
Health Care & Wellness Committee

HB 1140

Brief Description: Requiring the health care authority to establish a primary care psychiatric consultation services program.

Sponsors: Representatives Orwall, Moeller, Cody, Appleton, Jinkins, Gregerson, Bergquist, Senn, Ryu and Tharinger.

Brief Summary of Bill

- Establishes a program that provides primary care psychiatric consultation services.

Hearing Date: 2/13/15

Staff: Jim Morishima (786-7191).

Background:

The Partnership Action Line.

In 2007 the Department of Social and Health Services (DSHS) was directed to implement a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders. The resulting program, the Partnership Action Line (PAL), provides psychiatric consultations by telephone to primary care providers statewide. The PAL is based out of Seattle Children's Hospital and is staffed by child psychiatrists and social workers.

Psychiatric Consultation Pilot Program.

In 2014 the DSHS and the Health Care Authority (HCA) were required to develop a plan for a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of individuals with mental or other behavioral health disorders and track outcomes of the program. The program must include two pilot sites, one in an urban setting and

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

one in a rural setting, and must include timely case consultation between primary care providers and psychiatric specialists.

The DSHS and the HCA recommended that the plan be implemented in two phases. In phase one, the program would be implemented in one rural county and one urban county. In phase two, the program would be implemented statewide. The program recommended by the DSHS and the HCA consists of the following elements:

- telephone consultation with a psychiatrist or a psychiatric advanced registered nurse practitioner (ARNP) between the hours of 8:00 AM and 5:00 PM with the goal of a 90 percent answer rate;
- a regionally shared master's level behavioral health professional to help identify local resources, provide brief counseling when indicated, and check to see if individuals have followed up with appointments and other treatment recommendations; and
- tele-video psychiatric consultation available for primary care practitioners with a psychiatrist or a psychiatric ARNP for individuals whose diagnosis is uncertain and require visual consultation.

Summary of Bill:

By April 1, 2016, the HCA must establish a program to support primary care providers in the assessment and provision of the appropriate diagnosis and treatment of adults with behavioral health disorders through the provision of primary care and psychiatric consultation services. The program must provide:

- timely clinical psychiatric consultation to primary care providers serving adults with a behavioral health condition;
- timely access to behavioral health care management through linkages to regional mental health and chemical dependency resources;
- essential crisis and management services, including assistance establishing diagnoses, medication management recommendations, guidance on treatment strategies, and links and access to behavioral health treatment; and
- linkages to additional treatment services and care coordination provided by behavioral health professionals.

The program must be implemented in two phases. In phase one, the program will be implemented in one urban county, one rural county, and in every behavioral health organization that becomes an early adopter of fully integrated purchasing of medical and behavioral health services. In phase two, the program must be implemented statewide.

The HCA must pursue program financing options to supplement state funds with funds from other public or private sources and enter into agreements to support such arrangements and the goals of the program.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.