



Consumer Issues in Healthcare Reform

This is one of a series of issue briefs by the Bazelon Center on the integration of mental health in healthcare reform. Others offer policy recommendations for:

- ◆integration of mental health in primary care;
 - ◆medical homes;
 - ◆chronic care management;
 - ◆integration of mental health in the public health system;
 - ◆the role of public insurance programs (Medicaid, SCHIP and Medicare); and
 - ◆improving the quality of care.
- The briefs are available as PDF files for download at www.bazelon.org/issues/mentalhealth or in print through a link on that page or by contacting pubs@bazelon.org

Congress is currently engaged in the first serious attempt at reforming the health care system since the early 1990s. This debate is focused both on the need for universal coverage and related financing issues and on re-design of the healthcare delivery system.

In this context the paradigm of recovery, and many of its essential features, has relevance for the healthcare discussion overall. The Bazelon Center’s proposals, as articulated in our issue briefs, incorporate many principles of recovery. The issue briefs address many of the components that have been proposed for healthcare generally and show how these relate, or should be adapted, to meet the needs of people with serious mental illnesses. Our recommendations on health reform are consistent with our aims for advancing a recovery-oriented mental health system.

However, the word “recovery” as it applies to mental health care is unlikely to appear in legislation reforming the health system. Other mechanisms will be needed to reform public mental health systems and refocus them on a recovery-oriented vision in which consumers make their own decisions about their care and can access an array of supports to enable them to live fulfilling lives. Yet, importantly, certain principles of recovery and opportunities for consumers to access the health services they want can be part of health reform.

In this issue brief, we discuss consumer-oriented issues in health reform and the Bazelon Center’s recommendations on these issues. For more information on the Center’s positions and recommendations, see the other healthcare reform issue briefs on our website at <http://www.bazelon.org/issues/healthreform>.

Access to Healthcare Coverage

For people with mental health needs—whether because of mild or severe conditions—having health coverage is key. Not only does it enable access to care, it is critical to address the serious health conditions that are responsible for the premature death of so many people with mental illnesses. Lack of access to appropriate mental health services and supports has also been identified as related to health disparities in people of color. All individuals should be able to obtain a range of evidence-based mental health *and* medical services, including prevention, early intervention, treatment and rehabilitation.

The Bazelon Center has urged that health reform provide universal access to health care, including mental health care, and further ensure that individuals have access to the range of services, particularly community services, that they need and want. (See the issue brief, *Integrating Mental Health in Healthcare: Overview*.)

One way to ensure access to a full range of services for people with mental illnesses, including less traditional forms of care, is to expand Medicaid eligibility. Medicaid’s benefit package, which is broader than private health plans’, provides access to critical community services/ Yet many individuals with mental health care needs cannot now qualify for Medicaid.

Medicaid's cost-sharing requirements also better meet the needs of people at the lower end of the income scale than private insurance plans.

For example, Medicaid can pay for supported employment services, illness self-management, supported housing services, skills training and peer specialist services. All of these can be important components of recovery.

The Bazelon Center is urging Congress to expand Medicaid eligibility to cover all individuals with incomes below the federal poverty level (see [issue brief #7](#)). Further access could be provided if Congress adopts the Center's recommendation that people with disabilities who qualify for Social Security Disability Insurance (SSDI) be enrolled in Medicare without the two-year waiting period required by current law.

Focus on Engaging the Individual

A core concept of recovery is that individuals determine their own goals and are able to make plans for what they see as necessary to achieve them. Successful recovery requires the health system to focus on an individual's unique strengths and resiliencies and to understand the individual's needs, preferences, experiences and cultural background. Increasingly, leaders in health care recognize "the consumer side of the equation" as essential to high-quality healthcare.

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On the physical health side, the collaborative-care model and other chronic care programs have expanded medical care to include supportive services, education and other services to support lifestyle changes, like diet and exercise, which can improve overall health. Heart disease, depression and diabetes are conditions for which the world of medicine has recognized that providers must engage patients and include behavioral interventions that promote wellness and healthy behaviors. Collaborative-care models take a team approach that involves both physicians and other service providers. Recognizing that the individual has to maintain independence and self-agency, concepts like shared decision-making and advance directives are part of these programs. Healthcare reform can expand initiatives such as these to all those who use health services.

For this approach to succeed, individuals need authority, access and educational tools so they can choose from a range of options and participate in all decisions regarding their care. A number of Bazelon Center recommendations (see [issue brief #6](#), *Integration of Mental Health in Quality-Assurance Policies*) address the need to provide the tools so individuals with mental illnesses can plan and address recovery, including:

- Engaging consumers in their own health and in making choices about their care by offering coaching and education regarding their health and illnesses and how to manage them.
- Providing support for individuals to make necessary behavioral changes, such as quitting smoking.
- Promoting and funding wellness programs, including self-management programs like WRAP and other recovery models.
- Adopting models of care that include shared-decision-making, self-management and personal health records so that consumers can participate meaningfully in decisions about care.

Integration of Mental Health with Primary Care Settings

Individuals with mental illnesses often have significant difficulty in obtaining primary care and encounter long delays before receiving a diagnosis and effective services. In part, this results from barriers such as transportation problems. (In one study, half of individuals with mental illnesses reported such barriers, compared with only 19 percent of other participants.)

All consumers need a healthcare provider who is accountable for their overall health and wellness. There is growing recognition that healthcare practice should consist of more than just the dispensing of treatment and that the provider has a responsibility to actively inform and engage the consumer in maintaining and improving health. Health reform proposals are being considered that provide primary care physician practices (and perhaps some other providers) enhanced payments in order to act as a medical home.

A cornerstone of the medical home is a care team that works together to ensure that individuals have a continuous, healing relationship with all healthcare providers. Demonstrations show that a good medical home focuses on person-centered planning, emphasizes the importance of a whole-health whole-person orientation, integrates and coordinates care, and educates and supports consumers to manage their health and participate in their own care.

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Embedded in the medical home model are many of the concepts talked about in recovery literature, including accountability, self-management education and support, coordinated services and a whole-person orientation. The value of mental health treatment for those enrolled in medical homes is well demonstrated by projects around the country that integrate mental health and physical healthcare services.

For individuals in recovery, whose mental illness is stabilized and does not require specialty care, a primary care system that operates as a medical home has advantages, particularly if there is easy access to co-located mental health providers. The Bazelon Center recommends that all medical homes include a focus on mental health issues and that incentives be provided to both medical homes and other primary care practices to co-locate mental health providers. (See [issue brief # 3](#), *Medical Homes and Integration of Mental Health*, and [issue brief #2](#), *Primary Care Providers' Role in Mental Health*). In such settings, early intervention services are more likely to be furnished (supporting individuals at the time of onset of symptoms and preventing deterioration) and individuals with mild or moderate mental disorders can be treated in a holistic manner.

In addition to policies on medical homes, the Bazelon Center also recommends that health reform provide more support to primary care providers treating people with serious mental illnesses. These include allowing payment for longer visits and for consultation among providers as well as higher rates for people with complex disorders.

Addressing Physical Health Issues of People with Serious Mental Illnesses

For various reasons, including those cited above, people with serious mental illnesses often have no regular source of primary care. As a result, the life-expectancy of people with severe mental illnesses who use the public mental health system is 25 years less than for the general population. Physical health issues, then, are an important part of an individual's recovery.