

# Integrating behavioral and medical health

## A more holistic approach to health

### Overview

Historically, behavioral health and medical health have existed in silos, and behavioral health conditions have not received as much focus as medical conditions. These silos have perpetuated the stigma associated with behavioral health and resulted in unmet care needs, adversely impacting health outcomes and significantly impacting health care costs. In 2012,<sup>1</sup> individuals with co-occurring behavioral and medical conditions incurred almost \$300 billion in additional health care costs. It is estimated that between 9-16% of this additional spending could be saved through effective integration of behavioral and medical care, a \$26-48 billion cost savings.<sup>2</sup> As a result, today there is growing awareness that it is necessary to integrate behavioral and medical care to improve affordability, quality, and patient and provider experience to achieve total health improvement. Integration can be achieved through appropriate collaboration and coordination between medical providers and behavioral providers, supported by technology, legislative changes, and health plans.

*The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as “a state of mental/emotional being and/or choices and actions that affect wellness.” Substance use disorder and mental illness are two sets of behavioral health problems.<sup>3</sup>*

### Background of behavioral health care

#### **Early perceptions of behavioral health**

Behavioral health conditions are extremely common and costly. Historically, society and health care providers have not appropriately addressed these conditions, in part, because they did not fully understand the underlying causes of various behavioral health conditions. These conditions were frequently seen as moral failings, rather than diseases.<sup>4</sup> As a result, treatment was often ineffective or insufficient and the pervasive social stigma around behavioral disorders persisted.

Over time, this perception of behavioral health began to change. An early solution to the problem was to institutionalize individuals with behavioral health disorders, leading to the era of asylums, which prevailed for about a century.<sup>5</sup> It was not until the 1950s that the number of patients in asylums declined as new treatment methods became available.<sup>6</sup> During the 1990s, efforts to treat behavioral health conditions significantly improved both in inpatient and outpatient settings; however, the methods used to treat and diagnose these conditions, including institutionalizing individuals with behavioral conditions, reinforced a negative public perception of mental illness.<sup>7</sup>

#### **Behavioral health today**

While our society's earliest perceptions of behavioral health have evolved as science has advanced our understanding of behavioral conditions, prejudices linger and can still be seen in modern attitudes. More recently, there have been efforts to address stigma and care inequity associated with behavioral health conditions. Several organizations, including the World Health Organization and the World Psychiatric Association, recognize stigma as a significant public health barrier and support initiatives that fight stigma and discrimination.<sup>8</sup> The U.S. government has also taken action to improve care equity.

- › In 1996, President Bill Clinton signed the Mental Health Parity Act of 1996 (MHPA), which prevents large group health plans from imposing more stringent limits on mental health benefits compared to medical benefits.
- › The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) added significant new protections to MHPA, and also expanded the scope to include substance use disorders.
- › The passage of the Affordable Care Act in 2010 expanded coverage of behavioral health services through the health insurance exchanges to individuals who did not previously have access.<sup>9</sup>

While there has been some progress in increasing awareness of behavioral health and decreasing the stigma associated with it, stigma remains a significant barrier to treatment, impacting willingness to seek out treatment as well as treatment success. Many misconceptions around behavioral health persist, including perceptions that individuals with mental illness are violent and underestimation of the prevalence of behavioral conditions. Similarly, many individuals still perceive substance use disorder to be a choice and a criminal justice issue rather than a medical issue. Integrating behavioral and medical care can help change the dialogue around behavioral conditions, reducing stigma and increasing the likelihood that an individual suffering from a behavioral condition receives appropriate treatment.

1 Milliman, Inc., American Psychiatric Association report, "Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry," April 2014.

2 Milliman, Inc., American Psychiatric Association report, "Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry," April 2014.

3 Scheinholtz, Marian K., SAMHSA, "Overview of Behavioral Health for Aging Information and Referral/Assistance Professionals," 9 January 2013.

4 National Institutes of Health, National Library of Medicine, "Diseases of the Mind: Highlights of American Psychiatry through 1900," 17 September 2013.

5 National Institutes of Health, National Library of Medicine, "Diseases of the Mind: Highlights of American Psychiatry through 1900," 17 September 2013.

6 National Institutes of Health, National Library of Medicine, "Diseases of the Mind: Highlights of American Psychiatry through 1900," 17 September 2013.

7 National Center for Biotechnology Information, National Library of Medicine, "Fighting the stigma caused by mental disorders past perspectives, present activities, and future directions," October 2008.

