

The North Texas Society of Psychiatric Physicians (NTSPP) Position Paper on the Delivery of Psychiatric Services including Addiction Treatment in the Current North Texas 7-County Area Public Mental Health System

I. NTSPP's GUIDING GOALS and IDEALS for North Texas Public Mental Health System

A. The North Texas public mental health system, currently the 7-county NorthSTAR system, should provide integrated mental health and addiction services which, in turn, should be integrated with primary care medical services through specialized provider networks (SPNs) or outpatient clinics similar to the current array of available SPNs. The type of treatment and level of care should be decided individually for each patient by the clinical team at each SPN who interact with and know the patient best. The clinical team of psychiatrists, nurses, psychologists, social workers, and counselors in collaboration with each patient and his/her family (when possible) should design the treatment plan.

B. NTSPP promotes and strongly recommends adherence of the public mental health system to the standards of our Profession for the sake of patient care and quality of life, as well as for the benefit of the patient's family, the community, and the recruitment of psychiatrists who can be true to professional standards. NTSPP endorses the reality that a well-treated patient engaged in the public mental health system will prove cost-effective to the state.

C. NTSPP believes that patient care and its many benefits can only be achieved when there is excellent communication between any persons or facilities interacting with the patient and with the primary SPN provider.

NTSPP supports a system which is inherently free of conflict of interest. Such would ideally include:

- a. An oversight organization of benevolent and competent representatives appointed by each county with authority empowered by legislative action or by the Department of State Health Services (DSHS)
- b. A behavioral health insurance company to provide administrative services only (ASO) or an ASO formed de novo from within the Dallas business community.
- c. That NorthSTAR should be funded with the same per capita funding for those treated as other areas in the state for simple equality of care for all Texas citizens with serious mental illness and addiction.
- d. That the Texas Council, composed of mental health and mental retardation centers across Texas and which interact with legislators and DSHS, should be influenced by DSHS/the legislature to include at least one representative psychiatrist from NorthSTAR, despite our system not being a traditional mental health center, so that the NorthSTAR system does not suffer from being the only system without a voice in this influential organization.
- e. That patient care requires ease of full communication in a confidential and timely manner on

behalf of a patient whenever he or she enters a facility in the system. The patient's psychiatrist and supporting SPN treatment team (and ACT team if applicable) are acknowledged as the most vital treatment advocates for the patient. A current provider's failure to benefit from others' clinical experience with a patient causes predictable, preventable and perhaps significant harm to that patient physically, emotionally, socially, and financially. The system of communication must be built and prioritized to ensure that all clinical entities can readily and confidentially communicate pertinent clinical information for the patient's well-being.

- f. A NorthSTAR medical director with a patient-centered clinical orientation who is unbiased, whose only concern is quality of patient care and problem-solving systemic issues, which may arise from conflicts of interest with a managed care company, ASO or any specific provider in the system.
- g. A Physician Leadership Advisory Group (PLAG) which advises and is heeded by the empowered oversight organization which would act upon its concerns for patients. The PLAG should not in any way be fettered by agreements with the managed care company or ASO or any specific provider in the system. PLAG physicians and those they represent should know that the oversight organization will act to oversee and supervise the managed care company to good effect so that physicians may speak honestly without fear of reprisal against their clinics or patients or careers.
- h. That the PLAG - for the well-being of the system - should include representative psychiatrists from NorthSTAR providers of all types (outpatient clinic (SPN), hospital, 23-hour observation, psychiatry emergency room, jail, state hospital AND psychiatrists from outside the system to ensure a healthy influx of good information from without and a healthy balance to avoid potential conflicts of interest over protecting one's own employer or personal standing. That the oversight organization would then act on the recommendations from PLAG and its own medical director to command the attention, cooperation, and compliance of the behavioral health organization (BHO)'s clinical and administrative personnel, rather than the reverse.
- i. NTSP supports the stated goals of many advocacy organizations: Open access, choice of providers, efficient use of funding, and an authority/provider split. In addition, NTSP supports quality of care for patients which in turn will attract quality providers to our public mental health system and a system of true patient advocacy and excellent clinical care protected by an empowered, unbiased and vigilant oversight organization.

