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CALPERS MENTAL HEALTH & WELLNESS INITIATIVE

Sarah Soroken's Response to Kaiser Permanente's Statement Submitted to CalPERS Pension & Health Benefits Committee on December 9, 2019

I feel compelled to respond to Kaiser Permanente's response to the concerns I presented to the CalPERS Pension & Health Benefits Committee on 11/19/2019. As you may recall, I am a Licensed Marriage & Family Therapist who provides mental health services to Kaiser's members in Napa and Solano Counties. During the public comment period of the committee's meeting, I described some of the systemic problems that often prevent Kaiser's clinicians from delivering timely and clinically appropriate care to our patients. At the conclusion of the meeting, Committee Chair Rob Feckner asked CalPERS staff to request that Kaiser respond to the issues raised during public comment. On 12/9/19, Kaiser submitted a three-page response. Unfortunately, Kaiser's response contains a number of inaccuracies that require attention in order to make sure CalPERS's important work on mental health services is informed by accurate information.

In Kaiser's response, it claims that Kaiser "has practices in place to ensure each member receives the right care at the right time," that "treatment planning is individualized at the provider and member level," and that therapists determine the "frequency of return follow-up" appointments based on patients' medical necessity. In reality, it is not true that therapists are able to set the frequency of patients' follow-up individual treatment appointments based on therapists' determination of their patients' clinical needs. Instead, treatment frequency is based on the limited availability of appointments in therapists' overloaded schedules. These circumstances are caused by the continued understaffing of Kaiser's mental health clinics, which forces therapists to carry massive patient caseloads (there are no limits or "caps" on therapists' caseloads) and leaves them unable to provide adequate follow-up treatment appointments to their patients.

Elsewhere, Kaiser has made false claims that more than 80% of patients' follow-up treatment appointments are delivered on a timeframe recommended by each patient's treating therapist. These false statistics are an artifact of an inaccurate design feature in Kaiser's electronic medical records system. In the disposition section of Kaiser's electronic patient charting system, therapists must enter the patient's next appointment into a default template. Even though therapists are scheduling these appointments based on the limited availability of appointment slots in their oversubscribed schedules, Kaiser's electronic health record systems labels the scheduled appointment as the therapist's "recommended treatment option."

Consequently, most patients, regardless of severity of diagnosis, endure weeks- and months-long waits between appointments with their therapists, which Kaiser falsely labels as the therapists' "recommended treatment option." Such excessive wait times often violate professionally recognized standards of practice and may expose patients to increased morbidity rates, lengthened recovery times, and higher mortality rates.

To my knowledge, Kaiser has not surveyed therapists to capture their perspectives as to whether they are able to see their patients at the frequency which they determine is clinically needed. Earlier this year, NUHW administered a statewide survey of therapists practicing in Kaiser's psychiatry departments across California. Seventy-seven percent of respondents reported that on a daily basis, they must schedule their patients' return treatment appointments further into the future than is clinically appropriate. Ninety-four percent reported that weekly individual psychotherapy appointments are unavailable at their clinics for those patients who need them.

Kaiser's response also says that "if any provider believes a member requires more frequent appointments… our providers are expected to escalate the case to their department manager in order to discuss options…. Department managers stand ready to assist in removing barriers and creating any needed capacity." This statement does not match my experience nor that of any Kaiser therapist with whom I have spoken. First, the workplace culture created by managers discourages the expression of concerns about excessive appointment waits and other care problems. For example, some therapists have been subjected to retaliation by managers after raising such concerns. Secondly, in my experience, when therapists attempt to raise such concerns regarding a particular patient, managers do not "remove barriers and create any needed capacity." Instead, they often respond with unworkable and unsustainable solutions such as suggesting that therapists stop delivering care to other patients in their caseload in order to create more appointment availability for the patient in question. Additionally, managers suggest that therapists try to squeeze more patients into their lunchtimes, after hours, or time set aside for patient charting. While many therapists routinely do this, it provides a solution for only a small percentage of the many patients who require more frequent treatment appointments.

In its statement, Kaiser also touts its Connect 2 Care Telepsychiatry Centers in San Leandro and Livermore as an example of "innovative programs based on evidence-based best practices." In fact, Kaiser's system of performing initial diagnostic assessments via 30-minute telephone calls appears to violate professionally recognized standards of practice. Clinical guidelines indicate that initial diagnostic assessments should take place during a 60- or 90-minute appointment in which a therapist has visual contact with the patient. This has been Kaiser's practice for decades. Imagine if Kaiser suddenly halved its diagnostic procedure for cardiac or oncology patients, and began to provide them over the phone rather than in person.

