

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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A Minnesota-based program, called DIAMOND (Depression Improvement Across Minnesota, Offering a New Direction), is a collaborative care model helping patients with depression achieve remission.

Organizers say this initiative will improve depression care outcomes and reduce costs in the long-run.

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Psychiatrists, care managers help improve depression care in Minnesota M.D. clinics

A two-year-old program to improve the quality of primary care depression treatment in Minnesota health plans is achieving noteworthy results on both care delivery and payment variables, and the results are carrying relevance for specialty behavioral health clinics as well.

While the DIAMOND (Depression Improvement Across Minnesota, Offering a New Direction) initiative targets more focused and coordinated treatment for depression in primary care clinics, the non-profit healthcare improvement organization that is coordinating DIAMOND has also begun working with 17 specialty behavioral health clinics to adapt the model to the mental health service setting.

Organizers of the initiative

Bottom Line...

The DIAMOND program in Minnesota is creating a new paradigm in both service delivery and payment for depression treatment in primary care.

believe they are well on their way to demonstrating that more coordinated care and aggressive follow-up will improve depression care outcomes and also reduce costs in the long run, as it will improve worker productivity and reduce costly relapses.

“What we’ve seen in usual care for depression is that primary care physicians tend to treat depression with medication but it is undertreated or underdosed,” Nancy Jaeckels,

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Gulf oil spill prompts officials, counselors to mobilize and address MH concerns

Citing an emerging behavioral health crisis, mental health officials in Mississippi, Louisiana, Florida and Alabama have requested millions of dollars from BP (British Petroleum) to pay for mental health outreach and service programs related to what has been deemed the nation’s worst oil disaster.

The 2010 Deepwater Horizon oil spill has also spurred a number of outreach activities by the mental health community, along with plans to establish an expanded and coordinated network of community resources to respond to affected populations, including the fishing community, the oil industry, travel and tourism, and retirement communities.

In a letter written late last

Bottom Line...

Several initiatives and outreach activities have sprung up along the Gulf States in an effort to reach affected populations, from fishing and oil industries, where they work and reside.

month to BP officials, Louisiana Department of Health and Hospitals Secretary Alan Levine requested \$10 million to provide mental health services to Louisiana residents affected by the oil spill. The funding would support six months of continued outreach activities of the department’s Louisiana Spirit outreach teams, he wrote.

The Louisiana Spirit crisis counseling teams have counseled 2,000

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DEPRESSION from page 1

vice president for member relations and strategic initiatives at the non-profit Institute for Clinical Systems Improvement, told *MHW*. "Our program involves very aggressive stepped protocols for medical management, guiding the provider to more aggressive treatment."

Latest results

Launched in March 2008 at 10 primary care clinics in Minnesota (see *MHW*, June 2, 2008), DIAMOND has now expanded to 83 sites in five waves of implementation. A number of the state's most prominent health plans, including Blue Cross Blue Shield of Minnesota and HealthPartners, are reimbursing medical clinics in an innovative payment model in which the clinics receive a bundled monthly fee for the services they provide each month (regardless of the number of times they may see a particular patient in a given month).

"DIAMOND is a payment redesign as well," Jaeckels said, adding, "There is no other program that combines care delivery and payment like ours." Most other efforts resembling DIAMOND in their goals have been conducted through grant funding or in a capitated model, not in a fee-for-service structure such as this.

Two years into the initiative,

DIAMOND now has some clinics that have been implementing the program since its inception and others that are not yet past their first six months. Last month the institute released its latest set of data measuring client outcomes, and the effort is demonstrating a comparatively strong ability to help patients achieve remission.

Looking at a group of 1,752 patients contacted six months after entering into DIAMOND treatment, 45 percent of the patients were in remission and another 16 percent had at least a 50 percent reduction in depression severity. The main screening tool used in the program to diagnose depression and monitor progress is the PHQ-9, a nine-item depression scale of the Patient Health Questionnaire that is based on DSM-IV diagnostic criteria for major depression.

