

- **Capitated payments need to be risk adjusted for multiple factors that influence the cost of providing care,** including: diagnosis; acuity of the condition; chronicity of the condition; psychosocial factors e.g., economic status, death of loved ones, divorce, and unemployment; geographic differences in the cost of providing care, e.g., variations in cost of maintaining an office; medical and multiple psychiatric comorbidities which complicate care.

- **For best integration of behavioral health services, all providers should be trained to recognize behavioral health conditions and components of medical management and make appropriate decisions regarding referral to other providers.** Emphasis on prevention and wellness strategies should be comparable to that in physical health services. To insure appropriate care coordination, providers should be paid for necessary collateral contacts outside the ACO.

- **Electronic health records must reflect integration between behavioral health providers and all other providers,** with patient consent and with the appropriate consideration of the unique privacy factors required for behavioral health treatment records.

- **Both behavioral health providers and behavioral health patients/advocates should be included in individual ACO boards and have a meaningful voice on any general oversight entity.** This should be true at the governmental and regulatory level as well.

- **ACOs must develop plans for the identification, referral and staffing appropriate for the diagnosis and treatment of serious and persistent mental illness** in both the public and the private market. ACOs must recognize the importance of the of the multiple professionals and peer specialists comprising the team approach to treatment

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