At its first annual Mental Health Working Group meeting, the Alliance for Patient Access welcomed clinicians and advocates to discuss how to improve patient access to mental health care.

**Utilization Management**

Members discussed the negative effects of utilization management tactics that take time and focus away from patients, delay access, and cause unnecessary pain or disease progression.

- **Step Therapy**
  One clinician said that his patients with bipolar disorders must, with some plans, first try two different insurer-preferred medications, including a generic therapy that is not indicated for bipolar disorder, before being allowed access to the drug he wanted to prescribe initially.

- **Prior Authorization**
  Several members noted that long lags waiting for prior authorization approvals are detrimental to patient health. One clinician said, “Mental health patients are less likely to even take medications, and when insurers add barriers, we really lose our patients’ adherence.”

- **Non-Medical Switching**
  Clinicians also expressed concerns about their patients being switched to different therapies solely to save the insurer money. One member noted that pharmacy benefit managers may offer an incentive to pharmacists to switch patients to insurer-preferred drugs. Members noted that this not only hinders patient health outcomes, but also undermines the physician-patient relationship.
**Telemedicine**

Members underscored the value of telemedicine for continuity of care with mental health patients. Virtual visits became especially valuable for patients in long-term care facilities during COVID-19. One member emphasized that telehealth was life-saving for mental health patients, who cannot wait for care. “In psychiatry, we have a three-month long wait list to see a doctor in person,” he said. Telemedicine helps bridge these gaps. Coverage for audio-only visits is important for patients who may be less comfortable with, or have less access to, technology.

**Mental Health Parity**

Several members noted the push for mental health parity in recent years but acknowledged that there is still more work to be done. Members concluded that mental health care must be twofold: Patients should have access to a primary care provider in addition to a certified psychiatrist for optimal results.

**Next Steps**

The working group discussed plans for producing educational materials in the coming year to expand public awareness and outreach. Members agreed that continued engagement with policymakers at the federal and state level will help encourage patient access and patient-centered care for mental health patients.

**Get Involved**

To learn more about AfPA's Mental Health Working Group’s advocacy efforts and membership, contact John Bates at jbates@allianceforpatientaccess.org.