

November 6, 2012

Mr. Charles Milligan, Jr.  
Deputy Secretary  
Department of Health and Mental Hygiene  
201 W. Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

RE: Behavioral Health Integration

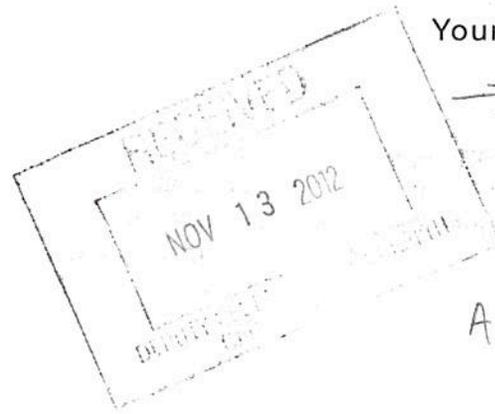
Dear Mr. Milligan:

This letter is submitted to you to ensure that MedChi, the Maryland State Medical Society's position with respect to the Department's behavioral health reform initiative is included in the public comments that you have received to date. In general, when there are policy issues of particular significance to a given specialty or specialties and there are no conflicts within the membership, MedChi will look to the specialties societies for guidance on the issues involved. To that end, during the Department's extensive stakeholder process, the Maryland Psychiatric Society has been an active member at the table and has been advising MedChi as it has formulated its own position on system reform. MedChi would like to voice its support and endorsement of the position statements that have been submitted by the Maryland Psychiatric Society.

Similarly, the primary care provider community, while not "front and center" during the stakeholder process, has been carefully monitoring its progress. An informal coalition of organizations that represent the interests of primary care providers or are directly involved in the provision of primary care has submitted a joint statement voicing their collective position on issues of particular importance to the practice of primary care. MedChi was a signatory on that letter.

It is critical to note that both the Maryland Psychiatric Society and the primary care community did not select one of the specific models under consideration. Rather both communities focused their attention on the need for true and full integration of behavioral and somatic health care services. Integration will not be achieved through the selection of a particular model but rather through the adoption and incorporation of real and meaningful requirements for enhanced accountability, communication and coordination. To that end, the primary care coalition raised specific issues of concern that should be addressed through whatever model is selected. Similarly, the Maryland Psychiatric Society delineated a number of critical features that are essential to a fully and effectively integrated system of care. MedChi supports the features identified in their correspondence.

MedChi believes the Department's commitment to behavioral health reform and the integration of somatic and behavioral health care services is critical. We appreciate the opportunity to provide public comment and look forward to being an active participant as the integration process moves into the



→ Chuck  
cc: ST  
TR  
Gayle  
Brian H.  
Aaron Hollenman

design and implementation phase. Please feel free to contact me should you have any questions about MedChi's position on this critical initiative.

Sincerely,

A handwritten signature in cursive script that reads "Gene M. Ransom III". The signature is written in black ink and is positioned above the printed name.

Gene M. Ransom, III  
Chief Executive Officer

cc: The Honorable Joshua M. Sharfstein, M.D.  
Secretary, Maryland Department of Health & Mental Hygiene