

Kana Enomoto – SAMHSA

Mark Masselli: This is Conversations on Health Care, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret quite a powerful announcement from The White House President Obama announced plans to tackle America's gun violence epidemic.

Margaret Flinter: And the President was flanked by a number of parents who lost children to the Sandy Hook massacre, roughly 33,000 Americans killed by guns every year. And as the president said, we can no longer accept this as the status quo.

Mark Masselli: Statistics show that when guns are present in the home, the likelihood of injury or death goes up significantly. For instance in domestic violence situations people are 12 times more likely to be killed if there is a gun in the home, it debunks the notion of keeping a gun for protection in fact the data shows quite the opposite.

Margaret Flinter: Well the President is seeking primarily to make background checks a mandatory aspect of all gun purchasers. And he also wants to increase the FBI's roster of personnel who carry out these background checks, really trying to make the process more streamlined and more efficient.

Mark Masselli: Many of the nation's gun deaths are actually accidental and all too often these gun incidents involve children. It's an avoidable tragedy that needs to be addressed.

Margaret Flinter: And I note that President also touched on the need to enhance the nation's behavioral health system, suicides account for two-thirds of the nation's annual gun deaths and we know from statistics again when there is a gun in the house a person is far more likely to carry through with suicide, also a clear factor behind cases such as the Sandy Hook massacre. So we are pleased to hear the President promising more resources for behavioral health services and that is something our guest today is very knowledgeable about.

Mark Masselli: Kana Enomoto is the acting administrator of SAMHSA, the Substance Abuse and Mental Health Service Administration which is responsible for improving access to care for those most in need of mental health and addiction services.

Margaret Flinter: And Lori Robertson will check in, the managing editor of FactCheck.org, she is always on the hunt for misstatements spoken about health policy in the public domain. And no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you.

Margaret Flinter: We will get to our interview with Kana Enomoto in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I'm Marianne O'Hare with these health care headlines. The President's proposal to increase restrictions on gun purchases to those who can pass a background check as drawn as expected ire from gun right supporters. Republicans such as House Speaker Paul Ryan calling the measure overreach but the President said that 33,000 annual gun deaths in America must be addressed and Americans apparently agree, 70% of those polls felt stricter gun laws were a necessary route to curbing gun violence and the President was justified in overriding congress with an executive action on the matter.

Public health officials have been marking for some time the effect of overuse of antibiotics, now there is concern about overuse of CT scans, 85 million of which occur in a given year, and experts warn there is a real risk of overexposure to radiation from so much testing. CT scans use ionizing radiation which can damage DNA and cause cancer. The FDA reports an estimated 30% to 50% of imaging tests are believed to be medically unnecessary.

Kids and nutrition, thanks to a law passed in 2012 kids are getting more nutrition out of their school lunches. The Healthy Hunger-Free Act mandated more whole grains, fruits and vegetables in school lunches as well as a reduction of fat and calories, tracking school meals across a number of schools in Washington State the study showed before the law passed the meals had about 58% of the six essential nutrients required for a balanced meal, within a year after the law went into effect, that percentage jumped to almost 80%.

And more attention is being paid to the importance to the brain gut connection and when it comes to the difficult to treat irritable bowel syndromes psychotherapy may have a lasting impact. In a recently published study spanning 41 clinical trials those suffering from irritable bowel syndrome who received psychotherapy showed a marked improvement in holding symptoms at bay about 75% improved and the effects lasted for up to a year after therapy ended. Those in the control groups who did not receive psychotherapy fared worse in their prevalence of IBS symptoms. I am Marianne O'Hare with these health care headlines.

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Kana Enomoto – SAMHSA

Mark Masselli: We are speaking today with Kana Enomoto, acting administrator of the Substance Abuse and Mental Health Service Administration an agency within the Department of Health and Human Services which seeks to advance the behavioral health of the nation. Previously Ms. Enomoto served as both deputy administrator as well as the director of the Office of Policy, Planning and Innovation at SAMHSA. She earned her master's in clinical psychology from UCLA and is a graduate of the Senior Managers in Government Program at Harvard's Kennedy School. Administrator Enomoto, welcome to Conversations on Health Care.

Kana Enomoto: Thank you so much Mark and Margaret.

Mark Masselli: You know it's estimated that 1 in 4 Americans will experience some form of mental illness, and most of whom receive little or no care but SAMHSA has really played a key role in addressing mental health and addiction issues. And you are not alone in this, wonder if you could talk to our listeners about the role SAMHSA is playing in this arena and how SAMHSA is focused on helping to fill the mental health gap in the American health care system.

