

Sunday Call-In Series

National Education Alliance for
Borderline Personality Disorder

August 4, 2013

Patrick J. Kennedy

JFK Special Message To Congress 2/5/63

Mental illness and mental retardation are among our most critical health problems. They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources, and constitute more financial drain upon both the public treasury and the personal finances of the individual families than any other single condition.

We as a Nation have long neglected the mentally ill and the mentally retarded. This neglect must end, if our nation is to live up to its own standards of compassion and dignity and achieve the maximum use of its manpower.



Major Issues for 2013

Serious Mental Illness –
untreated psychosis

Suicide in the military/
veterans

Comorbidity and reduced
longevity

Mental Health
Parity and
Addiction Equity
Act

Patient Protection
and Affordable
Care Act

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Early Release / Vol. 62

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Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with
Mental Illness — United States, 2009–2011

“AN OUNCE OF
PREVENTION IS
WORTH A POUND
OF CURE”

Ben Franklin

Mental Health Parity

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires group insurers to ensure that the “financial requirements” and “treatment limitations” that are applicable to mental health and substance use benefits are no more restrictive than the predominant financial requirements and treatment limitations for medical and surgical benefits covered by the plan.

Parity for co-payments, visit limits, etc.

- Key Concepts
- Benefit Classification (Six Coverage Categories)
 - IP In Network; IP Out of Network
 - OP In Network; OP Out of Network
 - Emergency
 - Rx
- If MH/SUD benefits are covered within any of these categories they must be covered in all categories that general medical benefits are covered
- Comparisons between MH/SUD and general medical benefits are made within category
- Substantially All
 - A plan is said to use co-payments if 66% of dollars within a category involve co-payments
- Predominant
 - The predominant co-payment would be that accounting for 50% or more of the dollars within a category where co-payments met the substantially all test

Non-Quantitative Treatment Limits (NQTLs)

- Research and experience suggest that application of managed care tools in context of selection incentives are likely to distort **MH/SUD** services
- Regulations define the term “Non-quantitative treatment limits (NQTL)”
- Sets out principles for the characteristics of application of NQTLs that are (in)consistent with **MHPAEA**
- These principles are meant to recognize the frequent necessity to manage specific diseases and service circumstances differently
- Requirement that health plans use the same processes, evidentiary standards, and strategies to establish NQTLs
 - Requires comparable processes not the same results

The Solution and Core Message

- A strong national recovery movement organized at the local, state and federal levels
- Putting a face and voice on recovery to break down misperceptions that will change attitudes (stigma)
- Advocating to change policies (discrimination)

Question

What if there was as much public support for Recovery Community Centers, as there is for Senior Centers?



Peer Recovery Support Services



Peers helping Peers

- Recovery coaching
- Obtain employment and housing
- Get GEDs and other education
- Learn life skills
- Access community resources and social supports
- Navigate systems

