

Medical Director for Maine DHHS – OAMHS

Talking points 2011

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LD 531 seeks to place a psychiatrist at the level of Director of the Office of Adult Mental Health Services (OAMHS). If this legislation is enacted, this would be accomplished in one of two ways:

- 1) A psychiatrist is appointed to be the Director of OAMHS
- 2) If a non-psychiatrist is appointed to be the Director of OAMHS, a psychiatrist Chief of Clinical Services responsible for all clinical and medical decisions for adult mental health services would be appointed by the commissioner.

Rationale

At least 39 states in the U.S. have psychiatrist-physician medical directors in their states departments of DHHS/Mental Health Services. Several more have psychiatrists in the commissioner position itself. Large medical/MH bureaucracies, such as DHHS, with full time medical directors are known to perform better than those without them.

A psychiatrist is uniquely qualified to navigate our complicated medical and mental healthcare systems, by virtue of their leadership role as a physician, their training in medicine as well as psychosocial and rehabilitative therapies, and their familiarity of the field of healthcare across all specialties and disciplines. A psychiatrist is able to liaise between the private, public health systems, organized medical associations and specialty societies more effectively than non-physicians. Linkages with the professional school of pharmacy, nursing, Mainecare, and with the medical directors of the contracting agencies, are all areas that are most efficiently managed and encouraged with strong medical leadership and planning.

Having a psychiatrist as Director or as Chief of Clinical Services is critical to the ongoing provision of patient and public safety, in addition to the efforts toward prevention and treatment of illness with a focus on recovery, promotion of wellness, and quality of life.

In an era of increasing prescription drug abuse, it is the medical director's role to ensure development of policies are sound to turn this around and Maine has the advantage of a number of private-public partnerships underway at the present.

Physicians doing direct patient care need to have a clearly identified gateway into the DHHS bureaucracy when they have concerns. What MAPP as a professional organization has most appreciated about having a psychiatrist at the Office of Adult Mental Health Services (OAMHS) has been having a stable point of access at DHHS where we can bring our concerns and our ideas.

In response to a June 2010 MAPP survey of gubernatorial candidates, Governor LePage indicated support for a psychiatrist in the role of a medical director within DHHS.

Roles and Responsibilities

The Chief of Clinical Services' role is to ensure quality care at all levels, from the organizational and policy level to the level of review of individual clinical cases that come to the attention of the DHHS commissioner or the Director of OAMHS. The Chief of Clinical Services will provide support and guidance to the Medical Directors of Riverview and Dorothea Dix hospitals. Those psychiatrists would continue their current roles. The Chief of Clinical Services would assume a lead role in coordination of care and uniformity of clinical and administrative policies within all mental health services within DHHS.

It is the consensus of MAPP leadership that the responsibilities of Chief of Clinical Services should not be added to the responsibilities of the Medical Directors of Riverview Psychiatric Institute or Dorothea Dix Hospital, because it would spread the many responsibilities too thin. It is MAPP's opinion that a full-time presence within OAMHS is necessary to ensure oversight and effectiveness of the many community services that come under the purview of the OAMHS.

A priority of the Chief of Clinical Services is to ensure that continuity of care is maintained, and that patients are not left behind in the organizational shifts that may occur with funding or policy changes within DHHS. The Chief of Clinical Services will oversee publicly funded mental health and substance abuse services in Maine, including outpatient services and residential services. S/he also consults, advising on behavioral health-care issues, with community mental health centers and local providers of substance abuse services.

In an era of increasing prescription drug abuse, it is the Chief of Clinical Service's role to ensure development of sound policies to deal with this problem. Maine has the advantage of a number of private-public partnerships underway at the present, and the Director/Chief of Clinical Services would consult with these programs.

Although the Chief of Clinical Services will reside within OAMHS, MAPP envisions a broader advisory role across DHHS on behavioral health issues. The Chief of Clinical Services would serve on work groups that seek to improve the integration of primary health care and behavioral health care. S/he would be involved in all clinical aspects of behavioral health issues including contract requirements, development and monitoring of rules and policies, professional education opportunities, and serving as a liaison with state agencies' leadership.

MAPP endorses the recommendations of the National Association of State Mental Health Program Directors (NASHMPD) of December, 2009, a copy of which is attached to our testimony.

- State MH Authorities should have a full time Medical Director
- The Medical Director should NOT be hospital-based

- The Medical Director should report directly to the Commissioner

As with all positions within the department, fundamental is the responsibility to continuously improve the efficient delivery of the highest quality healthcare to the most seriously and persistently mentally ill, and to increase access for the most vulnerable of Maine citizens.

Cost

MAPP's research in 2010 revealed that federal matching funds could be used to pay for 75% of the cost of a medical director if DHHS would apply for them.

The Chief of Clinical Services will have a responsibility to contain costs in the delivering of healthcare statewide, in overseeing the provision and/or contracting of medical and pharmacy services and on fiscal policies that affect care. Having a psychiatrist position will save DHHS and the taxpayers from paying for expensive outside contractors to achieve this level of oversight.

Reduction of costs will be obtaining via streamlining of existing programs, through review of evidence and elimination of programs that do not demonstrate clinical effectiveness or value.

Psychiatrists possess the medical, psychiatric and administrative expertise essential to achieve the coordination of information and thoughtful analysis needed to assist in the development of sound legislation and healthcare policy. MAPP anticipates that a psychiatrist focused on the development of clinically and fiscally sound programs will result in savings in excess of the cost for the position.

Accomplishments of previous psychiatric medical directors at DHHS

- Increased communication with MAPP, Maine Medical Association and other clinical professional organizations. Having a stable point of contact made a huge difference for MAPP's ability to interact and communicate with the DHHS bureaucracy. Brokered the process whereby MAPP and the professional organization for Emergency Room Physicians agreed on procedures for medical clearance of the mentally ill prior to hospital admission.
- Worked on advising and communicating with physicians and providers about new MaineCare medication rules.
- Started a quarterly meeting of agency medical directors with connections to the medical director at APS. The meetings have increased clinical input into administrative decision making at contracted agencies and improved accountability for services provided.

- Increased attention to critical incidents, analysis, reporting and policy recommendations, and presented these data to the professional medical community, which improved public safety
- Brought national and international recognition to DHHS for work on Safe Medications for Maine and unused medication disposal.
- Increased attention and awareness of patient abandonment by providers, which also reduced costs by preventing the consequent movement of services to Emergency Departments
- Provided input into APS decisions that were not adequately clinically informed, thus *improving patient care and saving money*.
- Worked with MaineCare/Program Integrity on difficult cases to reduce waste or duplication of care
- Provided policy input on Crisis reorganization, and other Adult MH programs, which will provide clinically informed MH services in the future.
- Provided direct involvement in critical incident review and review of patient and family complaints, leading to improved coordination of care and improved relationships between OAMHS, patients and providers.
- Research on clinical evidence to demonstrate effectiveness (or lack thereof) of clinical programs
- Research on psychotropic prescribing practices to demonstrate effectiveness, assess prescribing patterns, work with DUR, DEA
- Supported prescription drug return program development
- Supported MAPP's Consultation Project, which provides free psychiatric guidance on patient care to primary care physicians/providers in Maine.