

ACMHA ARM CHAIR REFLECTIONS

A Lightning Bolt Signals Dramatic Change

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Like a lightning bolt during a midsummer storm, a searing insight has arisen suddenly and dramatically: National Health Reform will entail great change for the mental health and substance use care and prevention fields. From the halls of meeting hotels, to committee meetings, to classrooms, and to our consumer and family communities, this insight propagates instantly as we step back and take a second look at reform. Very important, inescapable conclusions ensue: The era of integrated care has now arrived; disease prevention and health promotion interventions must be developed quickly; new, currently unfamiliar partners will be essential as we go forward; and, above all, we must be proactive now.

Not only are these changes quite heady, they are also quite anxiety provoking for many of us. In such situations, new strategies frequently prove to be quite useful. I will try to provide some here; I encourage you to add your own as you reflect on these.

Integrated Care.

We have known for quite some time that the era of integrated care is inevitable and is the right course for us. To permit our public consumers to die early for lack of needed primary care is utterly unacceptable! The real question is the trajectory we will take as we foster this essential change. What is beginning to take shape in the field are state and county approaches that will lead to the transformation of publicly-operated mental health and substance use care carve-out programs into integrated, behavioral health systems of care, with related primary care services, that are both recovery oriented and consumer centered. Such systems are sometimes called behavioral health medical/health homes. They will be rehabilitation and medically focused systems developed for persons served traditionally in our public mental health and substance use care systems. By contrast, other persons with mental health or substance use conditions likely will receive care through primary care medical/health homes that are principally medically oriented.

Both types of systems can meet the requirements of accountable care that addresses the needs of the whole person. The principal strategic element is to begin planning the components of these new systems now, together with the financing systems that can drive them. Such work should be undertaken immediately. To help with these developments, we should foster learning communities that will help us work together on this unfamiliar terrain. It is heartening to observe that such work has already begun in many locales.

Disease Prevention and Health Promotion.

Although we have developed and implemented disease prevention interventions, particularly in the substance use field, we have done next to nothing to foster interventions that promote

positive health. A very large agenda awaits us here. The mental health and substance use care fields are appropriate incubators for these interventions because health promotion is primarily an effort to change behavior—a principal focus of both fields. I feel very strongly that we need to seize this opportunity right now. We can learn from the corporate community, which has begun to develop these interventions over the past year.

You should not be surprised that National Health Reform will place considerable emphasis on disease prevention and health promotion. This is the only way we will be able to address costly chronic illnesses effectively. Prevention and promotion interventions can retard the onset of these chronic conditions, thus saving many health-care dollars. To incentivize these interventions, insurers will be prevented under reform legislation from charging co-pays or deductibles for these services.

We also must not forget prevention interventions. SBIRT has proven to be a simple, yet very important model for us. The basic principles are simplicity and ease of implementation. We need to develop others. Obvious examples would include preventing the onset of substance use problems for a person who already has an anxiety disorder, preventing secondary mental health complications for a person with a substance use condition, or preventing the onset of a heart condition for a person who has depression. These are simpler examples. We need to tackle them before we move on to more complex prevention problems.

Forming New Partnerships Outside the Family.

In the mental health and substance use fields, we have become very comfortable with each other—like members of a family. We have had the leisure of the past 60 years to form these relationships unfettered by persons and organizations from the health field. Now all of that is about to change. Think for a moment about your own friendship circle: How many people does it include from the public health, the medical care, or other specialty fields? For many of you, I suspect none. We need to change this pattern, which has now become dysfunctional.

Positive signs are emerging. Over the past six months, I have encountered many of you who have begun dialogues with your primary care colleagues for the very first time. More interaction with them will lead to better relationships and better understanding between the fields. I would also encourage that you broaden this circle even more to include public health and corporate colleagues.

Be Proactive!

National Health Reform is underway as I write this—draft regulations are now appearing regularly—colleagues from the health community are organizing their strategies. We should be doing the same! Now is not the time to “wait and see” or to “sit back and see what will happen”. Be proactive and take part in creating your own future. It is a very heady time full of exciting possibilities for our consumers, our fields, and us.