

# National Association for Behavioral Healthcare

Access. Care. Recovery.



Board of Trustees  
Tuesday, Oct. 6, 2020  
Minutes

## Roll Call

*Some NABH Board members and staff participated in person and some joined remotely.*

**Present:**      Members Participating in Person: Mark Covall, Frank Ghinassi, John Hollinsworth, Tom Kenny, Jameson Norton, Ben Rucks; Phil Spencer, Blair Stam, and Dwight Willingham.

Members Participating Remotely: Stuart Archer, Sam Bastien, John Boyd, JP Christen, Jennifer Ziccardi-Colson, Frank Fortunati, Gary Gilberti, Michele Gougeon, Pat Hammer, Board Chair; Jeff Hillis, Eric Kim, Eric Paul, Matt Peterson, Francis Sauvageau, Dominic Sirianni, Harsh Trivedi, Sean Walsh; Ken Weiner, David Wyman.

Staff Participating in Person: Shawn Coughlin, Kirsten Beronio, Maria Merlie, Emily Wilkins, Jessica Zigmond

Staff Participating Remotely: Julia Richardson, Sarah Wattenberg

### I.      **Introductions**

Shawn Coughlin began the meeting at 8:30 a.m. He asked those in the room and those joining remotely to introduce themselves briefly.

### II.     **Minutes Approval**

A motion was made and seconded to approve the Minutes for the Board of Trustees and Executive Committee calls in late 2019 and throughout 2020 that were posted to the association's Board-secure webpage.

### III.    **New Member Ratification**

Shawn announced that NABH has 11 new members to approve and then provided a brief description of each. These are posted on the Board-secure webpage. A motion was made and seconded to approve all 11 new members. There was no discussion.

### IV.    **Treasurer's Report**

Treasurer Michele Gougeon referred members to the 2019 audit, which she described as a "clean audit." Michelle also reported that NABH has a strong balance sheet of more than \$5 million.

Michele added that membership dues are up as membership growth seems to have exceeded expectations. In addition, the association's net assets have increased by 12%. Through August 2020, NABH's investments bounced back. Total income is \$404,000.

Michele thanked Shawn and his team and asked if there were any questions. There was no discussion.

**V. President and CEO's Update**

Shawn said it has been a difficult year, including canceling the Annual Meeting early before the pandemic. Shawn recognized the staff.

Telehealth expansion is something we have seen this year. Shawn thanked the members for their active participation.

2020 Annual Meeting: Shawn said NABH was able to minimize the impact of the cost implications with the Mandarin Oriental; we have also worked with our speakers to minimize costs related to stipends, etc. In one case, Nathan Gonzales, spoke here at the Fall Board Meeting.

2021 – 2023 Annual Meetings: For 2021, NABH had a cancelation fee of about \$186,000, but the Mandarin agreed to apply those fees for the 2021 Annual Meeting. This will be held from Wednesday through Friday, Oct. 6-8, 2021.

2022 and 2023: Congress has been out and we have had issues with the weather in March. So NABH decided to move its Annual Meeting to June 2022 (June 13-15) and June 12-14, 2023.

2020 Annual Survey: This year's survey has been expanded with new questions and also streamlined. It opened in late August and closes at the end of this month (Oct. 31).

Covid-19 Task Force: We created a Covid-19 task force; so we learned from these members and then shared the information with CMS and HHS. We also engaged with DEA and ONDCP on the OTP front. We have continued to highlight problems and needs of our members and also share with them what we learn about funding, new guidelines, etc.

Shawn asked if there were comments or questions. No one in person or remotely asked questions.

**VI. Fall 2020 NABH Committee Meeting Preview**

Shawn said all committee meetings this fall be held remotely and will happen in the course of the next four weeks.

Kirsten Beronio said the Quality Committee meeting is Oct. 22. The Inpatient Psych quality reporting program is important topic. NABH had intended to host Jeff Buck from CMS, but Jeff retired in May. Lauren Lowenstein will attend virtually to give an update on the 2020 quality reporting program results.

Kirsten said the committee will discuss an experience-of-care measure. The committee will talk with Lauren Lowenstein of CMS about this. Board member Frank Ghinassi, Ph.D., who chairs the committee, will give an update on his work with NQF.

Julia Richardson said the Behavioral Health Services within General Healthcare Systems (Unit) Committee is Oct. 15. One of the main topics will be how hospitals have shifted to virtual health, which the committee will discuss after hearing from a panel of three speakers.

The committee will also discuss how to support the emotional well-being of staff to support the behavioral healthcare workforce.

Sarah Wattenberg said the Addiction Treatment Committee will meet Oct. 16 and discuss an update on LegitScript. NABH worked with ASAM, CARF about advertising.

Kirsten Beronio reported the Youth Services Committee will meet on Oct. 21. Clearly Covid's impact on youth services will be a big focus. NABH has had a subgroup of Youth Services to talk about Covid. We have talked about education services and worked hard to point to the need for these services. Kirsten expects the committee will discuss telehealth regulations and coverage.

