



HOPE Starts with Us

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Human Family by Maya Angelou

I note the obvious differences
In the human family.
Some of us are serious,
Some thrive on comedy.
Some declare their lives are lived
As true profundity,
And others claim they really live
The real reality.
The variety of our skin tones
Can confuse, bemuse, delight,
Brown and pink and beige and purple,
Tan and blue and white.
I've sailed upon the seven seas
And stopped in every land,
I've seen the wonders of the world
Not yet one common man.
I know ten thousand women
Called Jane and Mary Jane,
But I've not seen any two
Who really were the same.
Mirror twins are different
Although their features jibe,

And lovers think quite different
thoughts
While lying side by side.
We love and lose in China,
We weep on England's moors,
And laugh and moan in Guinea,
And thrive on Spanish shores.
We seek success in Finland,
Are born and die in Maine.
In minor ways we differ,
In major we're the same.
I note the obvious differences
Between each sort and type,
But we are more alike, my friends,
Than we are unlike.
We are more alike, my friends,
Than we are unlike.
We are more alike, my friends,
Than we are unlike.



What connects us?



My Mental Health Equity Vision

All people have the opportunity to receive high quality mental health care when needed in settings where they feel welcomed and safe



Confidence that your inherent dignity will not be violated by mental health systems and structures



Accurate knowledge of mental illnesses and substance use disorders reflected in the general public (media, schools, public officials)

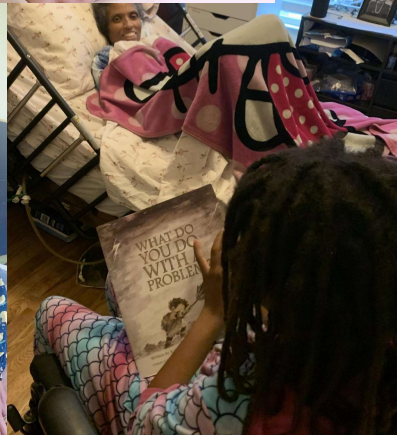
No Wrong Door



All have access to a personal social network that recognizes and responds to observed or disclosed emotional, psychological, behavioral distress



Some personal moments of change and uncertainty...



We ALL Experience Change



Passing of
Time

Unexpected
Events

Developing
Ourselves



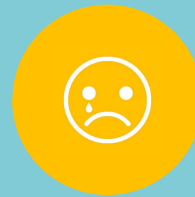
Why is change so difficult?



Brings
uncertainty



Takes time
and effort



Often feels
forced



We try to go
at it alone



What individuals need to change



Ability

Knowledge and Skills



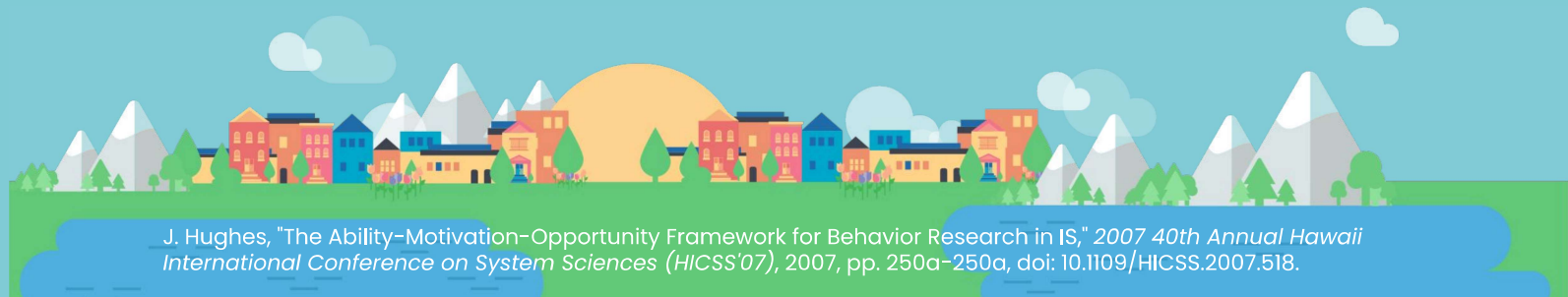
Motivation

Drive to Act



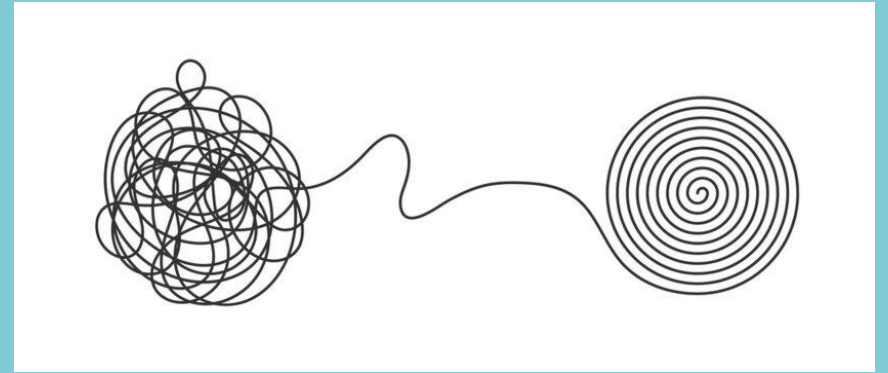
Opportunity

Contextual Factors



J. Hughes, "The Ability-Motivation-Opportunity Framework for Behavior Research in IS," 2007 40th Annual Hawaii International Conference on System Sciences (HICSS'07), 2007, pp. 250a-250a, doi: 10.1109/HICSS.2007.518.

