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## Increased coverage means more mental health care

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Mental health care in Denver stands to get a major boost from the federal health care reform bill.

Under the Patient Protection and Affordable Care Act, mental health care will be considered an essential benefit that must be offered — as is physical health care — by all insurers when the individual insurance mandate takes effect in 2014.

While few people think of mental health on the same plane as physical health, its treatment is essential to helping businesses reduce health care costs and improve productivity, said George DelGrosso, Executive Director of the Colorado Behavioral Healthcare Council.

Afflicted employees not only are less productive but are more likely to be ill and to run up higher treatment costs if they suffer both physically and mentally, he said. He cited one actuarial study that showed the cost of treating diabetes rises from an average of \$500 per month to \$1,100 if the patient also has mental health issues.

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**Dr. Carl Clark**  
Mental Health Center of Denver

Insurance plans offer less coverage and benefits for mental health than for physical, DelGrosso said. Service and prescription co-payments can be much higher for mental health treatments, and certain plans cover only a limited number of mental health conditions, he said.

With one in four adults experiencing a mental health issue, the expansion of insurance parity to treatment of those afflictions will be a “huge change,” said Dr. Carl Clark, CEO of the Mental Health Center of Denver. Not only is the investment by businesses and insurers in mental health likely to help out people who aren’t getting treatment now, it’s likely to lower the overall cost of health care because of its effect on individuals’ health, he said.



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**Dr. Ted Wirecki, CEO of TMS Center of Colorado, demonstrates a magnetic-stimulation therapy machine on employee Mandie Wolf.**

“With health care reform, there will be more people that have insurance that are coming to us,” Clark said. “It’s a cost savings. Our most intensive services cost about \$1,000 a month. But one hospitalization can cost \$10,000 a day.”

Many of the mental health care providers in Colorado are nonprofit groups — DelGrosso’s organization represents 17 community health centers, two specialty clinics and five behavioral health organizations that function as mental health HMOs — that treat both the insured and uninsured. And they’ve been deluged with a rise in patients during the recession.

Clark, whose center operates 37 sites throughout the city, said it provided services to roughly 15,200 people last year, but also had to turn away another 30,000 because of lack of staff. Treating more patients who have insurance will raise revenue and enable the center to hire more staffers and treat more patients, he said.

There also are for-profit mental health centers that stand to benefit from the rise in insurance coverage.

One is the TMS Center of Colorado LLC, a Denver practice that uses U.S. Food and Drug

Administration-approved magnetic-stimulation therapy to treat severely depressed patients in a way that’s safer than electric shock therapy.

In its first year, the clinic treated roughly 100 patients — an increase of 50 percent over its business plan projection. But also, it had to reject patients whose insurance wouldn’t cover it, said Dr. Ted Wirecki, Medical Director and CEO.

The procedure has been approved for use in the United States for just two years, which is one reason it lacks coverage, Wirecki said. But he also believes that once insurers are forced to cover mental health, they’ll look for more cost-efficient treatments such as magnetic-stimulation therapy.

### Getting insurance OK an obstacle

Large, self-insured companies such as Proctor & Gamble Co. cover the treatment now. Wirecki said making companies seek alternatives will benefit his business and others using cutting-edge technology that insurers ignore because they don’t have to cover most kinds of treatments.

“There’s no question that when it becomes covered by insurance, the demand will increase,” Wirecki said. “For every patient we cover, there are seven or eight who call and want treatment, but the financial burden is insurmountable.”

Mental health care, like physical care, is suffering from a lack of primary-care providers right now, a situation that could be exacerbated when everyone has mental health coverage in 2014.

But Clark also sees an opportunity, as the need for such providers is likely to push medical practices or doctor’s offices that lack such care to hire a certified professional to treat those patients.

If the government or private providers can offer some of the same student-loan forgiveness packages that physical health care providers now get to work with underserved populations, it could become a growing industry, he said.

“There are some people who are very interested in this field who are looking at the economics of it,” Clark said. “If there’s an opportunity for people to make money in mental health now that there’s a mental health [insurance] benefit, then I think more people will step up and offer it.”