DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

January 30, 2017

TO: The Honorable Senator Josh Green, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 1155 Relating to Improving access to psychiatric care for Medicaid patients**

Hearing: February 6, 2017, 2:55 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments.

PURPOSE: The purpose of the bill is to specify that coverage for telehealth under the State's Medicaid managed care and fee-for-service programs includes psychiatric services provided through a coordinated care manager who is present in a primary care provider's office through telehealth.

In 2016, the Legislature passed Act 226, Session Laws of Hawaii 2016, which is very progressive legislation that expands the use of telehealth for the provision of health care in our state, including for Medicaid managed care plans and services provided fee-for-service. Included are definitions of telehealth, definitions of health care providers who could use telehealth as a means of providing health care services, descriptions of where and how telehealth could be used as a mode of health care service delivery.

SB 1155 does not include a definition of coordinated care manager, thus it is unknown if the individual would meet the definition of health care provider or not. It is also unclear what health care services are to be provided to the Medicaid member by the coordinated care manager, and what the individual's relationship is with primary care provider. Further details are needed to be able to understand the scope of the proposed measure.

Case management services are a covered benefit today for two targeted populations, individuals who are in the Developmental Disabilities program and individuals with serious mental illness with a functional need.

If the "coordinated care manager" were providing case management services for a different population, those services would not be covered by telehealth or any other mode of service delivery. If that were the case, Med-QUEST would need additional time to request permission in the 1115 waiver from the federal regulating agency, Centers for Medicare and Medicaid Services. However, without additional details, it is not possible to assess the impact of the bill.

Thank you for the opportunity to testify on this bill.

An Independent Licensee of the Blue Cross and Blue Shield Association

February 6, 2017

The Honorable Josh Green, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Human Services

The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 1155 – Relating to Improving Access to Psychiatric Care for Medicaid Patients

Dear Chair Green, Chair Baker , Vice Chair Chang , Vice Chair Nishihara, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1155, which would specify that coverage for telehealth under the State's Medicaid managed care and fee-for-service programs includes psychiatric services provided through a coordinated care manager who is present in a primary health care provider's office through telehealth. HMSA appreciates the intent of the measure and offers comments on SB 1155.

HMSA is committed to seeing telehealth continue to be an integral part of our healthcare system. Beginning in 2009, HMSA's Online Care was the first program in the nation to offer real time web-based telehealth services providing patients with 24/7 access to providers via the personal computer or telephone. Telehealth is a proven, effective and efficient way to facilitate timely access to quality health care, improve health outcomes, reduce the incidence of avoidable urgent and emergent care, and improve access to physician care in high-need and rural or remote communities in our state.

SB 1155 seeks to comport with federal CMS guidelines, as referenced in Section 1 of the bill. However, the CMS psychiatric collaborative care model typically is administered by a primary care team consisting of a primary care provider and a behavioral health care manager, working in collaboration with a psychiatric consultant, such as a psychiatrist. Care is directed by the primary care team, and the psychiatric consultant provides regular consultations. The codes incorporate the services of all members of the collaborative care team as incident-to services of the PCP.

The services contemplated under HB 1155 appear to be broader than the CMS collaborative care model proposes. The bill suggests the care manager can provide psychiatric services, or the care manager can be remote and using telehealth. If the intent is to 1) emulate the CMS collaborative care program and 2) that the psychiatric services can be delivered remotely, we would suggest the following amendment to Section 2(b):

> (b) Required coverage for services under subsection (a) includes psychiatric services provided to a patient by a collaborative care team consisting of a primary care provider

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and a behavioral health care manger, present in the primary care provider's office, in conjunction with a psychiatric consultant whose services may be delivered remotely through telehealth.

Thank you for allowing us to provide testimony on SB 1155.

Sincerely,

Mark K. Oto
Director, Government Relations.

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

FROM:
HAWAII MEDICAL ASSOCIATION
Dr. Chris Flanders, Executive Director
Lauren Zirbel, Community and Government Relations

TO:

COMMITTEE ON HUMAN SERVICES
Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

DATE: Monday, February 6, 2017
TIME: 2:55pm
PLACE: Conference Room 016
State Capitol

Position: Support

On behalf of the physician and medical student members of the Hawaii Medical Association, we are writing regarding our ongoing commitment to reform of the health care system.

