

Readers' Forum

To the editor:

Solo and small group mental health care professionals are often the only care options for rural and isolated clients. It's about time that the independent solo or small-group providers be accorded some measure of respect for their efforts.

The July/August 2009 issue of the *North Carolina Medical Journal* does a good job of covering medical care issues across the state, including mental health care. However, there appears to be no organizing meta-statement as to how health care ought to be implemented in North Carolina. The articles indicate that for-profit health care has, understandably, an agenda of creating more business—as long as it is paid—while the nonprofits or charity health care providers are turning away patients. For the smaller practices we are forced to be content with patients and funds that “trickle-down” to us. The voices of the solo and small group providers were not present in the *Journal's* issue.

North Carolina mental health reform was instituted in 2001, with implementation starting in the furthestmost point from Raleigh in western North Carolina where it was created. I was at quite a few of the provider meetings held by the Smoky Mountain Center LME in Sylva, NC. Dozens of interested providers were present at those meetings. What took place provides a window into what has happened over the past eight years and what will, I believe, increase—smaller, more flexible providers are supplanted by larger companies that provide a wider range of lower grade services. That's how they make their money. Individual therapy and assessment becomes formatted group therapy rendered by lesser qualified mental health professionals. Big fish eat little fish and bigger fish eat them. As we all know, for-profit means that the people at the very top earn a great deal of money. I do not see any trickle-down effect for the payment of people doing the actual work.

As a psychologist, my fee-for-service practice allows me to be paid reasonably well for my time in working with mostly Medicare and Medicaid indigent clients. As a clinical/health psychologist, my training allows me to create something of a 'mini medical home' as I link patients to the most appropriate



providers given their physical and mental health challenges.

North Carolina mental health reform could perhaps be seen as stumbling vaguely towards the creation of total health care clinics. In 2001, the community mental health centers became administrative entities of mental health care. However, private providers would need to be folded into entities providing more than just mental health services. Thus, universal health care becomes something more than just health insurance available for any and all citizens. Undeniably, we have been on this fee-for-service path for decades and I might speculate that it will take a

generation or two of practitioners for this to change.

A bittersweet moment took place several years ago in western North Carolina as former director of MHDDAS, Michael Moseley was speaking to a small audience at Western Carolina University, describing the emperor's new clothes in terms of how well North Carolina mental health reform was moving along. This was the same day that the largest private company, which insured 10,000 for mental health care, was collapsing two counties over.

The chaotic churn of the disinvestment, which could have been anticipated but not avoided after the fact, coupled with the refusal or inability of the LME's utilization review departments to authorize and reimburse for mental health care for uninsured, state-funded clients as rendered by willing, independent providers, has not just dissuaded me, but blocked me from working with this patient population.

One of the original tenets of North Carolina mental health reform, which sits at the heart of insurance policies associated with choice of providers, is to support the livelihood of the smaller providers who work outside the mainstream currents. While the *Journal's* issue was devoted to blocks of providers, be they within private, for-profit companies, or working at free clinics, bear in mind the usefulness of providers who have their limited number of fingers plugged into the holes of the dyke.

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