February 8, 2017

The Honorable Dee Morikawa, Chair
The Honorable Chris Todd, Vice Chair
House Committee on Human Services

The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

Re: HB1272 – Relating to Improving Access to Psychiatric Care for Medicaid Patients

Dear Chair Morikawa, Chair Belatti , Vice Chair Todd, Vice Chair Kobayashi, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1272, 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 HB 1272.

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.

HB 1272 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 1272 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 HB1272.

Sincerely,

Mark K. Oto
Director, Government Relations.

HB1272

Madam Chair Belatti, Vice Chair Kobayashi, and members of the House Committee on Health

Thank you for the opportunity to testify on behalf of the Hawaii Psychiatric Medical Association (HPMA) in Strong Support of this measure, HB1272, 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. HB1272 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 HB1272 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

Hawai‘i Psychological Association

For a Healthy Hawai‘i

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COMMITTEE ON HUMAN SERVICES
Rep Dee Morikawa, Chair
Rep Chris Todd, Vice Chair

COMMITTEE ON HEALTH
Rep Della Belatti, Chair
Rep Bertrand Kobayashi, Vice Chair

Wednesday, February 8, 2017, 9:00am, Room 329

The Hawai'i Psychological Association has long recognized the significant barriers to accessing psychiatric services in our state. We appreciate the opportunity to provide comments on House Bill 1272.

HB 1272 lists the HRS 346-59.1 which includes the section “Coverage for telehealth” which states that (a) “The State’s Medicaid managed care and fee-for-service progams shall not deny coverage for any service provided through telehealth that would be covered if the service were provided through in-person consultation between a patient and a health care provider.” Based on this language, it appears that psychiatric services via telehealth are already covered and psychiatrists have indicated to the legislature in the past that they have been utilizing this mode of providing services, thus, it is unclear how the proposed language would be different and thus, how it would have a different impact on the access to psychiatric care problem.

We would recommend that further language be added to define “psychiatric services” and “coordinated care manager” in the proposed language: “(b) Required coverage for services under subsection (a) includes psychiatric services provided through a coordinated care manager who is present in a primary health care provider’s office through telehealth” to clarify the type and range of psychiatric services that would be covered and the specific role, credentials and function(s) of a coordinated care manager.

Additionally, other measures being brought forth in the 2017 legislature focus on a similar intent (HB767/SB384) however recognize the need to ***increase the workforce*** that can provide access to psychotropic medication rather than spread thin an already limited pool of psychiatrists.

Respectfully submitted,

Ray Folen, Ph.D.
Executive Director, HPA

To: Members of HUS & HLT Committees

From: Amber Lea Rohner Sakuda, MD

Subject: **HB 1272, Relating to Improving Access to Psychiatric Care for Medicaid Patients**

Hearing Date: Thursday 2/8/17, 9:00 AM

Position: **SUPPORT**

Aloha Representatives,

Mahalo for this opportunity to testify in support of HB 1272. This bill would help our vulnerable community members on Medicaid to have better access to much needed mental health care. Collaborative care and mental health integration with primary care are the wave of the future! With Hawai'i being remote & geographically divided, we need to support more innovative care delivery systems, and that's what this bill does. Please help our vulnerable patients get the mental health care they need & deserve!

Please support access to quality mental health care & **VOTE YES on HB 1272**!

Mahalo nui loa for your consideration of my testimony.

Much Aloha,

Amber Lea Rohner Sakuda, MD

(808) 870-1093

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 3, 2017 1:35 PM
To: HUStestimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB1272 on Feb 8, 2017 09:00AM*

HB1272
Submitted on: 2/3/2017
Testimony for HUS/HLT on Feb 8, 2017 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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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DAVID Y. IGE
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PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

LATE

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

February 8, 2017

TO: The Honorable Representative Dee Morikawa, Chair
House Committee on Human Services

The Honorable Representative Della Au Belatti, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1272 - RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE FOR MEDICAID PATIENTS**

Hearing: February 8, 2017, 9:00 a.m.
Conference Room 329, 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.

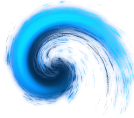
In 2016, the Legislature passed Act 226, Session Laws of Hawaii 2016, which is very progressive legislation that expands the use of telehealth for the provision of health care in our state, including for Medicaid managed care plans and services provided fee-for-service. Included are definitions of telehealth, 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.

HB 1272 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.



Mind & Body Works, Inc.

LATE

2/7/17

I am writing in support of HB1272. This collaborative care initiative will benefit physicians and patients across the state. Allowing payment for these services either in person or via telehealth, will improve patient care, decrease provider burn out, and lower costs. Currently, mental health conditions are underreported and undertreated because treatment resources are scarce. Subsequently many people only receive crisis management care, which is costly and less effective. I have trained to be one of the psychiatrists ready to provide this collaborative care to primary care physicians as soon as it is possible.

Thanks for supporting HB1272

David E. Roth MD, FAAP, FAPA
Board Certified Child & Adolescent Psychiatrist, Adult Psychiatrist and Neurologist, and General Pediatrician
President
Mind & Body Works, Inc.

LATE

Representative Derek Kawakami, Chair
Representative Sam Kong, Vice Chair
Committee on Economic Development & Business

Friday, February 6, 2015

Support for H.B. 1272 Relating to Movie Theaters

My name is (Insert Your Name). I am in support of H.B. 1272 requiring movie theaters to show open-captioned films in the State of Hawaii.

It is time to have open-captioned films in all movie theatres instead of having to wear closed captioning devices such as glasses, or a rear-view plastic panel mounted on a flexible stalk to view the captioning, and other types of closed captioning devices. I would like to go to a movie theater with open captioning displayed on the screen without a device.

The Deaf and Hard of Hearing should not be forced to wear or use special equipment to read the captioning. Open captioning provides equal access to watching movies just like hearing people watch movies with audio.

Hearing people are not required to wear or use special devices to listen and watch the movie. The passage of H.B. 1272 will provide equal access to movie theaters for the Deaf and Hard of Hearing. I also support equal access for the Blind to movies theaters.

Thank you for the opportunity to testify.

Aloha,
Patty Sakal
Aiea, Hawaii