The Challenge

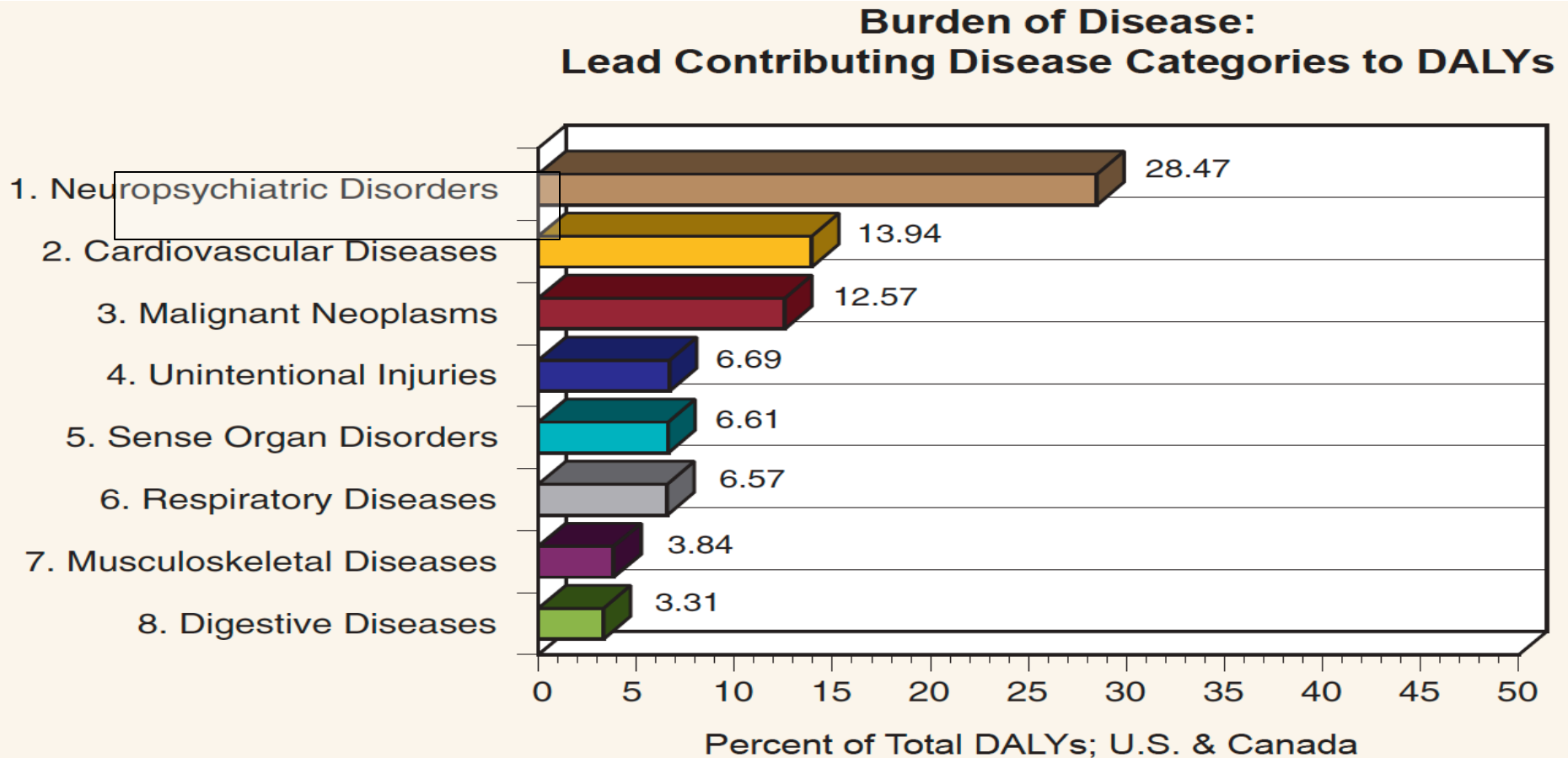
Our main business is not to see what
lies dimly at a distance,
but to do what lies clearly at hand.

Thomas Carlyle

My Call to Action

- As consumers, clinicians and policy makers we must recommit to doing what works
 - Benefit designs, payment systems, training and accountability must all be structured to support and reward patient-centered care that has been shown to work
- Community-based care requires more than just medical care
 - Income supports, supported housing, supported employment, food security and transportation are all elements that are necessary to yield successful community living
- Continued and increased funding for neuroscience research
 - For both prevention and early intervention of mental illness

The Burden of Brain Disorders has been Underestimated: Disability Adjusted Life Years, U.S. and Canada

