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White Paper

Health Literacy and the 2008 Mental Health Parity and Addiction Equity Act

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In the United States, accessing health care is challenging not only for vulnerable subpopulations but even highly literate individuals may struggle while trying to navigate the overlapping, multi-layered complexities of our health insurance and health care industries. Although lower health literacy is associated with less education,[1] an unanticipated challenge associated with implementing the 2008 Mental Health Parity and Addictions Equity Act ("Parity") may be the health literacy level required of all segments of the population including health insurers, the insured and health care providers. In 2004, the Institute of Medicine (IOM) reported that low health literacy levels can reduce the success of treatment outcomes and increase the possibility of medical error.[2]

Multiple vulnerabilities. Empirical research highlights how vulnerable subpopulations disproportionately experience deleterious health consequences that are related to low health literacy. Particularly vulnerable groups include those who are economically and environmentally impoverished, racial/ethnic minorities, the elderly, women, children, recent immigrants, individuals with general low literacy, and those with mental health, substance use, or co-occurring disorders.[3, 4, 5, 6] Public health studies illustrate how individuals, when confronted with adversity across the life course, particularly in the forms of social marginalization and victimization, develop psychosocial health problems such as low self-image, depression and substance use that have a "snowballing" effect on overall health.[7, 8] Individuals with low health literacy skills are more likely to be hospitalized, have longer hospital stays, make medication errors, are less likely to comply with treatment, experience more hospitalizations, and tend to seek care at a more acute level of illness.[9 10 11] Nonetheless, although an increasing number of studies link limited health literacy skills to poor health, the causal relationship between health literacy and health is not yet established.[12]

Multiple literacies. As the concept of health literacy gains currency, its definition evolves as do the requisite skill sets.[13] Although a comprehensive definition of health literacy is beyond the scope of this Brief, the Office of Disease Prevention and Health Promotion, among others, define health literacy as "the ability to obtain, process, and understand basic health information and services to make appropriate health decisions…essential to promote healthy people and communities".[14] Additionally, health literacy includes skills that are both analytic (i.e., understanding, applying, critically interpreting scientific concepts, research, treatment protocols) and context-specific (i.e., doctor's office, internet, medication labels). As health care reform

continues to unfold into our complex health care and health insurance industries, challenges related to achieving universal, effective health literacy may appear formidable.

Parity compliance. Until enforcement of MHPAEA is uniform across the country, full compliance with Parity laws may elude some in the health insurance industry.[15] The lack of uniform enforcement may be reflected in disproportionately high incidence of incorrect denials of behavioral health treatment in comparison to denial rates for medical or surgical procedures. This is a significant concern given its direct impact on access to care and appropriate authorization of level of care. Currently, the onus to directly redress the potential lack of Parity for behavioral health treatment is on consumers. However, even undaunted insured consumers may be deterred from filing an appeal for a denied claim because of difficult instructions (i.e., unclear sentence structure, lengthy directions, specialized vocabulary), legal jargon, or time restrictions. This may be more onerous for those with low general literacy skills. Beyond general literacy skills, in order to access health care most effectively, consumers need to acquire specialized knowledge about their insurance plans and health care options (i.e., Patient Rights, services covered in benefit plans, medical necessity criteria that justify their authorization, treatment alternatives). On the Providers side of the equation, employing experienced staff in the behavior health field with high levels of health literacy is critical to ensure appropriate treatment determinations are made and full Parity compliance achieved.

Nonquantifiable treatment limitations. SAE's unique experience as Independent Compliance Administrators (ICA) monitoring the implementation of MHPAEA has been multi-pronged and generated insights that underscore, among other things, the need for strong health literacy skills among consumers and providers. Utilizing both quantitative and qualitative methods, SAE has been able to identify policy and practices relevant to Parity compliance and respective difficulties or barriers related to their proper implementation. For example, quantitative methods of analysis can generate trend data across insurance lines of business and benefit plans and identify quantifiable treatment limitations such as the number of office visits or co-payments delimited by the insurer. However, more difficult determinations to ascertain are whether or not benefit plans are using nonquantifiable treatment limitations for behavioral health services such as:

- prior authorization;
- requirements for step therapy (i.e., using lower cost treatment before trying others --"fail first");
- determination of provider reimbursements rates; and,
- requirements for completing treatment as a condition of benefits[16]

SAE found that a combination of quantitative and qualitative methodologies efficiently advanced the process that identified nonquantifiable treatment limitations.

Standardized measures. In sum, as U.S. health care reform continues to unfold into our existing intersecting industries, challenges related to achieving universal effective health literacy skills may appear overwhelming and elusive. A key component to enforcing and implementing compliance with the MHPAEA is for all involved to ensure they develop the necessary skill sets required for achieving high health literacy. The compounded complexities of our health care and

health insurance industries in conjunction with pervasive low health literacy rates may have an additive effect that amplifies risk for poor health outcomes, especially among certain vulnerable subpopulations. Effective spoken and written communication to consumers is essential in lifting the barriers to access care.[17] As an emerging, multidisciplinary field of inquiry and practice, the evolving concept of health literacy requires the development of new measurement tools to identify interventions and best practices.[18]

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