

Public Comments for the August 4, 2016, Maryland Insurance Administration public hearing on Network Adequacy.

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The Maryland Psychiatric Society thanks the Legislature for your focus on the problem of having enough healthcare providers to meet the needs of Maryland citizens and the Maryland Insurance Commissioner and Administration for holding these public hearings to address. As many from the public are unable to attend in person, we encourage you to record these sessions and post them on your website so that everyone in the state can join in.

While these comments address mostly mental health care, these ideas can easily translate to the rest of healthcare. We are all health care consumers, and at times we are all patients. I use the term "patient" herein to refer to all consumers of healthcare services.

The problems that are being addressed in these hearings have been long-standing and unmoveable. In 2007, the Maryland Psychological Association found that 44% of directory listings for mental health providers were unreachable. In 2014, the Mental Health Association of Maryland found that 57% of psychiatrist provider directory listings were unreachable. And 6 out of 7 attempts to get an appointment within a reasonable time period failed.

These are problems of accuracy, availability, adequacy, and accessibility. We think that the one thing that is missing here is transparency. **INFORMATION. We lack a full information feedback loop**, where information flows in a circle. Well-functioning marketplaces require transparency, require that all participants have access to the information they need to make decisions.

This feedback loop contains four sources of information:

- **purchasers** (employers and individuals who make decisions about what health insurance products to buy);
- **payers** (insurance companies and third party administrators who make decisions about the network of providers, the claims, and the premiums and payments);
- **providers** (who make decisions about whether to participate in a network and which ones); and
- **patients** (who make decisions about their healthcare needs, which providers to seek care from, and which insurance plan to buy).

There is ONE SOURCE who knows the most about network adequacy.

ONE SOURCE of the key information necessary to know if there are an adequate supply of available healthcare providers.

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ONE SOURCE source of information who knows the most about how long it takes to get an appointment.

ONE SOURCE of information who knows the most about how hard it is to find the few providers in the payer's directory who are actually taking new patients.

ONE SOURCE who knows the most about if healthcare outcomes are worse because of inadequate networks.

That source is the patient.

But no one is routinely collecting this information from these patients. The answer to this gap in information is to ask patients. Ask them at the point where they are seeking healthcare. That point is most often the provider directory. However, today's directories are payer-centered directories, not patient-centered directories.

If every directory has the option -- next to each provider listing -- for a patient to click on the button that asks "Do you think this listing is inaccurate?", then we now have crowdsourced information on accuracy.

If every directory has the option for a patient to click on the button that asks "If you unsuccessfully attempted to make an appointment with this provider, please choose the reason that you could not," then we now have crowdsourced information on accessibility and adequacy.

If every directory has the option for a patient to click on the button that asks "If you made an appointment with this provider, how long is it between the date you booked the appointment and the appointment date?", then we now have crowdsourced information on availability and wait time.

And, if every directory has -- next to each provider listing -- a figure that reflects the relative number of new outpatient visit claims that the provider has submitted to the payer over the most recently available 12 month period, then we now have a patient-centered directory that tells the patient how to focus their search for a new provider.

Those provider listings who have zero new outpatient claims can be skipped. Don't even bother calling them. The inpatient-only providers would be skipped, because their claims are for inpatients. The providers who continue to see current patients but no longer accept NEW patients with this insurance would be skipped, because they are not submitting claims for new visit codes.

This is what a patient-centered provider directory looks like.

Forget about what targets to set, what thresholds to regulate, what ratios to require. Instead, just require that all online provider directories have these patient-centered features. And require that

regularly updated summaries be publicly posted in a standard format, with the resulting information about accuracy, availability, accessibility, adequacy, wait time, and claims activity.

This information will complete the information feedback loop, allowing the healthcare marketplace to function more efficiently. The participants in this market will adapt to the availability of this information. Plans with low accuracy will improve, or face consequences when employers shop for new insurance plans. Providers with no claims who want to continue to participate will see more new patients so they are not at the bottom of the list. Patients will spend less time on the phone and more time being empowered with information at their fingertips.

There will be plenty of reasons for stakeholders to poke holes in this plan, including claims of "proprietary information," technological infeasibility, and concerns about patient-generated data being inaccurate. We've had our chance. Let's give patients a chance to solve these problems.

While these problems may *appear* to be unsolvable, they are not. In the six years since the Maryland General Assembly's Joint Committee on Access to Mental Health Services released its interim report in 2010, cars have learned to drive all by themselves. Certainly, we can solve these problems of long waiting times for patients to get appointments, inaccurate provider directories, adequate insurance networks of providers, and access to care for patients.

To the MIA: Please develop recommendations for patient-centered provider directories that empower patients to find care while collectively giving them the power to fill the information gap needed to improve the healthcare marketplace.

Thank you.

