

Senate Finance Committee,

As an internist, while I do much work related to medical patients with chronic conditions, also as a psychiatrist, I have special interest in the delivery of behavioral health services to medical patients, especially in medical settings. While Medicare covers behavioral health services, it does not mean that they are available in medical outpatient, inpatient, emergency departments, and post-acute care settings where 60% of those with behavioral conditions exclusively go for care, including most with serious mental conditions. The impact of concurrent behavioral conditions on chronically medically ill patients is covered in some depth in the attached ACO Book Chapter that several national health care leaders and myself published in 2015. The bottom line is that patients with behavioral health conditions account for about a third of the health care budget, mostly in excess medical service use, however, nearly 70% receive not treatment at all for the behavioral conditions leading to high medical service use. Those that receive treatment is generally substandard. This results in persistent high claims for medical patients with comorbid behavioral conditions.

For this reason, I strongly endorse inclusion of changes in the way that behavioral health condition treatment is supported in Medicare health contracts. The work group, however, should do more than just indicate that behavioral health services should be supported with parity to medical benefits. It should go a step further by including behavioral health benefits as part of core medical benefits in all Medicare insurance products. They should not be carved-out or carved-in. They should just be included as medical benefits. Only by doing so will behavioral health services become routinely available in medical settings and medical contributions to high medical service use (claims) be attenuated.

Regarding behavioral health benefits in ACOs, a study by Lewis in Health Affairs (2014—attached) documents that in the current payment environment, few ACOs are including behavioral health services or specialists in their network offering. Not a good sign if integrated care is desired to improve national health and cost.

Finally, in general, tele-approaches to behavioral health assessment and treatment have been shown to be effective. Of course, outcomes can only be expected if evidence-based approaches to care are delivered, whether face-to-face or remotely.

Please feel free to contact me if there are questions.

Best.

Roger Kathol, M.D.