Improving Access to Mental Health Care: The Wisconsin Medical Society (Society) recognizes the importance of quality care for people with mental illness, and that our health care system must do more to detect and care for those with mental illness. The Society therefore recommends the following focus areas to improve access to and quality of mental health care:

1. Screening and Early Detection
Screening and early detection ensure that all patients in need can be steered toward care. The Society supports efforts to:

- Increase early detection and treatment of depression, anxiety, and substance abuse in primary care settings, and support screening tools that improve consistency of detection.
- Increase access to psychiatric consultation and referral sources for patients identified as having a need for psychiatric evaluation and treatment as a result of screening in primary care settings.
- Train school staff, law enforcement, and the community at large on ways of identifying children and adults who are in a state of crisis and how to proceed (mental health first aid).
- Regularly screen returning veterans and refer to local mental health and life adjustment resources.

2. Intervention and Referral to Treatment
Once recognized, patients with mental illness must be consistently referred to appropriate treatment services. The Society supports efforts to:

- Provide patient psychiatric consultation in the primary care and emergency care setting, by qualified health care professionals.
- Ensure immediate intervention through such consultation, and assist patients in the referral process when necessary. Available services must include pediatric psychiatry, alcohol and other drug assessment, and acute inpatient care services.
- Integrate mental health triage and intervention into post-disaster emergency medical response care.

3. Intermediate Care and Alternative Delivery Models
To be effective, recognition and assistance to patients with mental illness cannot be limited to a strictly clinical setting. The Society supports efforts to:

- Include school based care, workplace wellness programs, group therapies, and increased treatment provided by primary care physicians.
- Provide specialty programs for returning war veterans that focus on mental health and adjustment to life after military service, in group and individual settings.
- Assist patients during the transition from primary care to treatment in mental health care specialized psychiatric care and supportive therapies as appropriate after initial detection and comprehensive assessment.
4. Care Coordination and Integration
Mental illness presents unique challenges to all aspects of health care, and cannot be separated from physical health. The Society supports efforts to:

- Integrate and coordinate medical and mental health care within medical clinics, hospitals and schools (consistent with Society policy REQ-007).
- Increase access to mental health care for children of all ages. School based mental health services’ and funding sources for these services should be consistent with AMA policy H-60.991iv.

5. Reducing Stigma
Addressing patient concerns regarding stigma in the will reduce fear for patients, encourage adherence to treatment plans, and promote the formation of mutually beneficial legislation regarding the disclosure of medical records among health care professionals. The Society supports efforts to:

- Use interactive CME modules to educate primary care physicians and specialists in the recognition of stigma related to mental illness. Such education may provide participants with an opportunity to recognize attitudes and behaviors that could contribute to stigma, as well as provide an example of a practical clinical approach to helping doctors and patients overcome stigma.
- Educate non-psychiatrist physicians in how to effectively treat patients with mental illness, and make available resources for caring for patients with mental illness. One method would be to implement direct provider-to-provider phone connections within health systems to provide psychiatric consultation, and access to counseling services and integrated mental, behavioral and medical care clinics.
- Create anti-stigma programs that address stereotypes, prejudice and discrimination in the health care setting.
- Encourage all physicians and therapists: medical and mental health care professionals to talk with their patients about the benefits of medical record access between health care professionals, explaining clearly who receives access to records and how they are used to improve care quality. Patient concerns regarding privacy and sharing of medical records must be taken seriously.

6. Workforce Development
Meeting the needs of patients with mental illness requires a sufficient and properly educated workforce, especially in rural areas and in pediatric psychiatry. The Society will:

- Support the promotion of professions in the mental health field.
- While a psychiatric workforce shortage exists, utilize resources available through other health professions for aid in intermediate care.
- Remain consistent with Society policy MED-003 Prescriptive Authority for Psychologistsv.
6. Workforce Development
Meeting the needs of patients with mental illness requires a sufficient and properly trained workforce. The Society will:

- Support the promotion of training psychiatrists and encouraging psychiatrists to practice in underserved areas.
- Consider ways to connect psychiatric services to those in need in shortage areas through expanding training programs, telemedicine and consultations to primary care providers in underserved areas.

