

→ Aaron
Lammore

November 6, 2012

Mr. Charles J. Milligan, Jr.
Deputy Secretary
Dept. of Health & Mental Hygiene
201 W. Preston Street, 5th Floor
Baltimore, MD 21201

RE: Behavioral Health Integration and Primary Care

Dear Mr. Milligan:

The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Academy of Family Physicians and the American College of Physicians - Maryland Section, jointly submit these comments relative to the integration of behavioral health care and the provision of primary care services as it relates to mental health and substance abuse.

Our organizations are well aware that the Department has held an exhaustive and comprehensive 'stakeholder' process regarding the integration of behavioral health services. It is our understanding that the desired goal for better integration includes not only improved integration of mental health and substance abuse services but also the enhanced integration of behavior health and somatic services. These comments are not submitted with regard to our advocacy for the selection of any of the three models that were evaluated or the recommendation to adopt Model 2. Each of our organizations may have opinions with respect to model selection and will voice that opinion separately. Rather, we wish to register three specific issues with respect to the provision of primary care services as it relates to behavioral health and the overall "integration" of somatic and behavioral health services.

First, we would strongly encourage the Department to maximize system integration under whatever Model is ultimately selected and implemented. While better integration has been the stated goal of this process from its commencement, the primary care provider community is acutely aware and concerned about the current lack of integration and remains concerned that system reform will fail to include adequate accountability for communication and integration with primary care services by either the MCOs, the ASO or the behavioral health providers. The primary care provider community would suggest that the implementation of the model ultimately selected include such accountability/coordination tools as provision of claims data to primary care providers so that they can determine patient compliance with services and medication. Without the identification of required communication and coordination mechanism, a revised model of care alone will not result in better integration.

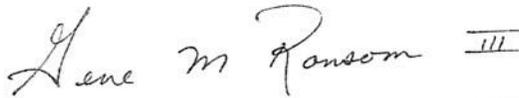
Second, we would like to strongly urge the Department to be sensitive to the existing demands on primary care physicians and to work to ensure that the implementation of whatever model is chosen does not place new administrative burdens on primary care physicians and/or provides the additional resources necessary to meet the new or expanded responsibilities. Failure to take into account the implications of any new system on the delivery of primary care will only further exacerbate the existing access to care challenges that exist given the shortage of primary care practitioners.

Finally, we would like to remind the Department that there remain significant system barriers to the provision of behavioral services at the primary care level. The focus of the integration efforts has been on the predominantly on the persistent and severely mentally ill. As implementation of system redesign recommendations move forward, we would urge the Department to also address the failure of most MCOs and carriers to reimburse primary care practitioners for the provision of mental health services in the primary care setting. Few, if any, MCOs or carriers will approve claims submitted by primary care practitioners for a

visit that has a diagnosis of some type of mental illness (i.e. mild depression). The continued denial for such services forces the primary care practitioner to “code” the visit based on some other health condition to ensure payment. The end result is a skewed and understated data set with respect to the incidence of mental health issues that can be addressed at the primary care level. Failure to appropriately collect such data undermines the comprehensive data and system analysis that will result in effective health planning for behavioral health services. We urge the Department to evaluate payment practices and policies for mental health services and diagnoses treated and managed in the primary care setting.

We thank you for this opportunity to register our comments and look forward to working with you on the implementation of whatever system changes are adopted as a result of this stakeholder process.

Sincerely,



Gene Ransom, Chief Executive Officer
MedChi, The Maryland State Medical Society



Scott Krugman, M.D., FAAP
Maryland Chapter of the American Academy of
Pediatrics



Yvette Oquendo-Berruz, M.D.
Maryland Academy of Family Physicians



Dobbin Chow, M.D.
Maryland Chapter of the American College of
Physicians

PMK/pccoalition

cc: Honorable Joshua M. Sharfstein, M.D.