Linda Rosenberg

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Margaret Flinter: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the health care of the future. This week, Mark and Margaret speak with Linda Rosenberg, CEO of the National Council for Behavioral Health, dedicated to unifying the voice of America's health care organizations who deliver mental health and addiction treatment services. They've just released a study in partnership with the Cohen Veterans Network that shows America's mental health crisis is a direct result of lack of access to mental health and addiction services.

Lori Robertson also checks in, the managing editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts.

We end with a bright idea that's improving health and well-being in everyday lives. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, or Twitter, iTunes, or wherever you listen to podcasts. You can also ask Alexa to play the program, Conversations on Health Care.

Now, stay tuned for our interview with Linda Rosenberg on Conversations on Health Care.

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Mark Masselli: We're speaking today with Linda Rosenberg, president and CEO of the National Council for Behavioral Health, seeking to unify the voice of America's health care organizations who deliver mental health and addiction treatment and services. Under her leadership, the National Council advanced the passage of the Mental Health Parity Act in 2008. Prior to joining the National Council, Ms. Rosenberg was senior deputy commissioner of the New York State Office of Mental Health. She earned her MSW from Adelphi University.

Linda, welcome to Conversations on Health Care.

Linda Rosenberg: Thank you. Thank you for having me.

Mark Masselli: I don't know if Americans know this factoid, but 20% to 25% of Americans have a diagnosable mental health condition in a given year, but a majority never seek or gain access to that treatment. Your organization in partnership with the Cohen Veterans Network just released a report that reveals a distinct connection between the lack of available behavioral health and addiction services, and the mental health crisis we're seeing in the country. There are just so few treatments. I'm wondering if you could share with our listeners more about the study and what it revealed to you.

Linda Rosenberg: It revealed some interesting things, some things we suspected. You have hunches. You want to make sure that there's data behind it. What this survey shows that 6 in every 10 Americans has looked for help for themselves or a loved one, which is a high number. What it revealed is that 76% of Americans believe that mental health is as important as any medical or physical health condition you could have. It also, I think interestingly enough, put to rest the myth that stigma is the biggest barrier to treatment. We had for a long time a belief that people didn't look for care because they were embarrassed and ashamed. In fact, the biggest barrier is people don't know where to go and they don't know how to pay for it.

Margaret Flinter: Well, Linda, we are very engaged in delivering health care integrated primary care and behavioral health care to about 100,000 people a year. Last year, we saw about 100,000 people and about 20% of them were seen in not just primary care, but also for behavioral health services. Those people who are seeking treatment are now skewing to a younger age, and certainly, as we've all been recognizing, a significant percentage of veterans are among those who are seeking help. Tell us about these changing demographics and about the daunting barriers that still exist to gaining access.

Linda Rosenberg: Interestingly enough, veterans were more likely to feel comfortable looking for help. I think that's a testament really to the job the VA, Cohen Veterans Network, and other veterans group have done really to de-stigmatize getting help for things like PTSD, depression, and anxiety. Younger people is also interesting. I think anyone that has teenagers or that spend some time looking at these issues on the Internet will see young people exchanging information very openly in ways we certainly didn't when I was at teen, talking about being diagnosed bipolar. A group of teens gave me a bipolar babe t-shirt a year or so ago. They were living with it and had learned to cope.

I think the other thing is people who are looking for treatment and who do get it are very satisfied. That was the other thing this survey showed is that treatment is effective. People can get help. We know that both from research studies, but we also now know it as a result of this survey.

Mark Masselli: Linda, the National Council helped realize the passage of the Mental Health Parity and Addiction Equity Act back in 2008. We were fortunate to have Congressman Patrick Kennedy joined us a few years later on the show, still lamenting the huge challenges in achieving true parity in the American health system.

Linda Rosenberg: We work closely with Patrick. He is an American hero --

Mark Masselli: Oh, there's no question about that.