7. Mental Health Parity and Reimbursement for Services
Mental Health Parity holds the promise of providing equitable care to patients with mental illness, and must be properly implemented to ensure its success. The Society will:

- Actively participate in educating providers in Wisconsin about federal and state mental health parity laws and support the full and proper implementation of mental health parity.
- Work to protect Medicaid funding for mental health, alcohol and other drug programs, and preventative mental wellness services, and advocate for fair reimbursement for any professional for physicians and therapists providing these services.

Wisconsin Medical Society REQ-007
Patient-Centered Medical Home: The Wisconsin Medical Society supports the Joint Principles of the Patient-Centered Medical Home developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association as guidelines for Wisconsin and all states to improve the health of its citizens.

The Wisconsin Medical Society encourages Wisconsin to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

The Wisconsin Medical Society will put forward a resolution to the American Medical Association in support of the Joint Principles of the Patient-Centered Medical Home and to encourage national payors to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

Principles (2/07)

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation – the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.
Care is coordinated and/or integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient’s community (e.g., family, public and private community based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Quality and safety are hallmarks of the medical home:

• Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient’s family.
• Evidence-based medicine and clinical decision-support tools guide decision making.
• Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
• Patients actively participate in decision-making and feedback is sought to ensure patients’ expectations are being met.
• Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication.
• Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model.
• Patients and families participate in quality improvement activities at the practice level.

Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.

Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:

• It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
• It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.
• It should support adoption and use of health information technology for quality improvement.
• It should support provision of enhanced communication access such as secure e-mail and telephone consultation.
• It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
• It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
• It should recognize case mix differences in the patient population being treated within the practice.
• It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
• It should allow for additional payments for achieving measurable and continuous quality improvements. (HOD, 0408)

Current Program in Wisconsin:
United Way’s PATH (Providing Access to Healing) for Students is a school-based program designed to improve access to mental health services for children and youth who are unable to obtain care elsewhere in the community.

The therapy is provided by Master’s level, licensed therapists from Catholic Charities of the Diocese of Green Bay, Family Services of Northeast Wisconsin and Lutheran Social Services of Wisconsin and Upper Michigan. All therapists have a minimum of three years of clinical experience and expertise in working with children and adolescents.

AMA H-60.991 Policy: Providing Medical Services through School-Based Health Programs

(1) The AMA supports further objective research into the potential benefits and problems associated with school-based health services by credible organizations in the public and private sectors. (2) Where school-based services exist, the AMA recommends that they meet the following minimum standards: (a) Health services in schools must be supervised by a physician, preferably one who is experienced in the care of children and adolescents. Additionally, a physician should be accessible to administer care on a regular basis. (b) On-site services should be provided by a professionally prepared school nurse or similarly qualified health professional. Expertise in child and adolescent development, psychosocial and behavioral problems, and emergency care is desirable. Responsibilities of this professional would include coordinating the health care of students with the student, the parents, the school and the student’s personal physician and assisting with the development and presentation of health education programs in the classroom. (c) There should be a written policy to govern provision of health services in the school. Such a policy should be developed by a school health council consisting of school and community-based physicians, nurses, school faculty and administrators, parents, and (as appropriate) students, community leaders and others. Health services and curricula should be carefully designed to reflect community standards and values, while emphasizing positive health practices in the school environment. (d) Before patient services begin, policies on confidentiality should be established with the advice of expert legal advisors and the school health council. (e) Policies for ongoing monitoring, quality assurance and evaluation should be established with the advice of expert legal advisors and the school health council. (f) Health care services should be available during school hours. During other hours, an appropriate referral system should be instituted. (g) School-based health programs should draw on outside resources for care, such as private practitioners, public health and mental health clinics, and mental health and neighborhood health programs. (h) Services should be coordinated to ensure comprehensive care. Parents should be encouraged to be intimately involved in the health supervision and education of their children. (CSA Rep. D, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: Res. 412, A-05; Reaffirmed in lieu of Res. 908, I-12)
Wisconsin Medical Society MEN-003

Prescriptive Authority for Psychologists: The Wisconsin Medical Society will take all necessary steps in defeating prescriptive authority for psychologists. (HOD, 0411)

AMA Policy: D-345.990 Educating Physicians and Patients About the Mental Health Parity Act - Our AMA will develop information to be posted on our AMA’s Web site that would educate physicians and the public about the benefits afforded by recently passed Mental Health Parity legislation. (Res. 206, I-08)