Testimony of

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"Crossing the Quality Chasm in Health Reform"

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Crossing the Quality Chasm in Health Reform

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Introduction

Mr. Chairman, members of the Committee, thank you for inviting me to speak with you today about behavioral health care today in the context of the IOM reports *Crossing the Quality Chasm* (2001)[1] and *Improving the Quality of Health Care for Mental and Substance –Use Conditions* (2006)[2]. I am honored to have this opportunity to communicate with you the heighten relevance of the recommendations from these reports given the tremendously changed economic environment we are in now and the challenges we are facing within the construct of health care reform I hope to give you for your consideration doable next steps to significantly move the status of behavioral health along as a significant factor in health care reform. I speak to you as a Committee member of the *Chasm* report, and IOM Health Services Board member, as a Chief Medical Officer for the largest behavioral health organization in the country that currently insures over 42 million people and as the past chairman of the board of directors for the Association for Health and Wellness (ABHW), the trade organization for managed behavioral health organization for which its members cover over 147 million people. My statements are my own drawn from my experience in all these venues and not as an official position statement from any of organization with whom I have affiliation. As a point of reference I will use the term “behavioral health” as a comprehensive term representing both mental illness and substance-use conditions.

Background

Significant reports that have influenced and reflected the need for change in the delivery of behavioral health historically has included:

- *Mental Health: A Report of the Surgeon General*[3] – established the basic understanding that behavioral health was important and that treatment works

- 2001 *IOM Crossing the Quality Chasm*[1] – architectural map to fundamental change in the general health care system to drive quality if care.
- 2003 -*Achieving the Promise: Transforming Mental Health Care in America*[4] –laid out the values of patient centered and consumer drive systems of care
- 2006 - *IOM Improving Quality of Health Care for Mental and Substance-Use Conditions*[2] – built on the chassis of the *Chasm* report, it specifically lays out the architecture specific to behavioral health for transforming to a quality driven system.

All these reports addressed the same fundamental question of what needs to occur to transform our current fragmented and unsafe behavioral health system to one that meets the needs of behavioral health consumers and our communities and assures quality of care.

Definition of Quality

Quality is defined by the IOM as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"[5]. In a health care system this links to the concept of reducing variation and increasing the delivery of effective care on a patient, provider and system level. In the IOM *Improving the Quality* report, recommendations, based on the *Chasm* six aims and ten rules, were constructed with the goal of addressing the core quality elements needed to increase the likelihood of successful reformation of the behavioral health organization. Some of those core elements were

- Applying the infrastructure changes outlined in the *Chasm* report to behavioral health (IOM rec 2). This recommendation specifically addresses the application of the general Chasm aims, rules and strategies to a behavioral health agenda.
- Designate an entity to collect and make ready for wider distribution of best practices (IOM rec 4-1 – 4-2)
- Funding of 'NQF" like functions to establishing national behavioral health consensus measures and priorities (IOM rec 4-3), facilitating quality improvement practices (IOM rec 4-4) and reporting of measures (IOM rec 5-4).

- Expect the integrating medical and behavioral health care into primary care initiatives and models (IOM rec 5-2)
- Information technology systems needs to address behavioral health data needs as fully as general health (IOM rec 6-1)
- Link funding mechanisms across many venues to measures of quality. (IOM rec 8-4)
- Collaborative innovative research strategies to address priority areas (IOM rec 9-2)

Progress in Reforming the Behavioral Health Care System

Since the start of this series of reports on behavioral health reform, some forward movement in the behavioral health agenda has occurred toward implementing recommendations. To highlight a few:

- NQF adopted 15 behavioral health measures as a part of the Ambulatory Care Standards[6] which is focused on behavioral health commonly found in primary care setting. Most behavioral health measures are applicable to primary care management of behavioral health conditions and not specific to the scope of measurement needs for chronically mentally ill populations managed by behavioral health clinicians. (IOM rec 4-3)
- Substance Abuse and Mental Health Services Administration (SAMHSA) organized the Federal Executive Steering Committee[7], an unprecedented collaborative effort among more that 20 Federal agencies and offices, to develop a specific agenda for driving a quality based care system for the public sector. (New Freedom Commission report recommendation).
- Federal parity was passed Oct 3 2008 (IOM rec 8-1)

While these accomplishments are important, it is a common opinion among stakeholders in behavioral health, that there is more advancement needed in fulfilling recommendations in order to make significant progress and to move behavioral health closer to a quality model. Many reasons have been sited for the lack of progress that is distinctive to behavioral health[2]. They consist of having more diverse stakeholder groups (consumers, different provider disciplines, federal, state, employer purchasers) split between public and private systems, unclear locus of accountability on a provider, organizational and systems level and limited funding. The lag behind is telling in the limited number of pilots and size of programs implementing pay-for- performance initiatives in behavioral health. A recent study

examining behavioral health pay-for-performance found that there were only 24 behavioral health pay-for-performance programs operating and among them is was a clear need for a strong quality infrastructure for behavioral health in order to implement well.[8] This is concerning since one of the major initiatives posed to be a part of health care reform is provider profiling and pay-for-performance reward programs

Behavioral Health Care Reform in Today's Environment

Since 2006, the date of the last behavioral health policy report, our country's landscape has drastically changed with economic devastation beyond any one's prediction. With the rising number of unemployed and the financial burdens citizens are experiencing, there is more urgency than ever to address our health care crisis. The questions posed to organizations like the IOM and other thought leader organization around the identification of the necessary changes needed to improve behavioral health care are still relevant and important. Now, however, there are additional serious issues that must be taken into account in constructing health care reform. In today's environment, there are larger than ever numbers of individuals who are uninsured, federal, states and employers are in extreme budget crisis and available funding for change is limited due to important competing interest. The question now is " how " and "what" are the necessary changes in the behavioral health care delivery system that will also be affordable, can accommodate larger numbers of individuals seeking services in an already overburden system with limiting workforce and still provide quality.