The Rock or the River?



"Life is a series of natural and spontaneous changes. Don't resist them; that only creates sorrow. Let reality be reality. Let things flow naturally forward in whatever way they like."-- Lao Tzu



“Look at your mind. Be curious. Welcome groundlessness.

Lighten up and relax.

Offer chaos a cup of tea.

Let go of ‘us and them.’

Don’t turn away.

Everything you do and think affects everyone else on the planet. Let the pain of the world touch you and cause your compassion to blossom. And never give up on yourself.”

–Pema Chödrön, *When Things Fall Apart*



But sometimes when chaos descends...
you must be the River
...that MOVES the Rock



(Dis)Parity Update

Research Triangle Institute (RTI) used 2019–2021 information from one of the largest commercial insurance claims databases to evaluate a key measure of health plan benefits that indicates whether individuals can access in-network behavioral health treatment as readily as medical/surgical treatment: the rate of use of out-of-network behavioral health providers.

Mark, T. L., & Parish, W. J. (2024). *BEHAVIORAL HEALTH PARITY – PERVASIVE DISPARITIES IN ACCESS TO IN-NETWORK CARE CONTINUE*. RTI International.
<https://www.rti.org/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue>



Unlawful (Dis)parity

Substantial disparities in Out-of-Network (OON) use for office visits and inpatient care have persisted for 9 years.

- **For all these years, issuers were subject to federal and state parity laws.**

Substantial disparities in reimbursement rates have also persisted for 9 years. There have been some minor increases in reimbursement rates for BH providers since 2019, but also for M/S providers.

- **Disparities between M/S and BH rates remain very large.**



Unfair (Dis)parity!

The high OON use rates for inpatient services and office visits have placed a severe economic burden on behavioral patients:

- Patients with BH conditions are paying the same premiums as patients with M/S conditions but are having to pay significantly higher out-of-pocket costs to use insurance.
- **Eliminating this inequity was the primary goal of the parity law of 2009 – it has not been achieved.**



Documented Disparities

- OON use rates ranging between **1% and 2 %** for a majority of M/S physician specialties **versus 15% and 18%** for psychiatrists and psychologists is additional evidence of discriminatory practices by insurers.
- Large disparities in average reimbursement, and much larger disparities at the 75th percentile and the 95th percentile, is additional evidence of non-comparable measures that insurers are taking to build networks for M/S vs BH.



Follow the Money...

- The fact that **insurers are paying mid-level M/S providers more than MD Psychiatrists and PhD psychologists** is clear evidence of a noncomparable and more stringent reimbursement policy for BH providers as compared to M/S providers.
- While tele-behavioral care has expanded access to BH providers, the RTI research shows that **OON use for tele-behavioral care is 5-7 times higher than for telemedical care** – another significant disparity.



Out-of-Network (Dis)parity

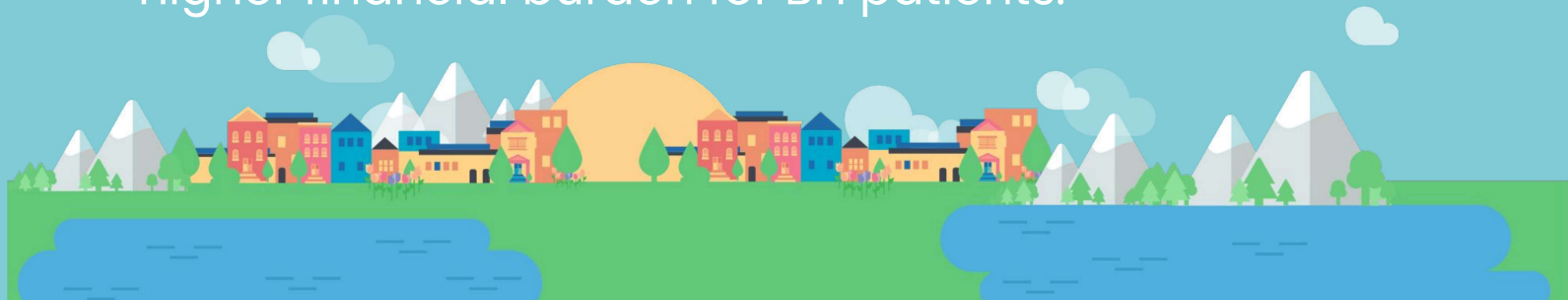
In 2021, Patients went out-of-network:

- 3.5x more often to see a BH clinician than an M/S clinician
- 8.9x more often to see a psychiatrist than an M/S specialist physician
- 10.6x more often to see a psychologist than an M/S specialist physician
- 6.2x more often for acute BH inpatient care
- **19.9x more often for sub-acute BH inpatient care**



It's NOT the Provider Shortage

- Based on federal data, there are more shortages areas for PCPs than for mental health providers – and yet, PCPs have extremely low OON use rates (2.2%) while BH providers have very high OON use rates.
- This data refutes the assertion by plans that BH provider shortages are to blame for inadequate behavioral networks:
 - **High reimbursement explains why PCP OON use is low.**
 - Low reimbursement (not shortages) explains why BH OON use is high.
 - This is further compelling evidence of inequitable access, and higher financial burden for BH patients.



How will you *manage* change?
How will you *greet* change?
How will you *bring* change?



A few invitations...

Notice when the earth seems to move under your feet.

Identify what you are clinging on to.

Ask yourself, "Is it essential to hold on?"

Call some friends.

Share your story.

Move the rock (if indicated).





My Joy



All My Loves



Thank You!

