

It's past time to integrate primary and mental health care

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Re-ordering priorities and making long-term improvements in Louisiana's mental health and addictive disorder services and ought to be done — even in a fiscal crisis. That premise is supported by recent report, "Public Mental Health Care in Louisiana," from the Public Affairs Research Council.

Much of what PAR recommends is also part of the Louisiana Department of Health and Hospitals' broad plan for the much-needed overhaul of the public delivery system for behavioral health care.

As the state faces major financial shortfalls in the coming fiscal year and thereafter, the impetus for change is at hand. Necessary changes should integrate primary care and behavioral health care, provide better service for patients and reduce hospitalizations and other expensive treatments. The patient is the first concern, but serving the patient in the most cost-effective way can result in savings that are reinvested in community-based treatment for the mentally ill. PAR's recommendations, if adopted, portend significant long-term savings by improving access and quality of care.

The PAR report has five recommendations. In short, they are:

1. Provide sustained funding to expand Patient-Centered Medical Homes (PCMHs) for primary care and integrated behavioral health services.
2. Integrate public systems of medical and behavioral health care through regional care networks based on a capital-area model project.
3. Review and revise the Louisiana Medicaid program's payment method to encourage physicians to integrate their primary and mental health care services and treatment plans.
4. Establish, via legislative approval, an ongoing appropriation for payment of primary care treatment for uninsured people with co-existing medical and behavioral health problems.
5. Focus DHH's Office of Mental Health on decreasing institutional costs — including downsizing state psychiatric hospitals — while reducing administrative costs and transferring those savings to community-based outpatient care.

The report notes that persons with behavioral health needs "have a pronounced tendency to also have multiple co-occurring health conditions, such as untreated hypertension, diabetes, cancer and

other problems. National studies have reached a consensus that the best solution is to improve collaboration between primary medical care and behavioral health care."

Louisiana's current system of public mental health, as PAR points out, is clearly biased toward expensive institutional care and does not have the capacity to treat many of those with mental illness. Statistics support the point. Nationwide, 28 percent of funds allocated to mental health services went to state or country psychiatric hospitals, compared to 56 percent in Louisiana. Nationally, 70 percent of mental health service funds went to community-based care and 2 percent to administrative costs, compared to 30 percent for community-based care and 13 percent for administrative costs in Louisiana.

The public system of care that has evolved over the past 50 years in Louisiana, PAR says and we agree, is "underfunded, fragmented and difficult for the patient (and often the provider) to navigate."

Now is the time to remove the barriers for those who provide treatment and for those who need treatment for mental and physical health issues. It is past time to provide continuity of service from single, non-emergency sources of routine primary care integrated with mental and behavioral health care and to locate services in the same, local place.

PAR says it best: "The impending fiscal crisis should be viewed as an opportunity to reorder priorities and advance more efficient and cost-effective models of care delivery, rather than protect the outdated system that contributed to the debacle."