Paul Gionfriddo – CEO of Mental Health America

Mark Masselli: This is Conversation on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, we have seen the GOP version of the health reform bill and it has generated quite a bit, shall we say concern from a number of sectors, American Healthcare Act goes a long way to reduce benefits for millions of Americans, eliminates the Medicaid Expansion and reduces the essential benefits required to be covered by the insurance industry.

Margaret Flinter: And as you might imagine, Mark, there are different views on how viable this proposed replacement to ObamaCare or the Affordable Care Act really is. An estimated 15 million Americans would lose coverage and costs would increase for many consumers. That analysis is corroborated by the Nonpartisan Congressional Budget Office.

Mark Masselli: States with large Medicaid populations would be especially hard hit. Ohio alone stands to lose some 16 billion to 26 billion dollars over the next several years if the Medicaid Expansion goes away.

Margaret Flinter: Another concerning provision of the GOP plan, Mark, would eliminate requirements for insurance companies to cover mental health and addiction services, something that has taken so long to get in place. This of course has many health professionals deeply worried about their capacity to continue to confront this still somewhat unmet need, especially in light of the deadly opioid crisis, something that affects every State, every County in the country with drug overdose deaths reaching 50 thousand in 2015 alone. This is just a national tragedy that knows no boundaries, affects families across all geographic and socioeconomic sectors and political sectors as well. So, we thought we would revisit our conversation with Paul Gionfriddo, President of Mental Health America, which seeks to advance parity, coverage, and treatment for all diseases of the brain including addiction. He is a passionate advocate at a time when we really need to have this conversation.

Mark Masselli: Indeed Margaret. Lori Robertson also stops by, the Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, but no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Margaret Flinter: And as always, if you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter, because we love to hear from you. Now, we will get to our interview with Paul Gionfriddo in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. The report by the Nonpartisan Congressional Budget Office on the potential impact of the American Healthcare Act is not sitting well with a number of entities across the health and political spectrum. The GOP Health Plan is designed to repeal as much of the Affordable Care Act as possible. The CBO estimates repeal of the individual mandate. The elimination of the Medicaid Expansion could cause States and millions of health consumers their coverage. According to the Nonpartisan CBO, the American Healthcare Act would lead to 24 million Americans losing health coverage in the coming years, leading to a projected un-insurance rate of 52 million Americans in eight years, higher than before the passage of the Affordable Care Act. Cost for insurance would go up initially. An estimated 20% next year, but those who do buy insurance will receive some tax credits over time. Younger healthier people would pay much lower premiums. The GOP Bill end up costing older sicker people up to five times as much in premiums, but elimination of the Medicaid Expansion is expected to have the biggest impact on the poor and working poor, who now receive coverage. An estimated 95% of those who receive coverage under the ACA would not be able to retain it under the GOP plan. Republicans in the Senate have a slim two-vote majority and a number of Republican Senators are raising concern about the bill including Senators Susan Collins of Maine, Lisa Murkowski of Alaska, and Senator Rand Paul of Kentucky, all Republicans. The American Healthcare Act will face an uphill battle in the Senate without full GOP support. Relatively, little resistance has been registered for President Trump's picked, who had the Food and Drug Administration; Dr. Scott Gottlieb is an M.D. Wall Street author and long time friend of the pharmaceutical industry working inside the FDA now. Opponents fear he may be too cozy with the industry and could promote changes that would put drug approval ahead of consumer safety, although observers note he is far less likely to act recklessly than some others who were under consideration. Saving an hour of daylight, but at what cost? It is becoming increasingly clear that losing an hour of sleep when clocks spring forward to promote daylight savings time has become a growing health concern. Incidence of stroke, a 25% increase in heart attack, and increased car accidents have been targeted in the aftermath of clocks being ahead one hour. Sleep researchers know that even a slight shift in sleep patterns can have negative effects. I am Marianne O'Hare with these Healthcare Headlines.

Mark Masselli: We are speaking today with Paul Gionfriddo, President and CEO of Mental Health America, the nation's oldest community based nonprofit organization committed to improving mental health in this country. Mr. Gionfriddo was appointed in 2013 to the National Advisory Council at the Substance Abuse and Mental Health Service Administration. He has also served at the Connecticut State Legislature and as Mayor of Middletown, Connecticut. He has written extensively on behavioral health issues including his critically acclaimed book, Losing Tim, How our Health and Education Systems Failed My son With

Schizophrenia. He is a graduate of Wesleyan University and a good friend of ours. Paul, welcome on Conversations On Healthcare.

Paul Gionfriddo: Thank you for inviting me to be on.

