WAYNE STATE UNIVERSITY

School of Medicine
Department of Psychiatry and Behavioral Neurosciences

Chairman Wyden and Ranking Member Crapo:

We write to submit feedback in response to your request for information regarding mental health care and substance use disorder issues in the United States. As practicing behavioral health clinicians and researchers in Detroit, we would like to share our input and experiences. We share your belief that all Americans should have access to quality and timely behavioral health care, and we see the consequences everyday of that belief not being materialized.

Wayne State University's Department of Psychiatry and Behavioral Neurosciences is an academic department within the School of Medicine with the mission to study and find solutions for the etiology and treatments of serious and chronic mental disorders. We are located in Detroit Michigan, an urban area with a large under-served population. Our clinics serve primarily Detroit patients, but we also serve people living in surrounding communities, including rural locales. The patients in our clinics are mostly adults with serious mental disorders and/or substance use disorders who also experience profound social economic, housing, safety and with intellectual and developmental disabilities. We also consult with multiple hospitals and FQHCs using telemedicine, among other service and research projects. Our department has child psychiatrists with close ties to the one remaining inpatient pediatric psychiatric hospital in the state.

Topics of Consideration:

Strengthening the workforce
Workforce is a key area needing improvement. Compensation for nurses, social workers and other caregivers including in-home care provided by family, nursing home staff, and group home staff is inadequate in its current configuration to provide quality care and to support expansion needed to provide more access.

For professional and licensed individuals including psychiatrists, increased access to scholarships and loan repayment programs could help to incentivize more to choose a career in behavioral health care. However, the reduction of stigma and promotion of behavioral health as essential and serious is also needed to address the shortage.

Burnout is an important consideration for the existing workforce. Witnessing and attempting to advocate on behalf of suffering individuals who confront structural barriers to care, byzantine payor rules and our patients' persistent marginalization, uncertainty in life, fears about the future and ongoing exposure to trauma is difficult on us and all others who are involved in their care.

Furthermore, restrictions on independent practice for Nurse Practitioners reduces their utility to expand services. This barrier in many states should be challenged.

Increasing integration, coordination, and access to care
Areas of integration and coordination that can be improved include reimbursement schemas (by incentivizing collaboration), appointment scheduling, medical record access, and cooperation between payors and providers. Dealing with multiple electronic medical records is draining and represents a barrier to sharing information.

Promoting one national system, such as used by the VA, would simplify our work, and facilitate integration of care.

Support for expansion and modification of hours of clinics so that working people can access care and not rely on emergency departments as the only source of care during non-business hours is also important.

Transportation to clinics or to an internet location is an enormous barrier, as is getting to pharmacies for medications. Difficulty with accessing the pharmacy is heightened for prescriptions that are only for one month and must be renewed every 30 days. Unfortunately pharmacies often have limited hours of operation. Public transportation to the pharmacies is unreliable, unsafe, and expensive for many, especially for those with physical impairments, or multiple children. Poor weather and walking distances to the nearest bus stop are also barriers.

One-stop shopping at clinics that provide physical health, mental health, social services (like addressing homelessness) and laboratories, pharmacies and substance use disorder treatment are needed. As an example, Walmart provides independent specialized service locations within their stores, such as a pharmacy, optical shop, income tax assistance, Western Union, bank, auto repair, gas station, hair salon, etc. These clinics if implemented should include services for all age groups.

Although many people have cell phones, there are problems with limited data plans and government issued phones. Some people limit or refuse to use them due to perceptions that they will be tracked by the government. These barriers impede access to both in-person and telemedicine care, notification of appointments, contacting to schedule appointment, or to share clinical results requiring follow-up. Development of simple, easy to use non-threatening technological solutions is needed.

Some regulations prohibit advocates from seeking services on behalf of an impaired person. We recognized that these regulations were developed to prevent preferential referrals, but it impedes getting services to those most in need. For example, an elderly individual with no cell phone, visual problems and limited reading skills is expected to follow a complex algorithm to access resources for self and spouse, because Case Managers cannot direct the calls.

Access to healthy foods is problematic due to location, cost and inability to purchase enough for more than 1 or 2 days worth of items due to reliance on public transportation. Food access is easier and less expensive at nearby gas stations, but items selected contribute to ongoing obesity, high blood pressure and diabetes. The issue is further exacerbated by the reduced support of programs such as Meals on Wheels. Currently in Detroit, there is a waiting list for Meals on Wheels services and food banks are often low on supply or not geographically accessible.

There are several other ways to increase access to care and coordination:

- Schools and Churches are not used enough as service locations. Increased use of these facilities within communities would create more access opportunities, parking, public transit options, and have a reduced stigma, and reduced rent.

- There are very limited Dental, Hearing and Vision Services. Without these services our patients are restricted in their ability to seek employment.

- Fire and EMS personnel roles could be expanded for wellness checks on vulnerable individuals.

- Because many of the contemporary psychiatric medications have an impact upon metabolic measures including blood pressure, weight, blood sugar, etc., increased use of in-home monitoring devices is needed for ongoing transmission of vital information to providers. Remote monitoring services as part of telemedicine is one solution.

