

Behavioral Health Workforce: Patient & Family Perspective

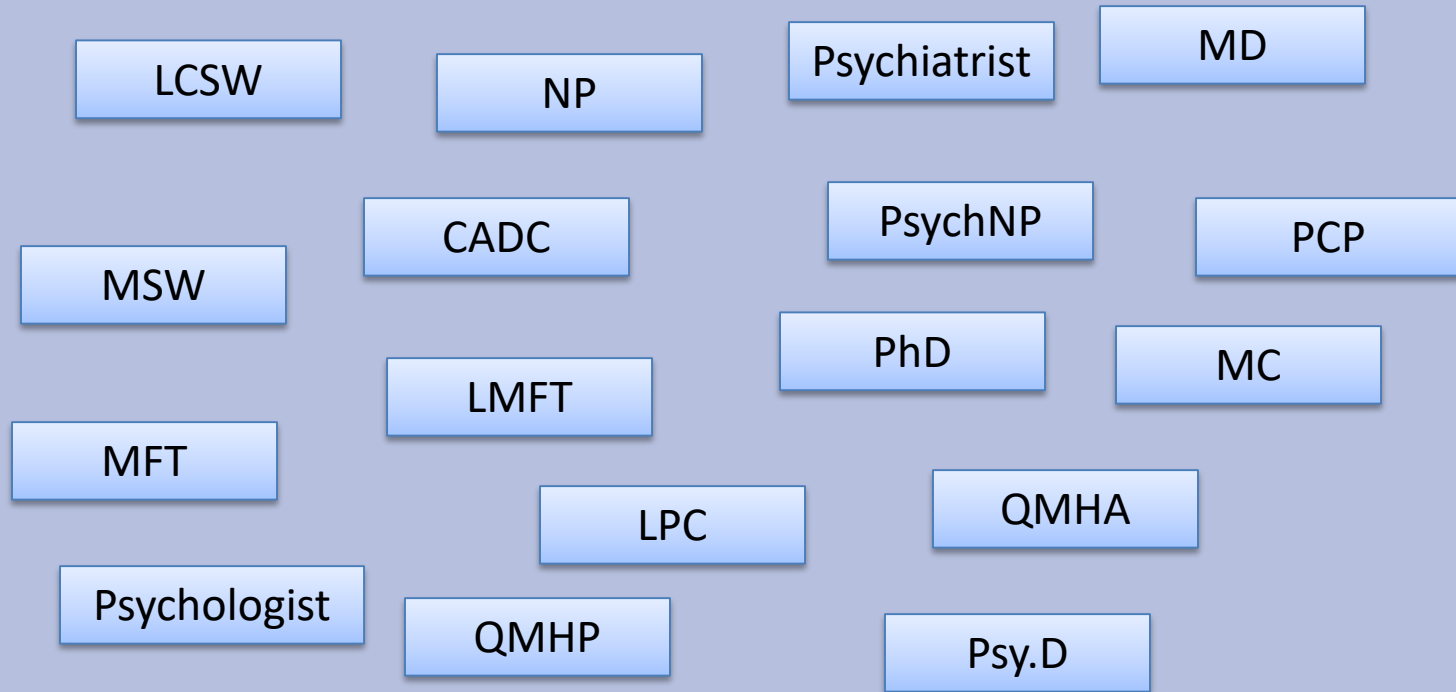
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Alphabet Soup – Who does what?



Lack of Access Due to Artificial Barriers

- Small number of providers on insurance panels for OHP and commercial insurance.
- “Ghost Panels” – providers not accepting new patients.
- Willing providers cannot be approved “in network.”
- Stringent and sometimes onerous utilization management and other restrictions.
 - *Same day billing, Wit v. United Behavioral Health*

Symptoms of Low Reimbursements

- OHP – High turnover, difficulty recruiting.
 - *Leads to delays in care, low-quality care.*
- Commercial insurance – High out-of-network utilization with high out-of-pocket costs.

% Out of Network Utilization

Office Visits	2017
Behavioral Health	11.8 %
Primary Care	2.8 %
Med/Surg Specialists	4.5 %

“Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement,” Milliman Research Report, by Stoddard Davenport, Travis J. (T.J.) Gray, and Stephen P. Melek, November 2019. See: <https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p>

Other Considerations

- Access problems exacerbated for marginalized populations with poor access to health care.
- Access problems for rural worse than urban.
- Quality of care is an overarching concern regardless of licensure, type of insurance, type of service.

Workforce Development

- Better prepare workforce for what is asked of them.
 - *Cognitive behavioral therapy (CBT).*
 - *Dialectical behavior therapy (DBT).*
- Improve reimbursements to incentivize people to enter the field.
- No. 1 predictor of treatment success: Do I believe you're there to help me.