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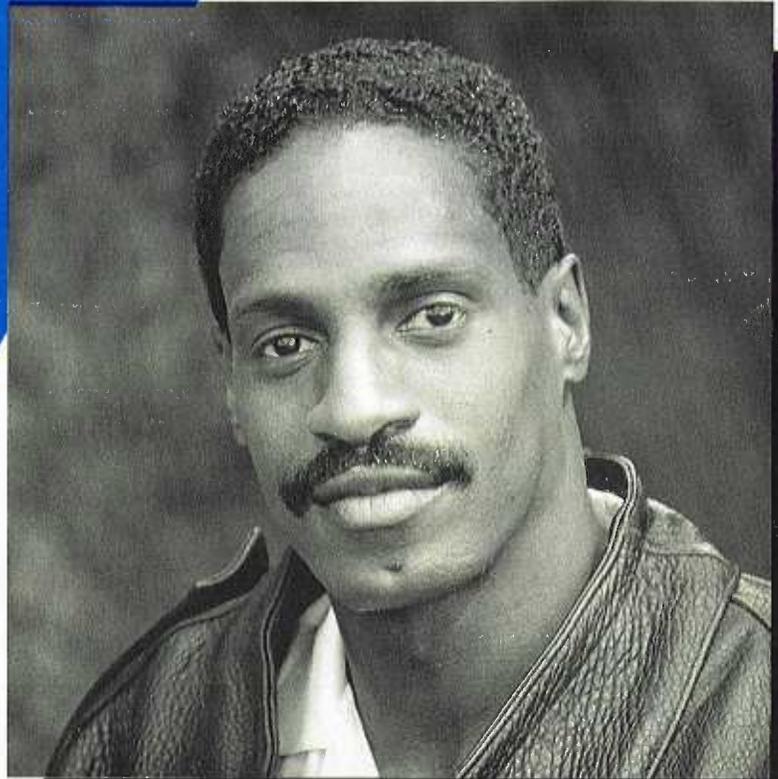
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in '94
A
World
of Opportunity?**

Also:
Dr. Lee P. Brown's vision for the Office of National Drug Control Policy includes a focus on the workplace.



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EAPA President Sandra Turner and Dr. Lee P. Brown
Photo by Paul Jaffe
Globe photo courtesy NASA

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PRESIDENT'S MESSAGE



The Opportunity in Health Care Reform: "The Best Way to Predict Our Future is to Create It!"

by Sandra Turner, CEAP
EAPA President

Like many of you, during the past two months I have been reading anything and everything I can locate about the President's health care reform proposal. Why? It isn't that I look forward to dramatic changes in my role as an employee assistance professional. No, it isn't that I want to impress others with my grasp of the subject. And no, it isn't that I have extra time on my hands. Instead, like many of you, I am caught somewhere between abject fear/trepidation and trembling excitement about the pending change in health care delivery systems and the emerging role of employee assistance programs in this new environment.

Without question, President Clinton's proposed reform is a radical and fundamental change in the "industry" of medical care. The reform is not incremental. Rather, it represents a set of radical paradigm shifts from: fragmented →

integrated delivery systems
passive →

active participation
paying bills →

buying value
shifting responsibility →

taking responsibility
sickness → health.¹

"Partnerships," "managed competition," "continuing quality improvement," "universal access," "prevention," "individual responsibility," "reduced spending," "financial incentives," "outcome measures," "provider profiling" are the watchwords of the day. And the principles of health care reform will be guides for future practice: 1) security; 2) simplicity; 3) cost; 4) choice; 5) quality; and 6) responsibility.

Well, what does this have to do

with employee assistance programming? The impact of health care reform upon American workplaces could be the most profound since the creation of the assembly line and mass production. Employers will be encouraged to join regional alliances which will purchase health care services for their employees and all members of the community. This reduces the number of purchasers and places employers back into a passive role relative to health care delivery. Any such shift in the workplace ripples through the organization and certainly has an impact on the EAP.

Will EAPs offer prevention, early intervention, training, organizational development, management consultation, human factors and safety services through health insurance vendors to the regional alliances? Our contracting relationship likely will shift from employers to the regional alliances. EAPs likely will be a point of access for mental health/chemical dependency treatment, benefits authorization, utilization review, and case management. This is in addition to our traditional role of individual and organization consultation in the workplace. Our services may be available not only to employees and their dependents, but to the unemployed, children, the aged, etc., in the alliance.