Linda Rosenberg: -- in terms of the work he did and the work he does. I think what we're seeing is parity has had an effect mostly on hospitals, residential treatment beds, inpatient service. It's had less of an impact on community-based services, which of course for a chronic illness are part of the continuum. It's the way you avoid going into the hospital. Patrick and many groups are still working to make sure that insurance departments in states enforce parity and that state legislation support federal law. He hasn't stopped, and neither have the groups working with him.

Mark Masselli: Neither have you. You had some changes in that 10-year period. You'd have the Reauthorization Equity Act of 2016. You had the Affordable Care Act. How have those helped move the ball forward?

Linda Rosenberg: I think that the biggest success of the ACA, others may disagree with me, has really been the expansion of Medicaid. What that has resulted in is people with addictions getting treatment who could not get any care before at all. You didn't qualify for Medicaid or for Social Security Income because an addiction was your primary disorder. When states expanded Medicaid and it just became an income test, then people with addiction started to get the help they desperately need. During the time of an opioid epidemic, resulting in so many overdose deaths, this has been a major success. I'd say after once it's done in a state and the political posturing is over, there's been little fuss or muss, and people have gotten care who didn't have care before.

Margaret Flinter: Outside of some of our more formal systems, I would love for you to have a chance to talk about what I think one of your truly wonderful and ingenious grassroots efforts, launched by the National Council, and that's the Mental Health First Aid Initiative. This is a program that is aimed at providing everyday people with the training and the skill set necessary to recognize and to respond in an appropriate way to signs of mental health or addiction problems.

You've got a great tagline, Anyone, Anywhere Can Make a Difference. I understand over a million people have been trained through the program. Talk for our listeners about the genesis of this Mental Health First Aid, what the training is all about, what the results have achieved so far, and what are you thinking about for its future.

Linda Rosenberg: It's really opportunity meets being prepared to take advantage of opportunity. We heard about it on a phone call back in 2007. It was a program that started in Australia, now in 24 countries. I just love the idea of Mental Health First Aid. I'm somebody who's been trained in CPR and I thought why not. I'm much more likely to see someone in emotional distress than someone having a coronary event. Yet few people feel comfortable dealing with mental illnesses everything from addictions to anxiety, and to people thinking of taking their own lives

of suicide.

I took a course and we had staff take a course, and we all said, hey, this is really outstanding. We had the people from Australia come over and we began to roll it out. I think what's really special about it is it teaches you to have these uncomfortable conversations to listen non-judgmentally, but also because it's taught by local instructors, and there are about 14,000 instructors in the U.S., because it's taught by local people, they know the resources in their community, and they're able to let people know where you can go to get some help, whether it's am 1-800 hotline, or it's a mental health clinic, or it's a primary care doc who does collaborative care, which means he has access right in his office to behavioral health specialists. That is very exciting. It's well researched. This has a strong research base.

Most recently, a piece of research came out here out of Colorado and the university there that shows that people retain the gains they make even six months later, and continue to use the skills that they were taught. We do have other plans. We're looking towards putting part of it online, so people can both do part of the work in their comfort of their own homes, but part of it will continue to be live with a group because so much rich exchange goes on when people interact together and share their own stories.

We're looking at a teen version and we're excited that about 1.4 million people have taken the course. It's been a major success. We're very lucky at the National Council that our board has invested heavily in this and believes it's their obligation to make sure we have an educated public. I think that's part of the demand we're seeing. Now of course, we have to make it as easy for them to get help. That's the big hurdle now.

Mark Masselli: We're speaking today with Linda Rosenberg, president and CEO of the National Council for Behavioral Health.

Linda, I was thinking as you were talking about the collaborative care of the doc with the resource in his office that the National Council has long advocated for embedding behavioral health services in primary care settings. We had Tom McLellan, the CEO of Treatment Research Institute, who talked to us about the vital approach to managing chronic nature of substance use disorder over the long-term includes integrating it into primary care. I wonder if you could just talk about your research and advocacy in this area about embedding behavioral health and primary care.