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Additional Background Information

We've heard about the "secret shopper" study performed by the Mental Health Association of Maryland (MHAMD). This study, entitled "Access to Psychiatrists in 2014 Qualified Health Plans" (available at <https://www.mhamd.org/wp-content/uploads/2014/01/2014-QHP-Psychiatric-Network-Adequacy-Report.pdf>) was performed in 2014 and surveyed the psychiatric networks of the Qualified Health Plans sold through Maryland Health Connection, Maryland's healthcare exchange marketplace.

In this study, attempts were made to contact the 1154 psychiatrists listed in across the entire exchange. According to this 2014 study, "*Researchers spent six months calling multiple numbers for the listed providers to find that 57% of the 1154 psychiatrists were unreachable --*

many because of nonworking numbers or because the doctor no longer practiced at the listed location." What they found was that only 14% of the psychiatrists were available to see new patients within six weeks.

We find these results to be unacceptable. We have heard from our members that many of them who once accepted a particular insurance, but no longer do, are receiving phone calls months and even years later from frustrated patients seeking an appointment. Contacting the insurance company to have their name removed is often a frustrating experience that results in no action. While chair of the Department of Psychiatry at one of the University of Maryland hospitals, I had personally tried to get a deceased colleague off the lists of several insurance companies. It took SEVEN YEARS for the last insurer to remove him from their directory, and this occurred only because I complained about it in a hearing, and an insurance company lobbyist offered to intervene.

We have also heard from MPS members who were new to the area and were frustrated in their attempts to become a network provider, a process that can take a year or more, though they often are told that they have "enough" psychiatrists in their area and are not accepting new providers.

Seven years prior to the 2014 MHAMD secret shopper survey, the Maryland Psychological Association (MPA) performed a similar secret shopper survey. In 2007, the MPA conducted a study and published their findings in a white paper entitled, "Access to Care in the State of Maryland." This white paper was submitted to the Maryland General Assembly's Joint Committee on Access to Mental Health Services, co-chaired by Senator Delores Kelley and Delegate Joanne Benson. This white paper is attached to this emailed document.

In the Joint Committee's 2010 Interim Report to the Maryland Legislature, the co-chairs summarize the study's findings:

"44% of mental health providers on managed care panels were listed inaccurately and the information on accessing panel members was also inaccurate and the more highly credentialed the mental health provider is, and the more rural the setting, the longer the wait time is to access the provider. The panel noted that this is particularly true on the Eastern Shore and in Western Maryland."

The 2010 interim report also describes a 2009 MPA study of its members about their experience participating in insurance networks. The co-chairs wrote:

"MPA's findings include a noticeable decline in psychologist participation on provider panels of commercial insurance plans in the State. The survey showed that psychologists are declining to participate for many reasons, such as:

- *(1) declining reimbursement rates;*
- *(2) increasing number of closed provider panels*
- *(3) long delays in organization credentialing of providers*

- (4) time and cost of administrative burdens; and
- (5) an extremely high rate of inaccurate information provided to providers from insurance companies related to reimbursement and plan service coverage.

The panel testified to the serious barriers and uncertainty these issues create for in-network patients and providers trying to determine cost and coverage for necessary mental health services."

From the 2007 MPA white paper:

II. Maryland Behavioral Health Access to Care Survey Results

MPA developed a survey of licensed mental health professionals listed as network providers for managed care organizations (and their managed behavioral health programs) in Maryland. The following are the highlights of the survey:

- Of the responding professionals, the average wait time for a daytime appointment with a psychiatrist was 25 days
- Of the responding professionals, the average wait time for a daytime appointment with a psychologist was 12 days
- Of the responding professionals, the average wait time for a daytime appointment with a mental health clinician (other than psychiatrist or psychologist) was 8 days
- There are significant differences in rural and urban access issues
- Of the responding professionals, the average wait time for a daytime appointment with a rural provider was 19.6 days
- Of the responding professionals, the average wait time for a daytime appointment with an urban provider was 9.4 days
- Shortest wait time for a daytime appointment by managed care plan was 3.1 days for Kaiser
- Longest wait time for a daytime appointment by managed care plan was 38 days for Blue Cross II
- From the responses provided, the wait time for an appointment with a lower reimbursing plan is three times longer than that for the higher reimbursing plans

About the Maryland Psychiatric Society:

Our Mission: The Maryland Psychiatric Society will further the science and progress of psychiatry. It will preserve high professional and ethical standards and protect the therapeutic alliance between the patient and his/her psychiatrist and treating facility. It will support choice of and access to the best, most effective care for patients, and aid psychiatrists in achieving the highest degree of professional satisfaction.

Resources:

- The MPS has a Find-a-Psychiatrist service at mdpsych.org
- The American Psychiatric Association has a Find-a-Psychiatrist service at finder.psychiatry.org
- A list of psychiatrists who have available appointments within two weeks is maintained by an MPS member at marylandpsychiatrists.net (not affiliated with MPS or APA)