- REDUCE BARRIERS TO ACCESSING PSYCHIATRIC CARE
- INCREASE ACCESS TO SPECIALIZED CARE

POSITIVELY ENGAGE PSYCHIATRISTS ACROSS VIRGINIA

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2020 JOINT LEGISLATIVE AND REVIEW COMMITTEE (JLARC) REPORT:

1. **Trouble With Access**: *"The most common concern around Virginians' ability to access needed behavioral health services is that providers that accept their insurance are not available."*
2. **Workforce:** *"Availability of behavioral health providers is a significant challenge to providing parity with medical services"*
3. **Mental Health Parity:** *"Behavioral health claim denial rates are high for some plans, indicating possible parity violations"*

ACCESS: LIMITING FACTORS PER THE JLARC REPORT

- Most large insurance companies in Virginia has expanded mental health coverage in response to the Federal Mental health parity law and the Affordable Care Act
- However, access to care remains an issue
- The JLARC report has found that BOI has **not collected data on network adequacy** in the past, but due to the passage of **SB280**, the 2020 insurance parity data will also include the number of active providers and out-of-network utilization.
- ☐ **Member-to-provider ratios**
- ☐ **Percentage of claims from out-of-network providers**

WORKFORCE: SHORTAGE OF PSYCHIATRISTS

OTHER STATES & NATIONAL ORGANIZATIONS HAVE INVESTIGATED THE SHORTAGE OF PSYCHIATRISTS IN THE U.S.

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Significant problem nationwide: 3/5 psychiatrists are over age 55 and nearing retirement.

