Toward Mental Health Treatment Without Tiers

By Jim Leffert, Ph.D.

In 1840-41, Dorothea Dix's investigative reports on the inhumane treatment of people with mental illness in Massachusetts prodded the Legislature to enact reforms and improve services. Will the Boston Globe Spotlight Team's extensive three-part series last year, documenting a broken mental health treatment system today, lead to a similar result? Perhaps, but only if a public outcry, followed by persistent pressure, makes it happen.

The impetus for this pressure starts with the realization that we have a deeply flawed mental health treatment system for everyone in Massachusetts except the most advantaged. This is the unfortunate truth even though the existence of pins on the map and lists of providers' names on MassHealth and insurance company websites may lull us—and decision makers—into believing otherwise.

While there are numerous contributors to our mental health treatment problem, the Spotlight series has highlighted a critical piece: inadequate funding and unreasonably low payment rates for providers. This creates instability within the mental health system, causes frequent clinician turnover in not-for-profit community programs, and leads experienced, skilled providers to avoid the public and lower cost commercial insurance plans—thus creating a two-tiered system of care. Attorney General Healey cited low payments by insurers as a significant barrier to access in a 2015 report.

Sadly, the lower tier of care includes public programs like MassHealth (Massachusetts' Medicaid program), whose members are often forced to obtain services in settings with long wait lists and a disproportionate number of trainees and unlicensed clinicians. Inadequate state funding and subsequent low payment levels incentivize the more skilled and experienced practitioners to either stop treating these patients or to avoid them altogether. As a result, MassHealth enrollees, who have among the most complex mental health issues, often get treated by clinicians with limited experience and fewer specialized skills.

The current effort to restructure MassHealth into an Accountable Care Organization (ACO)-based model may provide greater integration of care and a more cost-conscious approach to medical treatment. However, the structure of this new system, with limited government funding and unequal bargaining power between individual providers and the ACO, will likely result in even lower payment rates for mental health services. This recently happened when the state allowed participating managed care organizations to negotiate rates with individual providers for OneCare, a managed care program that serves people with both Medicare and MassHealth. Two of the three participating companies insisted on undercutting the existing Medicare and MassHealth rates for outpatient clinicians.

If you, the reader, have commercial insurance—beware! You may also be in the lower tier, thus limiting your access to quality mental health treatment. The companies that cover commercially insured Massachusetts residents vary widely in payment rates for outpatient treatment. Consequently, people in Massachusetts who are served by plans with lower reimbursement rates often struggle with finding a therapist who accepts their insurance and has an opening for new patients, as outlined in earlier WBUR reporting

and a Globe article by Kevin Cullen.

How much do reimbursement rates affect a clinician's income and the subsequent choice of which tier to treat? The difference can run upwards of $30,000 per year, depending on which insurance company the provider works with. In many cases, public and lower-tier insurance plans do not even pay the same dollar amount for services now as they did 10 years ago, even adjusting for inflation. This forces clinicians to choose between treating people with public and "lower-tier" commercial plans, whom they recognize are in desperate need of quality care, and their own financial stability, as they try to provide for their families and pay off six-figure student loans.

Insurance companies may argue that what they pay providers is not that important because the movement toward measuring outcomes helps to assure the quality of mental health services. Despite the potential value of outcome measures, this is a specious argument. It's true that some mental health issues, like some medical issues, may not be hard to treat. However, many, if not most, cases demand skill and specialized knowledge on the part of the provider--and outcome measures, while helpful, are not a substitute for that.

Clearly, quality and access to care inevitably suffer when experienced, highly skilled doctoral level clinicians cannot afford financially to devote themselves to treating people with public or "lower-tier" plans. As the Spotlight series documented, the lack of an adequate mental health care system has a direct negative impact on the individual in question, and can lead to dangerous situations that may otherwise have been avoided if appropriate care was available.

In sum, the Globe's reporting tells us that our mental health treatment system is broken. Current reform efforts, such as ACOs, will not fix it if public and "lower-tier" commercial plans continue to offer inadequate payments to providers.

If Dorothea Dix were alive today, she would urge us to demand that lawmakers take the necessary steps to increase funding for public plans and hold commercial insurers responsible for blocking access to quality and readily available treatments through their payment practices. The Spotlight series did an excellent job of documenting the problems. Whether or not that information leads to changes, however, is entirely up to us, the citizens of Massachusetts.