The Coalition

www.wacoalition.org

Advocates for Ethical Mental Health Care Fall 2006

Editor's Corner

Peter N. Moore, Psy.D

The leaves are dropping with the temperature and wouldn't you know it, the rain is descending too. Must be Fall in Seattle. Perhaps as I, you are busy with kids returning to school and their sports and other activities getting into high gear. I've noticed that after the "lazy" days of summer, my workshop schedule has also picked up.

The Coalition Board has also been busy. In this issue you can read how we have been on top of murmurs from Regence to implement **outcome measures**. Our lead story brings you The Coalition's scoop. Lobbyist Laura Groshong's, who represents us on **Regence's Behavioral Health Advisory Committee**, gives you late breaking updates on page 3.

The Board also met at our **annual retreat** to review the year and plot our future. You can read my "exclusive" on page 4.

Mark you calendars now. The **Coalition Annual meeting** with guest speaker Judy Roberts, a former Board member giving a workshop on ethics. We hope to see you there on November 11. Details on page. 5.

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Who Ya Gonna Call !?!?!??!

Coalition Helpline: 206-444-4304

Who's My Legislator: 1-800-448-4881 (State and Federal)

Legislative Hotline: 1-100-562-6000

Regence May Implement Behavioral Outcome Measures

Peter N. Moore, Psy.D.

Regence Blue Shield of Washington, one of this state's largest health insurance carriers is considering implementing outcome measures for subscribers who use mental health services. However, officials at Regence who are closely involved with this project assure the Coalition that this idea is in its infancy, no measures are being specifically considered, and that implementation of such a plan, if it occurs, would not happen until well into next year at the earliest.

The idea for having some measure of quality or therapist effectiveness first came to the Coalition's attention through Regence's Behavioral Health Advisory committee. Laura Groshong, who represents the Coalition on the committee reported to the Board that Regence floated the idea to the committee. When she reported this information to the Coalition, the Board decided to meet directly with representatives of Regence.

A committee composed of Laura, Sue Wiedenfeld, Jane Palmer, Vickie East and myself first met to plan how to approach Regence. We discussed the merits of measuring therapy outcome, the state of the art as we each understood it, recommending measures to use, and our strategy for meeting with Regence. We decided to primarily gather information from Regence to determine the specificity of their plans and the reasons they wanted to develop such measures.

On a pleasant Thursday September

afternoon, Sue, Peter, and Laura met with Elisabeth Buchman, and Carson Graves, of Regence Behavioral Health in Regence in Regence's Seattle office tower. The 75-minute meeting was informative and productive.

Ms Buchman framed the proposal of outcome measures as a way of promoting Regence's vision of "transforming health care" by helping their subscribers make "informed choices."

These outcome measures would have **three components**: The first is a **description** generated by the clinicians, of their areas of expertise as well as other information about their practice. The *Psychology Today* clinician directory was given as an example of what such directory might look like (psychologytoday.com).

The second component would be a **patient satisfaction rating**. Ms Buchman took pains to assure us that this is not a rating of therapist likeability. Rather, it would serve as measure of how positive an experience the therapy was for the subscriber. The rating would include such factors as ease of access, administrative and logistical factors.

The third component is some assessment of **treatment success**. Ms Buchman and Mr. Carson appeared very sensitive how the mental health community would hear terms that defined quality. For example, they were careful not to equate quality with "efficiency." They are, nonetheless, looking for a measure that is "scientific" and meets "industry standards."

While Regence has attempted to measure the quality of physicians' care over the years, Ms Buchman clearly made a distinction between standards for medicine and mental health care. For example, Regence might want to know if a physician administered certain tests to a diabetic patient at regular intervals. Such a process measure, they noted, would not be applicable to mental health care.

So what measures and procedures are under consideration ? None now the Regence representatives offered. Their focus is on Oregon. Our neighbors to the south also passed mental health parity legislation. Unlike the Washington law that phases in parity over several years, Oregon implements all their parity provisions beginning January 1 (See Regence Behavioral Advisory Committee report on p. 3).

Ms Buchman said that while not yet carved in concrete, Regence is planning to have a 30 session unmanaged mental health benefit. Tools to assess clinician quality are still being developed for Oregon therapists (for an update see Laura Groshong's report of the Regence Behavioral Advisory Board meeting on p. 3).

