

September 16, 2019

SENT VIA ELECTRONIC MAIL TO: ANessman@apa.org

Alan Nessman, JD – Senior Special Counsel, Legal & Regulatory Affairs
American Psychological Association
Practice Directorate
750 First St. NE
Washington, DC 20002-4242

RE: June 3, 2019 Letter from National Union of Healthcare Workers/APA Members

Dear Mr. Nessman:

Thank you for your recent inquiry prompted by the June 3, 2019 letter from certain National Union of Healthcare Workers (“NUWH”) and APA members (“NUHW Letter”) expressing concerns regarding Kaiser Permanente members’ access to timely and appropriate mental health services in California. We appreciate the opportunity to provide a response.

We agree that every Kaiser Permanente member – and in fact every American – should have access to high-quality mental health care when they need it. This is one of the top health care priorities of our day. Kaiser Permanente is at the forefront of meeting this challenge head on and we are getting results thanks to the dedication of our mental health teams. This includes our frontline clinicians in California represented by the NUHW, which we have been in contract negotiations with for more than a year.

The NUHW Letter is part of an ongoing public pressure campaign by NUHW leadership to try and pressure Kaiser Permanente management to agree to their financial demands in bargaining. We have urged NUHW’s leadership to bargain constructively and stop putting our patients in the middle of their contract demands. The NUHW Letter is a clear attempt to drag the APA into the NUHW’s corporate campaign. Despite the NUHW’s tactics, Kaiser Permanente remains committed to responsibly reaching a new contract agreement, which is what our therapists and patients deserve.

Below we provide an overview of Kaiser Permanente’s commitment to ensuring access to timely and appropriate mental health services in our two California regions. We also respond to the unfounded allegations raised in the NUHW Letter.

Kaiser Permanente California – Mental Health Services

Kaiser Permanente Northern California is the only health plan in the state to earn 5 stars – the highest possible rating – for behavioral and mental health care access and quality according to the California Office of the Patient Advocate (OPA) 2018 Report Card. Kaiser Permanente Southern California is one of only three plans in the state to receive the Report Card’s next highest possible rating.

Still, we know that all mental health care providers — including Kaiser Permanente — have work to do to improve. We have a broad range of initiatives designed to increase access, continually improve and set a new standard of service excellence. They include:

- **Improved Quality Oversight.** Kaiser Permanente is committed to timely access, and we continue to improve our performance in meeting or exceeding the established regulatory standard for first appointments for behavioral health. We actively monitor and review the quality and service levels for behavioral health services, providing feedback on gaps in performance and the need to perform to plan. This includes auditing of triage assessment documentation for initial behavioral health appointments booked beyond regulatory guidelines. We continue auditing individual provider treatment plans to ensure follow-up appointments are offered at return intervals consistent with the patient’s treatment plan. When a site is out of compliance, we ensure that corrective action plans (“CAPs”) document the root cause analysis and corrective action interventions. And, we continue to refine the escalation process, enhance interventions, and employ best practices to make progress with sites that are out of compliance.
- **Adding More Resources:** In its February 2019 report on the overall shortage of health professionals in California, the California Future Health Workforce Commission states that unless the state makes dramatic policy changes, “California will have 41% fewer psychiatrists and 11% fewer psychologists, marriage and family therapists, clinical counselors, and social workers than it will need.” Despite the national and state shortage of trained mental health professionals, Kaiser Permanente has hired more than 1,100 new therapists and filled more than 2,600 mental health positions in California from 2016 through present, and we continue to hire more (also see “Growing the Workforce” below). Through our integrated delivery model, our members are offered and receive comprehensive mental health services in settings where they are and where they want to receive care.
- **More Treatment Locations:** We are accelerating our ongoing \$700-million project to expand and enhance our mental health care treatment facilities, with the goal of making mental health care more available and improving access in environments that offer our patients convenience, comfort and privacy.
- **Embedding Mental Health Care in Primary Care:** Our primary care and mental health providers work together to make mental health and wellness part of a patient’s total health. We are making it possible for members to receive mental health care throughout our organization, including embedding mental health professionals in primary care clinics and emergency departments.
- **Innovative Options:** Our use of innovative technology is growing rapidly, driven by the preferences of our patients for ease of access and convenience. On an annual basis, we provide hundreds of thousands of tele-health visits statewide, allowing patients to communicate with their therapists from the privacy and comfort of their homes.

- **Growing the Workforce:** We provide an extensive array of training opportunities statewide for more than 300 trainees each year, including residency training programs in psychiatry in Northern and Southern California, and training opportunities and assistantships for post-masters and pre- and post-doctoral level mental health providers. We are moving forward with several initiatives totaling \$50 million that will increase the number of people who are entering mental health professions. This includes tuition assistance for our current employees, fellowships and residencies for future hires, and grants to expand capacity in degree programs, with an emphasis in graduating bilingual and/or diverse students who reflect community needs. We are also committing \$6 million to encourage our therapists' engagement in clinical research to further develop evidence-based treatment and outcomes.
- **Designing the Future of Care:** We've proposed creating an intensive work group of therapists and management, to advance innovation and evidence-based practice in our model of care. We believe – as do our therapists – that the dramatic increase in mental health care demand cannot be fully met without changes in the way mental health services are provided. We are reimagining the continuum of mental health and addiction care to incorporate opportunities afforded by new technologies, the use of collaborative care in primary care, and by rigorously applying the evidence base of what works in specialty care. This new continuum will allow us to serve the mental health needs of our population in new and even more effective ways.
- **Reducing Stigma:** Kaiser Permanente is committed to reducing stigma associated with mental health treatment. For example, in 2016, Kaiser Permanente launched the national “Find Your Words” public health awareness campaign (findyourwords.org), joining forces with others in the field to spark a national conversation about depression. This is one of several national initiatives we have launched to help reduce the stigma that can be a personal barrier to reaching out for mental health support.

