



ACCESS TO MENTAL HEALTH CARE IN RURAL AMERICA:

A CRISIS IN THE MAKING FOR SENIORS AND PEOPLE WITH DISABILITIES

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AMERICAN MENTAL HEALTH COUNSELORS
ASSOCIATION (AMHCA)

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The only organization working exclusively for the clinical mental health counseling profession.

H. Gray Otis
Past President
American Mental Health Counselors Association



Targeting High Cost/High Need Utilizers in Medicare

We know why we need to target
High Cost (HC) and High Need (HN) patients.

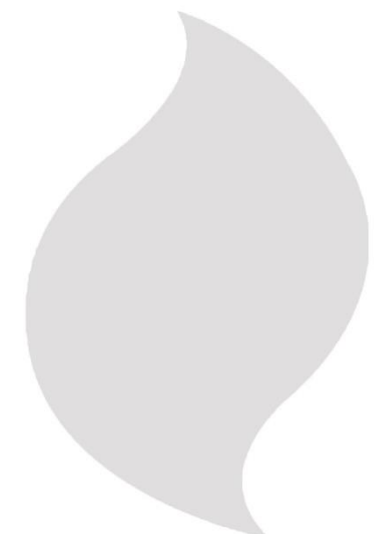
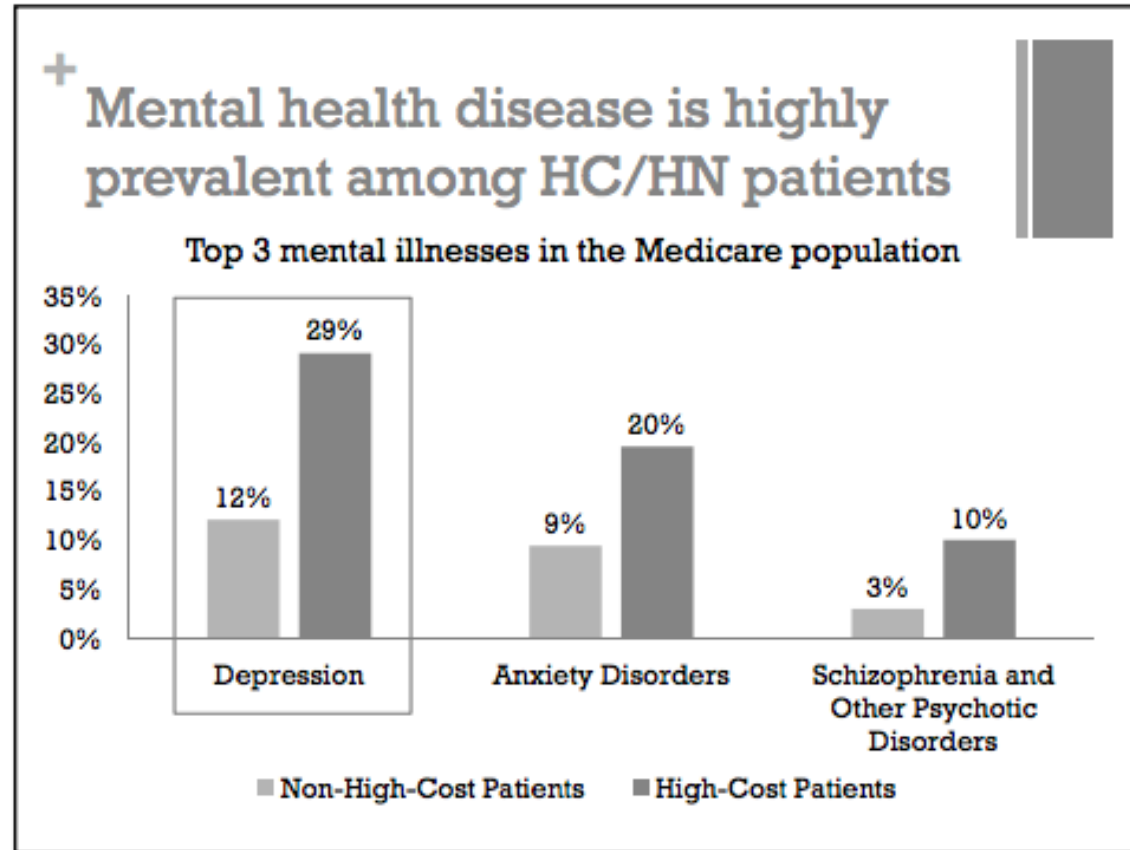
Top 10 percent of Medicare patients = 53 percent of Medicare costs.