At this EAPA conference, you will hear various speakers share their projections about EAPs and health care reform; the Board of Directors will raise this issue prominently for both discussion and strategic planning at the new incoming Board meeting; the national office, along with the Legislative and Public Policy Committee, will unveil a campaign for promoting the role of EAPs in health care reform. Part of this campaign includes a Summit in Washington, D.C. this Spring among the Board of Directors, Chapter Legis-

lative and Public Policy Representatives, Clinton staff, key U.S. Congressmen, business leaders, and union benefits' executives.

On your behalf, we will continue to position EAPs as part of the health care delivery system. We must push through our fear into the future. As one sage once said, "The best way to predict our future is to create it!"

Please speak to your representatives on the Board in Anaheim and share your comments and ideas about health care reform. Their role is to represent your concerns during the formation of EAPA policies and initiatives that govern staff and volunteer activity on behalf of EA professionals.

On another note, I would like to acknowledge the death this Summer of Thomas P. Pike, a tireless advocate of alcoholism and drug abuse treatment.

A successful industrialist in California, Tom Pike will be remembered best for his role in securing passage of legislation establishing the National Institute on Alcohol Abuse and Alcoholism in 1970. His prominence in business, government and the AA community contributed to his success in improving county, state and federal resources for the treatment of alcoholics over the past five decades.

In the 1950s, Tom began pushing through the existing mountain of fear, prejudice and stigma to change society's attitude on alcoholism. He can be an inspiration to us all as we push into this new era of mental health and chemical dependency treatment delivery systems.

¹Mary Jane England, M.D., President, Washington Business Group on Health, September 28, 1993 at Behavioral Healthcare Tomorrow. 

FROM THE C.O.O.

Ensuring the Opportunity: Call to Action on Health Care Reform

by Michael L. Benjamin
Chief Operating Officer

The United States no longer can ignore and exclude the 37 million-plus Americans who are uninsured or underinsured. Nor can it overlook a health care system that has chewed up more than one-half of the gain in real per-capita income over the past decade and has more than tripled in cost between 1980 and 1993.

As the Association's Chief Operating Officer, I'm greatly concerned that the role of EAPs in combatting high cost and inappropriate behavioral health care utilization be appropriately included in the Clinton proposal for health care reform. Together with our substance abuse and mental health care colleagues, the Association was involved in the Administration's internal discussions. Collectively, our contributions to the health plan are evident in key sections of the draft document.

For example, the proposal does include a combined mental health and substance abuse benefit. In 1996, the plan would still impose some serious limitations on days and visits, as well as discriminatory co-payment structure; by 2001, the benefit would be phased in to get rid of these features and would be subject only to the same limits as the rest of health care benefits. From the beginning, a broad array of services would be included: partial hospitalization; medical management; substance abuse counseling; and the usual in-patient and out-patient services. Case management is explicitly included and has no cost-sharing requirement.

Although EAPs are not mentioned in the Clinton plan, there are many features which are related to EAP concepts that we can enthusiastically embrace and build upon as part of an EAPA response to Clinton's health care reform plan. In addition to the expanded mental health and substance abuse benefits, the plan articulated for

EAPs contains the following principles that we can endorse:

- emphasis on preventive and primary care;
- universal coverage and, we hope, access;
- portability, or the ability of workers to carry their health care coverage from job to job; and
- control of the growth (cost) in health care, including behavioral health care.

So — what's our next step? It is very clear that we must get our message about the role and effectiveness of EAPs to the key players of the Congress: in the House, the Ways and Means Subcommittee on Health, the Energy and Commerce Subcommittee on Health and the Environment, and the Education and Labor Committee; and in the Senate, the Finance Committee, the Judiciary Committee, and the Labor and Human Resources Committee.

At this point, we have no PACs (political action committees) to make campaign contributions as do the many health interests. We *do* have 7,000 members and a staff who are willing to insist that EAPs have "a place at the table" in this great health care debate. As some of you know, I am not from the "Chicken Little School of Thought," that is, a "sky-is-falling" alarmist. I do, however, believe that, for EAPs, the outcome of the health care reform debate is a critical linchpin in the next growth spurt of the EAP field into the 21st century. Thus, from my perspective, specific EAP language must be included within the text of the final legislation.

I am, therefore, calling our membership to action! The EAPA Health Care Reform Campaign will be kicked off at the Annual Conference in Anaheim and will have four components: policy development — a clear statement of what we want contained in the health care reform legislation; education to the field about health care reform; grassroots mobilization on

educating and influencing state and congressional leadership; and educating and working directly with the key players in Congress.

Without a doubt, the United States is in the midst of a debate over health care reform that will shape the U.S. system for years to come. Join us: EAPs must be part of that debate! To get involved, see the plan outlines in our campaign (page 22) and the grassroots contact form (page 17) or contact our Government Relations office. 



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