



October 17, 2014

The Honorable Jane Nelson
Chair
Sunset Advisory Commission
1501 North Congress Ave, 6th Floor
Austin, TX 78701

The Honorable Four Price
Vice Chair
Sunset Advisory Commission
1501 North Congress Ave, 6th Floor
Austin, TX 78701

Re: Public Comments on the Texas Sunset Advisory Commission Review of the Health and Human Services Commission and System Issues

Dear Senator Nelson and Representative Price,

My name is LeAnn Kridelbaugh, M.D., and I submit these public comments on behalf of Children's HealthSM Children's Medical Center Dallas.

This submission supports the recommendations in the Sunset Advisory Commission's staff report related to NorthSTAR's "outdated approach," which "stifles more innovative delivery of behavioral health services in the Dallas Region" (Issue 9, p. 115-126). As a pediatric primary care physician who also leads a team of behavioral health providers integrated into a primary care setting in Dallas, we have encountered numerous barriers to accessing care at all levels for children and youth enrolled in NorthSTAR. The care provided is inadequate and disjointed, and the available services for this population are deficient, difficult for consumers to navigate and offers no communication with the primary care provider, leaving us uncertain as to the treatment plan for our patients. This system is a significant barrier to the integration of behavioral health and primary care and leads to poorly coordinated, fragmented care.

Access to Mental Health Care Services

The Sunset Commission staff report says "NorthSTAR enjoys a robust provider network." Yet, in our experience — and in the experience of the families we serve — the network of outpatient providers in NorthSTAR is extremely limited. In-network outpatient appointments are far apart and very brief. When in-network facilities are full, Value Options almost never authorizes an out-of-network facility. NorthSTAR often requests that youth who have had psychiatric assessments and are in need of inpatient psychiatric treatment be held in the emergency department or medical bed until the next day when an in-network placement is available. This ties up medical resources inappropriately while not offering the urgent mental health services the patient needs.

Children's Health is the safety net health care provider for children in the Dallas area. Despite our experiences with poor access to care and long wait times for our patients, we remain out-of-network with NorthSTAR and our own behavioral health providers have been denied participation as NorthSTAR providers. When asked to obtain prior authorization for treatment,

clinicians routinely spend several hours communicating clinical information with care managers at NorthSTAR and Value Options, inhibiting their ability to provide treatment and conduct further evaluations. Our requests for more specific clarification around NorthSTAR criteria for various services like inpatient psychiatric treatment have been met with resistance and vague responses.

Assessing and referring youth to higher levels of care is similarly discouraging. NorthSTAR and Value Options increasingly contribute to delayed patient care in both the emergency department and general hospital setting. It is difficult and often impossible to collaborate with NorthSTAR to determine appropriate placement when inpatient youth beds are not readily available at their contracted facilities.

Limitations on Integration of Care

We support the finding in the Sunset Commission's staff report that "NorthSTAR's structure interferes with opportunities and incentives for funding behavioral health in the Dallas region." Further, we agree with the concern that "clients in NorthSTAR may be left behind as the rest of the state moves toward integration all aspects of health care to reduce costs and improve outcomes, especially in Medicaid." We strongly support the integration of behavioral and physical health services; in fact, our organization is actively pursuing integration in all of our facilities, including our 18 pediatric primary care practices, in which more than 80 percent of patients are enrolled in Medicaid or CHIP.

This integration is hampered by the bifurcated design of the NorthSTAR system. Our primary care providers have found that for their patients receiving care in NorthSTAR are unable to obtain feedback on diagnosis and management other than what the family verbally shares with the physician. By contrast, within our integrated model of care, the patient signs consent to have the treatment information shared between the primary care physician (PCP) and the behavioral health provider. This allows communication of the treatment plan and enables the behavioral health provider to transition less complex cases back to the PCP. This integration has already yielded benefits in the forms of improved patient safety and care and reduced costs to the health care system.

About Children's Health System of Texas

Children's Health System of Texas (Children's HealthSM) is one of the nation's leading pediatric health care systems, providing a full spectrum of healthcare services for children in Dallas, North Texas and surrounding regions. Children's Health includes a clinically integrated network featuring the flagship hospital Children's Health Children's Medical Center Dallas, as well as Children's Health Children's Medical Center Plano and Children's Specialty Center Southlake, 18 Children's Health Pediatric Group primary care centers, home health, physician practices and professional services and a pediatric research institute.

*Public Comments, Texas Sunset Advisory Commission
LeAnn Kridelbaugh, M.D., FAAP, Children's Medical Center Dallas
October 17, 2014*

Conclusion

Thank you for the opportunity to provide feedback on this important issue. As a clinician and child advocate in the Dallas community, I strongly believe there are numerous opportunities to develop more integrated and effective care plans for the youth served by NorthSTAR. Without significant change, these vulnerable children and adolescents will continue to suffer. While we have concerns about the current system, we want to help ensure that the Sunset Commission, the state legislature and the Texas Department of Health and Human Services adopts a replacement model that will promote physical and behavioral health integration, promote care coordination across the health system and enhance the provider network – as well as encourage the adoption of best practices that enhance quality and improve patient care.

Children's clinical leaders and behavioral health providers are available to provide additional information on the items identified in this submission. For more information, please contact Matt Moore, Senior Director of Government Relations at Children's Health, at matt.moore@childrens.com or 214.456.1971.

Sincerely,

LeAnn Kridelbaugh, M.D., FAAP
Medical Director
Children's Health Pediatric Group