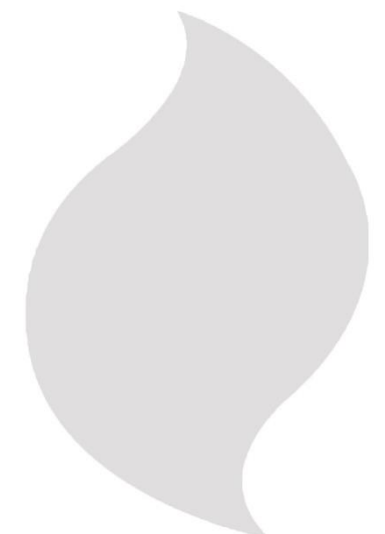
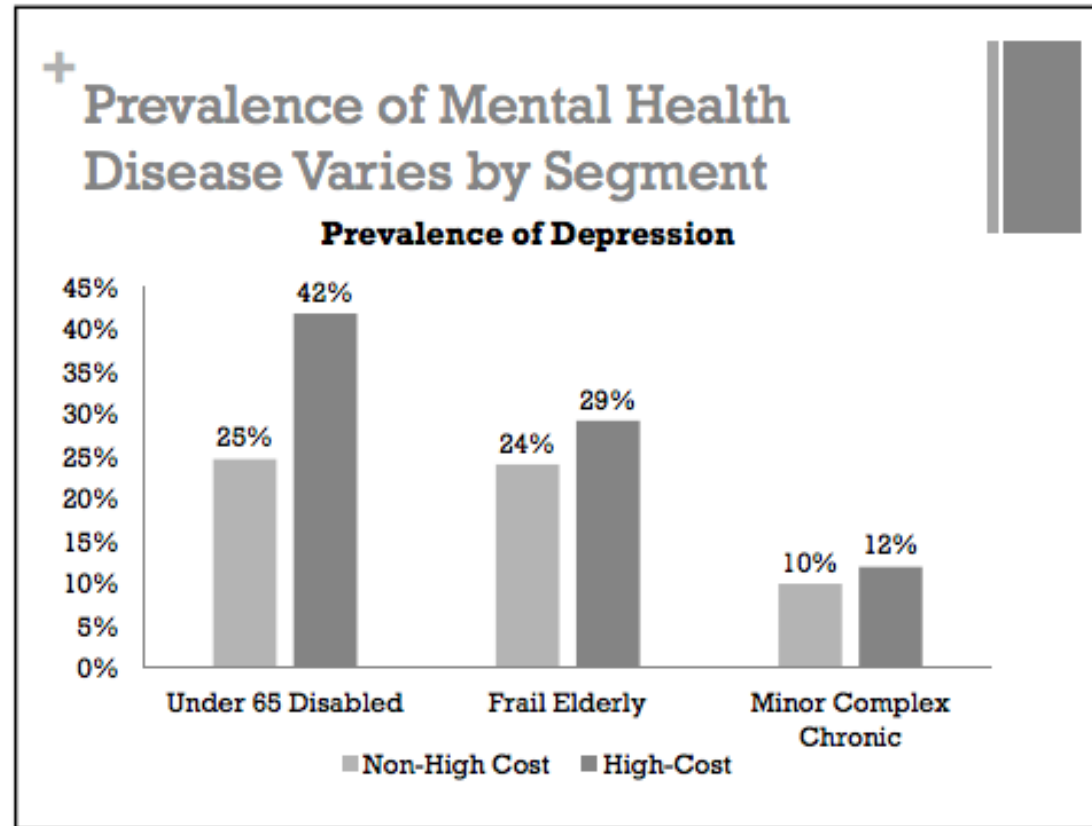
Overlap Between High Cost and High Need with Mental Health Conditions