Where the recommendations from the IOM *Chasm* and *Improving the Quality* reports are still relevant and important, it is difficult to know which recommendations or initiatives are the key essential threads to pull on to be successful and not cause a catastrophic unraveling of the existing behavioral health structure. In this environment, there is an increased need now to be mindfully cautious and cost conscience to avoid wasteful spending on initiative that is well intended but executed poorly. There is an increase need to be precise in the construction of the behavioral health reform plan going forward. It is clear that a well constructed strategy, concise execution and having the buy-in and inclusion of the major stakeholders is needed to address this daunting task and to do so expeditiously. Lawrence Bossidy in "*Execution: The Discipline of Getting Things Done*" identifies a construct for the effective execution of a plan[9]:

1. Create the framework for change

2. Know the people, capacities and industry
3. Set clear goals and priorities
4. Follow through and perform on going monitoring
5. Reward doing and results

With this as an outline, these are some recommendations that appear to be fundamental to an efficient execution of a behavioral health reformation in this era of economic crisis.

Execution: Set a Framework for Cultural Change

As a part of cultural change there are basic values that guide the nexus of change. For behavioral health reformation they are:

- Facilitate the expectation that behavioral health initiatives should be planned along side of and/or integrated within medical demonstration pilots with distinct articulated behavioral health goals, performance measures and funding. Not providing for major inclusion of behavioral health in health reform is counter productive. Here are some reasons why.
    a. Incidence of behavioral health co-morbidities among patients with chronic medical illness varies from 39% - 44%.[10]
    b. The existence of behavioral co-morbidities raises the cost of medical care by 50 – 150 %.[11]
    c. Effective care does reduce medical cost and early identification and intervention can improve workplace productivity.[12]
    d. Commonly 9% to 17 % of medical patients are on a antidepressant and only around 27% receive evidence base care.[13]
    e. Despite the common belief that behavioral health cost consumes 3-5% of the medical dollar, with the prevalence of co-morbidities, behavioral health spend is close to 36% of the medical dollar[14]

Recommendation: Adopt the culture that "behavioral health is essential to health", key to effective medical care and greatly influences over all cost of medical care.

2. Behavioral health initiatives to be the most effective must include a public- private partnership especially in areas that involve interface with clinicians and service delivery systems. Leveraging change with all the purchasers of care aligned is more powerful and effective in getting provider buy-in.(i.e. Leapfrog)

   Recommendation: Make any project funding contingent on clear demonstration of private public involvement.

Execution: Know the People, Capabilities and Industry

3. Consider commissioning a IOM symposium, workshop or report (depending on timeframe for the needed deliverable) with the goal of revisiting recommendations to modify, refine, edit and most importantly prioritize them in light of health care reform and the realities of today's environmental climate. The commissioned activity should include major public/private stakeholders, consumers, providers, and health care economist to draft an updated behavioral health strategy and refine recommendations that considers the need for increase access, affordability and quality as drivers.

   Recommendation: Commission the IOM or another impartial body to conduct a behavioral health symposium workshop or report involving all the major stake holders with the intent of refining the *Improving the Quality* recommendations to construct a targeted road map that can be effectively executed. .

4. Create and fund a behavioral health "czar" an entity, person, existing agency (ies) or a collaborative that can assume the role of creating an behavioral health reform agenda and organizing the structure to convening all the major stakeholders to drive initiatives relevant to today's needs.

   Recommendation: Create and fund a behavioral health "Czar".

Execution: Set Clear Goals and Priorities

The role of the behavioral health "czar" is accountable for:

5. Establishing a national set of priorities for behavioral health and commitment by stakeholders to participate in process improvement
6. Establishing a national set of goals with measurements that relevant to public and private agendas
7. Establishing strategic and integrated partnerships with medical health reformation groups that are the key drivers of medical care modeling and other quality initiatives.
8. Routinely designate a portion of federal funding ear marked for medical quality initiatives for a behavioral health component. For example, funding to AHRQ or NQF to establish national care priorities should have funds set aside for a behavioral consensus forum to establish behavioral health priorities.

Recommendation: establish priorities, measurements, and medical partnerships

Execution: Follow Through and Monitor

Through the behavioral health "czar", establish an

9. Establish an oversite process and facilitate the necessary change to the plan as results indicate
10. Monitor, report and communicate results and outcomes of the initiatives which were designed to address stated goals in a manner that widely disseminates learnings and creates and atmosphere of transparency
11. Continue to fund and operationalize the recommendations from the "Chasm" report as they are reprioritized or reformatted

Recommendation: establish an oversite, monitoring and transparent reporting

Closing Remarks

The IOM "*Chasm"* and "*Improving the Quality*" reports clearly define the problems in both our health care delivery systems and offer a set of solutions for change. Despite the fact many of the issues and the solutions are similar between the two systems, behavioral health reformation still lags behind its counterpart in the implementation of recommendations. The unique challenges of our economic environment and the rising number of uninsured

Americans brings a new twist to the context of health care reform and the recommendations. This environment puts in jeopardy the possibilities of implementing reform and especially behavioral health. Just as parity was enacted as a legislative act, governmental guidance and financial backing is crucial to keep behavioral health in the fore front of importance in the health care reform. In closing

> *"Knowing is not enough, we must apply*
> *Willing is not enough, we must do"*
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> -*Goethe*

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