

References

1. Dickey B, Latimer E, Powers K, Gonzalez O, Goldfinger SM: Housing costs for adults who are mentally ill and formerly homeless. *J Ment Health Admin* 1997; 24:291–305
2. Goldfinger SM, Schutt RK, Tolomiczenko GS, Seidman LJ, Penk WE, Turner WM, Caplan B: Housing placement and subsequent days homeless among formerly homeless adults with mental illness. *Psychiatr Serv* 1999; 50:674–679

ROBERT ROSENHECK, M.D.
West Haven, Conn.

The author reports no financial relationships with commercial interests.

Book review accepted for publication August 2011 (doi: 10.1176/appi.ajp.2011.11081217).

Health Care Reform: A Primer for Psychiatrists, by American Psychiatric Association. Washington, DC, American Psychiatric Publishing, 2011, 35 pp., \$29.95 (paper).

In March 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (PPACA), Public Law 111-148, which if fully implemented will transform health care in the United States. This extremely complex piece of legislation is having an impact on all physicians and hospitals, health insurance companies, and managed care organizations as well as families and individuals. For psychiatry, PPACA includes a number of provisions that reverse dates of discriminatory coverage against the mentally ill. Together with the 2008 Mental Health Parity Law, PPACA expands access to comprehensive, nondiscriminatory mental health coverage to most Americans. In summary, it extends insurance coverage to 32 million more Americans, bars insurance companies from denying coverage based on pre-existing conditions or dropping individuals because of illness, and includes mental health and substance use disorder treatment as part of the basic package of benefits in health insurance sold in state-based insurance exchanges created by the law. These changes (plus a requirement that all insurance ultimately must have full parity for mental health and must include substance disorder treatment) put psychiatry, for the first time, on par with other medical specialty services in the U.S. health care delivery system.

Health Care Reform: A Primer for Psychiatrists is a reprinting of three articles previously published in *Psychiatric Services* and edited by Thomas McGuire, Ph.D., one of the nation's outstanding health economists, who 30 years ago invented mental health economics when he was at Boston University. These articles provide not only a more balanced appraisal of the impact of PPACA on psychiatric care, by emphasizing that the devil is in the details of implementation, but also a primer on the state insurance exchanges in managed care in the effort to control costs. Will mental health care be managed on parity with the rest of medicine, or will psychiatrists experience excessive management to the point of harassment in an effort to keep utilization low? Will mentally ill participants be able to choose plans well in these exchanges and navigate the enrollment and re-enrollment process? Inadvertently or deliberately, will incentives for "adverse selection" take place during the development of these exchanges so that individuals with mental illness will be mostly concentrated in primarily one or two different insurance plans? These questions and

more are raised in the initial article by McGuire and Sinaiko on looking at the regulation of the health insurance exchange.

In addition to the state exchange, one of the most important expansions of access to care is through the expansion of Medicaid in PPACA. Those individuals with serious and persistent mental disorders require services that are often not covered by a typical insurance plan and are covered mostly by Medicaid today. These services, such as partial hospitalization, mobile crisis services, assertive community treatment, and case management, are unique to behavioral health, and Medicaid is the strategic funder of these services state by state. With the expansion of coverage, will Medicaid be cutting back these services and providing only the core medical services, such as inpatient hospitalization and pharmacotherapy, after reform is implemented? Cutting behavioral health services may become part of a broader effort to trim Medicaid spending. The second article in this monograph, by Garfield et al., reviews these issues in some depth.

The final article talks specifically about some of the incentives within PPACA to integrate psychiatric services with general medical services in the expansion of the medical home concept to the behavioral medical home and accountable care organization models. Within the act, there are monies to be made available to community mental health centers to colocate primary care services, but the integration of psychiatry and other medical specialties within "patient-centered medical homes" may have a more robust effect on the practice of psychiatry in the near future. There are many challenges in promoting such integration, not the least of which is the need for information technology for these newly emerging innovative care systems, but once again, PPACA provides some monies to build this information technology infrastructure into the future. The third article in this monograph, by Druss and Mauer, reviews these opportunities as well as pitfalls.

With the recent emphasis on deficit reduction, a key question in the implementation of PPACA is whether this legislative act does enough to "bend the cost curve." Its sheer complexity in its 2,000-plus pages, its effort to redirect the incentives of so many players, and its reliance on the hundreds of private health insurance plans in this country may make it a target for repeal or severe revision in the near future as costs continue to escalate. Regardless, this health care reform primer is fascinating reading for any psychiatrist who has an interest in what the future may bring.

STEVEN S. SHARFSTEIN, M.D.
Baltimore, Md.

The author reports no financial relationships with commercial interests.

Book review accepted for publication September 2011 (doi: 10.1176/appi.ajp.2011.11091399).