Linda Rosenberg: It is difficult. It's a major change. Mental illness was always the purview of the state, state hospitals where far away, in rural areas, very often, it was not seen as part of general health care. When the National Council got involved in this and began to think that this isn't

right and many people aren't getting care, and when they're getting care in primary care isn't as good as it could be because the practitioners aren't trained and they have many other things they were attending to. I think we're seeing it slowly happen.

The unfortunate thing is people use the word, integration, like they use the word, recovery, to mean many things. In some cases, what it's meant is the state has taken mental health money and merged it with general health care money, and given it to a managed care company that's now responsible for so called integrated care.

The problem is it doesn't really integrate care on the ground and the kind of collaborative care is slow. First of all, you've got to have a team approach. You have to have psychiatric consultation available. You have to know how to bill for it. Medicare now has a code for collaborative care, but all of insurance has not caught up yet. This is going to be a journey, but we can't take our foot off the gas pedal.

Margaret Flinter: Well, Linda, Mark just referenced our interview with Dr. Tom McLellan. He had brought up another astonishing statistic that very few health professionals have had any kind of formal training in addiction medicine in particular. Our research and education arm, which is our Weitzman Institute, often gets requests to help train staff in primary care organizations to be better prepared to address substance use disorders specifically and of course opioid use disorders in teen-based primary care settings.

What's the council's take on this or recommendation? I know we've seen some progress about additional training for physicians, nurse practitioners, behavioral health people around opioid use disorder. What are you recommending needs to be done around the shift in general in education and training models for health professionals?

Linda Rosenberg: Yeah. We, for number of years, have actually been doing training in primary care around SBIRT, the screening and brief intervention and treatment, which is evidence based, trying to help primary care practices do that screening and do those brief interventions. Tom is, of course, a brilliant guy and totally right. We're getting some attention to this in medical schools and certainly psychiatric residency programs. The biggest number of professionals that work in mental health and substance use organizations are social workers and very little attention has been given to what can we do with social work curriculum, so that it does include the treatment of addictive disorders.

Alcohol is still the number one killer. We shouldn't forget that. We had been involved a number of years ago in curriculum change in schools of social work around integrated care. I think now it's time to turn our attention really to addictive disorders. We need to be a

learning field, right?

Margaret Flinter: Right, absolutely.

Linda Rosenberg: We need to always be seeing what's the research telling us, how do we train people, and then how do we change the practices, whether it's in primary care or even specialty care, what has to change in the workflows to be able to incorporate these kinds of screenings, and then where do they send people who need specialty care. Do we have enough resources? This is an evolution that we're all part of.

Mark Masselli: Linda, you've talked about your goals. That in an ideal world would be a mental health clinic in every neighborhood. You've just sort of waxed eloquently about the change processes that need to go on and practices the education that we need. Then we need to send people who have problems maybe to specialists. I was thinking about the conversations that we've had with Peter Yellowlees, who was the president of the American Telemedicine Association, talking about his early work in Australia, using telemedicine to address the gaps in behavioral health services across low resources areas.

You talked earlier about telepsychiatry. I'm wondering what you see this emerging tech-based intervention doing in terms of transforming access across the country. These aren't necessarily always rural or frontier places. Sometimes in our inner cities, people do not have access to the specialty care they need. Where does tele-behavioral health enter into your larger model that ultimately will end up with these mental health clinics as in many neighborhoods or a portal in every neighborhood?

Linda Rosenberg: Yes, yes, totally, agreed. I don't even think it's that people don't have access. I think we're raising generations now that want things on demand, right? I'm waiting for an Amazon package as we talk. I just ordered yesterday.

Mark Masselli: Is it coming by drone or is it just coming?

Linda Rosenberg: Maybe. I don't really care as long as it gets here, right? I'm into being on demand and I like doing things from the comfort of my home. I think even for the most serious disorders, I was just on a call with Emory University, and they're looking at connecting people who were in the emergency room to community-based care. We got into a major discussion about texting people and emailing them, and chatting over Skype, all of the things that that state cannot do based on regulations, but all things that eventually we will do.