Taking into account those patients who could not be reached at six months (and presuming for statistical purposes that their depression has persisted), the institute estimates that 26 percent of all DIAMOND clinic patients were in remission after six months. By comparison, 2009 data from a broader set of 184 primary care and behavioral health clinics submitting data to the public reporting agency MN Community Measurement found that 5.8 percent of patients treated

for depression were in remission after six months.

Examining the top 10 clinic performers in the latter analysis, seven are primary care clinics offering the DIAMOND program, and two of the other three are behavioral health facilities that are participating in the collaborative with the institute, Jaeckels confirmed.

Key elements

A HealthPartners psychiatrist who visits participating clinics and reviews cases with care managers points out several factors that he considers crucial to the success of DIAMOND. Michael Trangle, M.D., associate medical director of HealthPartners Medical Group's behavioral health division, starts with the concept of initiating reliable care processes at the clinic level.

"Clinics keep a list of all their depression patients and stay in touch with them, both by phone and face-to-face," Trangle told *MHW*. "They monitor patients for medication side effects, and whether they showed up for appointments. The clinics make decisions based on how much the patients are improving."

The role of the care manager and the psychiatrist in the primary care setting cannot be underemphasized, according to project leaders. Trangle said that some clinics have assigned the care manager role to a

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registered nurse, some to a social worker, and still others to a medical assistant. To him, the training background of the individual is much less important than the personal qualities the person brings to the care coordination role.

“They have to have good social skills, they have to be persistent, and they have to be able to talk to doctors and to patients,” Trangle said. “They help engage in behavioral activation, getting the patient to resume pleasant experiences, exercise, etc.”

Added Jaeckels, “We’re lifting the stigmas about this role, which say that only a behavioral health specialist can do this, or only an RN can do this.”

Clinics also engage the expertise of a psychiatrist who reviews cases and offers primary care physicians guidance in how to use antidepressants and how to engage patients who might be struggling with their symptoms. Good communication is critical under a format in which the psychiatrist spends only two hours a week in the clinic,

‘We’re lifting the stigmas about this role, which say that only a behavioral health specialist can do this, or only an RN can do this.’

Nancy Jaeckels

Trangle said.

All of these efforts combine to result in better monitoring of patients whose progress often can be difficult to track. “Depressed patients get lost to follow-up a lot,” Trangle said. “Sometimes they don’t come in because they’re experiencing side effects. Sometimes they feel better and don’t think they need to stay in treatment. Or sometimes they’re just too tired to come in.”

Jaeckels said the institute is continuing to visit clinic sites and to study closely how the interaction among the various health professionals occurs and how it achieves the program’s goals. In addition, the National Institute of Mental Health (NIMH) is funding a five-year study of DIAMOND that is being coordi-

nated by HealthPartners Research Foundation, an analysis that will take a comprehensive look at care delivery, patient outcomes and cost-effectiveness.

Jaeckels said organizers anticipate that the program ultimately will demonstrate that such an effort costs money to implement in the first year, is cost-neutral by year two, and begins to result in savings in years three and four.

She added that the work around DIAMOND will help inform those looking at how to treat disease states in a medical home model that for many is emerging as the future of healthcare delivery. “Our model is the same as what would be implemented in a health-care home,” she said. •

Communication key between providers, consumers over privacy

The use of electronic health care records for consumers with mental illness can undoubtedly open the doors of communication between mental health and other health care providers, and improve patient care, particularly for consumers with comorbid conditions. However, some in the field have raised concerns that consumers with mental illness may not access treatment for fear of disclosure about their illness to other providers.

Mandated through the Health Information Technology for Economic and Clinical Health (HITECH) Act that became law in February, the government is encouraging health-care professionals to digitize health records by 2014 in an effort to improve patient care and reduce health-care costs.

Bottom Line...

