

Looking to the Future: A Federal Policymaker's Perspective

by

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Challenges of Maintaining Access and Quality

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Introduction

I greatly appreciate being invited to this important meeting. It is critical to analyze the past ten years of managed care in Massachusetts. Only by carefully examining the past will we be able to avoid repeating previous mistakes.

I am particularly impressed that you describe yourselves as the “Massachusetts family”. This really tells me that you share mutual respect, which is necessary in order to work jointly on problems. Mutual respect is a very rare characteristic in modern society. You are to be commended.

Future Developments

I want to look briefly into the future. I can hear the buffalo hooves, and I want to relate to you where they seem to be headed.

Integrated Delivery Systems

Without a doubt, we are on the brink of major efforts to integrate mental health into primary care. The data are very compelling: Almost three-quarters of all mental health care is now provided in the offices of primary care physicians. This number is up from about half ten years ago. A change of this magnitude is very dramatic. We need to stand up and take notice.

We also know that “carve outs” frequently prevent consumers from receiving the full range of mental and physical care they need; carve outs also lead to inappropriate medications being combined, because no single provider knows the full story; and carve outs lead to dangerous fragmentation of the consumer's medical record. Clearly, this is not a stable situation.

The concern is how to achieve integration without losing the essential features of mental health services: We need to work very closely with primary care physicians without disappearing. Clearly, demonstrations will be needed. These might start by fostering collaboration between community health centers (CHCs) and community mental health centers (CMHCs), in which a consumer could enter *any* door to access *any* service. Massachusetts could provide needed leadership in this endeavor.

I also want to tell you that I am currently working to create a national policy center on mental health in primary care that will link to demonstration and research projects. I hope to have full details available in a few months.

Consumer Self-Determination

Fostered by the Report of the President’s New Freedom Commission on Mental Health (2003) and by recent Institute of Medicine work on Crossing the Quality Chasm (2001), major efforts are underway to create a system in which consumers and family

members *control* the care system. Most recently, this effort has taken the form of a self-determination initiative, in which consumers are given vouchers to purchase services from providers of their choice. A very logical extension of this work would be the introduction of medical spending and medical savings accounts. Again, I want to challenge you to develop demonstrations in this important area. Such accounts have applicability to public as well as private services.

As we move to implement the President's Commission Report at the national level, a major effort will be made to promote recovery at the State, local system, and individual consumer levels. Recovery is a process, sometimes lifelong, in which a consumer achieves self-agency and independence. A key feature needed to promote recovery is self-determination.

Common Performance Measures

I am very sorry that Mady Chalk, Ph.D., could not be here today, and I want to extend her best wishes to all of you. As you know, Brandeis University is Mady's old stomping ground, and she would feel very much at home in this meeting.

Dr. Chalk and I are working on a small set of common performance measures for mental health and substance abuse. In a few short weeks, we will be hosting a major meeting at the Carter Center in Atlanta to discuss common administrative and consumer survey measures that can be used as a starting point in this work. We hope that there will be general agreement by the leadership in the mental health and substance abuse fields to move ahead and implement these measures.

Until it develops common performance measures, behavioral health will remain a commodity without any measure of value other than price. This is a *very* dangerous situation, since it is impossible to demonstrate the value of one's services.

Dr. Chalk and I want to challenge you to be among the first to implement the common performance measures. Massachusetts could provide leadership to other States and become a site of excellence.

A Small Proposal

In partnership, the Center for Mental Health Services and the Center for Substance Abuse Treatment would like to offer the opportunity to reconvene the "Massachusetts family" for a detailed discussion about implementing these common performance measures. We know that you are ready to undertake this important work.