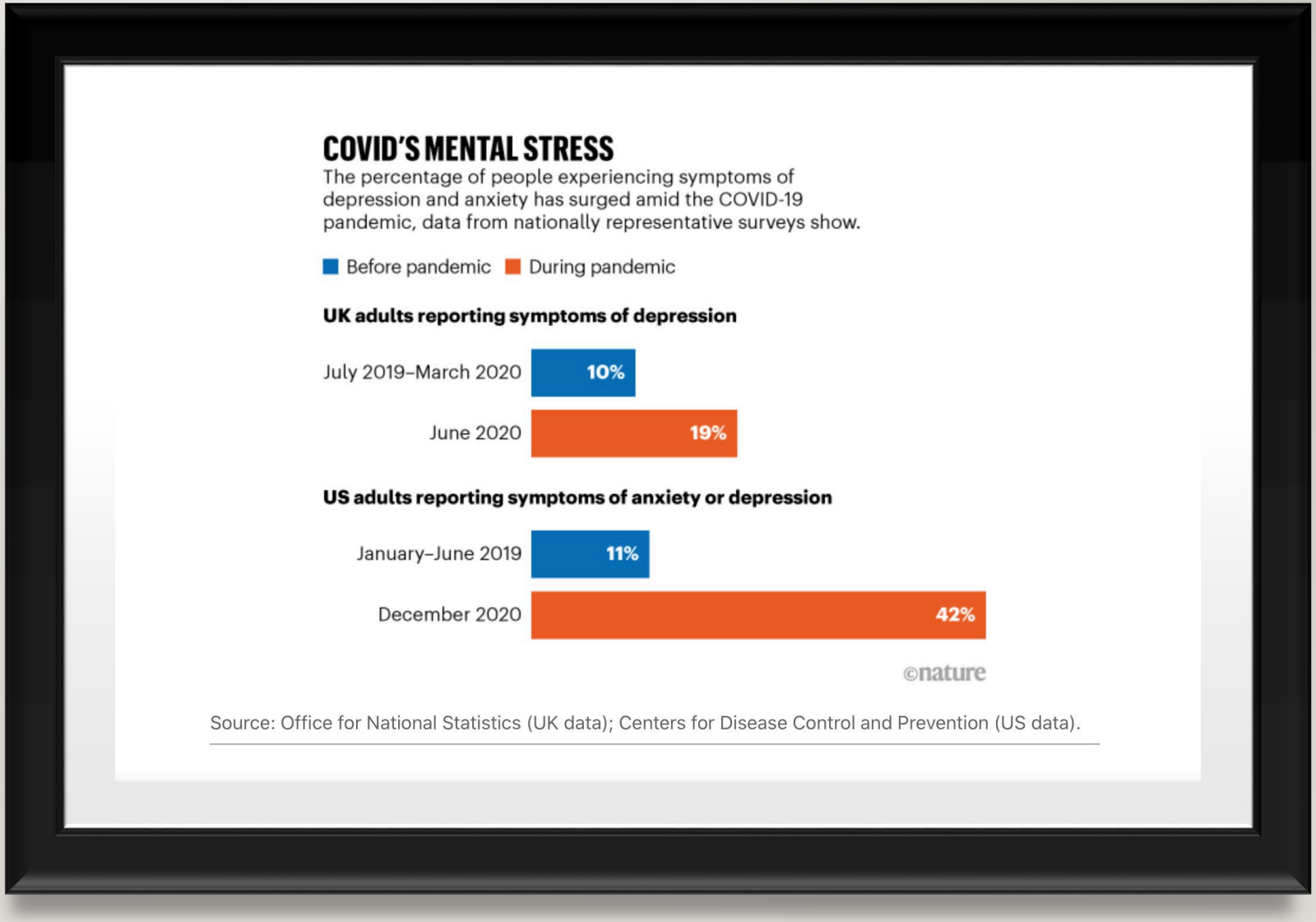
Overview of Study findings

- Shortage caused by **multiple factors**
- **Solutions** are **focused,** evidence based**, multifaceted** and are being implemented with **success in other states.**

- **2018 U of M Study:** Estimated the Distribution of the U.S. Psychiatric Subspecialist Workforce and its Impact on Access.
- Up to 56% of US counties did not have a practicing Psychiatrist
- **2017 National Council of Behavioral Health report:** 77% of U.S. counties are have a severe shortage of psychiatrists
- **Association of Child and Adolescent Psychiatry:**41 states have severe CAP shortages (1-17 CAPs/100,000 children) and 9 states have high shortages (18-46 CAPs/100,000 children)

THE SHORTAGE IS EXPECTED TO GET WORSE.

THE CURRENT ACCESS CRISIS IS PREDICTED TO GET EVEN WORSE DUE TO COVID'S MENTAL HEALTH IMPACT.



RIGOROUS MEDICAL TRAINING REQUIRED TO BECOME A PSYCHIATRIST

- 4 years of undergraduate with emphasis on medical school required prerequisites
- 4 years of Medical College MD or DO
- American College of Graduate Medical Education accredited specialized residency training in General Psychiatry 4 years
- **Minimum of 12 years and additional years (1-2) of training is required for further specialization in the following areas.**

☐ Child and adolescent psychiatry

☐ Geriatric psychiatry
☐ Forensic (legal) psychiatry
☐ Addiction psychiatry

☐ Pain medicine
☐ Psychosomatic (mind and body) medicine ☐ Psych/Family Medicine
☐ Pediatrics/Psychiatry
☐ Psychiatry/Neurology

WORKFORCE: TRAINING PSYCHIATRISTS IN VIRGINIA

- **Virginia has 6 Psychiatry** residency training programs and only 42 residency spots
- **Across US:** 300 Psychiatry Residency programs and a total of 1907 positions.
- Psychiatry residency programs participate in the National Residency Match Program &100% of residency spots are filled
- Medical Students wanting to match into Psychiatry is going unmatched or is often forced to match into another specialty.

PROGRAM	CITY	POSITIONS
University of Virginia	Charlottesville	10
Eastern Virginia Medical School	Norfolk	6
Virginia Commonwealth University	Richmond	11
Carilion Clinic-Virginia Tech Carillion	Roanoke	7
Naval Medical Center	Portsmouth (Only military)	-
LewisGale Medical Center	Salem (New 2018)	8

WORKFORCE: RETAIN VIRGINIA'S PSYCHIATRISTS

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- Psychiatrists are likely to practice in the state they completed their residency.
- Incentive programs and to move psychiatric residents out into medically underserved areas.
- Create stronger partnerships among rural provider sites and medical programs (example: UVA Appalachian outreach network)

- **Loan Repayment** incentives channel more psychiatric residents to rural areas (average medical school debt $250,000)
- **Thank you all for Virginia's behavioral health loan program.**
- Telepsychiatry could also leverage existing psychiatric capacity in a way that addresses issues of geographic maldistribution.

