



Section for Psychiatric & Substance Abuse Services

To: Members, AHA's Section for Psychiatric & Substance Abuse Services
From: Rebecca Chickey, Director, Section for Psychiatric & Substance Abuse Services
Subject: Update on Key Issues in the Behavioral Health Care Field: [January 2017](#)

2017 Transition

The Trump Administration and the 115th Congress are taking shape. First and foremost on health care executives' minds is what the changes will mean for hospitals' mission of caring for patients and their community. [2017 Transition](#), a new AHA member's only website, outlines the key players, answers burning questions and shares our advocacy agenda and messages moving forward. For example, here you'll find the AHA's letter to [President-elect Trump](#) and [congressional leaders](#) urging them to preserve health coverage gains as part of any effort to repeal the Affordable Care Act (ACA). In addition, you will find links future Town Hall webcasts, including the one on Jan. 5 at 4 p.m. ET. [Click here](#) to register.

2017 Council Officers and Members

Ann Schumacher, president of CHI Health Immanuel Medical Center in Omaha, NE, is 2017 council chair of the AHA's Constituency Section for Psychiatric and Substance Abuse Services. With a background in nursing and specialization in mental health care, Schumacher has spent most of her career advocating for and serving those with mental illness. Mary Lou Mastro, system CEO for Edward-Elmhurst Health in Elmhurst, IL, is council chair-elect and will become chair in 2018. The council works with the AHA to identify ways to define and focus AHA policy, advocacy and member resources to improve the quality, efficiency and delivery of psychiatric and substance abuse services. For more on the constituency section and its 18-member council, see the [AHA news release](#).

AHA Advocacy Update

President signs 21st Century Cures Act: President Obama recently signed into law the AHA-supported 21st Century Cures Act (H.R. 34), which includes a number of provisions important to hospitals and health systems. The legislation revises the 2015 Bipartisan Budget Act to move the grandfather date for off-campus hospital outpatient departments under development – including psychiatric partial hospitalization programs -- from Nov. 2, 2015, to 60 days after enactment; adjusts the Hospital Readmissions Reduction Program to account for socioeconomic status; provides funding to help states address the opioid abuse crisis; makes improvements related to mental health and substance abuse disorder services and more. AHA's [Legislative Advisory](#) outlines the bill's provisions, and the Congressional Research Service provides a [summary](#) of the mental health components.

U.S. Government Funded through April 28: President Obama also signed a continuing resolution (H.R. 2028) funding federal programs through April 28, preventing a government shutdown, and including \$872 million to fight opioid abuse and support cancer research, among other provisions. "The funds, made available through the State Targeted Response to the Opioid Crisis Grants, will provide up to \$970 million to states and territories over the next two years, beginning in fiscal year 2017," [said](#) SAMHSA. [Applications for the funds](#) are due from the states and territories by Feb. 17, 2017.

New chronic care legislation: Leaders of the Senate Finance Committee and its Chronic Care Working Group yesterday introduced bipartisan [legislation](#) (S. 3504) to improve care management, including behavioral health services, coordination and outcomes for Medicare beneficiaries with chronic conditions. Among other [provisions](#), the bill would extend the Independence at Home demonstration; and give Medicare Advantage plans and certain accountable care organizations (ACOs) greater flexibility to offer additional telehealth services. The AHA voiced [support](#) for a number of the provisions.

AHA Regulatory Update

Collaborative Care Codes for Primary & Behavioral Health Services: The Centers for Medicare & Medicaid Services (CMS) [final rule](#) for calendar year 2017 provides changes to the Medicare physician fee schedule and other revisions under Medicare Part B. The AHA is pleased that CMS finalized a number of its proposals, including new codes and payment for primary care and behavioral health care management services and the agency's expansion of the list of approved telehealth services. However, AHA continues to urge the agency to take a more expansive approach to coverage for telehealth services. AHA's [Regulatory Advisory](#) provides more information.

ACO model for dual-eligible beneficiaries: CMS will partner with up to six states to test a new ACO model for beneficiaries eligible for both Medicare and Medicaid. States can choose to begin the first annual performance period in 2018, 2019 or 2020; letters of intent for 2018 are due by Jan. 20, 2017. Once a state is approved to participate in the model, a request for application will be released to ACOs and health care providers in that state. The CMS [factsheet](#) provides more information on this model.

Resources to help clinicians apply opioid prescribing guidelines: The Centers for Disease Control and Prevention has released a suite of [resources](#), including a mobile app and [video series](#), to help clinicians apply its opioid prescribing [guidelines](#) for adults with chronic pain. The free [mobile app](#) includes a morphine milligram equivalent calculator, summaries of key recommendations, a link to the full guidelines and an interactive feature to help providers practice effective communication skills. For more on the guidelines, and how AHA is addressing the opioid crisis, visit aha.org/behavioralhealth/opioids and cdc.gov/drugoverdose/prescribing/resources.html.

AHA Resources

Role of health system leaders in improving community health: A new AHA report examines how five health systems are working with stakeholders to improve the health of the communities they serve, offering guidance for boards and leaders at other nonprofit health systems committed to community health. Pursuing the 'Triple Aim' requires a continuous focus on improving care for patients, and paying explicit attention to the health status of communities. This focus will require collaborative, multi-sector efforts that address the full array of factors affecting the health of individuals, families and communities.

AHA Members Only Webinars & Conference Calls

- **Jan. 18, 1:30 ET -- *The Value of Patient/Peer Advisory Groups: Improving Behavioral Health Services.*** Stuart Buttlair, Ph.D., Regional Director of Inpatient Psychiatry and Continuing Care, Northern Kaiser Permanente, Oakland, CA, will share the evolution of Kaiser's Peer Advisory Council. The Council's input has driven the modification of several elements in the Kaiser behavioral health service line, improving the quality of care and patient satisfaction. To register, [click here](#).
- **Jan. 19, 2:00 ET -- *Substance Use Prevention: How to make it Work in Your Community.*** Craig PoVey and Laura Nichols will describe how a collaborative effort among Intermountain Healthcare, communities and state officials is working to prevent opioid misuse; Dr. Bethany Deeds, from the National Institute on Drug Abuse, will provide an overview on evidence-based prevention; and Jane Sanville from the Executive Office of the President will moderate the panel. To register, [click here](#).

The January Behavioral Health Update includes information on: Tribal Behavioral Health Agenda; a final report on Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings; a summary of the issues and resolutions for the IPFQR (available on www.QualityNet.org under "[Known Issues Hospital Reporting](#)"); and more. As always, [click here](#) for more resources for AHA member behavioral health providers, such as the *Health Affairs* [blog post](#) on mental health parity.

Rebecca B. Chickey

Director, AHA Section for Psychiatric & Substance Abuse Services, rchickey@aha.org; 312-422-3303.