



The VPA Direct Practice Commission

The Direct Practice Commission (DPC) was created by the Vermont Psychological Association and approved by the State of Vermont as a bargaining group in September 2013. The DPC represents large groups of frontline and independent “direct practitioners” of mental health and substance abuse services in Vermont. These include licensed psychologists, social workers, clinical mental health counselors, and alcohol and drug counselors. The DPC was created under Rule 6 of the Vermont legislature, which established the framework for all providers to have a collaborative role with the Vermont Health Care Authority.

As healthcare reform continues to unfold, independent solo practitioners and group practices are encouraged to contract or partner with larger systems of care, such as Accountable Care Organizations. These systems encourage integrated and coordinated modes of delivering whole-person health care services by adhering to certain standards of care and evidence-based practices, with the goal of reducing costs, improving access to and quality of care, and improving outcomes.

To provide a unified picture of the current state of all Vermont mental health providers, the DPC, as a provider bargaining group, can articulate current best practices in mental health and substance abuse. The DPC can inform the Health Care Authority while respecting the needs of Vermont citizens for a coordinated/unified, cost efficient delivery system. In the current age of economic pressure on all healthcare services, it is necessary that ALL players be represented in the developmental healthcare chain, from the “unified healthcare budget” negotiations to the actual efficient and ethical delivery of services to Vermont citizens.

A common misperception among the general public, and often their elected officials, is that mental health providers are overpaid. In fact, the opposite is true. Commercial insurance companies and most state Medicaid reimbursement rates are based on a formula devised by the federal Medicare system (CMS). This complicated formula allows increases to practitioners who require expensive medical equipment (such as MRI machines), while not allowing increases to practitioners who do not need to keep up with current medical technology to run their practices. Because of this formula, and other cuts to mental health services, psychologists are receiving approximately 35% less in reimbursement rates per billed unit of service than we did in 1993. And because this formula is applied to Medicaid and to commercial insurers, there is a “trickle-down effect” to not only psychologists, but also all other mental health and substance abuse providers. Access to mental health care becomes an issue for Vermonters when providers can no longer contract with Medicare, Medicaid, or other commercial insurers due to low rates of reimbursement.

According to Medicaid, mental health and addiction concerns are among the most common and disabling health conditions worldwide. The consequences of not addressing these concerns are poorer physical and mental health outcomes and higher health care costs. Diabetes and coronary heart disease are two of the most common conditions in primary care. When these clients are also struggling with a mental illness, such as depression, lifestyle changes and medical follow-through are far less likely to be successful. There is a large body of literature that proves that good coordination of mental health and medical care for these chronic

conditions greatly improves costs. Access to outpatient therapy, and coordination between mental health providers and their primary care providers, is vital.

Mental health and medical providers are constantly under threat of cuts in reimbursement rates, and, as noted, we regularly DO sustain cuts in reimbursement, both federally under Medicare and by the state under Medicaid. A recent example of this was Governor Shumlin's announcement that he planned to rescind a previously approved 1.6% increase in provider-reimbursement for all Medicaid providers in the state.

Former Governor Shumlin's plan is not consistent with goals outlined in Vermont's Act 48, which outlines a framework to improve healthcare for all Vermonters, particularly quality of care, access to needed services, improving outcomes, and reducing costs. In other words, the state can't have it both ways—plan to improve access to healthcare—and then cut reimbursement rates for providers. Providers routinely drop off the panel of providers because they cannot afford to accept low rates of reimbursement. This therefore makes access to quality care even more difficult in our rural state.

The DPC is at the table of health care reform efforts. We seek to promote integrated care models by utilizing best practices, evidenced-based treatment models, and coordination of care, as well as negotiating payment models and fee structures to ensure continued access to quality healthcare for all Vermonters.