This legislation will ensure that Hawaii's Medicaid managed care programs, which currently do not cover collaborative care, will cover collaborative care. Hawaii Medicaid currently only covers Physician to Patient contact, not collaborative care between a psychiatrist and a family physician or behavioral care manager.

Studies show that the collaborative care model will result in the following:

1) Better outcomes: not only for psych but also for internal medicine
2) Better satisfaction
3) Reduced cost 6:1 ROI

Studies are so promising that Medicare started paying for this on Jan 2, 2017. We hope you join us in supporting the expansion of this important model to Medicaid. Mahalo for the opportunity to testify.

SB1155

Madam Chair Baker, Vice Chair Nishihara, and members of the Senate Committee on Health and Consumer Protection

Thank you for the opportunity to testify on behalf of the Hawaii Psychiatric Medical Association (HPMA) in Strong Support of this measure, SB1155, which seeks to provide a means by which patients with psychiatric difficulties, particularly in underserved rural areas, will have improved access to psychiatric care.

Such patients can have difficulty gaining access to the expertise of a psychiatrist, especially if they are on Medicare or Med-QUEST. SB1155 seeks to alleviate this access problem by supporting psychiatric consultation to family physicians and their patients with psychiatric difficulties through the Collaborative Care Model: a method of psychiatric care delivery shown to 1) improve access, 2) improve outcomes, 3) improve satisfaction, and 4) reduce costs.

Medicare began covering the Collaborative Care Model with new payment codes on January 2, 2017, but Hawaii Medicaid does not. This is because Hawaii Medicaid will only cover Physician to Patient contact, but Collaborative Care requires psychiatrist to family physician or to behavioral care manager contact. It does not typically involve direct contact between the consulting psychiatrist and the patient.

The purpose of SB1155 is to specify that Hawaii's Medicaid managed care programs, which currently do not cover Collaborative Care, will cover Collaborative Care, specifically, psychiatric services including consultation provided to a coordinated behavioral health care manager and/or a Primary Care Provider through telehealth, in the same way that Medicare began covering these services on January 2, 2017.

Background:

Collaborative Care Model (CoCM)
The Collaborative Care Model is a specific type of integrated care that improves access to evidence-based mental health care for patients in the primary care setting. Over 80 evidence-based studies show that by treating patients with mild to moderate psychiatric conditions right in their family doctor's office rather than referring them out, employing a behavioral health care manager there, and contracting with an off-site psychiatric consultant, Collaborative Care results in better medical as well as psychiatric care. It has been shown to achieve the Institute for Healthcare Improvement's Triple Aim: improving the individual experience of care, improving the health of populations, and reducing the per capita costs of care for populations by up to $600-1000/patient/year. Instead of a psychiatrist taking care of only three or four patients in a morning, the Collaborative Care Model allows a psychiatrist to oversee the care of 10-15 patients in the same amount of time. The outcome data is so good that Medicare started paying for Collaborative Care on January 2, 2017. But it is not covered by Medicaid. What we need is for Medicaid to cover the same service that Medicare started paying for,

because so many of our neighbor island residents are not on Medicare but rather on Medicaid. That's why we worked with the legislature on HB1272, with companion SB1155 to accomplish this, which should move Hawaii healthcare in the direction of better medical (including psychiatric) care for our entire population at less cost.

The behavioral health care manager is typically a nurse, social worker, licensed counselor, or psychologist, who coordinates the overall effort of the group and ensures effective communication among team members and provides psychotherapy when that is part of the treatment plan. The behavioral health care manager is responsible for coordinating and supporting mental health care within the clinic and for coordinating referrals to clinically indicated services outside the clinic. Primary care practices track and reach out to patients who are not improving and the psychiatric consultant provides caseload-focused consultation, not just ad-hoc advice. They receive input on their patients' behavioral health problems within days versus months. The psychiatric consultant will review all patients who are not improving and make treatment recommendations, typically providing consultation on 10-20 patients in a half day as opposed to 3-4 patients in the same amount of time if the psychiatrist were in a co-located or traditional consultation role. As of January 2017, there are reimbursement codes through Medicare that provide compensation for this model of care in Hawaii. But our Medicaid patients here in Hawaii need Collaborative Care too.