Mark Masselli: When you look at the stats, you realize no one is immune, it is estimated that one in five Americans will have some diagnosable mental health in any given year and yet, many simply don't get help they need. I wonder if you could tell our listeners about the impact of unmet behavioral health needs in this country and why diagnosis and treatment pose such a challenge.

Paul Gionfriddo: Well, for the longest time we have treated mental health concerns and conditions as public safety problems and not as public health problems. As a result, when we deinstitutionalized our population in the 1980s, when we closed our State Mental Health beds and facilities, we reopened them as County jails. That puts a real damper on people willingness to seek help and to take out into the open the kinds of symptoms they've got, what mental health month has been about is taking a month where people can talk about mental health openly. People can talk about what it feels like developmental illness openly and we can begin to move from this public safety model to a public health model and get services that are integrated into the regular healthcare delivery system.

Margaret Flinter: Well, Paul, now you are at the helm of the nation's oldest organization dedicated to promoting earlier diagnoses and improving access to mental health services, so talk with us about the key goals of Mental Health America and how your efforts like your B4Stage4 Program are really positioned to help achieve these goals.

Paul Gionfriddo: Yeah, what Mental Health America stands for is four things, prevention for all, early identification and intervention for those at risk, integrated health, behavioral health, and other services such as education services, housing support, employment support for those who need them. So, we have mental health concerns and conditions the only chronic diseases we wait until stage 4 to treat. So a year and a half ago, we launched our B4Stage4 initiative, which is designed to move people's attention upstream in the process, to have people think about intervening at stage 1 or stage 2, not waiting till a crisis has occurred and we put a lot of our resources launching an online screening program to be ubiquitous screening the goal of everyone in America, because we believe that kids should be screened for mental health concerns frequently as they are screened for vision or hearing. We think adults should be screened as frequently as they are screened for blood pressure and the U.S. Preventive Services Task Force agrees with us. They think everybody over the age of 11 ought to be screened manually for mental health.

Mark Masselli: Well, Paul, you just announced this ambitious initiative with the Walgreen chain and the goal is to provide behavioral health screening for at least 3 million people through Walgreens' national network of stores in the coming years. How will folks who receive diagnosis get interventions they need in a timely fashion?

Paul Gionfriddo: Millions of people come to us via our website and through social media and millions of people visit Walgreens website, so initially we put this together to operate in this virtual environment, where people go to MHA.screening.org, they are able to screen anonymously using the very same clinical tools that, what we are providing for Walgreens is a set of online tools and resources that people will be able to use post screening, to learn more about the conditions they've got and what Walgreens is going to be able to provide are some more linkages to their chat with the pharmacist program for example or local affiliates and we have 100 of them around the country, we will be in a position to take referrals as well and get people connected to local providers and other support services in their communities.

Margaret Flinter: I am interested in this breakthrough system that Walgreens in that that facilitates interaction with clinicians online and includes the medication adherence tool. Talk about how emerging technologies like this are making a large scale program possible in way that would have been very difficult to achieve in the past.

Paul Gionfriddo: Yeah, in the past we were pretty much tied to physical locations. They pretty much have to go to someone or some place, you know in recent years, the online environments have changed this dramatically and there are lot of services that are moving into digital space. The best ones are Fitbit, which give you instantaneous feedback about certain things that are going on in your body like your heart rate, the number of steps you are taking and things like that. Young people especially are interested in using these kinds of tools. Three quarters of the people who use our screening tools are under the age of 25. Two thirds of those people tell us they've never been diagnosed with anything, pretty hard to get somebody to adhere to treatment. They may have never received a diagnosis. So what we are tying to get them to do is take the next step with some of these tools and actually be willing to talk further about it, be willing to take the results to a clinician at stage 1 in the process, where recovery comes a lot easier.

Mark Masselli: We are speaking today with Paul Gionfriddo, President and CEO of Mental Health America, the nation's oldest community not for profit organization committed to improving mental health in this country. Paul, you've written about your own personal experience navigating the mental health system in your book, Losing Tim, How our Health and Education Systems Failed My Son With Schizophrenia and you even noted as a young lawmaker, you inadvertently supported laws that made screening treatment options more difficult for families

to access. I wonder if you could pull those together and share with us the story about Tim and the navigation that you had to go through with the Connecticut system and also give us an update on how Tim's doing.

