Serving the Unserved Under the Affordable Care Act (ACA)

*Making Reform a Reality for Diverse Patients*

Jessica Floyd Alexander, Psy.D., Reginald S. Lourie Center, Rockville, MD
Rita Billow, Ph.D., Northwest Community Health Center, Libby, MT
Lynn Bufka, Ph.D., American Psychological Association, WDC
Amy Walters, Ph.D., St. Luke's, Boise, ID
Monnica Williams, Ph.D., University of Louisville, KY
Learning Objectives

1. Summarize 3 potential unmet behavioral health needs of those unable to access health care prior to the ACA.

2. Describe 3 possible strategies for improving individual service delivery to those now accessing health care under the ACA.

3. Strategically evaluate current practice setting and devise at least one strategy to change practices to improve access to services.
ACA Expands Eligibility and Coverage

- Medicaid expansion covers persons up to 133 percent of FPL by 2014 (adds 16-22M)
- Health Insurance Exchanges (up to 400 percent of FPL)
- Essential Health Benefits with parity for Medicare Advantage, Medicaid Managed Care, CHIP, and Benchmark Plans
- Preventive Care and Wellness
Why Focus on Integrated Care?

- At least half of mental health treatment is provided in primary care
- High co-existence of physical disorders and behavioral health problems
- Adults with SMI in public sector die younger (by 25 years) due to untreated physical health problems
Monthly 2005 Health Expenditures per Person, for Chronic Conditions, with and without Comorbid Depression

<table>
<thead>
<tr>
<th></th>
<th>Without Depression</th>
<th>With Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Expenditures</td>
<td>$20</td>
<td>$130</td>
</tr>
<tr>
<td>Medical Expenditures</td>
<td>$840</td>
<td>$1,290</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$860</td>
<td>$1,420</td>
</tr>
</tbody>
</table>

Expanding the Practice Spectrum

Integrated Care

40% of premature deaths in the United States are due to the individual’s behavior.

Behavioral Health Includes:

- Healthy and Unhealthy Behaviors: activity, stress, diet, medication adherence, and more
- Mental Health: psychological distress, depression, and anxiety to severe and persistent mental illness
- Substance Use and Abuse: smoking, using drugs, alcohol dependence

Information from:
Focus on Chronic Health Conditions for Smarter Spending

- Health care costs are now 18.2% of U.S. GDP

- Growing recognition that rise is due to the treatment of serious, chronic health conditions

- Fewer than 5% of patients = 50% of health care spending
Mental Health Clinical Contributions to Integrated Care

**Conducting Psychosocial Assessments**
- Treating more complex, complicated patients
- Applying motivational and behavioral principles to modify health-risk factors

**Promoting patient responsibility and resilience**
- Addressing interpersonal barriers to behavior change
- Understanding environmental determinants of behavior, including impact of families and systems

**EXPANDING THE PRACTICE SPECTRUM**

2016 STATE LEADERSHIP CONFERENCE
• 57% of adults with a mental illness receive no treatment (MHA, 2016)
  – *A crisis!*
• 55% of the nation's counties have *no* mental health care
  – most often in rural communities
• Not all mental health providers accept third-party coverage
  – Only 50-79% of practicing psychologists take private insurance and only 25-52% are Medicare providers
  – Only 50% of psychiatrists take insurance compared with 89% for all physicians
• Even with insurance, there are usually additional out-of-pocket costs for these type of services
• Thus, only upper-income families in upscale suburban and urban areas have access to high quality care that includes psychotherapy (Weil, 2015)
Purpose of the ACA

1. Expand coverage
2. Reduce health care costs
3. Improve health care quality
4. Improve population health
5. Reduce health care fraud and abuse

The uninsured rate among adults fell from 18.0% in Q3 2013 to 11.9% by Q1 2015.
Who is insured and who isn’t?
People of Color

Expanding the Practice Spectrum

U.S. Minority Population = 37% (99 million)

- 5 - 15% (12 states)
- 16 - 25% (13 states)
- 26 - 40% (13 states)
- 41 - 83% (12 states and DC)
Increasing Health Insurance Coverage

Percentage Uninsured, by County, 2013 to 2015

In 2013, there were only 10 states where the percentage of residents who lacked health insurance was lower than 9 percent.

In 2014, the Affordable Care Act was rolled out, reducing the number of Americans without health insurance. States that expanded Medicaid, outlined in black, saw the biggest changes.

In 2015, Pennsylvania and Indiana also expanded their Medicaid programs. Now states with the highest rates of uninsured residents are in the South and Southwest.

2016 STATE LEADERSHIP CONFERENCE
Subtitle D: Available Coverage Choices for All Americans - Part I

(Sec. 1302, as modified by Sec. 10104) “Requires the essential health benefits package to provide essential health benefits and limit cost-sharing. Directs the Secretary to: (1) define essential health benefits and include emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care...”
But will the ACA really help our mental health care crisis?

Some are skeptical for a number of good reasons
The Psychologist Black Hole

County-level distribution of licensed psychologists, 2012–15

- Very low concentration
- Low concentration
- Average level
- High concentration
- Very high concentration

Distribution of licensed psychologists
Issues and Obstacles (Weil, 2015)

- Shortages of psychologists in many areas
- Costs, even with insurance
- Third-party payers create obstacles to care
- Stigma about mental health care, especially among minorities
- View that treatment will not make would-be patients/clients feel better (will it work?)
- Difficulties in adhering to regular appointments (competing demands)
Subtitle G: Improving Access to Health Care Services

(Sec. 5604) “Authorizes the Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, to award grants and cooperative agreements for demonstration projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings.”
Opportunities and Challenges

Expanding the Practice Spectrum

• Moving mental health services into primary care settings seems to be one way to address some of these problems.
• Community health centers are a logical place to expand mental health services since they provide the opportunity to integrate and coordinate physical and mental health.
• Utilizing places of worship and schools is another under-utilized potential frontier.
• How do we as a discipline move to meet people where they are?


Weil, T. P. (2015). With additional insurance available, why are not more mental health services being provided? *Journal of Nervous and Mental Disease, 203*(12), 906-908. doi:10.1097/NMD.0000000000000395

Growth Areas for Psychology

- Adults Patients with Chronic Illness
- Preventive Care
  - Screening for Depression
  - Assisting with other prevention services.
- Helping to Develop Teams
- Working with Medical teams on their outcome measures.
- Adherence to treatment
The Panelists

EXPA N D I NG  T H E  P R A C T I C E  S P E C T R U M

• Briefly describe your practice setting and how you got there
• What skills make you a good fit for this work?
• What are the challenges/opportunities in this setting?
• What do psychologists need to know to best work in this setting or with this clinical population?