Since *Sine Die* of the legislature, the Hawaii Psychiatric Medical Association (HPMA) working with the Hawaii Medical Association (HMA) and the American Psychiatric Association (APA) has:

- created a Task Force on Improved Access to Psychiatric Care with physician representatives on each island of the state to support the development of the collaborative care model in Hawaii including pilot projects
- attended the Hawaii Health Workforce Summit to assess the behavioral health needs of the state and promote the collaborative care model
- provided a free webinar to the public regarding the collaborative care model, 20 participants dialed in
- been working with the Queen's Clinically Integrated Physician Network in launching the collaborative care model in their physician network
- been working with the East Hawaii Independent Physicians Association in planning and implementing the collaborative care model for their member physicians
- met with the Hawaii Primary Care Association in discussion about how to implement the collaborative care model in their Federally Qualified Health Centers
- been working with the Molokai Community Health Center in setting up collaborative care services along with tele-behavioral health services to their child and adolescent population
- reached out to Hana Health Clinic for a psychiatric needs assessment to lay the groundwork for implementing the collaborative care model in that community

- supported the Ka'u Rural Health Community Association in their procurement of a telehealth kiosk which will provide clinical services free of charge to that community
- met with HMSA (Hawaii Medical Service Association) to discuss best practice methods to roll out the collaborative care model including providing behavioral health care managers for their members so collaborative care can be accessible to all, including their HMSA QUEST patients
- trained ten psychiatrists in Hawaii in the collaborative care model who are ready to partner with primary care providers
- reached out to Castle Health Group to provide information on the collaborative care model
- reached out to the Waianae Coast Comprehensive Health Center to provide information on the collaborative care model

As you deliberate upon this bill, please consider amending the bill to improve clarity, specificity, and fidelity to the Collaborative Care Model:

In Section: 1 Line 9, please amend the sentence to read as follows:

The legislature further finds the Centers for Medicare and Medicaid Services recently released a Medicare fee schedule that includes HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCC) G CODES and fee for psychiatric collaborative care management services, which will be used to reimburse primary care physicians for services that psychiatrists provide in the collaborative care model.

In Section: 2(b), please amend the sentence to read as follows:

(b) Required coverage for services under subsection (a) includes psychiatric SERVICES INCLUDING CONSULTATION PROVIDED TO A BEHAVIORAL HEALTH care manager AND/OR A PRIMARY CARE PHYSICIAN (PCP) through telehealth.

Rationale: Without Psychiatric Consultation to a PCP or Behavioral Health Care Manager, the Triple Aim of better outcomes, better satisfaction, and reduced costs will not be met.

In Section 2 please amend by addition of the following definitions:

"Psychiatric Consultation Services" means services provided by a medical physician trained in psychiatry and qualified to prescribe the full range of medications, who advises and makes recommendations for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies, medication management, medical management of complications associated with treatment of psychiatric disorders, and referral for specialty services, that are communicated to the treating physician or other qualified health care professional, typically through the behavioral health care manager.

"Behavioral Health Care Manager" means a nurse, social worker, licensed counselor, or psychologist, who coordinates the overall effort of the group and ensures effective communication among team members and provides psychotherapy when that is part of the treatment plan. The behavioral health care manager is responsible for coordinating and supporting mental health care within the clinic and for coordinating referrals to clinically indicated services outside the clinic.

HPMA in conjunction with the Hawaii Medical Association (HMA) stand ready to work with **any** lawmaker on helping to deliver quality care to our state's most vulnerable patients. While the solution outlined above is in various stages of implementation across the islands, we caution that there is no solution that will be an instant panacea for the complex issues surrounding the appropriate care and treatment of mental health and substance use disorders. We stand ready to work with interested partners to deliver innovative, evidence-based collaborative care to those who need it most.

Thank you for the opportunity to testify.

Julienne Aulwes, M.D.
Chair, Task Force on Improved Access to Psychiatric Care
Hawaii Psychiatric Medical Association

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 10:05 PM
To: HMS Testimony
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for SB1155 on Feb 6, 2017 14:55PM

SB1155
Submitted on: 2/2/2017
Testimony for HMS/CPH on Feb 6, 2017 14:55PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Comments Only	No

Comments: What is this: ". . .psychiatric services provided through a coordinated care manager . . ."

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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