INCREASE NETWORK MEMBER-TO-PROVIDER RATIOS

- JLARC report indicates that there is a shortage of psychiatrist or other mental health clinicians who accept insurance.
- Why is that?

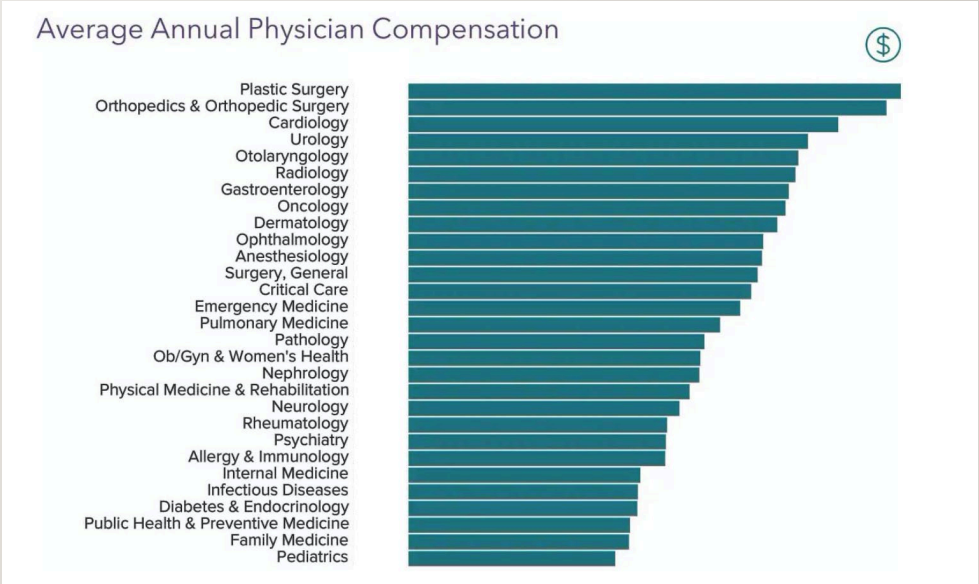
PSYCHIATRISTS WHO ACCEPT INSURANCE *ARE*
STRADDLED WITH COVERAGE AND REIMBURSEMENT ISSUES

- Medicaid and commercial plans have low reimbursement rates for both psychiatric and other non-procedure-based services.
- Psychiatrists need time to make accurate diagnosis and utilize the **biopsychosocial** approach. Psychiatry used to be one of the lowest paid specialty because non procedure heavy specialties are often reimbursed at a low rate.
- Often a brief office-based procedure in other specialties are reimbursed at higher rate than an entire hour of Psychiatric care.
- Many **preferred certain Federal commercial insurance** because it reimbursed mental health treatment fairly.

LOW REIMBURSEMENT: OTHER NON-PROCEDURE-BASED SPECIALTIES ARE ALSO AFFECTED

- Geriatrician: Spends a significant amount of time with a new patient
- Reviews a long list of medications, identifies ones that have overlapping benefits
- Adjust dosages based on age amount several preventive care provided
- Also gets reimbursed poorly.
- But the expertise required to understand the nuance and provide quality preventive care comes with years of training.

- Psychiatry is still on the lower end of the chart along with other non-procedure-based specialties.