Patient consent to share their MH records with other health care providers may be more likely if providers clearly explain the significance of shared information and safeguards to protect unauthorized disclosures.

Additionally, behavioral health advocates are pushing for co-sponsorship of the Health Information Technology for Behavioral Health Services of 2010 (HR 5040) that would help mental health providers access electronic health records, grants and incentives, established by last year’s American Recovery and Reinvestment Act (see story, page 5).

Chris Koyanagi, policy director for the Judge David L. Bazelon

Center for Mental Health Law, testified last month before the National Committee on Vital and Health Statistics concerning the privacy of mental health information. Koyanagi told lawmakers that control of personal health care information, particularly related to sensitive information like mental health, should belong to the health care consumer.

“We are extremely concerned that consumers have access and control over their own health records,” Koyanagi testified. “We also believe that the advent of electronic systems provides a golden opportunity to allow consumers to have specific control of aspects of their health records, and as a result, have the confidence to seek treatment.”

Koyanagi noted that consumers

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who have serious mental illnesses are more likely than others to have serious health problems, such as diabetes and cardiovascular disease and that it is even more important that they agree to share critical information. This could occur if the consumer is able to make informed decisions about how their information is shared, she testified.

Communication key

Providers should clearly and effectively explain why it is important to share information and what safeguards are in place to protect unauthorized disclosures, Koyanagi told lawmakers.

“People are very concerned about their mental health information and whether that information will be shared outside the health system and used for nefarious reasons,” Koyanagi, told *MHW*.

Fearing discrimination, consumers with significant mental illnesses do not want providers to have information about their illness, citing discrimination, said Koyanagi. “Some consumers feel that other providers — non-mental health providers — will discount their symptoms as being part of their mental illness when in fact these are real physical problems,” said Koyanagi.

“Any information can be shared, other than psychotherapy notes which are protected under HIPAA (Health Insurance Portability and Accountability Act) if the consumer consents,” she said. “Our recommendations are that not all information is shared with providers without consent.”

For example, some people may not want progress notes shared or

‘People are very concerned about their mental health information and whether that information will be shared outside the health system and used for nefarious reasons.’

Chris Koyanagi

details of the programs they attend or for providers they see to know whether they have been hospitalized for mental illness, Koyanagi said. “As a default, information should be categorized and access limited on a need-to-know basis.

It remains to be seen whether electronic records will protect privacy beyond the federal HIPAA rules, said Koyanagi. State laws on privacy will also need to be complied with at a minimum, she said. “The thing about electronic records is that it is easier to protect information and to segment the record and limit sharing only to those who truly need to know and to give consumers control over what is shared with whom,” Koyanagi said.

Medications are of particular concern, she said. “We would suggest that medication information be shared with prescribers unless the consumer has opted out of that,” she said. “For other sharing we would normally favor the default being that information is not shared unless the consumer consents.”

Components of mental health records could be separated into a few, broad categories such as information on medications and diagnosis, treatment and progress notes, names or types of providers who have been, she testified.

Privacy breach

Breaches of privacy in mental health may have personal, professional, and financial consequences for the individual due to its stigmatizing nature, Robert Plovnick, M.D., M.S., director of Quality Improvement and Psychiatric Services at the American Psychiatric Association (APA), told *MHW*. Plovnick added. “Conversely, when a lack of clarity over how to handle mental health information causes pertinent mental health information to be withheld in clinically appropriate situations such as a medical emergency, patients do not experience the full benefit of health information technology,” he said.

Plovnick added, “National surveys have shown that individuals do sometimes withhold vital information or avoid care altogether if their information is perceived to be widely available on a regional or national network.”

Meanwhile, the National Committee on Vital and Health Statistics plans to release a report in the fall regarding patient privacy and electronic health records, said Koyanagi. •

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House introduces bill to increase Medicaid funding for MH clinics

House lawmakers this month introduced legislation to enhance Medicaid funding for health centers, organizations and clinics that offer community-based treatment and

support for populations with mental and addiction disorders.