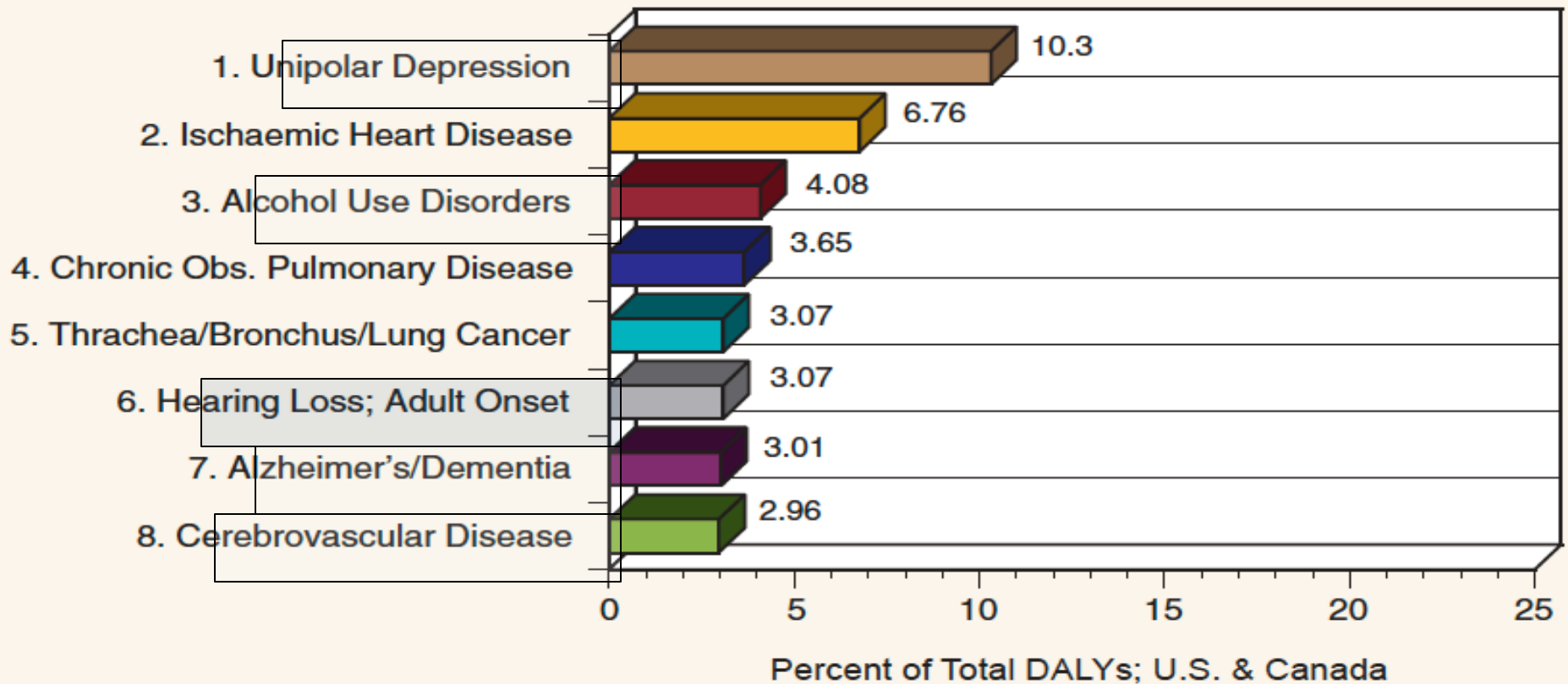


Source: WHO

Leading Causes of DALYs by Disorder

U.S. and Canada

Burden of Disease: Leading Individual Disease/Disorder Contributors



Source: WHO

Challenges for Treatment Development

- Few validated molecular targets
- Animal models not predictive of efficacy
- Inaccessible brain; Few biomarkers
- Clinical trials:
 - For pain and neuropsychiatric disorders, waxing and waning symptoms combined with subjective endpoints
 - For neurodegeneration, long trials likely needed

The
**One Mind
Campaign
Mission**

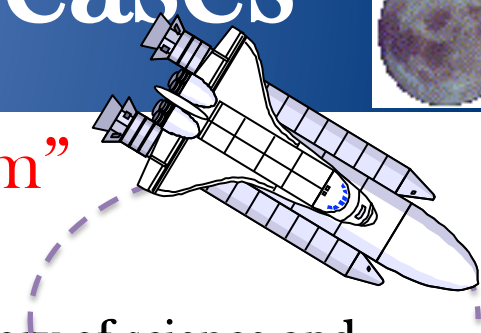


Eliminate stigma, transform policy & allocate resources that enable and accelerate basic research, translational science, and care delivery by creating multi-disciplinary teams that transform both our understanding and treatment of brain diseases within 10 years

New Frontier: Brain Diseases



“Houston, We Have a Problem”



The human brain is the most complex object of study in the history of science and one of the most inaccessible

Declining federal and industrial support is leading to **diminished pipelines**

Expertise is scattered, approach to research is **fragmented**, and resulting datasets are **siloed**

Incentives for research and collaboration are **lacking** and/or misaligned

No compelling, cohesive patient advocacy effort to generate support (many narrower fragmented efforts)

Great stigma associated with mental illnesses;
may not even be recognized as “real” diseases

A Discovery Science Superhighway

- 10-year national research roadmap drafted by NIH, academia, nationwide team of scientists and researchers
- 150 Large-Scale Collaborative Research Projects to further collective understanding of brain functioning and disorders
- New collaborations and opportunities in genetics, proteomics, connectomics, transgenics, sequencing, optogenetics and imaging



The TBI-PTS Knowledge Integration Network:

Numerous alliance partners have committed to accelerating knowledge and cures including governmental agencies, organizations and industry



- Funding and human resources
- Data sets
- Informatics and IT
- Patient and HCP Advocacy support

Platform
Capability
Partners



Disease
Expert,
Data,
Analytics,
and
Engagement
Partners



Questions?

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 @paritycoalition

The
One Mind
Campaign



Thank You.
Your Support in Every Form is Welcome!
Please visit: www.1mind4research.org

For more information,
please visit:

www.patrickjkennedy.net

www.thekennedyforum.org