Textbook of Traumatic Brain Injury, 2nd Edition, edited by Jonathan M. Silver, M.D., Thomas W. McAllister, M.D., and Stuart C. Yudofsky, M.D. Washington, DC, American Psychiatric Publishing, 2011, 686 pp., \$159.00.

Traumatic brain injury (TBI) is a major public health problem with far-reaching effects for both injured individuals and their families, as Bob and Lee Woodruff attest in their moving narrative in the foreword to this textbook. This edition pro-

vides comprehensive coverage slanted toward neuropsychiatrists, neuropsychologists, and other mental health professionals. The chapters on neuropathology, genetics, structural and functional imaging, neuropsychiatric and neuropsychological assessment, and electrophysiology are outstanding. The book is not designed as a how-to guide for clinical treatment or prescribing information, reflecting the fact that current standards of TBI treatment, as understood by leading experts in this field, do not lend themselves well to simplified algorithms. Notably, the book does not cover the acute medical management of TBI in emergency settings, nor does it cover the management of persistent postconcussive symptoms in primary care, arguably the setting best suited to address many of these symptoms.

Since mild TBI accounts for the vast majority of all TBI cases and related postconcussion symptom sequelae, I was particularly interested in how this topic was handled. I was quickly heartened by the outstanding opening chapter on epidemiology, in which the case is convincingly made that mild TBI is very different clinically from moderate or severe TBI and that this distinction is critical to understanding (and applying) existing clinical, natural history, and epidemiological evidence. The chapter also recommends use of the term *concussion* rather than mild TBI, both to help with this distinction and because of findings from numerous studies, including randomized clinical trials, confirming the importance of promoting positive expectations after concussion injury.

Then a curious thing happens. With few exceptions, the word *concussion* is never used in subsequent chapters, and TBI is presented as one clinical entity (on a continuum from negligible transient symptoms to persistent vegetative state). This creates an interesting quandary for readers trying to understand how to apply the extensive information to individual patients. For example, when I explored the use of cholinergic augmentation medications, I found cautious endorsement related to mild TBI in chapter 15. However, in chapter 17, on cognitive changes, this “somewhat equivocal” evidence is noted to be based largely on studies of moderate and severe TBI. Chapter 37, on cognitive rehabilitation, is another example where distinguishing between mild and moderate/severe TBI might have enhanced my understanding of the clinical trials evidence.

Other chapters most relevant to concussion/mild TBI include chapters 12 and 26 on posttraumatic stress disorder (PTSD) and war-related TBI, both excellently representing prevailing perspectives, and a very useful chapter on sports injuries (chapter 27). The topic of how postconcussion symptoms interact with PTSD is always interesting but does not fit well into Venn diagram conceptualizations (as shown in chapter 12), given evidence that even symptoms such as headaches are often more strongly associated with PTSD than with concussion.

This brings up an interesting point having to do with differences in interpretation of available evidence from the perspective of experts in TBI (which this book represents) and those in primary care and other medical fields. The very existence of intense debate concerning causation of postconcussive symptoms (chapters 12, 15, and 26) reflects the inherent nature of this condition. Studies showing that postconcussion symptoms occur just as commonly following nonhead injuries as they do after mild TBI/concussions, or more commonly in association with depression and PTSD, can be interpreted in only one important way: that the postconcussive symptom construct (however it may be understood currently) is not fully explained. There are many names for multisymptom conditions that are not fully explained, but they all share one thing in common: the most effective treatment approaches, demonstrated in randomized controlled trials, involve collaborative care models with case management based directly in primary care. The current evolution of medical practice toward patient-centered primary care teams has considerable implications for treating chronic postconcussive symptoms.

However, I was encouraged that the concussion/mild TBI clinical field might be similarly evolving after reading chapter 24 on chronic pain management and chapter 31 on the family system. The pain management chapter encompasses nonpharmacological, behavioral, and pharmacological strategies and is equally useful for primary care professionals and specialists. The chapter on the family system includes an example of superb risk communication, with specific recommendations for compassionately addressing expectations. These chapters provide model templates for the modern era of patient-centered treatment of chronic multitierology symptoms, including those following concussion/mild TBI.

The last chapter on complementary and integrative care was most startling. This chapter summarizes dozens of compounds, nutrients, vitamins, herbs, and putative nootropics of which I had never heard. After 38 chapters characterizing the complexity of TBI and general lack of high-quality randomized controlled trials to guide clinical recommendations (especially for mild TBI/postconcussive symptoms), this chapter struck a decidedly different tone, concluding that alternative treatments offer “significant benefits and few side effects for patients with TBI” (p. 616). This is perhaps one of the strongest evidence statements in the entire textbook and left me pondering where the experts will be taking us next.

CHARLES W. HOGE, M.D.
Silver Spring, Md.

The author reports no financial relationships with commercial interests. The content of this book review is solely that of the author and does not represent the views of his employer.

Book review accepted for publication September 2011 (doi: 10.1176/appi.ajp.2011.11081202).