Regence wants to weed out the "bad apple" clinicians who abuse subscriber benefits. Ms Buchman again was careful to say that these therapists comprise only two to five percent of their "provider base." At first reluctant to give specific "horror stories" she eventually gave examples of clinicians who had billed for 16 clinical hours in one day or for six hours in one day for the same patient. Interestingly, she was careful not render a judgment about such billing practices but only to note that this data raised red flags for Regence.

Ms Buchman and Mr. Carson when specifically asked, denied that Regence would use outcome or quality measures to offer financial incentives to therapists who provide the briefest treatment or to exclude clinicians from provider panels. They took pains to reassure us that they are aware that longer treatment may be necessary for some subscribers in some cases. However, the kinds of measures they are considering do not seem to capture the type of fraud they described.

Continued on next page

In the meeting, Laura noted that Premera had tried to use a therapist evaluation system. She noted that while voluntary, the attempt was met with considerable skepticism and resistance from the mental health community.

Finally, Regence appears very concerned about its image in the professional community. A significant part of the discussion was spent reviewing the negative press Regence received when trying to implement a physician rating system with their Boeing plans. Several physicians have subsequently sued Regence over their plan.

Ms Buchman and Mr. Carlson received us graciously, were quite responsive to our questions, and appeared eager to stay in a dialog with us. While the process they described is in its initial stages, we will need to watch closely how Regence implements parity in Oregon. We are also fortunate to have Laura represent us on the Regence Behavioral Advisory Committee so that we can learn of their plans for mental health coverage early in the process and provide input into their decisions.

Regence Behavioral Advisory Committee Quarterly Meeting Report

Laura Groshong

I attended the Quarterly Regence Behavioral Advisory Committee meeting Wednesday, October 11 and the issue of **outcome tools** was *not* on the agenda. However, I did inquire about their plans for implementing such a tool and the response was that it would not be happening for at least 6 months, and that the Committee would be informed prior to any plan. The tool would be voluntary and started as a 'pilot project' first.

There was an interesting discussion of the way the **Oregon parity law** is being implemented (1/1/07). The Oregon plan is what Washington will be implementing in 2010. All diagnoses covered, no limits on mental health coverage different from limits on medical coverage. Their approach in Oregon will be to allow 30 mental health visits for all enrollees. After 30, there will be a requirement for a report of treatment progress and the reason treatment needs to continue. According to their current plans, only 6% of patients in plans that have 30 or more sessions reach 30 visits. They also reported (with amazement) that 40% of the enrollees who received 30 sessions or more had adjustment disorders. I suggested they might see some revision of diagnostic codes and session usage if all diagnoses were covered and there was an unmanaged benefit of 30 sessions. Regence also said the 30 session limit was determined by limits already in place for physical therapy, occupational therapy and medical procedures for chronic conditions. FYI, most WA Regence plans still have a 20 session limit.

The **CPT code 90808** (psychotherapy 75-80 minutes) was discussed. There were 40 providers in Washington who used this code more than 24 times in 2005, up to 100 hours of treatment. All other 4000 providers who used this code used it 1-10 times. Regence will contact any clinician who uses 90808 more than 24 times in a year, discuss their reasoning, and require prior authorization for use of 90808 after 24 hours of use. The cost of use was $300,000 compared to comparable use of 90806.

Regence will be posting practice guidelines, using the American Psychiatric Assn and American Academy of Child and Adolescent Psychiatry guidelines. Any provider will be able to click on a diagnostic category and get the descriptions.

Annual Board Retreat Report

Coalition Board's Secret Plans for Hostile Takeover Revealed !

Peter N. Moore, Psy.D.

There, that got your attention, didn't it ! Well actually nothing quite that dramatic happened at the recent annual Board retreat. President Sue Wiedenfeld's graciously hosted Ken King, Susan Cohen, Lee Holt, lobbyist Laura Groshong (fighting a bad cold), and myself on a September Sunday morning. We met to review the year and discuss our group's future.

One of the leading concerns was increasing **membership** that has been either stagnant or gradually declining. The group postulated that overlapping of mission with other professional organizations, the perceived easing of threats to good practice from managed care, and lack of visibility might account for the attrition. However, at least one board member believes that now as much as ever political and economic forces threaten privacy and control of therapy. The advent of electronic medical records could be the next threat to confidentiality.

