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Written Testimony from SIU School of Medicine
Submitted to Illinois Senate Human Services and Public Health Committee on Nov. 9, 2020
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About SIU School of Medicine

As the only medical school in the state that was legislatively developed to address the health of central and southern Illinois, we have developed an array of services to cover a broad geographic footprint. We are the only medical school in the country that actually owns its own Federally Qualified Health Center (FQHC) and expanded FQHC sites to numerous locations around the state. We have an Office of Correctional Medicine and actively provide psychiatric services to Pontiac and Logan Correctional Centers. We also provide numerous Medication-Assisted Treatment (MAT) clinics and behavioral health services around the state through our network of FQHC's and other medical school clinics.

In a free society, we want people to move through their days pursuing their best lives. However, for people of color these every day interactions can cause both psychological and physiological responses – a race based trauma response. Racial trauma has a cumulative negative effect on the lives of people of color. This trauma encompasses the emotional, physiological, health, economic, and social effects of multigenerational and historical harms. These harms contribute to mental health outcomes that show up as an increased emotional and cognitive load that impacts esteem, drives depression, anxiety, and PTSD and exacerbates other mental health disorders.

When we fully recognize the impact of race based trauma, we must increase the number of culturally competent educational and behavioral workforce development opportunities that are needed to address this trauma. We must also begin to create systems to mitigate this trauma early. We can do this by enhancing mental health assessment capacity and screenings for social determinants of health and adverse childhood experiences which have been drivers of poor health outcomes.

In addition to the policy recommendations listed below which includes a permanent expansion of telehealth, we recommend a deep analysis of existing health and human services policies that impact social determinants of health such as housing, food insecurity, employment, and education. These need to be evaluated for health implications and racial disparities.

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Pipeline Programs

Pipeline programs are particularly important. SIU has several pipeline programs where we reach into middle schools and high schools to get children interested and invested in careers in healthcare. We also have a MEDPREP program. The Medical/Dental Education Preparatory Program (MEDPREP) was established in 1972 by the Southern Illinois University School of Medicine, and has helped over 1000 educationally and/or economically disadvantaged students successfully matriculate into medical or dental school. This program has dramatically improved the diversity of physicians in our state and throughout the country.

1. Pipeline programs should be encouraged as an important component to an Illinois workforce diversity program that supports underrepresented, economically and educationally disadvantaged students in high school, college, and post baccalaureate into medical, behavioral health, and public health fields.
2. Successful completion of preparatory programs should be paired with a loan forgiveness program to retain diverse, culturally component physicians and behavioral health specialists in Illinois.

Culturally Competent Behavioral Health Workforce

We need to increase the number of people of color that we train to work in the behavioral health workforce. For example, according to the most recent data from the American Association of Medical Colleges, 4% of psychiatry residents nationally are black. At SIU, 19% of our psychiatry residents are black. While SIU Medicine has an above average rate of black psychiatrists, it is clear that it is time to turn our state and national attention to increasing the black mental health workforce.

1. Improve cultural competence and cultural humility training of behavioral health providers so that we are better able to care for all people in our state.
2. Deliver care differently and fund policies that support those new ways of delivering care. Create a model (like Colorado, Massachusetts, and others) to fund phone consultations by psychiatrists to primary care providers and other medical specialties.
3. Expand Project ECHO (Extension for Community Healthcare Outcomes) programs to help primary care providers improve their competence of treating less severe mental illness and Medication Assisted Treatment. This would create capacity within the mental health workforce to meet the needs of people with more severe illness.
4. Fund the Behavioral Health Workforce Education Center described in the Behavioral Health Workforce Education Center Task Force Report presented to the Illinois General Assembly December 27, 2019.

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Permanent Telehealth Expansion

We need a permanent telehealth infrastructure that closes care gaps and increases equity and access to people across the state. We can improve access to telehealth services for people in Illinois by establishing permanent rules to require insurance companies to reimburse telemedicine the same as if the person is seen face to face, regardless of the patient location. Other changes should:

1. Require insurance reimbursement for telehealth services at the same rate as in-person visits.
2. Eliminate restrictions on patient location.
3. Expand list of providers eligible for telehealth reimbursement.
4. Expand the definition of telehealth services to include "health care, psychiatry, mental health treatment, substance use disorder treatment, and related services to a patient, regardless of their location, through electronic or telephonic methods".
5. Require health insurers to cover the costs of all telehealth services rendered by in-network providers to deliver any clinically appropriate, medically necessary services and treatments to insurer's enrollees, and members under each policy, contract, or certificate of health insurance coverage.
6. Waive all utilization review requirements and pre-authorizations for telehealth services.
7. Limit cost sharing for telehealth services to the same amount required from patients for in-person visits from in-network providers.
8. Expanded broadband access throughout the state.

Race Data and Social Determinants of Health

We must make a commitment to systematically collect race/ethnicity and language data. This data collection would allow us to monitor health care processes and outcomes for different population groups and to design targeted culturally responsive quality initiatives. 70% or more of a person's health is driven by social determinants. These health indicators need to be a part of the electronic health record (EHR). This would be an opportunity to build connections and create a repository of data to be analyzed as we continue to study the impact of systemic racism and other factors that may impact care.

1. Standardize the use of the EHR to include social and behavioral domains which would provide better patient care, improve population health, and inform critical research and resource allocation.
2. Tie requirements for recording social determinants information to claims data that an academic institution can analyze, report, and make quality improvement recommendations.

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Mental Health Literacy Programs

Like racism, health literacy is an important social determinant of health. Health literacy is the ability to understand and obtain health information and instructions. This includes instructions on prescription bottles, follow-up recommendations, brochures about health and disease, consent forms—and how to navigate the very complex health care system that includes behavioral health.

Poor health literacy leads to poor health outcomes. Often this is because a person with poor health literacy doesn't have the skills to manage her/his own health and navigate the behavioral health system. Furthermore, studies have shown that people with poor health literacy receive less preventative care, utilize the emergency room more frequently, have more hospitalizations, and have overall poorer health.

School systems have the unique opportunity to help address social determinants of health across the entire state through programs that affect health throughout one's lifetime.

1. Integrate health literacy into the already state-mandated health curriculum. Such integration would help create consumers of health care that are able to understand and navigate the very complex health care system, are better able to communicate with their healthcare teams, identify realistic goals for their own health, advocate for their own health, and have better long-term health.
2. Identify Illinois academic medical institutions like SIU to develop health literacy and mental health education programming for public schools. Other interventions could include an expansion of school-based mental health programs and mobile crisis intervention services, SIU School of Medicine could combine our expertise in education and health to create e-modules that could be used by school districts.

Community Health Worker Programs

The SIU School of Medicine community health worker (CHW) model uses a multi-sector approach to address complex health and social problems and determinant of health. Competing hospitals and a federally qualified health center collaborate to address one neighborhood's complex health and social issues. In response to COVID-19, the OCICC developed a new pandemic health worker program for Central and Southern Illinois funded by HFS. The model can be instrumental in addressing disparities if we can:

1. Standardize training for community health workers (CHW) with in-demand modules offered at SIU School of Medicine. Project ECHO® (Extension for Community Healthcare Outcomes) is a hub and spoke educational model that connects specialists in academic medical centers ("hubs") to community health workers in underserved communities ("spokes") via workshops and videoconferencing.
2. Consider workaround reimbursement payment models with Medicaid and other payors.