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**May 20, 2019**

**To: Members of the Speaker's Task Force on Suicide Prevention**

**From: Matthew Stanford, General Counsel  
Ann Zenk, Vice President Workforce and Clinical Practice**

**Re: Comments and Recommendations for the Speaker's Task Force on Suicide Prevention**

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Wisconsin's mental health system is facing serious challenges and finding solutions is a top Wisconsin Hospital Association (WHA) priority. WHA worked closely with the members of the Legislature over the past several sessions and has proactively advanced several reforms to help transform and modernize mental health service delivery in Wisconsin. Transforming Wisconsin's historically siloed mental health service delivery system into a coordinated, integrated system that treats an individual's mind and body together has been a key goal of WHA and its members, and WHA continues to advocate for policy change to help meet this goal.

#### **Address Clinical Workforce Shortage**

Wisconsin has an ongoing critical shortage of psychiatrists and other mental health professionals. Not only has that impacted access to outpatient clinical services, but the workforce shortage has also impacted the availability of inpatient services. While inpatient capacity is typically looked at in terms of number of beds, Wisconsin's critical shortage of psychiatrists and other mental health professionals has made it difficult for hospitals to fully staff those beds. Unless Wisconsin addresses this shortage of psychiatrists and other mental health professionals, Wisconsin faces a future of declining accessibility of mental health services caused by a lack of psychiatrists to meet the patient demand.

Currently, WHA is advocating for the following key public policy solutions to help address Wisconsin's psychiatrist shortage:

Continue to support psychiatrist graduate medical education. In 2011, WHA's report 100 New Physicians a Year: An Imperative for Wisconsin, identified the significant impact expanding graduate medical (GME) education opportunities has on creating new practicing physicians in Wisconsin. Recommendations in that report formed the basis for the creation of a state funded matching grant program to establish and sustain additional GME programs for primary care specialties, including psychiatry. First established in the 2013 state budget, that program is on track to support the annual graduation of nearly 30 new psychiatrists in Wisconsin by 2022.

Increase Medicaid reimbursement for psychiatrists to match Medicare rates. Wisconsin's Medicaid program has some of the lowest reimbursement rates in the country. In 2018, DHS changed their reimbursement policy for behavioral health professionals, significantly increasing Medicaid payment rates to Medicare levels. However, the policy change had little impact on psychiatrists because the policy change did not include key E/M codes used by psychiatrists. WHA has and continues to advocate for a targeted policy change to address this exclusion.

## Address payment and regulatory reform

Hospital and clinic providers have expressed frustrations with the lack of alignment of regulatory and reimbursement policy with care delivery practices being encouraged, particularly regarding care coordination and integration of mental health services with physical health services. WHA encourages the committee to work with WHA to explore new care delivery policy and payment reforms that can encourage greater patient access to modern mental health care delivery models.

Remove barriers to telemedicine. Advances in technology care creating new opportunities via telemedicine for patients to receive health care via telemedicine. Particularly for patients with mental health needs, telemedicine can help remove barriers to accessible care. However, despite demonstrated efficacy of telemedicine, outdated regulatory barriers impede use of telemedicine for behavioral health and other conditions. WHA's Telemedicine Task Force has developed bill language to address these barriers, and WHA looks forward to a bill circulating for introduction in the coming weeks.

Strengthen Wisconsin's acute mental health care infrastructure. Significant state investments have been made over the past decade to increase the availability of community-based mental health services designed to reduce psychiatric hospitalizations and emergency detentions. Despite these important investments in community-based services, the number of and acuity of psychiatric hospitalizations for those with acute mental health needs is growing, often creating a safety net service bottleneck for those in need of acute mental health services. Just as Wisconsin has worked to strengthen its preventative and community based mental health infrastructure, we encourage the Legislature to explore reimbursement and regulatory relief options to incentivize and strengthen Wisconsin's acute mental health hospitalization infrastructure.

## Address Barriers to Care Coordination

Overcoming a legacy of siloed mental health care delivery models continues to be a challenge in delivering better coordinated mental health care in Wisconsin. WHA thanks the Legislature for already taking key steps to improve mental health care coordination in Wisconsin.

HIPAA Harmonization - A significant priority for WHA and one result of the 2013 Speaker's Mental Health Task Force was the enactment of HIPAA Harmonization – 2013 Act 238 - which removed regulatory barriers to communication between mental health providers and non-mental health providers providing care to the same patient. This key public policy reform has been repeatedly cited by health care providers as a significant improvement in how care is provided to individuals with mental illness.

Mental health coordination and consultation pilots – WHA thanks the Legislature for its enactment of 2015 Act 153, which authorized funding for two Medicaid mental health payment pilots, including an alternative Medicaid payment model that would pay for consultation services provided by adult psychiatrists to primary care and certain specialty care providers to help them manage and treat adults with mental illness. WHA looks forward to the Department of Health Services implementing these long delayed pilot opportunities to identify future mental health care delivery models for Medicaid.

WHA looks forward to working with the Speaker's Task Force on Suicide Prevention to further identify root cause problems and solutions to those problems. Should you have any questions or would like further information, please feel free to contact Matthew Stanford, General Counsel, at 608-274-1820 or [mstanford@wha.org](mailto:mstanford@wha.org), or Ann Zenk, Vice President Workforce and Clinical Practice, at 608-274-1820 or [azenk@wha.org](mailto:azenk@wha.org).