



Improving access to behavioral health care for Kaiser members in San Francisco

Despite its prominent role as California's largest healthcare provider, Kaiser Permanente has a long track record of failing its patients when it comes to mental health services.

In 2013, the state Department of Managed Health Care (DMHC) levied a \$4 million fine against Kaiser for serious and widespread violations of state law.

Since then, and as recently as February 2021, follow-up investigations have found numerous deficiencies in Kaiser's compliance.

Timely access to mental health is critical to the success of

behavioral health treatments and has widespread implications for patients' physical health, their communities, as well as costs to the healthcare system.

The increase in mental health and substance use issues caused by the pandemic adds urgency to fixing Kaiser's broken mental health delivery system.

In recent months, numerous health funds, including SFHSS,

have turned their attention toward mental health access — recognizing a key need of City and County employees.

However, these organizations rely heavily on self-reported data from contracting health plans. Information relayed to the Board by SFHSS underscores how Kaiser Permanente's data masks the reality of long wait times and barriers to care that face its patients.

Patients still don't have access to the timely mental health care they desperately need

Patients in San Francisco currently face a one-to three-month wait list for full intake appointments or return appointments with their treating provider, depending on the type of appointment and level of severity.¹

Delays in appropriate treatment can have serious negative impacts on behavioral health patients, including longer recovery times, worse outcomes, increased morbidity and mortality, increased time away from work, and increased strain on families.

In late 2020, San Francisco-based Kaiser clinicians petitioned management about delayed

10/14/21 ** APPOINTMENT SELECTION ** PG 1

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As of October 14, the next available "Video Adult Intake Secondary" in San Francisco was January 19, 2022

intake appointments in a letter to management, stating "Management's inability to provide guidance or solutions forces each clinician to enforce a system of inadequate and unethical care on our patients over which we have little control."²

Yet these problems persist. NUHW has compiled documentary evidence of widespread and persistent delays in care at Kaiser clinics across the state.

The current wait time for a full intake assessment in Kaiser's San Francisco clinic is 14 weeks.

Survey data shows lengthy wait times for Kaiser patients across the state

In a survey of 4,000 Kaiser mental health therapists represented by NUHW, 88 percent reported that weekly individual psychotherapy treatment is unavailable for patients who need it, and 51 percent reported that their patients wait more than four weeks, on average, for a follow-up appointment. Therapists had no follow-up appointments available in their schedules for an average of 22 business days, more than four weeks.

Kaiser claims that 95 percent of SFHSS members enrolled receive non-urgent mental health appointments within 10 business days, yet Kaiser's own internal systems show one- to three-month wait times for full assessments with treating providers or return therapy appointments.

"We have patients who wait so long that symptoms which were initially mild can be severe by the time they see a therapist.

I recently assessed a patient who was mildly symptomatic when they had their initial intake over a month ago, but by the time they saw me to finish the assessment, was experiencing severe symptoms including suicidal ideation.

Kaiser is failing to recruit and retain therapists, and our San Francisco patients are suffering."



— Jeff Chen-Harding, LCSW
Kaiser San Francisco Psychiatry

Purchasers like SFHSS cannot rely on publicly available data to evaluate delays in care

California health plans routinely submit data to DMHC regarding availability of mental health appointments.

Kaiser often points to this data when challenged about delays in care faced by its patients.

However, data submitted to DMHC does not accurately reflect the reality of delayed care. Surveys ask a single question about a therapist's next

open appointment slot — allowing outlier cases to be presented as the norm.

While schedules are often booked two months into the future, last-minute cancellations show as openings.

Moreover, therapists' schedules contain multiple categories of appointment slots that typically are not interchangeable.

Claims of a workforce shortage are insincere

Kaiser claims it cannot recruit enough mental health providers to address delays in care, yet Bay Area counties have some of the highest numbers of licensed providers per capita in the U.S.³ This underscores how Kaiser is responsible for the crisis in patient care.

Much like other industries that claim workforce shortages, health insurers like Kaiser manufacture their own market dynamics. Low pay and difficult working conditions lead many clinicians to withdraw into private practice.

According to a 2017 study, 42 percent of California's licensed marriage and family therapists didn't accept insurance.⁴ Many more limit how many insured patients they will treat — choosing instead to see more private-paying patients.

While investing in workforce programs is important, that alone will not attract and retain providers in health plans like Kaiser. To grow its behavioral health workforce to levels that meet patient need, Kaiser must make this category of care a clear

priority, with a large and enduring investment of resources.