- Among Medicare-Medicaid beneficiaries (“dual eligible”), 25 percent over age 65 and 40 percent under age 65 have a mental health condition or diagnosable disorder.
- Medicare beneficiaries with serious mental health conditions are twice as likely to have 3+ chronic, comorbid conditions.
- Health care spending is 3 times higher for patients with co-morbid mental health and substance use addictions issues than those without.

MH Disease is Highly Prevalent Among High Cost, High Need (HC/HN) Patients



Prevalence of MH Disease Varies by Segment



Incidence Rate of Co-Morbid Chronic Diseases and Mental Health Disorders is Profound

The economic cost of untreated mental illnesses among Medicare beneficiaries is significant.

- Studies show for elderly individuals with at least one chronic condition, the presence of a depressive disorder increased the odds of acute medical service use.
- This suggests that improvements in clinical management, access to mental health services, and coordination of medical and mental health services will reduce utilization rates.
- Depression was associated with 15% to 53% increases cardiovascular costs over five years, with cost differences of up to \$3,300 higher per capita than non-depressed groups.
- Gilmer et al. found that depression, similar to coronary heart disease, significantly increased costs of care related to diabetes by 50%.

Mental Health Counselors, if recognized by Medicare, are trained to facilitate care with doctors and specialists, improve service integration, and save money.

Early Treatment is Key

- Studies have found that older adults with diabetes, congestive heart failure, or both, who also had depression, incurred almost twice the health care costs as those with the same medical conditions but no depression.
- According to a Surgeon General report, older people with depression:
 - Visit the doctor and emergency room more often
 - Use more medication
 - Incur higher outpatient charges
 - Stay longer at the hospital than those without depression.
- Treating depression not only helps the individual older person—it also saves costs for the health care system.



Treated Prevalence for Depression and Comorbid Physical Conditions

EXHIBIT 2

Treated prevalence for depression and comorbid physical conditions, 2010-13

	All adults age 18+	Medicaid	Medicare	Dual Medicaid-Medicare
OVERALL TREATED PREVALENCE FOR DEPRESSION				
Percent of population treated	8.8%	16.8%	11.8%	24.4%
Number of individuals treated	21,040,821	1,877,463	4,551,111	1,130,319
DISTRIBUTION OF DEPRESSION TREATED PREVALENCE BY NUMBER OF COMORBID CONDITIONS				
Depression only	6.6%	5.7%	0.6%	3.4%
+1 condition	10.2	10.7	2.3	4.1
+2 conditions	10.2	9.5	4.5	4.4
+3 conditions	12.4	11.1	8.0	5.7
+4 or more conditions	60.7	63.1	84.7	82.4

SOURCE Authors' analysis of pooled data from the 2010-13 Medical Expenditure Panel Survey. **NOTES** Percentages by number of comorbid conditions correspond to noninstitutionalized adult treated prevalence rates. Data for the "All adults" category do not differentiate by payer type.

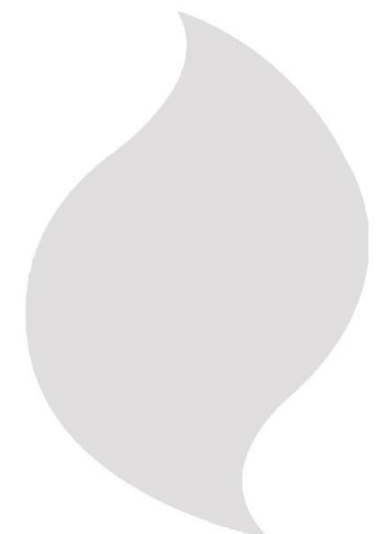
Average Annual Health Care Spending Among People Treated for Depression Only & All Behavioral Health Disorders