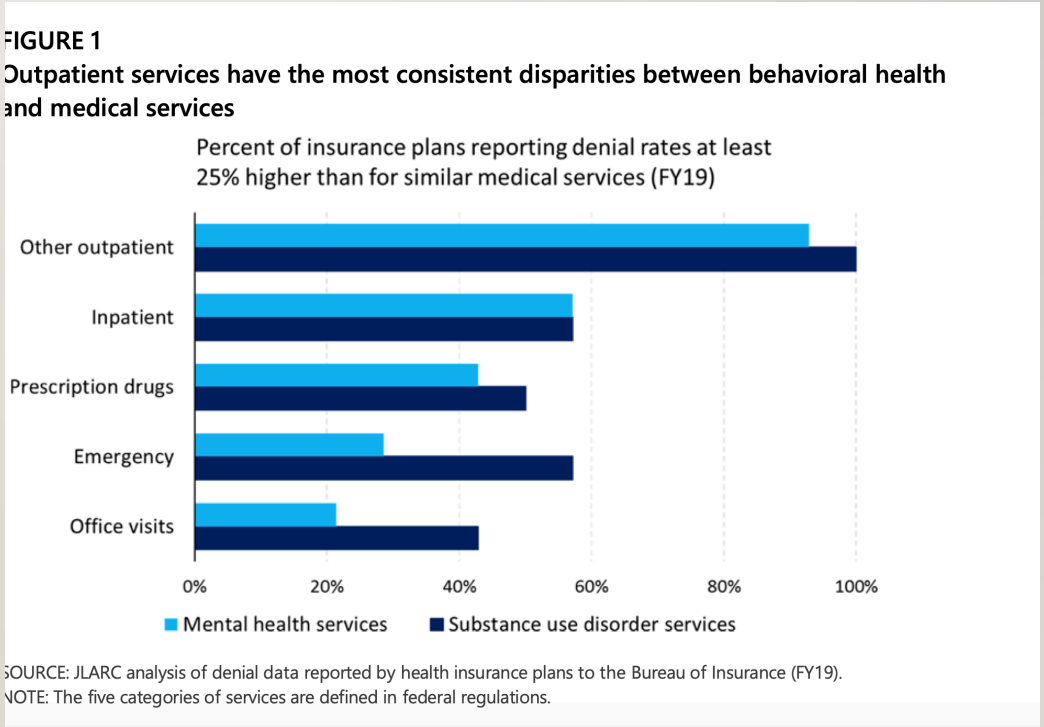
JLARC REPORT: STATE OF MENTAL HEALTH PARITY IN VIRGINIA

- Bureau of Insurance (BOI) review found that the insurance companies are mostly in compliance with 2/3 measures required to achieve mental health parity per 'The Federal Mental Health Parity and Addiction Equity Act of 2008'

1. **Mostly compliant: Financial requirements** include copays, deductibles, coinsurance, and out-of-pocket maximums;
2. **Mostly compliant: Quantitative treatment limitations** include limits on services that can be quantified, such as the number of doctor's office visits or days spent in the hospital per year; and
3. **NOT Likely to be Compliant: Non quantitative treatment limitations** include limits that are more subjective, such as prior authorization requirements, 'step protocols', provider rates, and network adequacy (sidebar).