Kaiser's newly implemented shortcut telephone assessments — rather than providing patients with "innovative and evidence-based care" — seem to be designed to give the appearance that Kaiser is satisfying its obligation under California's Timely Access rules. Many of Kaiser's clinics are unable to perform non-urgent diagnostic assessments within 10 business days. However, rather than fixing the underlying problem of its understaffed clinics, Kaiser has developed a "workaround" that consists of giving patients an incomplete 30-minute telephone assessment within 10 business days, and then assigning each patient to a subsequent 60-minute in-person appointment — usually many weeks later — during which a different therapist completes the assessment. This "workaround" lengthens the diagnostic process and delays the onset of patients' treatment for conditions such as Major Depressive Disorder, PTSD, Bipolar Disorder and Anxiety Disorders. The inadequacy of Kaiser's telephone assessments is further complicated by the fact that Kaiser uses many temporary staff to perform these assessments.

In recent months, NUHW submitted two complaints to the DMHC detailing how these shortened, telephone assessments appear to violate California law. My hard-working colleagues tasked with performing shortcut telephone assessments are required to work under extremely challenging conditions, including being given directions about the shortcut assessments that contradict Kaiser's public claims. We all strive to provide patients with competent and empathic mental health care, but our ability to treat patients' symptoms and conditions appropriately and in line with the standard of care in the field is severely hampered by chronic understaffing of our clinics and improper internal systems.

In my work as a triage therapist for Kaiser, with an essential part of my job being brief mental health screenings and triaging patients into diagnostic appointments, there is immense pressure to funnel patients into shortcut telephone diagnostic appointments because our clinic does NOT have sufficient staff or appointments available for patients to receive a complete, in-person diagnostic assessment consistent with our state's timely access law. In most cases, Kaiser simply "defaults" patients into shortcut telephone appointments without giving them the option of an in-person appointment. If a patient requests an in-person appointment, they often must accept lengthy appointment delays that violate California's timely access laws due to the lack of staffing in our clinics.

Additionally, it appears that these shortcut diagnostic telehealth appointments are sometimes being used by managers to inappropriately deny patients subsequent individual treatment based on an incomplete clinical profile. I field many calls from patients who called Kaiser for help with mental health problems, received a shortcut telephone assessment from Kaiser, were denied individual treatment based on Kaiser's incomplete assessment, and later called back to beg for care from Kaiser. I have also observed Kaiser's primary care physicians repeatedly sending the same patients to our psychiatry department after these patients were denied access to individual psychiatric care following a shortcut diagnostic telephone assessment.

Recently, I spoke with a patient who was denied an individual treatment appointment despite the fact that a therapist, even during a shortcut diagnostic exam, had documented the patient's moderate to severe scores on their "Adult Outcomes Questionnaire" (AOQ), moderate symptoms, and difficulty performing daily functions in an important life area. According to professional standards, such a patient should receive care. In my service area, these sorts of apparently improper denials of care ordinarily happen on a daily basis. These experiences appear to indicate that Kaiser's managers are using these shortcut telephone assessments in a gatekeeping role even though the assessments are incomplete and do not conform to professionally recognized standards of practice.

Finally, in response to the concern I brought up regarding first-time adolescent patients forced to endure one- to two-month waits to actually speak with a therapist for the first time, Kaiser said it adheres to a California state law that allows children above age 12 to self-refer to mental health treatment without parental consent. This response doesn't address the concern that I raised in my public comment — namely, that adolescents often wait one to two months before they actually first speak to a therapist. My concern isn't the method of referral, but rather the excessive waits that adolescents endure to actually speak with a therapist about their mental health or substance use disorder. Such wait times create serious risks for adolescents. The reason for these long wait times was outlined in my original public statement at the CalPERS meeting on 11/19/2019 — namely, Kaiser's apparent attempt to game the state's timely access system by forcing patients to undergo an elongated "two-step" diagnostic procedure that delays both their diagnosis and treatment. As I stated in my public comment: "...Kaiser directs therapists to do a 30-minute telephone call with adolescents' parents within 10 business days of the appointment request, and counts this call as meeting the state's timely access requirement — even though the adolescents were often not even talked to." Typically, adolescents first get the opportunity to speak with a therapist at the time of their follow-up appointment, which is often one to two months after the telephone call with the parents.

In closing, I think it is essential for CalPERS to carefully investigate Kaiser's system of delivering mental health services to the more than 600,000 CalPERS members enrolled in Kaiser. In addition to addressing the issues I raised in my comments, I suggest that CalPERS require Kaiser's top officials to enlist the feedback of its therapists in order to develop a clear understanding of the deficiencies that too often deprive our patients of timely and clinically appropriate care.