

National Association for Behavioral Healthcare

Access. Care. Recovery.



Executive Committee Call June 8, 2020 Minutes

Roll Call

Present: Members: Pat Hammer, Board Chair; Michele Gougeon, John Hollinsworth, Eric Kim, Matt Peterson, Jameson Norton, Chris Roussos, Mark Covall

Staff: Staff: Shawn Coughlin, Kirsten Beronio, Maria Merlie, Julia Richardson, Sarah Wattenberg, Jessica Zigmond

I. Minutes Approval

There was a motion and a second to approve the May 11 minutes; members approved the May minutes unanimously.

II. Annual Meeting Cancellation Update

Shawn said NABH had one large outstanding contract that has been resolved. The NABH team has settled all accounts for the Annual Meeting. We did not pay cancellation fees, and we have completed the process of reimbursing all members for registration.

All told, the NABH incurred \$36,611.01 for cancelling the 2020 Annual Meeting. Members commented that they were pleased with the results.

III. Guidance and Regulatory Update

NABH has submitted comments about the 2021 IPF-PPS rule. CMS did not make significant adjustments; however, the agency did propose to use new data under the wage index that resulted in some facilities losing resources. CMS offered a cap and then phase-in. Our comments are due June 9.

We also sent a letter on additional Conditions of Participation (CoP). We identified areas that were highly problematic. We also highlighted the need for expanded telehealth.

We remain focused on the status of additional funds for Covid relief. Of the \$175 billion, only \$77 billion has been distributed, so much of the federal funding has yet to be delivered.

IV. Legislative Update

Shawn reported that Members of Congress want to see how the funds that were allocated have been used and that Congress likely won't discuss another Covid package until after the July 4th break. NABH has discussed this issue with relevant congressional committees and staff and will continue that effort during the next month.

Shawn said there has been talk about liability protection for provider systems related to Covid-19. Shawn said we would likely be consistent with other hospital groups. The approach is: this is an unprecedented time; it has created unforeseen problems and costs; there is much concern about the potential liability that healthcare employers.

Other hospital groups have called for legislation that would remove liability for unintended consequences. Willful misconduct should be subject to liability. Chris Roussos said he

supports these efforts. NABH will develop a position and coordinate with the other associations.

V. Communications Update

Jessica Zigmond provided a social media update and reported that between February and April, NABH had:

- More than 64,000 impressions
- More than 1,000 engagements
- 125 new followers

NABH's content between this period greatly outperformed content from the previous three-month period in all areas: net metrics—those impressions and engagements noted above—and also our engagement rate and follower growth.

Because we used a mixed of prepared and ad-hoc content, we shared more than 10 times the number we shared in the previous three-month period. Specifically, impressions were 683% higher and engagements were more than 1200% higher.

While the significant increase in number of posts for both channels was a contributing factor, a 73% increase in the engagement rate and the 79% increase in follower growth indicate that users found the content more interesting and/or valuable. Consider that for February and only the first week of March we promoted the Annual Meeting; then we posted a lot about Covid.

Looking ahead, we will continue to leverage partner and member content; explore different types and formats for content—for example, graphics, polls, videos; research and leverage hashtags to expand our reach; and increase frequency of our content on LinkedIn.

VI. NABH Office Re-opening

Shawn reported that the building that houses NABH's office sustained some damage and is boarded up, although the NABH office was not affected directly. The riots and protests could lead to a surge in Covid cases. For these reasons, Shawn said the association is taking a "slow-go" approach on returning. Shawn added that while NABH is not a high-volume office, there are still no clear guidelines on policies on conference rooms and high-use areas, which is still evolving. Shawn said his biggest concern is commuting.

Shawn added that it's unlikely that Congress will be back until August or September and he doesn't see the sense in trying to rush back. Members did not object.

VII. Annual Survey

Shawn recommended that we distribute the Annual Survey on Sept. 1, unless the EC has objections. There were no objections.

VIII. Fall Board and Committee Meetings

The Board Meeting is scheduled for Oct. 6 and Maria Merlie has worked with the Hay-Adams hotel team regarding social distancing, room set up, and meals. NABH's maximum out-of-pocket costs to cancel would be around \$16K or \$17K.

Shawn recommended that we plan on the Fall Board meeting and not try a Zoom Board meeting for the in-person March meeting that was cancelled.

We have not scheduled our committee meetings yet, so we have flexibility there. But our committee level involvement is such that a Zoom meeting would distract from the progress that we normally make in those meetings. We will consider those meeting as we get closer to the fall.

Michelle Gougeon asked if we envision an alternative to do a Zoom level so we do a mix if not everyone attends the Fall Board meeting in person. Shawn said yes, the team is considering that option.

Mark Covall and others supported moving forward with an in-person meeting.

Shawn thanked everyone for making time for the call and asked if there are other issues to address.

Jameson asked if the NABH staff has received any feedback from CMS on telehealth support in Medicare. He added that his team is seeing double the number of fatal overdoses in middle Tennessee and we want CMS to keep an eye on the stress.

Shawn said there has been some generic comments related to Medicare coverage in telehealth, so CMS is considering this and asking for information. We have a process with our Covid task force to identify specific requests related to telehealth and identify behavioral health data that it works. NABH is developing a member survey for this.

Mark added that he is a scientific medical group on Optum Behavioral. He got a call from Martin Rosenzweig about a change in leadership after Martha Temple left. Rebecca Schechter is now the CEO of Optum Behavioral. Mark had a conversation with Martin and telehealth came up. Mark said Martin is not “all in” on telehealth and that Medicare will be the key that drives what providers do or don’t do. Right now everyone is all over the map. Mark said he thought he would have been much more bullish.

Jameson said United and Humana are perfectly aligned with Medicare. Some are aligned through July.

Matt Peterson said we need to take a look at the efficacy in telehealth in the broader continuum of care. Jameson added, for instance, that telehealth has helped Vanderbilt with readmissions and agreed that “the continuum is a great angle.”

Mark said he will connect with Shawn about talking with the Optum team to get in front of this. He added that Rhonda Robinson Beale, MD, formerly with United, has returned to Optum.

IX. Adjournment

The call was adjourned at 3:40 p.m. ET.