The legislation, HR 5636, the Mental Health and Addictions Safety Net Equity Act, would establish a

network of Federally Qualified Behavioral Health Centers (FQBHCs) around the country and provide these new centers with cost-based reimbursement through Medicaid.

According to the bill, services under the plan will be provided only through appropriate, qualified community programs (which may include FQBHCs), child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer-directed programs.

According to the legislation, individuals will be provided with a choice of service options where there is more than one efficacious treatment. The organizations, clinics and health centers providing the services must employ a clinical staff that is multidisciplinary and culturally and linguistically competent.

The legislation also calls for the Institute of Medicine (IOM) to submit to Congress a report that evaluates "the combined paperwork burden" of FQBHCs, including an examination of licensing, certification, service

definitions, claims payments and other financial auditing requirements.

Doris Matsui (D-Calif.) and Rep. Eliot Engel (D-N.Y.) sponsored the legislation. "It is time for mental health to be treated on a level playing field with the rest of our nation's health care system," Matsui said in a statement.

"Safety net hospitals and health centers enjoy federal support and funding even in times of economic distress," Linda Rosenberg, President and CEO of the National Council for Community Behavioral Healthcare. "Why should mental health and addictions be any different?"

"Investing in mental health and addictions treatment can save our economy the many billions we now spend on emergency room visits, incarceration, and lost productivity," said Charles Ingoglia, vice president of public policy for the National Council. "Federal funding for these

essential services is the only option to protect against decimation of services due to state budget struggles," he explained.

Reps. Matsui and Engel were honored as National Council Legislators of the Year at an awards ceremony during the National Council's annual Hill Day on June 29 (see story below). More than 500 safety net behavioral health organization stakeholders were in Washington D.C. to visit their members of Congress and advocate for federal support for better resources for the mental health and addictions safety net.

The Matsui legislation is supported by other mental health advocacy organizations, including the National Alliance on Mental Illness (NAMI), the Mental Health Association in California, and the California Council of Community Mental Health Agencies. •

The National Council on the Hill

BH advocates convince lawmakers to sign on to HIT bill

A health information technology bill that would help mental health providers access electronic health records grants and incentives and help healthcare providers and hospitals establish a nationwide health information technology system, received additional legislative support following advocacy last month by members of the National Council for Community Behavioral Healthcare (National Council).

Nearly 500 behavioral health providers, consumers and community stakeholders descended on Capitol Hill June 29-30 to encourage co-sponsorship of legislation to help mental health providers access electronic health records grants and incentives, increase federal block grant funding for mental health and addictions services, and support the creation of federally qualified behavioral health centers.

The Health Information Technology for Behavioral Health Ser-

'It's important that we be on equal footing with other health care organizations.'

Linda Rosenberg

vices Act of 2010 (HR 5040) was introduced by Reps. Patrick Kennedy (D-R.I.) and Tim Murphy (R-Pa.). The bill would provide mental health treatment facilities with the same access to federal grants and incentives available to other health care providers.

These grants and incentives may be used to purchase electronic health records (EHRs), train staff and improve the information sharing and collaboration between mental health and other health care providers. (See story on consumer

privacy issues, page 3).

With the support of National Council members, co-sponsorship of the legislation increased from 34 to 48, said Linda Rosenberg, president and CEO of the National Council for Community Behavioral Healthcare. "The future is all about technology in terms of improving patient care, reducing errors and increasing efficiency," Rosenberg told *MHW*. "It's important that we be on equal footing with other health care organizations. We need to be electronically connected to the rest of the health care community."

National Council members also urged support for the Community Mental Health and Addiction Safety Net Equity Act (HR 5636) that would establish Federally Qualified Behavioral Health Centers to require Medicaid coverage for services provided by the centers (see story, page 4).