Allegations in NUHW Letter

The NUHW Letter alleges Kaiser Permanente has violated professionally recognized standards of practice in delivery mental health services. Each allegation is separately addressed below.

1. **Kaiser Permanente's Northern California and Southern California Behavioral Health Clinics are meeting timely access requirements in compliance with professionally recognized standards of practice.**

We are proud of the care that our providers give to our members. Treatment planning is individualized at the clinician and patient level. Clinicians make the determination of best practices and medical necessity for modality of care, type of intervention, goals, and frequency of return follow-up. These aspects of treatment planning and member-patient satisfaction are monitored through routinely measured Feedback Informed Care as well and the robust statewide quality oversight structure addressed above.

Kaiser Permanente has an existing well-understood practice and expectation that if any provider believes any member requires more frequent appointments than they feel able to provide, or care that cannot be accommodated within our system, the providers are expected to escalate the case to their department leadership in order to discuss options. These options often include adjusting individual provider schedules to create more availability, reducing the number of new patients assigned to a particular provider in order to increase follow up availability, considering referral to an external contract provider, or some other appropriate change in treatment planning.

Our department managers and clinical supervisors are always available to advise on scheduling and other resources to support providers' treatment plans. Clinicians' schedules are designed in such a manner that for each new patient evaluated, a weekly return visit can be accessed per the clinician's judgment. In addition, weekly group modalities and medication modalities are available to augment individual therapy, if needed. Such design ensures evidence based best practices can be implemented efficiently. Clinicians have been trained in and are encouraged to use outcome measures and Feedback Informed Care to assist in assessing patient needs for ongoing treatment. If ongoing individual therapy is needed over a prolonged period for any patient, or the clinician is having difficulty implementing effective treatment for any reason, department managers assist in removing barriers and creating any needed capacity.

To further improve the treatment of our members, our Psychiatry and Addiction Medicine departments have developed and implemented innovative programs based on evidence based best practices. Some examples of these evidence based programs include (1) enhanced processes for patients and providers to review treatment plans and progress at each visit; (2) the use of Feedback Informed Care, an evidence based support tool that providers use to improve the effectiveness of care and speed of recovery procedures; and (3) a customized program that connects patients with the appropriate level of care consistent with access standards. Our internal monitoring shows these programs provide significant benefit to our members in addressing their mental health and addiction care needs.

2. Kaiser Permanente Embraces Clinician Autonomy.

Mental Health clinicians have complete autonomy to select and design appropriate treatment plans using evidence-based guidelines, including duration and frequency of treatment. If a clinician faces any barrier in implementing their chosen treatment plan, then they are counseled and supported by their respective clinical department managers, who will assist in removing the barrier, including creating capacity. Additionally, attendance at professional case conferences and regular individual meetings with direct managers for all clinicians ensures regular review of active cases and provides the requisite support needed for the delivery of evidence-based treatment models within the paradigm of Feedback Informed Care.

3. Kaiser Permanente is a Leader in Telehealth.

The NUHW Letter refers to and attaches a "58-page complaint" NUHW filed with Kaiser's California regulator, the Department of Managed Health Care ("DMHC") concerning telehealth services. NUHW's

complaint is wrong and misleading. It is a disservice to Kaiser Permanente's therapists who are providing high quality care and to all that are seeking to improve access and care for our members. NUHW's actions threaten to undermine member confidence in an innovative way to deliver accelerated assessment and treatment through a welcoming and easily accessible process.

For years, Kaiser Permanente has been on the leading edge of delivering telemedicine to our members, so that they have quicker and more convenient access to the care they need. This approach is consistent with what our members want and what innovative healthcare organizations are doing across the country. Currently, more than half of U.S. hospitals connect with members and consulting practitioners through virtual visits and other technology.

Despite the inflammatory and misleading nature of NUHW's complaint, Kaiser Permanente investigated NUHW's allegations and provided a confidential response the DMHC in June of this year. We meet regularly with the DMHC to discuss oversight of mental health services in California, including NUHW's allegations. Kaiser Permanente remains committed to providing the best possible care to its members and will continue to work to improve and innovate care in a manner that best serves its members.

4. Kaiser Permanente is Committed to Continuously Improving.

Kaiser Permanente is proud of the behavioral health services that it offers and provides its members in California. We also take pride in being a learning organization that seeks different ways to continuously improve our operations and services. The NUHW Letter repeats and recites several of its past complaints, including various findings and actions taken by the DMHC dating back to 2013. Since NUHW's initiation of its first corporate campaign in 2011, Kaiser Permanente has responded to numerous allegations. While many of NUHW's allegations have been meritless, misleading and false, over the past eight years Kaiser Permanente has recognized those points that presented opportunities to improve. Kaiser Permanente continues to critically review its operations and performance and is committed to serving our members and setting a new standard of service.

5. NUHW Self-Administered Survey.

NUHW has not provided Kaiser Permanente with any information that would allow us to understand the validity of the NUHW self-administered survey in terms of design or administration. Kaiser Permanente is unable to assess this survey in terms of question construction, how it was administered, messaging that may have accompanied its administration or how any results were interpreted. In addition, the survey was completed while in the midst of protracted contract negotiations that are yet to be resolved.

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Kaiser Permanente appreciates the opportunity to engage with the American Psychological Association. We remain available to address any questions or concerns your organization may have.

Sincerely,

/s/ Patty A. Harvey

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