Kana Enomoto: Sure. So SAMHSA is an operating division of the Department of Health and Human Services so we are sister agency to CDC, FDA, NIH and we work across the department to help lead on behavioral health issues. And so the secretary has tasked us with making sure that all of HHS' investments in this area are aligned and focused on providing impact for the American people but SAMHSA has a number of roles that people don't know about.

We provide leadership invoice on behavioral health issues both within the HHS across the administration but also for the nation. So we do a lot of surveillance, we fund the largest household survey in the country in drug use and health and we do a great deal of other data work through our statistical unit. We support public awareness activities to support prevention treatment and recovery with right now a great campaign that you will see in bus stations and airports and all over called, "Talk. They Hear You." which is encouraging parents to talk to their children about underage drinking because we know that parents make the biggest difference in their kids' lives.

We also do practice improvements for folks who are already in the field and we do standard setting in a number of areas workplace drug testing is an important one, medication assisted treatment as well as privacy protections for people in treatment for substance use disorders in particular. We are really thrilled that the nation is showing so much interest in these issues. We think we are positioned really well to make an impact for the nation.

Margaret Flinter: Well I was thinking as you spoke that virtually everything you said is front page news across the country in terms of issues of paramount concern to

Kana Enomoto – SAMHSA

Americans right now. And I want to talk a little bit about the mental health side of the work that you are doing, we had couple of years ahead congressman Patrick Kennedy on our show and he was stressing the importance of the mental health parity laws. Now, we still find something of a chasm between the patients who are within sometimes fragmented health care system and getting access to the behavioral health care that they need, maybe you could describe how the enhancement of The Mental Health Parity Act has or hasn't addressed that challenge.

Kana Enomoto: Right. Under ACA and Mental Health Parity and Addiction Equity Act about 62 million people have increased access or coverage at parity to insurance coverage for behavioral health services. So we are thrilled at that potential but you are absolutely right, it is potential and we have to make sure insurers and purchasers have the facts so they know what parity really means for them and you know health insurance and coverage are complicated and so many people have difficulty understanding the benefits to which they are entitled and it's really important for people who think they might not be getting coverage that they deserve under parity to contact the state health insurance commissioners or The Department of Labor which, for us at SAMHSA we have been very very invested in parity implementation and doing everything we can to make sure that that's happening.

We have met with stakeholders pretty recently from outside organizations as well as other federal agencies to get feedback on what needs to get done, where the gaps are, and we are continually engaging with our stakeholders for opportunities to support implementation of parity protections. We know that in some states, states attorney generals and insurance commissioners are getting together to have these conversations because it is largely going to be a state issue at the point of enforcement but clearly to the degree we can facilitate people having the right information upfront we want to do that.

Mark Masselli: You know Kana I know that President and the secretary have great faith in SAMHSA and certainly have, wanted to give additional resources, I don't know how you ended up in the final budget reconciliation, but I think our listeners would be interested in that. And then you know there are four key areas that your organization is addressing strengthening the crisis system, combating opioid abuse and building a stronger behavioral health workforce and increase attention on tribal health issue. So could you start off talking about this first initiative strengthening the crisis system and the initiatives that SAMHSA has underway?

Kana Enomoto: Well I have to say we are plus \$160 million last time that I checked for the Omnibus.

Mark Masselli: Yee-haw.

Kana Enomoto – SAMHSA

Kana Enomoto: We are just bursting with attitudes to our colleagues on the hill for seeing the need to invest strongly in mental health and substance abuse. On the crisis front you know it's in the headlines all too frequently people having psychiatric emergencies, people overdosing, people getting boarded in hospital emergency rooms. We know that no one is doing it on purpose but in fact we need to help the multiple systems who deal with people experiencing a behavioral health crisis to coordinate and collaborate and communicate with one another whether that's law enforcement, whether that's emergency care, whether that's the mental health department. It's very easy for folks to fall through the cracks.

And we have seen some communities that have designed crisis systems that are more seamless and have better idea sharing and collaboration so that they can stabilize individuals in psychological distress, engage them in the most appropriate course of treatment whether that's in-patient or out-patient. And then get people to be supported in their own communities with the right continuous services, through that not only can we deescalate the immediate crisis but prevent future crisis down the line.

Margaret Flinter: Well Kana let me take a look down at the next issue, the issue of opioid addiction, 250 million opioid prescriptions prescribed by medical professional in the past decade alone, a 150,000 deaths from overdoses, maybe you could just tell us everything in a nutshell that you are doing to target the issue of opioid addiction and overdoses at SAMHSA.