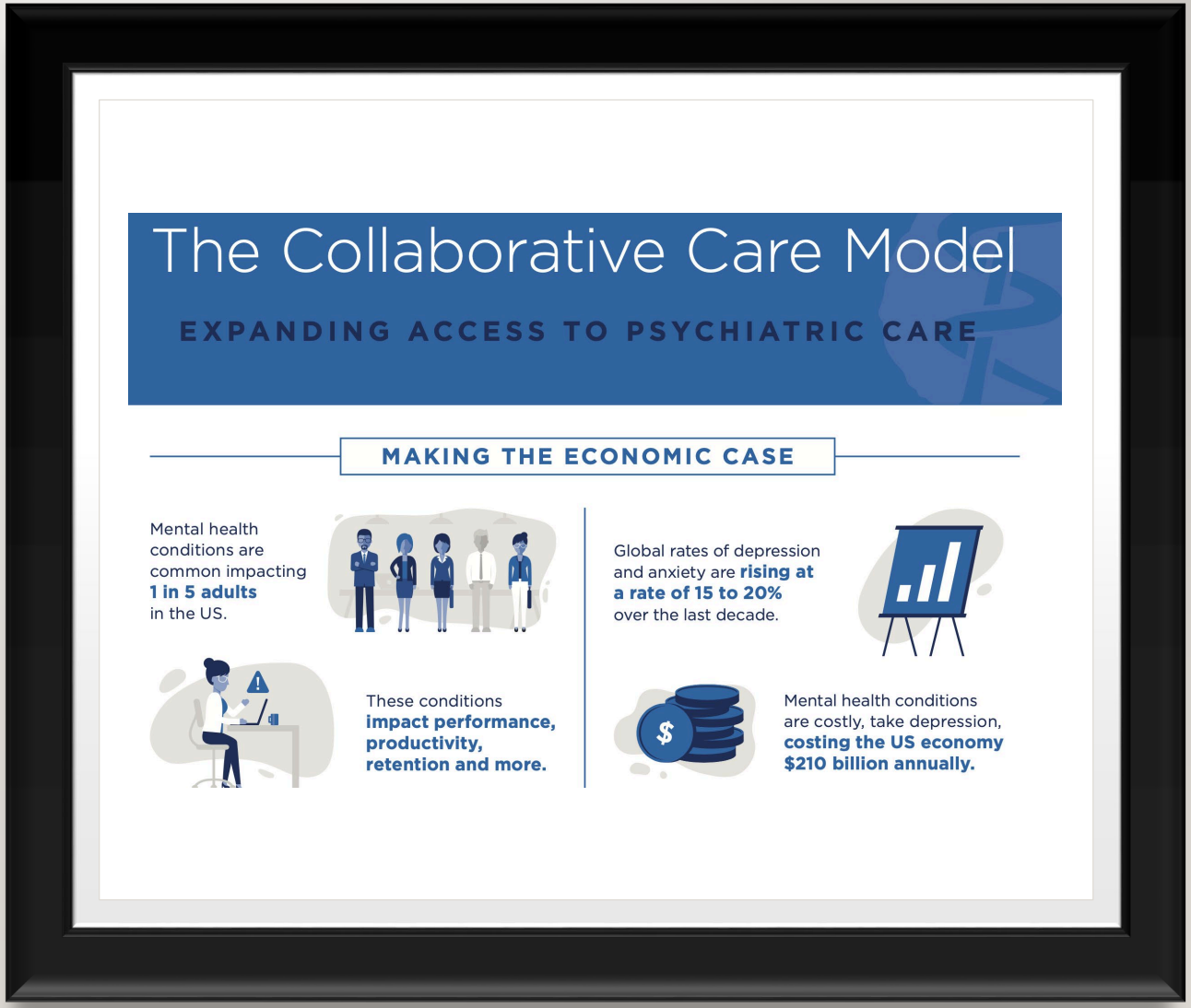
JLARC REPORT FIGURE 1 : REIMBURSEMENT AND MENTAL HEALTH PARITY DATA

- **Behavioral health claim denial rates were high for some plans, indicating possible parity violations**
- Thank you, Senator Barker, for leading the initiative to improve Mental Health Parity in Virginia.