Paul Gionfriddo: Yeah, Tim right now is 31 years old and for the last 10 years, he has been mostly homeless, on the streets of San Francisco. Recently, he has come back into services a little bit. He has had some housing. We actually got a chance to visit him about six weeks ago and he was doing very well and hoping at this point to stay in services, but all too frequently when he has come back in to housing first, he has tended to be evicted from that housing and then we lose track of him for weeks and months at a time again, part of the reason he is evicted is because he just doesn't follow the rules, because he has got schizophrenia and can't. What I think we made as our biggest mistake in the 1980s was not understanding that while the people who are coming out of our State house rules were adults and people who were going into them were kids. Half of all mental illnesses emerge by the age of 14 and these are childhood diseases, childhood problems and we never built a system of supports around our children. What happened to Tim is what happens to a lot kids, like that they get into the school system and the schools have no idea what to do with them. Even though they are legally required to provide individualized services and programs for those kids, so I think that that's the mistake we made a matter of public policy in the course of the last 30 years or so, we are continuing to see policies in America that are going to continue to put more people like Tim out on the streets and we at Mental Health America are really trying to put in place policies that will recognize early, it will get services to kids in the schools, in their communities early on and it will change the trajectories of these kid's lives.

Margaret Flinter: Well, Paul, families often encounter the toughest challenges once kids age out of the system and aren't eligible for some of those supportive programs they may have had and certainly as the State budgets are floundering, we see families finding it tougher and tougher to find safe home and dependable programs for their adult children, who grapple with complex mental health issues and in fact, the Atlantic just had a very powerful article describing the nation's jails and prison's as the largest mental health hospitals in the country. I wonder if we could talk a little more about solutions. Where are the solutions for these young adults and older adults now, you know, Tim is an example and Tim has got the most supportive family in the world trying to help him, but lot of folks don't, so what are the solutions to really help these people?

Paul Gionfriddo: Well, I think the simplest solution is in a way the most obvious one. We've asked the members of Congress to include a provision in Federal Reform Legislation, which remains in the House Bill at this point. It would end the incarceration of nonviolent offenders with serious mental illness within 10 years. States could do that as well, because there is plenty of money and plenty of resources out there, but we've got to stop putting people in jail and we've got to stop using the jails as treatment programs for adults. If we did that, we would

free up literally millions and millions of dollars that we would be able to put into the building of the community based mental health systems that we promised to people back in the 1980s and it is as simple as that I think, let's get them out of the jail, so let's move the money from the jails out to people back out in the communities, put clinical support folks, peers, clinicians into the mix as opposed to just judges and lawyers and police officers.

Mark Masselli: You know, Paul, you've talked about getting behavioral health services to children early on. We've also been very committed to sort of redefining the primary care space and have made available to schools throughout our State. The opportunity to have a behavioralist full time in their school, but also in the primary care space, you know the embedded behavioralist in primary care. We really need to take advantage of care delivery system and try to have people re-imagine the way delivery might happen and we note that the Affordable Care Act is out there trying to promote models aimed at better outcomes. What do you see as interesting initiatives in the primary care space that people in the country should be keeping an eye on?

Paul Gionfriddo: What I think that people need to be doing is first and foremost making certain that primary care clinicians are educated to and informed about the need for integration of health and behavioral health services. These responsibilities fall on them anyway, whether they are pediatricians or adult service providers. Similarly, the behavioral health providers need to understand better about how to integrate their work into primary care and into educational settings and others. I really do think we have to breakdown a lot of the barriers between the schools and the educators, who understand that their primary purpose is to educate kids, but don't always understand that some kids aren't available to learn unless you deal with their health issues as well and I think that involves providing supports into the educational system, but if we then turn around, have a special Ed system that says if you are going to provide those supports, you've got to pay for them, most schools are going to continue to be reluctant to do that, so I think we also need to reform some of our special education laws and may be take a look at allowing mandatory parts of kid's individualized education programs be covered, not by the education department, but by their kid's private health insurance, if it is otherwise available to provide some of those services and supports. I think we should start to re-imagine the system and say this is about health, not about safety, and we have to pull out what we've done which is in schools, suspension, expulsion, with adults it is putting them into jails and prisons and we have to say, okay purpose is to keep kids in their families, keep kids in their schools, the purpose is to keep adults with their families, to keep them in their jobs and within that the service that's provided onsite, well in case of kids, may be it's provided by a mentor. There are lot of tools, as I say in the book, it's a chain of neglect when we don't do anything and there are lot of ways to break a chain. You only have to do it in one place though and that's what will change things, so and we just have to get everybody in the

country, who haven't envisioned the idea of integrating services yet in many meaningful way, to just start thinking about it.

Margaret Flinter: But, Paul, you've served on the Advisory Council at the Substance Abuse and Mental Services Administration along with so many other things that you are doing. We had the administrator, Kana Enomoto on the show recently and certainly, we were talking about the just enormous problem of addiction right now, particularly opioid addiction. I wonder how your organization is grappling with this mix of both the mental illness issues and also the addiction issues that have just so powerfully swept across the country.

