No Health without Mental Health
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April 13, 2020

NQF 3538: EMERGENCY DEPARTMENT USE RATE AS A BEHAVIORAL HEALTH QUALITY MEASURE FOR MEDICAID PATIENTS WITH SMI AND/OR CO-OCCURRING MEDICAL-BEHAVIORAL CONDITIONS:

- As a patient advocacy organization working to advance BHI in primary, NHMH – No Health without Mental Health understands it may be difficult to tie reduced ED use by this population directly to their receipt of integrated care. It seems to us that addressing both co-morbidities would naturally lead to less need to visit hospital EDs as it is often untreated BH conditions that cause additional avoidable medical expense. That said, for the present we agree with the NQF report that quality measure 3538 should not currently be endorsed as a BH quality measure.

- NHMH strongly supports primary care transformation in payment and services delivery now underway, such as advanced PCMHs, PCMH Level 3 w/ BH Distinction, and provider-led ACOs. We will never truly have BH integration into medical settings unless clinicians are paid according to a value-based payment system. Integrated med/psych care, in medical settings under the existing FFS payment system, is not financially sustainable. Our top priority is therefore maintenance and acceleration of value-based care reforms, and steadily transitioning a majority of U.S. medical practices to providing and being paid for medical and BH value-based care in a unified medical setting.
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- Increasingly, our healthcare system is looking to primary care to play a key integrator role as part of delivery and payment reforms. The integration of BH services into primary care is one such key reform. Others include: integrated medical and BH care coordination services; multi-disciplinary care teams; redesigned clinic workflows; advanced patient engagement; referral to social services, *inter alia*. All practitioners of these advanced services should be paid from an integrated medical and BH funding pool.

- Thus, a key concern is that a vastly underfunded, under-resourced, overburdened and overwhelmed part of our healthcare system - primary care - is being asked to do more and more at a time when they face tremendous operational, administrative, and financial pressures. While we support a greater role for primary care, it must be matched by funding that supports and incentivizes primary care to take on these additional tasks. Pilots and trials now demonstrate the improved health and cost savings that integrated services bring in the primary care setting.

- The subject of primary care's role in reducing hospital use is complex and more research is needed. Research does show continuity of care by a PCP improves patients health status over time.

- Research shows that untreated and/or poorly treated BH conditions do contribute to increased hospital use. For a start, much needs to be done to improve coordination, communications and information exchange between hospitalists and PC clinicians during and after patient hospital visits.

- Another means to reduce the use of EDs among the SMI is the appropriate use of long-acting injectables (LAI) antipsychotics and clozapine. There is data showing the superiority of LAIs and clozapine in reducing relapse, rehospitalizations, arrests/jail, and mortality..

Respectfully submitted,

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NHMH – No Health without Mental Health