EXHIBIT 3

Average annual health care spending among people treated for depression only and all behavioral health disorders, 2010-13

Insurance category	Average annual spending attributed to treatment for behavioral health conditions		Average annual spending among people treated for a behavioral health condition	
	Annual total (billions)	Per capita	Annual total (billions)	Per capita
SPENDING FOR SUBSET OF ADULTS TREATED FOR DEPRESSION ONLY				
All adults age 18+	\$46.3	\$2,202	\$426.5	\$20,268
Medicaid	5.9	3,121	37.6	20,027
Medicare	8.6	1,885	121.2	26,631
Dual Medicaid-Medicare	4.1	3,649	39.5	34,923
SPENDING FOR ALL ADULTS TREATED FOR A BEHAVIORAL HEALTH DISORDER				
All adults age 18+	\$101.2	\$2,745	\$672.4	\$18,238
Medicaid	12.9	4,568	51.2	18,073
Medicare	21.2	2,621	198.1	24,450
Dual Medicaid-Medicare	11.4	6,344	64.0	35,686

SOURCE Authors' analysis of pooled 2010-13 data from the Medical Expenditure Panel Survey. **NOTES** Total spending includes costs for all health services and medical care received for behavioral and non-behavioral health-related purposes among noninstitutionalized adults treated for a behavioral health disorder. Of the \$101.2 billion attributed to treatment for behavioral health conditions, most spending was due to prescription drugs (48.4 percent) and office-based medical provider visits (23.1 percent), whereas of the total \$672.4 billion spent for medical care among people diagnosed with a behavioral health condition, spending was primarily related to inpatient care (28.4 percent), prescription drugs (28 percent), and office-based medical provider visits (21.9 percent). Data for the "All adults" category do not differentiate by payer type.



Bending the Cost Curve

- Congress can “bend the cost curve” by spending money for the right services.
- A study of private insurance recipients’ mental health care purchases found that increased availability of outpatient treatment for mild or moderate mental health disorders, such as depression, resulted in a \$2,307 per patient (30%) decrease in mental health care costs.
- By covering Mental Health Counselors, Medicare can take advantage of those savings:
 - Increase availability of outpatient treatment
 - Cut spending at the same time

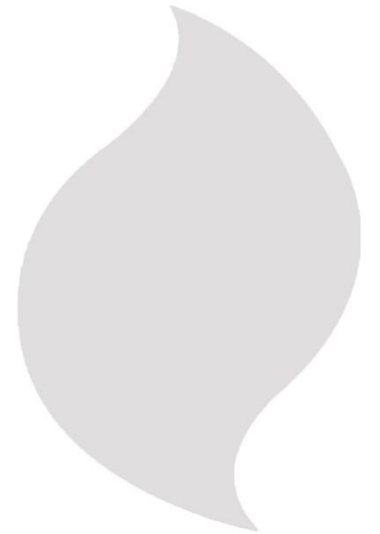


Value Proposition

1. Merit-Based Incentive Payment Systems (MIPS), Alternative Payment Models (APMs) and Accountable Care Organizations (ACOs) cannot effectively meet their savings goals without vigorously treating mental health disorders in the Medicare patient population.
2. To address these economic and clinical realities, the Medicare mental health workforce must be expanded to include Mental Health Counselors.
3. Mental Health Counselor Medicare reimbursement is a “value added” benefit that would both improve clinical outcomes for seniors with chronic diseases – and augment integrated care systems – while helping the new MIPS, APM and ACO programs control overall costs.

Better Health Outcomes = Lower Medicare Costs

- Treating mental health disorders for Medicare patients reduces overall Medicare health care costs
- There are not enough mental health care providers
- Mental Health Counselors can significantly expand the Medicare mental health workforce
- Mental Health Counselor Medicare reimbursement will:
 - Improve clinical outcomes
 - Control overall costs for MIPS, APM, and ACO programs
 - Cut expenditures for Medicare



Thank You and Questions

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