Governor's Mental Health and Wellness Commission
Public Forum
April 23, 2013

My name is Fred Van Alstine and I am the current President of the Michigan Academy of Family Physicians and a practicing family physician in Owosso. Collectively, the 3,000 plus members of the MAFP care for millions of patients through the state of Michigan. I wish to speak for a brief moment on this critically important topic – one that I encounter nearly every day treating patients in a rural town.

It is no secret to family physicians that our state's mental health system is overwhelmed. CMH can only handle the most severe cases and even then, it is usually after a significant wait. Family physicians help manage many of the cases that CMH is unable to, however, significant barriers remain such as a shortage of mental health professionals in underserved areas, deficiencies in reimbursement and a lack of structure for continuity of care.

The continuity of care inherent in family medicine makes early recognition of problems possible. Because family physicians treat the whole family, we are able to recognize problems and provide interventions in the family system. Family physicians are also able to treat individuals who would not access traditional mental health services because of the social stigma associated with mental illness. The major cause of mortality from mental illness is suicide, which may occur before a patient seeks care for a mental health related symptom. Consider this: more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, influenza and chronic lung disease combined.

Easily 30% of my practice involves treating patients with mental health conditions, primarily depression; and I manage several patients who are on medication for other serious disorders such as chronic schizophrenia. In my town, there is only one psychiatrist I can refer patients to in the event of diagnostic uncertainty; and access to specifically trained child and adolescent psychiatric services are virtually non-existent. In addition, substance abuse is problematic and there are no services for narcotic dependency in my community. Many times, family physicians simply do what we can because there is no one else.

The majority of patients with mental health issues will continue to access the health care system through primary care physicians. The desire of patients to receive treatment from their primary care physicians or at least to have them more involved in their care has been repeatedly documented.

Payment mechanisms should be adjusted to reflect the importance of the primary care physician in the treatment of mental illness as well as the significant issues of comorbidity that require non-psychiatric care. Currently, there is some confusion surrounding which codes family physicians can bill causing most to simply use standard office calls. The issue of appropriate reimbursement is critical when 32 percent of undiagnosed, asymptomatic adults indicate that they will first turn to their primary care physician for help with a mental health issue.

We must also explore ways to increase the number of counselors and place them in accessible locations, preferably the primary care office. This allows for more effective coordination of care and patient compliance. Ideally, patients who have limited transportation options should be able to schedule their doctor appointment and their counseling appointment on the same day.

It is also important to keep in mind, in the context of this discussion, the significant impact that mental health problems have on physical health. Research indicates that among elderly patients with high mean depressive scores, the risk of coronary heart disease increased 40 percent while the risk of death increased

60 percent compared with elderly patients with the lowest mean depressive scores. For family physicians, detecting and managing mental health problems compete with other priorities such as treating an acute physical illness, monitoring chronic disease and providing preventive health services.

Mental health services must be an essential element of the health care services continuum. Promotion of mental health and the diagnosis and treatment of mental illness in the individual and family context are integral components of what I do as a family physician in a rural town. Absent any measures to address the lack of a clear reimbursement structure and proper coordination of care, we will continue to face an uphill battle in meeting the mental health needs of Michigan citizens.

Thank you for the opportunity to testify this evening.