Shawn said the Managed Care Committee will meet on Oct. 13. Shawn said NABH learned recently Optum was going to close down telehealth coverage on Sept. 30. Optum made note of this on its website. There was a lot of pushback on this and Optum has since retracted that. Optum instead will coverage this through December.

*Wit v. UBH* case: Shawn reported that the judge in the case has not yet issued his remedies. He has indicated he will issue an injunction that Optum will be required to re-process all denied claims. He may also appoint an overseer to make sure Optum is overseeing its employees. This tracks with what NABH approved in his Board resolution in 2019.

In addition to the *Wit* case, Rhode Island did a market exam and found Optum applied clinically inappropriate criteria for behavioral health services. It was a strong finding. Meanwhile, Pennsylvania also conducted a market conduct exam.

Phil Spencer asked if there are any fact patterns since parity was passed 12 years ago. Shawn said that during recent developments such as the *Wit* case and Optum trying to shut down telehealth during Covid, the industry has seen managed care companies making record profits and also denying care.

Shawn said there is a renewed interest in the behavioral health community on enforcement. He mentioned the coalition of behavioral healthcare groups and the group's vision. We now have a unified vision for mental health and substance use.

Shawn also said we will develop a communications campaign around this joint goal

Shawn said the president issued an executive order to establish a new covid mental health working group within the federal government that is required to report back to the president in 45 days.

Mark Covall said for a long time the behavioral healthcare community has been fragmented, so Congress hears a lot of different things. If Congress hears a lot of different things, they will ignore it. Multiple groups have tried this and fallen apart or not stayed on message.

Mark said the issue that has always hurt us is not having the resources to support these programs and initiatives. Whatever resources we can bring to bear and ourselves and use that money effectively. Second, Mark said it's essential how we prioritize it. Regarding the president's executive order: mental health and addiction is prevalent in our every-day life. And today, it's much more bipartisan. Joe Biden has talked about it, and President Trump has supported it. There is much more public attention to it.

Harsh Trivedi said the discussions at AHA parallel what NABH is talking about. When you hear how many states our members are in, and how many lives we impact. One thing I'm directed to often is: what are our messages and share those.

Jessica Zigmond

Jeff Hillis: PR has to be an equally important component because we want our patients and families to hear this, too.

Jameson Norton said he wants to make sure that NABH prioritizes the health of our members' physicians. A parallel area is our veterans and the load they have carried.

Shawn said we have discussed with our Executive Committee that our theme for the next Annual Meeting—which had been the theme for 2020—will focus on providers. We will incorporate this idea (support for providers) with it.

Frank Ghinassi said at Rutgers there has been a move to roll out programming that is aimed at enhancing resiliency because we need this workforce. Frank suggested if there are best practices on resiliency to share with NABH

**VIII.** Communications Update: 10 a.m. – 10:05 a.m. (Jessica Zigmond)

**IX.** Education & Research Foundation Articles and Bylaws Approval: 10:05 a.m. – 10:20 a.m. (All)

- A. Update (Shawn Coughlin) Shawn said this has been dormant for years. There is a lot of good research and data that we can leverage. WE need to approve the articles of incorporation and bylaws. One example: terminology is dated and it didn't account for video meetings.

Jameson said he's excited to reinstate this now when so much research is coming out in the field at a time when it's greatly needed.

B. Vote (Board)

There was a motion and second to approve the Bylaws. No discussion. The Board unanimously approved this. No abstentions.

Education and Research Foundation articles: there was a move to approve and a second. Board members approved this unanimously. No abstentions.

Shawn said the team will go through the process of recommending a Board and director for this foundation. A motion was made and seconded to develop a Board for that. No discussion. Board members this motion unanimously. No abstentions.

**X.** NABH Champions PAC: 10:20 a.m. – 10:30 a.m. (Julia Richardson)

Julia said the PAC campaign began in March. We re-evaluated this decision. Without the funds coming in, it puts us in an undesirable position.

We have about \$55,000 in our PAC account. We worked with an outside company on education items, toolkits. Examples of this are in the room and on the website.

Julia said the PAC website is now fully available.

2021: NABH will implement its 2020 activities that were postponed due to Covid-19. We will use newly created resources for this plan.

Shawn directed everyone to the materials on the table. As NABH's lead lobbyist, Shawn committed to contributing \$1,000 to the PAC. He then said virtual events have been successful this year.

Shawn also added that there was a Member of Congress who was opposed to behavioral healthcare until she participated in a site visit. She contributed after that visit.

Mark said we're seeing virtual fundraisers. Do you think some Members of Congress would be willing to participate in a virtual fundraiser? Shawn said yes. Mark also contributed to \$1,000. Mark said he thinks everyone on the Board should contribute. Mark also said these contributions will be especially effective given today's environment.

Shawn said he thinks there is hesitancy for Board members to ask their teams. But authorizing us to solicit your employees, doesn't mean NABH will solicit for \$1,000. Anything helps: \$25 is a common contribution, he added.

Jeff Hillis asked if we can just click contribute. Julia said it is a compliance issue with the FEC. But anyone can contribute by using the user ID and password on the enrollment form: NABHPAC for the user ID and "Champions" for the password.

Julia said Congress is very adept at virtual meetings and fundraisers because visits are still not allowed. Anyone who wants to contribute today can submit their forms and a check or credit card number to Maria.