- Co-pays serve as additional barriers. Even $2, $5, $10 can be difficult if this recurs with multiple providers throughout the month. People take 1/2 doses, or every other dose of medications to make them last, and they avoid appointments.

- Multiple EMR companies that do not interface or communicate with one another, both allow and cause repeat care. The infrastructure necessary to support these systems, is duplicative and impedes coordination of care.

- Internet access is expensive. Many patients we see do not have internet services. Those who do have service, frequently have poor connections that cannot support telemedicine.

- Algorithms and frequency- based visits that drive revenue create unnecessary services, prioritizing highest compensated services and not those that may be best to meet patient need.

- More health education in primary grades, the expansion of prevention programs, and outreach within schools to recognize early behavioral problems in children are essential.

- Tax on alcohol, cigarettes, tobacco, vaping, marijuana, and other substances can be used to fund expanded healthcare services.

- Access to birth control education for both sexes and female healthcare is a basic need.

- School breakfast and lunch, and aftercare services are basic needs. Reduction of stress and satisfying hunger on the developing brain enhances learning and improves behavior.

- The use of reward systems for persons who keep appointments and make health improvements (rewarding the end user and not just the provider for denying care) incentivizes desired behavior.

- Health Departments should place sub-stations in grocery stores, churches, gas stations, and schools to expand access.

- Housing remains an enormous barrier to mental health. Homelessness and chronic relocation disrupt care. Living in conditions without utilities or off- and- on utilities is highly stressful and demoralizing.

- Lastly, helping people secure GED certification would help with employment. Persons with criminal histories have more difficulty finding work. These circumstances can be the result of head injuries and low IQ and should be addressed.

In addition to exploring ways to increase access to care and coordination, hospital payments and payment methodologies should be examined as well.

For profit healthcare providers (primarily insurance companies and hospitals) are using tax-payer dollars (Medicare and Medicaid) to increase profits for shareholders and executives through the reduction and limitation of access to care.

Reimbursement rates are inflated for procedures and proceduralists and reduced for basic medical care.

Expanding telehealth

Telehealth is an adjunct to in-person care. It is not a replacement. It does however, ease access, saves time and allows a single provider to support multiple locations in the same day without the disruption of travel between sites. When people have cell phone access, they do not have to take time off work to keep an appointment.

We have provided many years of telehealth experience with patients in their homes, in emergency departments and in multiple FQHCs. Our colleagues were distrustful of telemedicine believing that patients should travel to clinics and thought in-person interactions were needed. Our view is that the service is a benefit to the patients regardless of age. The benefits are similar to in-person visits without the commutes *if the patient is known to the provider*. During COVID lockdowns, our colleagues made the leap to telemedicine, and we had to expand our telemedicine services to accepting audio-only communication. Audio-only is better than no communication but should be limited to emergencies as video is critical to engagement and detecting non-verbal signs and symptoms.

To augment telemedicine, we use a team-based approach where onsite social workers or nurses are part of the team, helping the patient with technology and helping the psychiatrist obtain needed information (e.g., observed behavior, vitals and weight) before medications can be prescribed or adjusted. This approach works particularly well with older patients who may have difficulty with technology. We continue to provide team-based telemedicine with emergency departments and FQHCs, consulting on both new and ongoing patients. We believe telemedicine is critical to address both access to service and the shortage of psychiatrists, and support expansion regardless of urbanicity or originating site. Patients are also gaining access to expert level providers they may not otherwise be able to see.

One limitation we encountered is that internet reliability is problematic in homes and some clinics. Telemedicine with video capabilities cannot be realized under those conditions.

Improving Access to Behavioral health care for children and young people

In addition to general psychiatrists, and other licensed professionals and therapists, we need to address the shortage of child psychiatrists and professionals with certified parent training. Parent training refers to a specific certified program that works with parents to provide firm and consistent boundaries and consequences for our youth. Detecting and addressing problems early will help the patient and family, and reduce the risk of future learning needs, school attendance problems and potential substance use consequences. Telemedicine has helped expand consulting with other specialties including pediatricians.

Expanding access and service capacity by improved care of patient with high healthcare utilization

The list of topics did not include how we can expand access and service capacity now. We have experience in providing tailored services for our patients (when we ran a managed care network). Building upon our clinical experience and research on people with high healthcare utilization, we provided care by same group of providers (i.e., consistency), set and communicated boundaries, and trained all providers (including group home staff) on compassionate care training. This approach reduced hospitalizations (which many patients experience as traumatic) and reduced psychiatric emergencies, findings that we published and have been reproduced by others. In one year, this program saved the state of Michigan $7.6 million and over $80 millon since then. Less

well studied, we believe that it strengthened the workforce by providing a way to engage challenging patients and helped improve the quality of life for our patients. For some patients these structural changes were not enough, possibly due to mild cognitive difficulties or to the lack of structure throughout their lives. For these few patients, we provided more outreach and contingency management, a validated intervention from the substance use disorder field. With interventions such as, the behavioral health can expand access and quality care.

We welcome follow-up questions. For more information on our specific programs, please contact Taylor Neumann at trott@wayne.edu.

Sincerely,

David Rosenberg, M.D.
Chair

Cynthia L. Arfken, Ph.D.
Professor

Alireza Amirsadri, M.D.
Clinical Associate Chair