Innovation always comes before regulatory change. I think there will be a mix. We call it, at the National Council, High Tech and High Touch. For the last 10 years at our big annual conference, we've had a technology track. I must talk to two or three people who are backed

by investor money, who have different kinds of technologies that they're introducing. I don't know if any are profitable yet, because again, who's going to pay for it and how it's going to be paid for.

Michael Phelps is all over TV, advertising Talkspace, where you can get evidence-based treatment via a Skype like device. I do think those things are going to be integrated in all of health care and specifically in mental health and addictions care.

Margaret Flinter: Well, that is wonderful. I do want to give a shout-out to Veterans Affairs who I understand have completed more than 2.5 million telehealth visits for mental health and particularly focused on PTSD, so really been great leaders in that area.

We have been speaking today with Linda Rosenberg, the president and CEO of the National Council for Behavioral Health. You can learn more about their important work by going to the nationalcouncil.org or follow them on Twitter @NationalCouncil.

Linda, thank you so much for joining us today.

Linda Rosenberg: Oh, thank you.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics.

Lori, what have you got for us this week?

Lori Robertson: In an [inaudible 00:19:39] for USA TODAY, President Donald Trump made several false and misleading claims about the Medicare for All Act, which was introduced by Senator Bernie Sanders in September 2017. The President claimed that the Medicare for All Act would "cost an astonishing $32.6 trillion during its first 10 years". That's an estimate of the cost to the federal government that ignores the offsetting savings in health care costs for individuals, employers and state governments.

Under the plan, health care spending would shift entirely to the federal government, while people, employers, and state governments would pay less for health care.

Also, Trump wrote that the Medicare for All Act would "take away benefits from seniors". The plan calls for adding new benefits to Medicare coverage, including dental, vision, and hearing aids, and eliminating deductibles. The President offers his opinion that it wouldn't work out that way, but the bill as written would provide

more benefits, not take them away.

Trump also overstates the consensus when he said Democrats across the country have been uniting around the Medicare for All Act. It's true that 16 Democrats in the Senate have cosponsored Sanders' Medicare for All Bill, but it's not clear that Democrats are uniting around that one proposal. Sanders' bill is one of a handful of proposals in Congress that would expand insurance coverage in various ways by increasing access to Medicare or Medicaid.

That's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. When it comes to walking the walk, Chester County, Pennsylvania is on it. To celebrate National Public Health Week, county health officials decided to issue a challenge to members of their community to log a collective billion steps last year.

Jeanne Casner: Started with a National Association of County Officials Conference in which they were announcing a national competition to improve health outcomes in cities and counties. We applied for that while we were also trying to introduce more physical activity into our health department Initiatives.

Margaret Flinter: Jeanne Casner, director of the Chester County Health Department, says they launched the program, WalkWorks ChesCo!, creating a website for county residents to log their daily steps, to join walking groups, issue challenges, and get entire families and neighborhoods involved with the simple goal.

Jeanne Casner: Really a model for getting individuals up and walking that takes multiple approaches and hopefully starts to inspire that next generation to be walking with something simple.

Margaret Flinter: Community, schools, companies, all engaged in walking challenges and it led to far more people participating throughout the county.

Jeanne Casner: We actually have a website where people can go and check how many steps and how many walkers, and look at competitions. That's really

what starts to spur it, and then having a couple trusted organizations participate in a walk.

Margaret Flinter: In just six months, some 3,000 participants were able to log over a billion steps, having reached their goal far more easily than they originally thought. Casner says they actually had to increase their goals to keep people walking.

Jeanne Casner: Last year, we accumulated about 1.7 billion. Our goal was 1 billion. We exceeded that. This year's goal is to walk a cumulative of 5 billion steps. Fitbits and other wearables helps individuals because not only is it cool to have something tracking without you not even having to put any effort to it, but it also starts to create some of that mechanism where we can collect all the data and actually increase social interaction.

Margaret Flinter: A communitywide effort, leveraging the power of public and government entities to engage the community in a collective health and wellness program, creating a user-friendly website for participants to engage with one another, yielding an increase in healthy exercise across the population, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: I'm Margaret Flinter.

Mark Masselli: Peace and health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please email us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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