

TAKING ISSUE

A Level Playing Field for Health Care Reform

Health care reform is at the forefront in most state legislatures, with national implementation expected over the next several years. The passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 established parity under most insurance plans. Timothy's Law, which established parity in 2007 for most individuals with employer-based insurance in New York State, is the focus of this month's Economic Grand Rounds column.

The column's authors conducted interviews with insured employees in New York to determine whether they were aware of their extended parity benefits. Their findings illustrate the urgent need to rethink the way in which we inform and educate patients and families who have public or private insurance. Health plans must improve their communications so that insured individuals will understand their benefits and have access to the care that is available to them. New York's experience sheds light on the possible inadequacy of current practices and on the woeful lack of attention to patients and families struggling to access services. These shortcomings may have an impact on state and federal health care reform efforts.

Governors who seek federal waivers to increase health care affordability and accessibility should ensure that patients and families are informed and educated about services. The ability of patients and families to effectively navigate the health care system and obtain desired services will be an indicator that mental health and addiction services are at parity with general medical services and that patients and families understand the nature and extent of their benefits.

States should go beyond cursory measures and develop initiatives that include assertive outreach programs carried out with attention to cultural competence and literacy. Policy makers, state and federal government agencies, advocates, insurers, and providers of direct patient care will likely need resources to ensure that these outreach activities reach patients and families who have basic needs for access and information.

To go further, integrated care is moving quickly at both state and national levels as a foundation for implementing behavioral health care reform. The construction of integration includes person-centered care as a vehicle for blended access to services and supports. It is anticipated that providers will themselves integrate and form a web of disciplines to provide better organized care. These providers should have competencies to partner with involved and *informed* patients and families.

Effective information sharing should be the hallmark of today's health care reform, ensuring that reform begins on a level playing field. Research and evaluation are needed in this area to identify and encourage exemplary practices. Improvements in benefits knowledge and navigation tools that promote access to care, well-being, and recovery should be considered a pillar of reform and services delivery. This is common sense and a basic right, at the very least.—LAURA VAN TOSH, *Addictions and Mental Health Division, Oregon Health Authority*

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