8 National Center for Biotechnology Information, National Library of Medicine, "Fighting the stigma caused by mental disorders past perspectives, present activities, and future directions," October 2008.

9 Olsson, Mark, *Health Affairs*, "Building the Mental Health Workforce Capacity Needed to Treat Adults with Serious Mental Illnesses," June, 2016.

## Integrating medical and behavioral health

### Case for change

The prevalence and high financial and human cost of untreated behavioral conditions highlight the need to integrate behavioral and medical care and focus on total health care. Mental health disorders have the highest care costs, more than \$200 billion in 2013, even surpassing the costs associated with common medical conditions like cardiovascular disease or diabetes.<sup>10</sup> Additionally, medical and behavioral conditions have high rates of co-occurrence, particularly with chronic medical conditions, such as diabetes.<sup>11,12</sup>

In a given year, **25%** of adults experience mental illness and **20%** of youths, ages 13-18, experience severe mental disorders.<sup>13</sup>

A co-occurring behavioral condition impacts a patient's ability to manage his or her medical condition, which impacts the patient's health and increases the cost of care. Co-occurring behavioral conditions can increase the cost of care up to 2-3 times more than the cost of treatment for patients without a behavioral condition.<sup>14</sup> A serious mental health condition also significantly reduces adult life expectancy by an average of 25 years, generally due to a co-existing chronic medical condition.<sup>15</sup> For patients with co-occurring conditions, it is important to ensure care is coordinated, because these patients are more likely to be taking multiple medications, creating the risk of drug-drug interactions and introducing other complexities in the treatment plan.

In the United States' current health care system, most patients with behavioral needs are seen in care settings (e.g., emergency departments, primary care clinics) that do not have the ability or capacity to adequately meet those behavioral needs. Approximately 80% of people with behavioral needs access such settings and as many as 60-70% of those patients leave without their behavioral issue being addressed, severely impacting their ability to recover from any co-occurring medical issue.<sup>16</sup> Conversely, behavioral facilities are typically only equipped to address behavioral conditions, and are not able to support patients' medical needs. Patients who need to see medical and behavioral providers in two different settings often will not follow through on their behavioral referral, deepening the issue of unmet care needs.<sup>17</sup> Amplifying this issue is the difficulty of coordinating care across settings due to lack of integrated insurance offerings (i.e., behavioral health carve-outs), making it difficult for providers to know what referral options are available.

**94%** of physicians believe that integrated care directly improves patient care, and **90%** believe it is a needed service.<sup>18</sup>

A failure to recognize behavioral issues or to follow through with referrals when they are discovered has a profound human impact.

- › Despite the fact that 85% of patients with a mental health and/or substance use disorder visit a primary care physician (PCP) at least once in a 12 month period, overdose and drug-related deaths have reached startling highs.<sup>19</sup>
- › Approximately 75% of individuals who commit suicide have contact with a PCP within a year of their death, and 45% have contact within one month.<sup>20</sup>
- › 70% of primary care visits are related to psychosocial issues.<sup>21</sup>
- › Only 20-30% of patients with psychological issues inform their PCP about their concerns.<sup>22</sup>

Clearly, there is significant opportunity to address behavioral health issues by integrating behavioral and medical care.

### How to integrate

There are a variety of ways to integrate care to achieve optimal patient outcomes and an improved provider experience.<sup>23, 24</sup>

**Train medical providers, particularly primary care providers** to screen for, identify, and potentially treat behavioral conditions and to understand the role of behavioral providers in the medical setting to more effectively refer and coordinate care. This can be supported through adjustments to curriculum in medical and nursing schools (such as those seen in a variety of states to address prevention, screening and treatment for substance use disorders), graduate education, and continuing education.

**Train behavioral practitioners** to identify co-occurring medical conditions to ensure a patient's whole health is being addressed and to effectively work in a medical setting.

**Leverage the expertise of behavioral health providers, social workers, and health plans** to provide training and services (e.g. care management) that enable PCPs, specialists, and other medical practitioners to more effectively treat their patients.

**Embed behavioral providers in primary care settings (and vice versa)** to address immediate needs and offer onsite consultations, referrals, and treatment.

To achieve a truly integrated care model, primary care providers must screen for co-occurring behavioral health issues and either deliver treatment or care management services if they have the resources or be able to refer and seamlessly hand off treatment to behavioral health providers as appropriate. This means providers must understand each other's roles and how to work with each other to coordinate care.

10 HealthLeaders Media News, "Largest Share of Health Spending is on Mental Disorders," 14 June 2016.

11 Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.

