OUTSIDE THE LINES

BEHAVIORAL HEALTH:
CHANGING AND INNOVATING
FOR TODAY AND TOMORROW

October 3, 2017

This is the 1st issue in a 3-part series titled: Changing & Innovating in Health System Service Lines. This series features healthcare leaders who are growing, transforming and innovating key service lines to address change and progress in our current vs. future business models. Click here to access the entire series or to review other Outside the Lines series we've published.

At the start of this year, *Trustee* magazine – a publication for hospital/health system boards of directors – featured "10 Health Care Trends for 2017." Among them, in the healthcare cost drivers section, the magazine noted that "behavioral health will come into increasing focus" because while people with mental health disorders often have higher medical costs and higher ED utilization, the reimbursement and access for these services is generally poor.

According to the National Institute of Mental Health (NIMH) and Mental Health America, 1 in 5 American adults have a mental health condition (more than 40 million Americans) and rates of youth depression are increasing, from 8.5% in 2011 to 11.1% in 2014. While access to insurance and treatment has increased, 56% of the 40 million are not receiving treatment. This is due, in part, to a serious workforce shortage. Health systems and other behavioral health service leaders have been innovating with new care models for years, including integrated primary and behavioral health care approaches. More recently, digital behavioral health and tele-psychiatry are soaring as new platforms for coordinated care have evolved. Payment, too, is changing to support these care approaches, including employer, CMS and health plan reimbursement.

How are healthcare leaders transforming and innovating in Behavioral Health to better serve people and patients in their communities, leverage available providers, and partner

with others as technology, the business model and other factors shift? While there are many, many examples, the following provide a snapshot that might inform your behavioral health strategy.

- Integrated Behavioral Health Care: Since the [1970s](#), healthcare leaders have been adding and offering behavioral health services integrated with primary care. The integrated behavioral health care model is still emerging and, oftentimes, is part of broader initiatives in health systems and medical groups to coordinate care and manage population health groups. It is generally [defined](#) as "any situation in which behavioral health and medical providers work together." Recently, [HFMA published](#) a Healthcare Challenge Roundtable where healthcare leaders discussed ways to collaborate to find solutions on the topic of integrated behavioral health care. RWJ Barnabas Health, Sharp Behavioral Health Services and Aetna were participants. Also related to this topic, [Cigna](#) is further embracing integrated behavioral and pharmacy services with providers in its value-based arrangements (its ACOs) and in its Cigna Collaborative Care (CCC) program. According to Cigna's Mountain States Market President John Roble, "To reduce the stigma around substance use disorder and mental illness, and to deliver improved health, affordability, and experience, we must take a more holistic and integrated approach to health care."
- Tele-Psychiatry: Digital health start-ups are quickly re-shaping the behavioral health services space and doctors, researchers and others are embracing tele-psychiatry as a [safe](#) and acceptable option for care. As examples, mental health startup Lantern has [raised](#) $21.4 million in Series A funding, Quartet, a platform that integrates mental health into primary care, has raised $47 million so far in Series B funding and Talkspace, another mental health startup, raised $28 million in Series B funding. In August 2017, Northern California-based [Sutter Health](#) announced a partnership with Quartet to improve ways of diagnosing and delivering care to residents living with mental health conditions. Likewise, in March 2017, [Humana](#) announced a deal with Quartet to advance the integration of mental and physical health care for its New Orleans residents.
- Transformative Behavioral Health Vision and Strategy: At [Carolinas Health System](#), the Senior Vice President and the Chief Clinical Officer for Behavioral Health Services are pursuing a broad vision to develop a transformative, clinically integrated, virtual platform across the service line. As Carolinas Health System does this, it is partnering with [myStrength,](#) another leader in digital behavioral health.

In some states with the lowest behavioral health workforce (including psychiatrists, psychologists, social workers, counselors and psychiatric nurses), there is only [1 mental health professional per 1,000 individuals](#). This compares to more than [2 physicians per 1,000](#) individuals (not including nurses and other medical care providers). As behavioral health comes into increasing focus for leaders changing healthcare, innovating and thinking "outside the lines" is the pathway for success today and into the future.

Always looking ahead,

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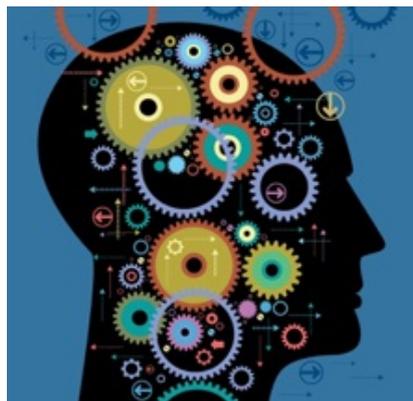
DO YOU KNOW...

By 2018, more than half (56%) of large employers – two times more than this year – plan to offer telehealth for behavioral health services as a covered benefit. According to Roy Schoenberg, CEO of American Well: "While telehealth has shown breakneck growth, more than doubling itself year over year for quite some time, behavioral telehealth has shown an even more astounding growth rate due to three simple reasons. Access to behavioral services is even more challenging than access to medical care, the conversational nature of behavioral services makes video encounters a perfect alternative to physical ones and the notion of privacy couldn't be better addressed when you have the encounter in your own home."

DO YOU KNOW ABOUT...

CMS is planning a new payment model that will target behavioral health services and is seeking public comment on what the new effort should look like. The CMS Innovation Center is leading the effort to design a payment or service delivery model to improve healthcare quality and access for Medicare, Medicaid or Children's Health Insurance Program beneficiaries with behavioral health conditions. The intention is to address the needs of patients with substance abuse issues, mental disorders in the presence of co-occurring conditions, and possibly Alzheimer's disease and related dementias.

A "LEADING" LEADER IN HEALTHCARE ...

Started nearly 20 years ago (in 2000), Intermountain Healthcare began its Intermountain Mental Health Integration (MHI) program, featuring integrated mental and physical healthcare in team-based clinic settings. A landmark 10-year study published in JAMA in August 2016 shows that this approach pays off in several ways: better clinical outcomes for patients; more appropriate utilization of health care services (getting the right care at the right time); and lower costs, about $667 per patient each year for those with newly diagnosed depression. According to Dr. Marc Harrison, President and CEO at Intermountain Healthcare: "At Intermountain, 80% of mental health care services are provided by primary care physicians supported by an integrated team that includes mental health professionals. The results of team-based care are conclusive — better mental and physical health, lower costs, more appropriate use of health care services, and a healthier population. We can't stay the course with the way most doctor visits occur today, which provide fragmented care for physical and mental illnesses. It's time to fully incorporate mental health into the doctor's office visit."

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