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In addition, three Representatives attended a congressional briefing held on June 30th in conjunction with Hill Day, "Health Information Technology and the Behavioral Health and Substance Use Provider." Representatives Kennedy, Murphy, and Grace Napolitano (D-Calif.) spoke to the importance of fully incorporating behavioral health providers into federal HIT initiatives.

Legislative priorities

Other legislative priorities for Hill Day included support for a \$100 million increase in the Mental Health Block Grant and a \$210 mil-

lion increase in the Substance Abuse Prevention and Treatment Block Grant. "We have got to keep the pressure on," said Rosenberg.

Advocates also called on lawmakers to support a six-month extension for the enhanced Federal Medical Assistance Percentage (FMAP) rates originally included in the economic recovery act. These rates are set to expire on Dec. 31, 2010, leaving many states without sufficient resources to meet the high levels of demand for Medicaid services during the economic recession.

The National Council honored Sen. Debbie Stabenow (D-Mich.) with its Behavioral Health Champion

award and named six U.S. members of Congress and senators as legislators of the year — Rep. Eliot Engel (D-N.Y.), Sen. Al Franken (D-Minn.), Rep. Doris Matsui (D-Calif.), Sen. Robert Menendez (D-N.J.), Sen. Lisa Murkowski (R-Ark.) and Rep. Sue Myrick (R-N.C.).

While the passing of national health care reform is pivotal to the field, much of the provisions will take place in 2014, noted Rosenberg. "We continue to have immediate needs and it's about getting those needs attended to," she said. "2014 holds out promise, but we've got to be focused on what we can do right now." •

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individuals in the affected areas, and are reporting "palpable increases" in anxiety, depression, stress, grief, excessive drinking and suicide ideation, Levine wrote.

"We're just beginning the needs assessment on clients and new [clients]," Steve Barrilleaux, Ph.D., psychologist and director of outpatient programs at the Gulf Coast Mental Health Center in Gulfport, Mississippi, told *MHW*.

Barrilleaux said he recently developed a new screening tool to assess the impact of the oil spill on consumers. "I based it on symptoms we expect to see in situations like this," he said.

The area has several people employed by BP, who work in the fishing and sea food industries, he said. While there are not people rushing to the center's door expressing or showing trauma symptoms, there are those who mention problems with anxiety, sadness, depression, and anger, Barilleaux said.

Counselors may soon begin using a peer-to-peer listening model, where people are trained in empathetic listening and performing outreach to help clients, he said. The intervention was previously used for affected communities following the Exxon Valdez oil spill in 1989, he

'We haven't seen the walk-in-the-door type increase in clients. But counselors have seen stress-related trauma within their existing clientele related to the oil spill.'

John Ziegler

added. Targeted groups will include people working in the commercial fishing and charter boat industries, Barrilleaux said.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently engaged in a conference call with state mental health officials from Florida, Louisiana, Mississippi and Texas, to assess the needs of affected populations, he said. "We're not sure what to expect," Barrilleaux said. "We're just trying to be proactive."

Shades of Katrina

The current disaster is one that's occurring "on the backs of Hurricane

Katrina and Gustav," Howard J. Osofsky, M.D., Ph.D., chair of the psychiatry department at Louisiana State University Health Sciences Center, told *MHW*. "While there's been a gradual recovery process in the [mental health] system, we aren't back to baseline levels."

People are still recovering from Katrina, he said. "It's like a container with a lid, but the lid came off," he said. "Their symptoms came flooding back." Even 8- to 15-year-olds who experienced Katrina are now experiencing this current crisis, added Osofsky.

Osofsky conducted a presentation before experts around the country who convened in New Orleans for a workshop hosted by the Institute of Medicine (IOM) on June 22 and 23 to discuss the health and mental health impacts of the oil spill. Government officials and BP oil representatives were also there.

"Everyone at IOM was in agreement that mental health concerns are very important," said Osofsky, who said he expects to see elevated cases of post-traumatic stress disorder (PTSD).