And telehealth is not a panacea. Kaiser touts telehealth as its primary method to “meet the mental health challenge,” but its efforts in this area fall far short of increased demand.

CalPERs, the state's largest health fund for public employees, recently reported that the prevalence rate of anxiety and depression among its members increased by 23 percent and 18 percent from 2019 to 2020, respectively. By contrast, Kaiser expanded appointments by just 3.6 percent through telehealth over the same period.⁵

Telehealth itself requires an investment in the provider network. By making it easier for patients to make appointments, telehealth puts further strain on the existing understaffed provider network. Kaiser's mental health provider networks have not kept pace with increased demand, and even shrunk in Northern California in 2020 over the previous year, according to NUHW's analysis of network filings.

Understanding Kaiser's mental health appointment process

Patients seeking behavioral health care from Kaiser must navigate a lengthy three-step assessment process, which can take four to five months before receiving individual treatment.

The process typically includes:

1. A brief conversation with a clinician in **triage**;
2. An **initial assessment** lasting 30-45 minutes, often conducted by a Kaiser call center.
3. For enrollees with mild to moderate symptoms, a referral to an external provider network, or to a track of five virtual sessions.
4. For enrollees with more serious symptoms, a one- to three-month wait for a **secondary assessment**, which is the full assessment with their treating provider and includes a treatment plan.
5. A one- to three-month waitlist for a **return appointment** with their treating therapist, depending on which track they are recommended for, after the full assessment is complete.

San Francisco can demand accountability from health plans

NUHW and mental health advocates are prepared to assist SFHSS and other health care purchasers to push for expanded transparency and accountability in the next round of contract negotiations with health plans. We recommend purchasers take the following steps:

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| <ol style="list-style-type: none">1. Add contract language with insurers that includes:<ul style="list-style-type: none">• More detailed and plan-specific disclosure of mental health utilization, clinical appropriateness, and timely access.• Metrics that incentivize increased compensation, reimbursements and improved working conditions for non-physician mental health providers.• Refunding of premiums in the event that health plans fail to ensure compliance with California patient access laws with respect to health plan enrollees.2. Cooperate with other large purchasers to standardize and strengthen health plan | <p>accountability measures, on this and other subjects.</p> <ol style="list-style-type: none">3. Survey health plan participants who have sought behavioral health services. Are they satisfied with the timeliness of care? How long have they had to wait between appointments?4. Establish an Office of Private Insurance Accountability, as recommended by Mental Health SF to address behavioral health as a public health issue. This office would advocate for insured San Franciscans when they are not receiving the timely or appropriate mental health care they are legally entitled to.⁶ This office has yet to be established, but would be a major step forward in bringing San Francisco patients the care they need. |
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| <ol style="list-style-type: none">1. According to internal appointment data, as of October 14, the next available regular secondary intake assessment or “Video Assessment Intake Secondary” was 01/19/22, or a 14-week wait time; the first “Focused Virtual Therapy” intake or “Video Assessment Intake Secondary” for mild to moderate tracked patients was 11/19/22 or five weeks, and the first “Focused Virtual Therapy” intake for moderate to severe tracked patients was 12/27/21 or ten weeks. As of October 15, the first full intake appointment for children was 12/01/21 or seven weeks.2. San Francisco-based Kaiser mental health clinicians’ November 23, 2020 letter to Kaiser management regarding delayed intake appointments. https://nuhw.org/wp-content/uploads/Letter-Re-SF-CaseLoads.pdf3. “Ratio of population to mental health providers, ranked by county.” County Health Rankings and Roadmaps. (2020). | <p>As the representative of Kaiser therapists, NUHW has received numerous timely access complaints including many from counties with high proportions of licensed providers. https://www.countyhealthrankings.org/app/california/2021/measure/factors/62/data?sort=sc-3</p> <ol style="list-style-type: none">4. California Association of Marriage and Family Therapists, 2017 Demographic Survey, Clinical. https://www.camft.org/Portals/0/PDFs/Demographic-surveys/2017/ClinicalSurvey.pdf?ver=2019-07-10-103433-9935. “2022 Pricing and Market Update.” Kaiser Permanente.6. “Mental Health SF.” Final Legislation approved December 20, 2020. https://sfgov.legistar.com/View.ashx?M=F&ID=7977077&GUID=A53A3BD6-2B5F-4DBE-8CB6-9161964AD5CC |
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