

BEHAVIORAL HEALTHCARE

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Feature

Rosenberg: Reform is a “game changer”
National Council CEO reflects on accomplishments, opportunities, and challenges
by Dennis Grantham, Senior Editor

“Healthcare reform is really a ‘game changer,’ something that opens up wonderful new opportunities as well as a range of important challenges,” says Linda Rosenberg, CEO of The National Council. Reform marks a new milestone for the field's professionals: “We've now got what we always wanted, to have mental health and addiction disorders treated the same way as other illnesses. It's a huge victory. We've now become part of the healthcare system.”

Looking ahead, Rosenberg predicts that an array of game changing implications will flow from the reform effort, implications that build on current behavioral healthcare and addiction treatment initiatives or challenge the field to adapt in new ways.

Collaboration:

“Our field has been building collaborative relationships ... these will be even more important since many of the areas where we now provide services-in schools, the criminal justice system, in primary care, and other areas of the community-will now have a lot more people with the insurance needed to obtain services. This really ups the ante on working collaboratively with community and human service agencies. You'll see behavioral health providers take an increasing role in areas that are outside the office ... It used to be that you would only go outside the office with things like case management and ACT teams. Now, you're going to be going out more often in these other areas due to this change in emphasis.”

Funding sources:

“The trend away from state grant funding began 10 or 15 years ago and will only accelerate, particularly in light of the huge budget shortfalls. States will be looking to get out of grant funding and providers will have to move to an insurance-centric world. That shift in funding will change relationships for everyone-for providers who are new to contracting with insurance companies, for advocates unaccustomed to working with insurance companies, for consumers who will have to begin working with insurance companies to access services and benefits.”

Competition:

“Because more people will have insurance, there will be more money in the market ... For those who've spent their lives in this field, there are going to be some big, new players and a new level of competition. We've got to be ready for that. Competition isn't bad, of course, but it will call organizations to be as efficient and streamlined as possible. It will call on them to provide easier access to services, enabling consumers to be seen when they want to be seen and how they want to be seen. It's a challenge, but it's also an opportunity to look at the way that you do business and make changes.”

Service delivery:

“We're going to be looking at new delivery models, all of which will require new standards, new practices, and new levels of accountability. This is going to happen across our entire healthcare system. You know, one of the things about our healthcare system is that episodes of care are usually paid for separately. I believe that government and payers will be looking very hard at how those episodes of care can be put together to create accountable care, where providers are held responsible for many episodes of care, with a new accountability and a new way of paying providers down the road ... Those of us who are in specialty mental health and specialty addiction care have to realize what the bigger world is looking for and be ready for it. We have to step up our game.”

Role of states:

“The exceptional status of mental health is going away. Traditionally, states always owned mental healthcare and managed it

through powerful mental health commissions with large, multi-year plans. That structure is going to change dramatically as state mental health authorities adapt to a new role. That change is likely to happen quickly.”

Integration:

“For the past five years, we’ve been working with National Council members on grant-funded programs to see how to make care go bi-directionally-to ensure that primary care comes into behavioral health and that people with serious mental illness get primary care ... We continue to work with members on improving access: How long does it take to get into care? How many no-shows do you have? Can you change how you practice so that people can get the services immediately? All of that work is going to accelerate.”

FQBHCs:

“We continue to move forward with Congress on the concept of Federally Qualified Behavioral Health Centers as a standardized way to integrate care, improve reporting, and provide greater accountability. We got a provision included in the House healthcare reform bill, but the Senate bill-the bill that was passed-didn't include it. But we're optimistic.”

For additional resources visit the National Council's Web site at <http://www.thenationalcouncil.org>.

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