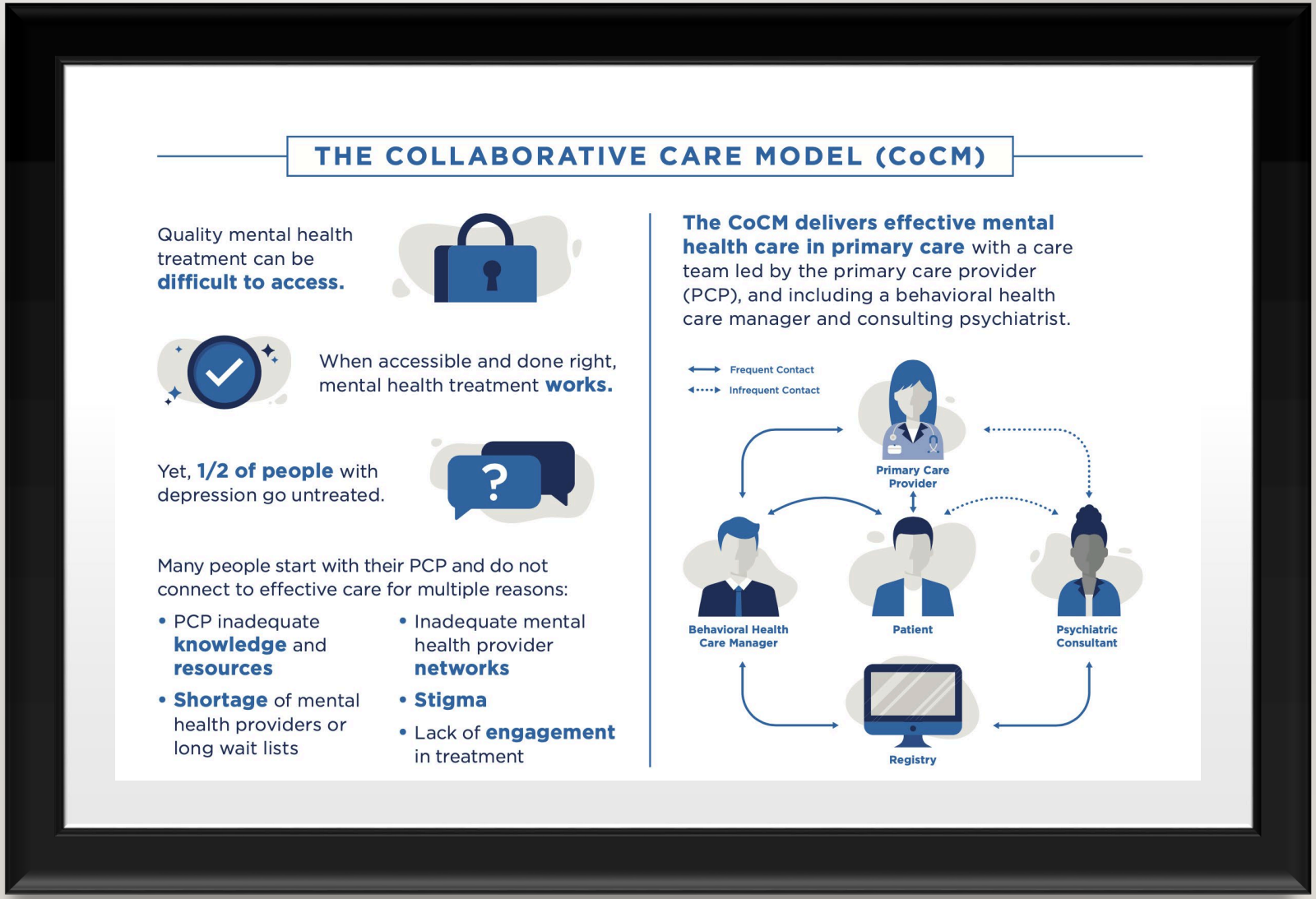
AMERICAN PSYCHIATRIC ASSOCIATION'S MODEL TO EXPAND ACCESS TO PSYCHIATRIC CARE

- Allow Psychiatrist to reach more patients
- Allows Psychiatrists to work with primary care physicians in rural areas
- Patients have more access to specialized care
- Saves money in the states who have adopted this model.



