'Parity Plus' Urged for Mental Health Benefits

BY JOYCE FRIEDEN
Associate Editor, Practice Trends

Sometimes, being equal is just not enough—at least, that's what the Progressive Policy Institute says.

A new paper from the institute, a liberal Washington think tank, suggests that rather than aiming for simple dollar-for-dollar parity with physical health benefits, advocates for mental health care parity should insist that mental health providers be held accountable for delivering high-quality, cost-effective services.

Some people in the business community are intrigued by this idea, noted David Kendall, senior fellow for health policy at the institute. "Employers see themselves as leaders in the outcomes disclosure field, and their argument has been all along that parity shouldn't mean unlimited entitlement to [mental health] services," he said. "So if we can find ways to discipline the demand side with outcomes [data], that may help break the deadlock on parity."

One reason the Progressive Policy Institute (PPI) published the paper is that President Bush has "dropped the ball" on reforming the mental health system, even though he himself called for such reforms about four years ago, Mr. Kendall said. "PPI looks for opportunities where progressive leaders can pursue reform."

In the report, PPI notes that enhanced parity "would bring together a wave of cutting-edge reforms—some proposed, some already proven—that aim to promote effective treatments and tangible results, often reinforced by pay-for-performance or other incentives."

One example would be Assertive Community Treatment (ACT), in which mobile interdisciplinary teams give 24-hour assistance to hard-to-reach mentally ill patients. "When states fail to adopt such practices, the cost of preventable hospitalization soars," the report noted. What's worse, it continued, "Medicaid continues to waste money on ineffective programs such as dreary, hospital-style 'day treatment' that critics say are often just another version of the old state hospital wards, complete with cigarette breaks and televisions."

Parity legislation should also "require the disclosure of performance results, not just reimbursement for any service provided," the report said. "Without some form of accountability, mental health parity risks turning into a blank check for mediocre treatment-as-usual. Parity legislation should include a requirement to use at least some of the measurements that have been developed by the Substance Abuse and Mental Health Services Administration," such as its Mental Health Consumer-Oriented Report Card.

Rep. Patrick Kennedy (D-R.I.), chief sponsor of a parity bill in the House of Representatives, said that although accountable mental health care is a laudable goal, Parity Plus is not the way to go about achieving it. "If we are to ever rid the prejudice associated with this country's mental health policy, we cannot at the same time require some kind of higher standard of accountability for mental health care," he said at a PPI forum on Parity Plus. "Holding mental health to a higher standard in order to get the same coverage just perpetuates the stigma."

Nicholas Meyers, director of government relations at the American Psychiatric Association in Arlington, Va., agreed. "We appreciate the interest of PPI in the parity issue, but framing and conditioning approval of parity on a range of performance initiatives is both a very dubious political strategy and perpetuates the stigma," he said. "It's an assumption at the get-go that the only way mental health parity should be approved is if strict performance measures are imposed."

Furthermore, performance measures are still in the early stages of development, especially in the area of "pay-for-performance" programs, Mr. Meyers continued. For example, he said, "There are a whole host of technical issues: Who owns the information that's being reported? Who has access to it? What protections are provided for confidentiality? How and by whom are measures developed and validated?"

Despite this opposition, PPI's Mr. Kendall thinks that there is one other way a Parity Plus proposal helps to advance the mental health care debate: It puts some of the onus for improvement squarely on the managed care plans. "If you have accountability measures, that's another way to hold managed care plans accountable for delivering quality care," he said. "It's a tool slowly but surely consumer and provider groups are coming around to." ■