Oregon Psychological Association

The Oregon Psychological Association supports SB 231 with the -2 amendments. This bill will further efforts to optimize, sustain and support person-centered primary care homes (PCPCHs). All Oregon CCOs have been incentivized to utilize PCPCHs in the care of all their members, but it is readily apparent that the current coding and funding streams do not sustain this work. More focus is needed to truly create a regulatory framework that can support this transformational model of care.

An important component of high functioning PCPCHs is the integration of behavioral health as part of the team. Two-thirds of primary care physicians surveyed (n=6600) indicated they could not get access to specialty mental health services for their patients. This survey was in response to the passage of mental health parity, which was meant to help patients better receive mental health services. The problem, as is highlighted through this study, is that most primary care providers do not have the ability to connect to the specialty mental health system in ways that can help their patients in the moment their patients need it most. [1]

Or consider how patients often do not initiate treatment or complete treatment when referred from primary care. In one recent study by David Kolko and colleagues, they found that families, when offered mental health interventions onsite in pediatric practices, were nearly seven times more likely to complete care than when referred to a specialty mental health setting. This rigorously designed study found that of the 321 children involved in the study, 160 were randomized to receive mental health treatment in a primary care provider's office and 161 were randomized to receive treatment in a specialty mental health setting. The families offered integrated behavioral health in primary care initiated care 99.4 percent of the time and 76.6 percent fully completed treatment. Compare these data to the 54.2 percent who initiated care (e.g. showed up to their referral) in a specialty mental health setting with only an 11.6 percent completion rate.[2]

But the most compelling information comes from the American Psychiatric Association, who asked Milliman, the premier actuarial in the country, to estimate the impact of integration on overall healthcare costs. Knowing that people with concurrent mental health and substance use disorders cost at least 2-3 times that of those with no concurrent diagnosis, they estimated the cost savings of integrating behavioral health in primary care. In the Medicaid population alone, these savings are estimated to fall between $7-10 billion each year.[3]

For these reasons, it is essential to have the voice of mental health as a named member of this reform committee. If we are to truly optimize the promise of PCPCHs, we need to get the right people at the table to insure those interests are considered in the development of regulatory and alternative payment models.

Please Support SB 231 with the -2 amendments!

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[1] Cunningham, P. J. (2009). "Beyond parity: Primary Care Physicians' Perspectives on Access to Mental Health Care." Health Affairs **28**(3): w490–w501.

[2] Kolko, D. J., et al. (2014). "Collaborative Care Outcomes for Pediatric Behavioral Health Problems: A Cluster Randomized Trial." Pediatrics **133**(4): e981-e992.

[3] "Economic Impact of integrated medical-behavioral healthcare." (April 2014) Milliman.

OPA ■ 147 SE 102nd Avenue ■ Portland, OR 97216
503.253.9155 ■ 800.541.9798 ■ info@opa.org ■ www.opa.org

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