Kana Enomoto: Well so FY 2016 budget has great news for us. So we already have I think 12 states with targeted capacity expansion for prescription drug overdose and addiction treatment. We are going to be adding to that list of states. This year we are trying to get funds to the states with the highest rates of in-patient admissions and overdose. We are also seeing money been added to the block grants and SAMHSA has sent out Dear Commissioner letters or Dear SSA letters to let folks know that they can use their funds for medication assisted treatment for example. We also have new money for Naloxone distribution and public education for first responders.

Margaret Flinter: Great.

Kana Enomoto: As well as, and we are very thrilled to see this, Strategic Prevention Framework Rx because to increase awareness of the potential for opioid misuse, abuse and dependence. So we are trying to tackle this issue at every point of the continuum both from, all the way from primary prevention to recovery supports over this fatality prevention. So this is a huge issue, more people dying from this than from diabetes for example and I think Americans are really waking up to it and SAMHSA is part of the secretary's opioid initiative.

Kana Enomoto – SAMHSA

Mark Masselli: We are speaking today with Kana Enomoto acting administrator of the Substance Abuse and Mental Health Service Administration which seeks to advance the behavioral health of the nation. Ms. Enomoto served as both deputy administrator as well as the director of the Office of Policy, Planning and Innovation at SAMHSA as well you know innovation has been something that we have tried to highlight here on the show, and you served in the innovation role at SAMHSA and maybe talk to our listeners about the kinds of innovation in care delivery and treatment options that you see on the horizon.

Kana Enomoto: One of the things that we are excited about are these collaborative practices models. So in addition to telehealth which we know is a good thing, there are also technological requirements for that and legal issues around that when we have you know a specialty provider in one city if they are doing telehealth they can reach people in other places but they can only reach as many people as that they can reach as a person and with some of these collaborative practice models like Project ECHO where we can have the specialist providing mentorship and instruction to the non-specialist and we think we can expand reach of the kind of quality of care that we need to exponentially and we are very excited about looking at that as an expansion to behavioral health both for cutting edge interventions as well as some very traditional evidence based interventions which still haven't gotten the reach that they need.

Margaret Flinter: Kana as we look at the unmet needs in behavioral health we always end up asking the question about workforce. I know that 2016 SAMHSA budget had outlined some specific goals for the behavioral health workforce making training more accessible, maybe more affordable and making sure that the content of training and also the clinical practical experience is being revised to reflect current needs, what's the role of SAMHSA relative to these efforts?

Kana Enomoto: You know we have in recent years invested pretty significantly in behavioral health workforce and HRSA is also investing to the National Health Service Corps where about one-third of the providers are from the behavioral health specialty. So I think HHS recognizes the need that behavioral health is certainly a growth area and a shortage set of specialties. I think in the new Omnibus it looks like there is an additional \$15 million for behavioral health workforce that is, to include both our minority fellows as well as masters level, social worker, psychologist, counselors, MSTs and paraprofessionals.

So I think that's a great asset to the field that we can look forward to expanding our capacity especially as our professionals are looking agreeing as a behavioral workforce as well as, and as we move into more integrated health systems it's going to be important to build behavioral health capacity among and we had this conversation I think at the, when we are on the panel but what I call allied health professionals is,

Kana Enomoto – SAMHSA

includes doctors, nurses and everyone who is not a behavioral health specialist you know you are allies and so we need to leverage all of those who are engaged in primary care as well as specialty care because we know behavioral health issues have implications across the board.

Margaret Flinter: Absolutely.

Mark Masselli: Well engaging everyone in primary care certainly from the community health center world we know you worked well with community health center model and where really behavioral health and dental were closely integrated you know this whole concept that you have behavioralist along side with the primary care provider and I know SAMHSA has been working on bringing primary care to some of the behavioral health groups and talk to our listeners more about the types of models, there is a whole notion that primary care should be integrated and behavioralists should be somebody that kids see as much as they see a pediatrician, it's part of someone's daily life, it's not an exception.

Kana Enomoto: Absolutely. I mean that is sort of fundamental to SAMHSA's vision is that behavioral health is essential to health and behavioral health should be part of people's health care from early childhood up into being a senior citizen. We need to embed the understanding of mental health and substance issues for all of our primary care partners as well as specialty care because as we know the management of conditions like diabetes and breast cancer and hypertension are all affected by an individual's mental health whether they have you know they are symptomatic and that has an impact in their ability to adhere to whatever treatment protocols they have.

