Testimony before the Office of the Healthcare Advocate
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My name is Barbara Sloan. I am a retired mental health and addictions counselor and program manager. I have been disabled since 1994 and on Medicare since 1996. I also have a supplemental health insurance policy.

Despite this insurance coverage for mental health treatment, it is very difficult to get good treatment. When my former psychiatrist stopped accepting Medicare, I paid him a reduced out-of-pocket rate for several years until he downsized his practice. I had to find a new doctor.

Eventually, I ended up at a community mental health center because private doctors were either unavailable or wanted up-front payment that I could not afford to put out while waiting for reimbursement from Medicare.

This has not been satisfactory, since my community mental health center does not employ the specialists I need to treat Post-traumatic Stress Disorder, which is complicated by depression and several physical disorders that often cause severe pain. I have also experienced set-backs due to frequent staff turnover.

Last year, I learned of a private clinic that serves people with trauma-related mental illnesses. I started to attend this center that accepts Medicare and my supplement as full payment.

However, the reality has been that though the therapist was well trained, she had so many patients and duties that she was unable to see me on a regular basis. This is exactly the same problem I had with the community mental health center.

In both cases, every time I made progress, I became a loser: a loser of appointment times, a loser of regular treatment by the counselor I trusted and finally a loser of a counselor I knew. Starting over with a new therapist takes a lot of resources and time that could be better utilized in helping a patient make progress. It's not like getting a new dentist who starts where the former one left off.

Continuity is as vital to treatment success as access is. The "system" needs to support well-trained therapists with the time to work with their patients. Skilled therapists and doctors need to be available so that patients are not shuffled aside as soon as they feel a bit better.

It seems to be some doctors and therapists in small private practices who choose not to see patients without prepayment. Thus patients must continuously be out-of-pocket hundreds of dollars they can ill afford while waiting for Medicare and Medicaid to pay. I am not blaming these practitioners, who understandably want to maximize their own cash flow and are trying to see patients who need them. Still, it is a problem.

If these issues can be adequately addressed, patients will have better access and better continuity of care. The skills of doctors and therapists will be better utilized. Parity, in the sense of access to skilled practitioners, not just to some practitioners, will become a reality. And most importantly, patients will have a better chance at making a full recovery or at least improving their mental health.

Thank you for considering my remarks.

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