Paul Gionfriddo: I think we have something of a different take on it as well. We have seen certain drugs become gateways and speaking particularly of drugs like marijuana, which for a lot of our population have been a likely better way to prescribe it effective self-management of symptoms that it landed people as a gateway to jail. We need to rethink a lot of the way we fought our war on drugs here and to make available to people the kinds of pharmaceuticals that they need that will actually mitigate symptoms and not really force them into employing strategies to get pharmaceuticals that may not quite the ones they need that are creating a lot of the crisis that frankly has been around in our country for generations now, but has been confined largely to low-income communities and minority communities and it's only in recent years that people have begun to notice that actually this is everywhere, I remember, you know, one high-school principal telling me when Tim was growing up that you know marijuana was in our high-school and I want to tell him, you know, when I was in high-school, you know marijuana was in our high-school, but we ignored some of this for an awful long time and I think we are paying the price.

Mark Masselli: We have speaking with Paul Gionfriddo, President and CEO of Mental Health America, the nation's oldest organization dedicated to improving behavioral health services for all people in this country. You can learn more about their work by going to mentalhealthamerica.net or following them on Twitter at mentalhealth.am. Paul, thank you so much for joining us today.

Paul Gionfriddo: Thank you for inviting me to be on.

Mark Masselli: At Conversations on Healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, 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: House Republicans revealed their replacement plan for the Affordable Care Act on March 6th. How does the GOP American Healthcare Act differ from the ACA. The law keeps several aspects of the ACA including the requirement that insurance companies offer coverage to anyone regardless

preexisting condition, the essential health benefit requirement that plans must cover 10 health services including maternity coverage and prescription drug and the Bill keeps the provision allowing young adults under the age of 26 to remain on their parent's plan. So what is eliminated under the GOP Plan, there is no mandate to have insurance or pay it back. Businesses with 50 or more full time workers also aren't required to offer insurance or pay penalties; however, insurance companies can charge 30% higher premiums for one year to those buying their own insurance, who did not have continuous coverage. The law also phases out the Medicaid Expansion under the ACA in 2020, at which point, no new enrolment under the Expansion can occur. The Bill does not eliminate the Medicaid Expansion Coverage for those who are enrolled prior to 2020, but if they have a break in coverage for more than one month, they won't be able to re-enroll. Many of the taxes under the ACA are also eliminated, as are cost sharing subsidies that lower out of pocket costs. Premium tax credits stay however, but instead of a sliding scale based on income, as under the ACA, the Republican plans tax credit are based on age. Insurers can also charge older Americans up to five times more than younger people. The ratio is 3:1 under the ACA and that's my FactCheck for this week, I am 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 would like checked, email us at www.chcradio.com, we will have FactCheck.org, Lori Robertson, check it out for you, here on Conversations on Healthcare.

Mark Masselli: Each week conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. When Jose Jeronimo was studying medicine in his native Peru, he encountering a sobering statistic, while death from cervical cancer had significantly been reduced in the United States, it was still a significant cause of death from women elsewhere in the world; some 270 thousand deaths per year.

Jose Jeronimo: There are almost 300 thousand women dying of cervical cancer every year without any justification and that is a failure of many things, just seeing those women die.

Mark Masselli: He understood that the greatest challenge was the lack of access to screening. Dr. Jeronimo decided to make his mission to eliminate that disparity. He realized that his first step in his campaign to eliminate cervical cancer deaths was to launch a screening for the Human papillomavirus, the leading cause of cervical cancer. He knew that identifying those women with the virus could narrow their search for those who were most likely to have the disease.

Jose Jeronimo: There are billions of women in the planet, who are too old for this vaccine, they are already sexually active and those women are a high risk of diagnosis for cervical cancer if we don't do this prevention with affordable screening and affordable treatment.

Mark Masselli: He also knew a more portable cervical cancer screening and treatment tool needed to be deployed in the field, one that came with its own power source and had the capacity to facilitate removal of cervical lesions in early stage cancer. He launched the Care HPV Program.

Jose Jeronimo: Creating this, a very portable device, it is powered by a battery, the device has its own light to illuminate the cervix, to concur with this device, you have the power to provide the treatment.

Mark Masselli: Jose Jeronimo is the senior advisor for women's cancer with a reproductive health program at PATH, a nonprofit organization dedicated to launching innovations to improve global health, where he leads the validation and demonstration of new molecular technologies for cervical cancer screening. Since he launched his Care HPV program, more than 100 thousand diagnostic kits and treatment units have been deployed across several countries, providing early stage treatment and diagnosis for women, who previously had no access.

Jose Jeronimo: Those women who are at risk of dying of cervical cancer in the next year, we need to something now.

Mark Masselli: A cervical cancer reduction campaign fostered by an aggressive screening treatment program using low-resource tools that are highly effective in the field, yielding better outcomes for tens of thousands of women, helping them avoid an early death. Now, that's a bright idea.

Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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