"More services are required," he said. "Some communities have limited professionals available. We're working with community leaders, stakeholders, and mental health

providers in the community trying to determine what resources are available.”

Mental health leaders from the Gulf States have discussed working together on a broader Gulf initiative to address the mental health impact of the oil spill, he said. “It’s possible we can work together in trying to look at the needs of the Gulf Coast, something that would be helpful to the Gulf Coast and to the country,” Osofsky said.

Reaching out to the community

The Alabama mental health community has established a community response team similar to post-Katrina initiatives, said John Ziegler, director of public information for the Alabama Department of Mental Health. Social workers and mental health counselors are working as teams and going out into the community, he said.

“The signs of psychological stress are not immediately visible when riding by a neighborhood,” Zeigler told *MHW*. “We haven’t seen the walk-in-the-door type increase in clients. But counselors have seen stress-related trauma within their existing clientele related to the oil spill.”

Zeigler added, “We have to go out where they are in restaurants, bars, in the marina and community meetings.”

“In Louisiana, the population affected is the fishing industry,” he said. “In Alabama, we have a smaller coastal area. The beaches, and tourism and travel industry, and real estate associated with beach property have all been affected, Zeigler noted. “We have counselors there at the dock who set up group counseling [sessions] on site.”

Zeigler cited recent local news reports about an Alabama fisherman who had committed suicide. The news media indicated a psychologi-

cal connection between that incident and the stress associated with the crisis, he said. “That incident heightened our own sense of urgency to get out there,” said Zeigler.

Department officials have requested more than \$20 million annually from BP, said Zeigler. The funding would support a “Project Rebound” initiative to help connect consumers to a host of community resources. “Our main thrust is to develop a network of existing resources with the grant and add teams to help provide outreach,” he said. The funding will support efforts to work with highly trained counselors, work with the pastoral community, primary care providers; and provider care networks, he said.

Zeigler added, “It would be wonderful to have a ‘one-stop shopping’ area where people can get mental health services and referrals. We’re hoping to develop a seamless service delivery model.” •

BRIEFLY NOTED

Bazelon Center announces support for Kagan for Supreme Court

The Judge David L. Bazelon Center for Mental Health Law today announced support for President Obama’s nomination of Solicitor General Elena Kagan to the U.S. Supreme Court. “Based on her articulate and thoughtful answers to tough questions at her confirmation hearing, we think Elena Kagan will be a strong leader in advancing disability rights on the Court,” said Robert Bernstein, Ph.D., executive director of the Bazelon Center on July 6. Bernstein also cited Kagan’s efforts, while dean of Harvard Law School, to expand clinical and pro bono opportunities for students to

assist people with disabilities, including advocacy for people seeking Social Security disability benefits and help for families with children needing special education services.

Recession may be driving need for more MH professionals

Demand for psychiatrists is growing faster than for any other medical specialty, according to a new survey by national physician search firm Merritt Hawkins, an AMN Healthcare Company PRNewswire reported July 2. “When the economy goes down, mental health problems tend to go up,” notes Mark Smith, president of Merritt Hawkins. “But there is more to the rising demand for psychiatrists than the recession. A combination of factors is driving a psychiatrist shortage that could soon

reach crisis levels.” More than half of all psychiatrists are 55 years old or older and are nearing retirement age, Smith observes, while fewer medical school graduates are showing an interest in psychiatry.

Medicare Rights Center supports CMS appointment

Medicare Rights Center (MRC) president, Joe Baker, announced July 7 MRC’s support of the appointment of Donald M. Berwick, M.D., an innovator in the field of health policy, to serve as the administrator of the Centers for Medicare and Medicaid Services (CMS). “Dr. Berwick’s dedication to and expertise in health care quality and patient safety will improve the level of care provided to all people in the United States. His appointment is widely supported by patient groups, physicians and hospitals. “As an organization dedicated to helping people with Medicare and their caregivers, we look forward to working with

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Dr. Berwick to foster a system that delivers high-quality, patient-centered care to Medicare consumers," said Baker.