The assembled discussed several **ways to increase our numbers**. One theme was to increase the value of membership by providing more member services. For example, the Coalition could link our membership to Web based referral sites (Psychology Today was held up as a model), approach recent graduates of professional programs, and offer to mentor younger members seeking to build a practice. Sue proposed the possibility of a membership cruise on their boat as part of a theme to focus on member well-being and providing professionals with a relaxed way to network and talk about the Coalition in an informal and fun atmosphere. Interested seafarers, please contact Sue at swiendenfeld@earthlink.net. If enough swabbies sign up, she will give a date to set sale.

Much of the discussion centered on increasing our **consumer membership**, which makes the Coalition unique among the mental health professional organizations. Because consumers now can join for free, concern was raised that while worthy, boost their numbers would not augment the funds necessary to fulfill the Coalition's mission. Therefore charging consumers was proposed for discussion. The group also discussed establishing a consumer liaison person.

The group brainstormed how to enlarge our consumer base. Ideas included a new push to make consumers aware of our insurance brochures and to develop a new brochure explaining the new parity law. Another thought was to place articles or other information into neighborhood newspapers that could also explain the parity law and how to choose a mental health professional. This information could also be added to our Web site. Another suggestion was to reach out to armed service personnel and their families to educate them about PTSD and other stresses resulting from the war on terrorism.

Sue also advocated that we write up a review of what our organization has accomplished in its dozen or so year of existence. This could help increase the awareness of how our group has empowered its members, professionals and consumers of services alike, with information and access to decision makers.

The Washington State Coalition of Mental Health Professionals and Consumers

and

Seattle Psychoanalytic Society and Institute (Co-sponsor)

The Ongoing

Legal Erosion of Confidentiality

with

Guest Speaker: Judy C. Roberts, MA,LMHC

Judy is both a clinician and a presenter practicing in Seattle. Since 1992, she has been teaching professional ethics and legal issues. For the past ten years she has been a presenter of a variety of continuing education workshops and in-service trainings for mental health clinicians throughout Washington State. Judy was a founding Board member of the Coalition, Pro-bono Therapy Network for Sexual Abuse Survivors, and the Puget Sound Group Psychotherapy Network. She received her Bachelor of Arts degree in Psychology from Seattle Pacific College in 1968, and a Masters of Arts in Education (counseling) from Seattle University in 1989. She maintains a private psychotherapy practice in Seattle. Judy returns to the Coalition to discuss ethical standards versus practices currently permitted by law and how this affects the erosion of confidentiality in our professional practices. This will be followed by a question-and-answer session. **Come join us for a lively discussion and an opportunity to network with other psychotherapists in the community.**

Saturday, November 11th 9am – 12pm

The Good Shepherd Center Room 122 , 4649 Sunnyside N. Seattle [Wallingford Neighborhood]

9:00 am **Sue Wiedenfeld,PhD** Chair: Coalition advocacy

9:15 am **Laura Groshong, LICSW,** Lobbyist:

10:00 am **Judy Roberts, MA,LMHC: Ongoing Erosion of Confidentiality**

2 Hours of Continuing Education Ethics Units Pending

Coalition Members fee: $30, Non-members with new membership: $90,

Non-members meeting only: $60, Coalition membership-only fee: $65

*Questions can be emailed ahead of time for Judy Roberts to address at the meeting.Send questions to Susan E. Cohen, LICSW, LMFT secohen100@aol.com

The American Psychoanalytic Association is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity. The American Psychoanalytic Association designates this educational activity for a maximum of 2 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity

CME: This activity has been planned and implemented in accordance with The Essential Areas and Policies of the Accreditation

Council for Continuing Medical Education (ACCME) through the joint sponsorship of The American Psychoanalytic Association and the Seattle Psychoanalytic Society and Institute.

CPE: This presentation also meets the requirements of WA 308-122-520 (Definition of Category of Creditable CPE) for psychologists

CEU: This Workshop has been approved for 2 CEUs for Licensed Social Workers, Mental Health Counselors, and Marriage and Family Therapists by the Washington State Society for Clinical Social Work.

The Coalition of Mental Health
Professionals and Consumers
PO Box 30087
Seattle, WA 98103

Join or Renew Your Commitment to Protect Mental Health Care

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Member: $65
Student: $15
Consumer: Free
Organization: $124

Willing to help with specific tasks: YES _____

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