Eric Kim said one of the reasons Signature is a member of NABH is to learn about political strategies we may not understand. We think it's a really great tool to understand issues we may not have understood before.

**XI.** Break: 10:30 a.m. – 10:45 a.m. (All)

**XI.** New Business: 10 a.m. – Noon (All)

Shawn reminded the Board that NABH's Covid-19 task force is still active and asked members have suggestions for new policy initiatives.

Sam Bastien said it was helpful when CMS relaxed requirements on telehealth for partial hospital stays, which allowed Four Windows to run morning and afternoon groups. We find that people really like being able to do treatment from home. Sam said he hopes these telehealth services continue after the pandemic.

Shawn asked what services specifically should be for telehealth.

Frank Ghinassi said many populations have done well with this. It is heavily dependent on the individual having the technology: Internet access and phones. Also, he said, there are some clinical groups that don't do well with this, such geriatric patients with cognitive slippage and patients with autism. It is better than not having access to care, and "no show" rates have plummeted. My concern is when the discussion turns to "pay for this, don't pay for that."

Gary Gilberti said he agrees some areas are more successful than others. He said this creates an opportunity to create this for patients who don't have it. Making sure that insurance companies

pay this at the rate they are now and not reduce it. Then the providers should determine what patient populations and levels of service are most appropriate.

Matt Peterson said he had a long conversation with Optum recently about this topic. He said Optum's focus now is not really looking at it as a substitution modality. Right now they are focused on expanded reach—how many of their members are getting access. For us, we have to focus on outcomes. If the outcomes data is relatively the same, then we will be able to continue at the same level of reimbursement. If we get to a point where the data show the outcomes are not the same, it will be problematic. So: 1) expanded reach for insurers and 2) outcomes data will be key.

Sam Bastien had a conversation with its major carrier. This insurer has data that show people having access to care actually reduces care. Matt Peterson added that he has heard this, but we need the association to focus on this.

Shawn asked if they can share what types of data they are showing. Sam said they are getting satisfaction data from those who use the service; people using the service are using the Emergency Room less; and overall, the carrier's "spend" is less.

Mark said it's tricky to determine who conducts the research. We know that insurance companies have used a lot of their data to say they are following protocols that are not really the externally accepted protocols. He said NABH should be leery of trusting the insurers regarding the data. Mark added that academic institutions have done research on telehealth, so NABH should not let the insurers to be the final determinant on this.

Matt suggested that, as a start, we use CMS' data, versus specific plan data. Mark said that makes sense. Mark added that this is something the Education and Research Foundation might explore in the future.

Hersh said SP relies on NIH's promise measures

<https://www.healthmeasures.net/explore-measurement-systems/promis>

Frank Fortunati said Yale-New Haven is also using PROMIS measures.

## **MEMBER PROFILE: FOUR WINDS TELEMENTAL HEALTH**

Shawn said this would be a good topic for NABH's Quality committee to address.

Frank Ghinassi said the question always is (about outcomes): who is the audience? If you talk to patients, they want to get better and live a health life; if you talk to payors, they want lower utilization; legislators want to reduce the cost for healthcare.

Jeff Hillis said the association should be careful not to parse out what services should be—have services available and let providers determine.

Kirsten said on the physician fee schedule, CMS offered extensions, such as group therapy via telehealth in Medicare. But notably not agreeing to cover evaluation and management via audio. NABH will continue to advocate for these issues.

Fran Sauvegeau said from an SUD perspective: let's allow our physicians to offer methadone via telehealth. Second, dosing standards that have been implemented during the pandemic be

allowed to continue and not moved back. We feel like it makes staying in treatment more effective. This could be detrimental to patient progress if it's rolled back.

Shawn said the administration plans to extend the public health emergency (Covid), which would extend to January 2021, so we have this window to allow us to continue making this argument.

Shawn asked how members are doing on PPE. Sarah Wattenberg said CMS said funding won't end until the end of the year in which the pandemic ends—so that will extend until the end of 2021.

Shawn said CMS' price transparency rule: AHA had sued to block this proposal and lost that suit, so it is appealing.

Matt Peterson said we're seeing a multitude of ways people are trying to meet the rule, which will cause confusion. He said he thinks some members, depending on how they define it, will expose themselves more.

Shawn said continue to oppose this rule.

Shawn said a lot of attention has been paid to behavioral healthcare equity. Shawn highlighted NABH's vision and mission:

**NABH advocates for behavioral healthcare** and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment and care for children, adolescents, adults, and older adults with mental and substance use disorders.

**The NABH vision** is of a society that values and maximizes the potential of all its citizens by helping them to achieve overall health. To achieve healthy communities, behavioral health will be recognized, respected, and allocated resources with fairness and equity as part of overall health.

The only discussion was that the mission and vision says what it should and applies to all citizens.

John Hollinsworth and Jameson Norton thanked NABH and its work during Covid.

Dwight Willingham reiterated what Mark Covall said earlier that all Board members should contribute \$500 or \$1,000.

**The meeting adjourned at 11:30 a.m.**

**Next Meeting: TBD**