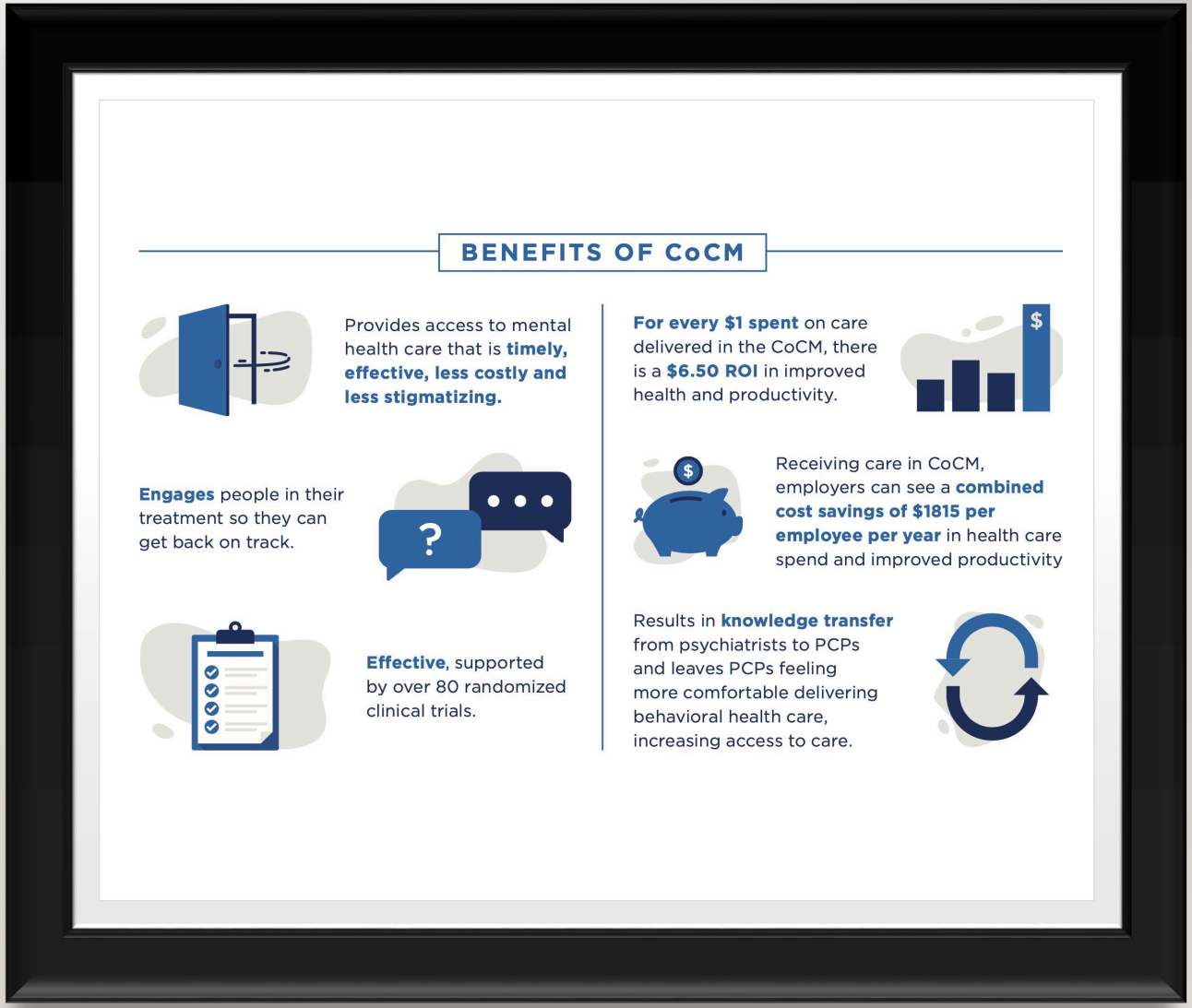
AMERICAN PSYCHIATRIC ASSOCIATION'S (APA) COLLABORATIVE CARE MODEL (CONTINUED)

- Can be easily integrated to existing programs like
- VMAP
- VTN (Virginia Telehealth Network)



AMERICAN PSYCHIATRIC ASSOCIATION'S (APA) COLLABORATIVE CARE MODEL (CONTINUED)

- Already practiced in Virginia
- UVA's Collaborative Care model



VIDEO: COLLABORATIVE CARE MODEL

CONCLUSION

- Need for mental health services higher than ever
- Combined severe behavioral health clinicians and shortage of psychiatrists
- We need to invest in both short- and long-term measures to increase access and develop workforce including Psychiatrists in ways that will provide high-quality care.
- Invest in preventive care.
- And reduce costs over time.