We have a couple of initiatives in the space primary behavioral health care and aggression program where we are bringing primary care into specialty mental health services because we know people with mental illnesses are very vulnerable to other chronic health conditions and so there are different studies show that people with schizophrenia may die up to 28 years earlier. And on the other side we are just awarded 24 grants to states who applied for planning grants for the demonstration program for certified community behavioral clinics, also known as the Excellence Act and that gives an opportunity to community behavioral health centers to get reimbursed in the same ways as community health centers and other opportunity for collaboration and connections.

Margaret Flinter: Well Kana we know that one thing that has been a big problem over the years and return to treatment often has been stigma or the fear of stigma and I would like to give you an opportunity to talk about a new effort that you have launched, the Science of Changing Social Norms which I think has as an end goal reducing stigma. Tell us about that.

Kana Enomoto – SAMHSA

Kana Enomoto: This is a project that we have designed to examine effective strategies for not only increasing public awareness but as it says changing social norms because people have negative perceptions in attitudes about mental illness and substance use problems. And they also don't necessarily see as we just talked about, see as behavioral health as a health priority or as a public health priority. And so you know raising public awareness is a first step, reducing negative attitudes is a second step but then we need to get people over the finish line to sort of changing their values that, such that if you have a child that's depressed or anxious you treat it as seriously as if your child has a fever or an injury.

We don't necessarily have that approach right now for behavioral health conditions and I don't think it's because they bore ill intention they think it's just that that's not the norm in our society and we need to use data, we are working with the National Academy of Sciences to say, how they have done this in other country, how they done this in certain communities, what do the data tell us are the very best approaches and how might we invest our time, our energy, our resources so that we can also move the needle.

Mark Masselli: We have been speaking today with Kana Enomoto acting administrator of the Substance Abuse and Mental Health Service Administration which seeks to advance the behavioral health of the nation. You can learn more about their work by going to samhsa.gov, Kana thank you so much for joining us today on Conversations on Health Care.

Kana Enomoto: Thank you so much. It's been a great conversation.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: "Have drug prices doubled in the last seven years?", that's what the Hillary Clinton TV ad airing in Iowa claimed. But a report provided by her campaign says, brand name drug prices on average have more than doubled, not all drug prices and more than 80% of billed prescriptions are generic, those prices have declined 62% the same report says.

In fact the Centers for Medicare & Medicaid Services says in the latest National Health Expenditure Report that the shift to cheaper generic drugs is responsible for historically low rates in prescription drug spending growth. The Clinton camp points to a report by Express Scripts, one of the nation's largest pharmacy benefits manager which found a

127% increase in brand name drugs from January 2008 through December 2014, but generic prices the report shows have dropped by more than half.

We also consulted Glen T. Schumock, with the University of Illinois at Chicago who has written extensively about drug costs. He too knew of no data that could conclusively answer the question of how much consumer drug prices have increased. Clinton ad mentioned specific conditions including heart disease, asthma and diabetes. The Express Scripts report does have data on drugs used to treat those conditions. It shows year-over-year price increases for the top hand traditional therapy classes that combine both generic and brand name drugs.

Diabetes was the only one that saw price increase in 2014 while drug cost for asthma declined 14.9%, and those for heart disease declined 12.6%. And that's my fact check for this week, I am Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. For all the people in the world without limbs acquiring prosthetics can be costly and out of reach. It's especially challenging to make prosthetics for children since they are in constant state of growth. Rochester Institute of Technology scientist Dr. Jon Schull stumbled upon a clever and affordable solution, provided online open source templates to anyone, anywhere in the world who has access to a 3D printer and provide prosthetic hands for next to nothing.

Dr. Jon Schull: I have made this Google maps mashup if you have a 3D printer and you would like to help put yourself on this map and if you know someone who needs a hand put yourself on this map.

Mark Masselli: So he founded the e-NABLE network which has massed thousands of volunteer makers in upwards of 40 countries around the world providing cheap but functional prosthetics for children in need.

Dr. Jon Schull: We know that we have delivered about 800 hands and we suspect that this comparable number had been downloaded by people we can't track because we have put all of our design on the Internet.

Kana Enomoto – SAMHSA

Mark Masselli: The simple limb designs have become more sophisticated as recipients of the prosthetic devices provide feedback for designers to make more efficient devices.

Dr. Jon Schull: These things grip or un-grip, that's all they do. So they are much less functional than our biological hand and they are also less functional than a fancy myoelectric hand but for kids it's huge because those expensive devices is typically out of reach for children who would outgrow them so it doesn't make sense for them to get a \$5,000 or \$10,000 hand and they look like superhero or ironman hand.

Mark Masselli: e-NABLE a global collaborative network of open source designs linking to makers with 3D printers to provide low cost prosthetic limbs to children and adults around the world, now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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