STATE NEWS

Indiana to transition MH services to community-based care

The Indiana Division of Mental Health and Addiction (DMHA), part of the Indiana Family and Social Services Administration (FSSA), last week announced a plan to improve access to community-based care for specific patient populations. These changes are part of FSSA's efforts to ensure that individuals who can benefit from community-based services are given that opportunity, said officials. "For patients who will transition, this is a step toward greater recovery and a life in the community," said DMHA Director Gina Eckart. This transition will occur gradually over the next several months, and hospital capacity will only be reduced as patients transition to appropriate community settings capable of providing the treatment and care required.

NAMES IN THE NEWS

The Consumer Council of the National Alliance on Mental Illness (NAMI) has honored **Paolo del Vecchio** with its annual Gloria Huntley Award. Del Vecchio is associate director for Consumer Affairs

Coming up...

The **National Technical Assistance Center for Children's Mental Health (TA Center)** will sponsor the 2010 Rural Behavioral Health Symposium in **Glendale, Ariz.** on **September 21-23**. Visit <http://gucchdtacenter.georgetown.edu> for more information.

The **New York Association of Psychiatric Rehabilitation Services (NYAPRS)** will hold its 28th Annual Conference, "Whole Self – Whole Health – Whole Lives" **September 22-24** at the Hudson Valley Resort & Conference Center in **Kerhonkson, N.Y.** For more information, visit www.nyaprs.org.

The **Center for School Mental Health (CSMH)** in collaboration with the **IDEA Partnership** will sponsor the 15th Annual Conference on Advancing School Mental Health, with the theme "School Mental Health and Promoting Positive School Culture," on **October 7-9** in **Albuquerque, N.M.** For more information, visit http://csmh.umaryland.edu/conf_meet/AnnualConference/index.html.

at the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services. Del Vecchio's work has included overseeing development of SAMHSA's Roadmap to Seclusion & Restraint Free Mental Health Services.

Kathleen McCann, R.N., Ph.D., has been named director of Quality and Regulatory Affairs for the National Association of Psychiatric Health Systems (NAPHS) and will serve as the NAPHS liaison to the National Quality Forum, the association announced. McCann will also continue to provide clinical consultation and education to the 600 NAPHS-member systems and facilities and work with hospital accrediting organizations in the areas of standards development and quality initiatives,

including the HBIPS (Hospital Based Inpatient Psychiatric Services) core measures (a project in which she has played a leadership role). Dr. McCann received her bachelor's degree in nursing from St. Joseph College, in Emmitsburg, M.D., and both master's and doctoral degrees in nursing, with special emphasis in psychiatric nursing.

RESOURCES

HHS launches new consumer-focused health care website

The U.S. Department of Health and Human Services (HHS) unveiled an innovative new online tool July 2 allowing consumers to connect to new information and resources that will help them access quality, affordable health care coverage. Called for by the Affordable Care Act, www.HealthCare.gov is the first central database of health coverage options, combining information about public programs, from Medicare to the new Pre-Existing Conditions Insurance Plan, with information from more than 1,000 private insurance plans. "HealthCare.gov helps consumers take control of their health care and make the choices that are right for them, by putting the power of information at their fingertips," said HHS Secretary Kathleen Sebelius.

In case you haven't heard...

The Army is using dogs "much more" to help soldiers recovering from post-traumatic stress disorder (PTSD) according to the Army Surgeon General's special assistant for mental health, Col. Elspeth Cameron Ritchie, M.D., who spoke July 2 at the annual convention of the National Alliance on Mental Illness (NAMI). The effectiveness of man's best friend and other animals as part of mental health care is anecdotal, Ritchie said, but is being taken seriously and researched. The Psychiatric Service Dog Society provides information for persons living with severe mental illness who wish to train a service dog to assist with the management of symptoms.