II. NTSP URGENT RECOMMENDATIONS

To that end, NTSP has the following urgent recommendations given the realities of the present system:

A. That the North Texas Behavioral Health Authority (NTBHA) be granted immediate actual authority and empowerment by DSHS and the legislature so that it may truly oversee the present BHO Value Options, a private company which presently acts both to manage and profit from the NorthSTAR system. Until that it is done, there is an inherent conflict of interest as the insurance company alone

effectively has the joint role of management of and penalty empowerment in the system, with NTBHA and PLAG having a mere solicitor role to entreat change. This results in administrative decision-making at the expense of the patient care provided by psychiatrists and clinical teams.

B. That an independent auditor be employed to confirm and relate statistics about the system and report to NTBHA rather than reliance on the BHO for same.

C. That NTBHA Board members and staff including the chief executive officer should NOT view, nor use the VO medical directors as their fallback medical authorities but instead use the PLAG and NTSP until a medical director is appointed who might act as a representative for and coordinator of these voices as appropriate.

D. That the present BHO release its PLAG physicians who also serve on its own Physician Advisory Council from confidentiality agreements which limit what they may say as members of PLAG to anyone outside the Value Options (VO) meetings. Obviously PLAG physicians must be able to speak freely on behalf of both patient care and clinician well-being. PLAG physicians desire to practice according to standards of care when giving recommendations to the oversight organization, presently NTBHA.

E. That the encrypted email option used by many hospital systems, by NTBHA itself, by Parkland Psychiatry and by VO be explored in a priority manner to enable real time communication about patients; to receive from and disseminate PERTINENT information to the SPN about the patient (content as recommended by PLAG and NTSP) in order to make possible quality of care for patients entering or leaving any facility emergently or urgently.

F. That the BHO (presently VO) provide the basic prescribing information on individual doctors to the medical directors of each clinic in a way which may be used constructively by the medical directors and psychiatrists to improve their practice and WITHOUT exposing the psychiatrists or clinics to penalty by the BHO(s).

G. That the consideration of an ASO (either formed locally or by a restriction of the activities of an existing BHO) be researched now to be ready for the period at the end of the present Value Options contract. Such an ASO would not result in an entity identical to the current mental health and mental retardation centers as presently exist in the rest of Texas, but would be an entity that draws on the strengths of a managed care system and one which is free of the encumbrances imposed by an insurance company.

H. That we work toward a system of cost containment based on a balanced and patient-oriented system in which each SPN is monitored by the ASO and any outliers would be investigated by the NTBHA staff, including the medical director and corrective action would follow via a collaborative process involving the SPN and NTBHA staff.

I. That all advocacy organizations prioritize gaining equal funding for our patients compared to similar areas of the state.

J. That all advocacy organizations acknowledge and prioritize reversing the present lack of

enforcement power of NTBHA

III. NTSPP Recommendation for itselfs

A. That the system described in part I and recommendations in part II be shared with and advocated for by NTSPP via Advocacy bulletins, participation in public mental health meetings and committees, funding of important mental health system programs and education of legislators and the public about the realities of the system itself and the true foundation of good clinical care, according to our mission of Advocacy for Patients and Standards of our Profession.

B. That the NTSPP Public Psychiatry Committee aim to keep itself, free of institutional or employer bias or self-interest. That the NTSPP executive council members who do not serve on the Public Psychiatry Committee act as a check and balance and use any criticisms of bias from the community to ensure we are as free of bias as possible.

Approved by the North Texas Society of Psychiatric Physicians Executive Council: 10/18/2014
date

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: NTSP Position Paper on NorthSTAR
Date: Thursday, October 23, 2014 8:05:36 AM
Attachments: [NTSP position paper.pdf](#)

From: NTSP Secretary [mailto:secretary@ntspp.org]
Sent: Wednesday, October 22, 2014 10:27 PM
To: Sunset Advisory Commission
Subject: Fwd: NTSP Position Paper on NorthSTAR

Dear Mr. Levine:

Please see the attached position paper from the North Texas Society of Psychiatric Physicians (NTSPP) regarding the future of North STAR

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Leonora Stephens, MD
NTSPP Vice President