12 Klein, Sarah and Martha Hostetter, The Commonwealth Fund "In Focus: Integrating Behavioral Health and Primary Care," 2014.

13 National Alliance on Mental Illness, "Mental Illness: Facts and Numbers," 2013.

14 Milliman, Inc., American Psychiatric Association report, "Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry," April 2014.

15 National Alliance on Mental Illness, "Mental Illness: Facts and Numbers," 2013.

16 Klein, Sarah and Martha Hostetter, The Commonwealth Fund "In Focus: Integrating Behavioral Health and Primary Care," 2014.

17 Klein, Sarah and Martha Hostetter, The Commonwealth Fund "In Focus: Integrating Behavioral Health and Primary Care," 2014.

18 Miller-Matero, LR, et al., *National Center for Biotechnology Information*, "Benefits of integrated behavioral health services: the physician perspective," March 2016.

19 Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.

20 Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.

21 Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.

22 Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.

23 Association for Behavioral Health and Wellness, "Health Integration in the Era of the Affordable Care Act," July 2015.

24 Klein, Sarah and Martha Hostetter, The Commonwealth Fund "In Focus: Integrating Behavioral Health and Primary Care," 2014.

## Facilitators to integration

There are several enablers of medical and behavioral integration.

**Technology:** Technological capabilities, such as electronic medical records (EMRs) and health information exchange, help support effective communication and care coordination between behavioral and medical providers and can help incorporate behavioral screenings into standard care.

**Telemedicine:** Telemedicine services allow medical providers to engage behavioral providers, and vice versa, for consultations and treatment and are especially useful when access to behavioral or medical care is limited (like in rural settings).

**Legislation:** Legislative changes can support provider efforts to integrate care and enable providers to optimize their integration efforts. SAMHSA, for example, launched the Primary and Behavioral Health Care Integration (PBHCI) grants program in 2009 to support care integration efforts. These grants help fund the partnerships, infrastructure, and health reform efforts needed to offer or expand primary care services in community-based behavioral health settings.<sup>25</sup>

**Quality measures:** Development of adequate evidence-based behavioral health quality measures can support care integration. Such measures exist in medical care, where there is a generally solid evidence base for treatment. In behavioral care, there is a need to develop evidence-based quality measures that adequately assess organizational structure, processes for the provision and accessibility of services, and health outcomes.<sup>26</sup>

**Value-based care models:** As the health care system moves away from fee-for-service payment to value-based models of care, which compensate providers based on quality outcomes, there is opportunity to include behavioral quality measures in the larger set of quality measures upon which providers are evaluated. Inclusion of such measures in these value-based models will encourage and expedite the integration of behavioral care into medical settings. These models also allow payers to incentivize behaviors not traditionally reimbursed through fee-for-service. For providers in more advanced value-based models, there is also opportunity to expand risk-based models to include behavioral spending and outcomes.

**Patient engagement:** Patients who are engaged in their health and aware of the implications of their existing condition(s) are more likely to have regular check-ups and behavioral screenings. Additionally, increased patient engagement helps improve treatment adherence and overall health and can help reduce costs. Programs such as Mental Health First Aid, a national program to teach individuals how to respond to signs of mental illness and substance use, can help increase mental health literacy and help individuals identify, understand, and respond appropriately to a mental health crisis.

**Health plans:** Health plans can help facilitate care integration and support many of these integration enablers by:

- › Reimbursing providers for integrating medical and behavioral care
- › Developing adequate behavioral networks with high-value providers
- › Connecting local medical and behavioral providers to build optimal local relationships
- › Encouraging the use of various technologies and telemedicine services to improve care coordination and expand access
- › Integrating medical and behavioral benefits to facilitate a coordinated approach to care management, referrals, etc.
- › Leveraging disease management and care management programs to help identify at-risk customers and guide them to available resources
- › Including behavioral quality measures in their value-based reimbursement models
- › Partnering with other organizations to help develop more robust evidence-based guidelines leveraging their data
- › Educating consumers on behavioral health issues and motivating them to seek care and/or support

## Barriers to integration

There are several barriers to integration, including stigma, geographically-based shortages of behavioral health services and providers, and lack of provider financial resources and incentives to invest in the necessary infrastructure to build and operationalize clinical practice changes. However, one of the most expansive and significant issues slowing care integration efforts relates to data sharing. Some of the major issues around data sharing that must be addressed include:

- › **Capability gaps:** Many providers, particularly behavioral providers, lack interoperable information systems to effectively share data and coordinate care. Behavioral providers may lack the financial resources to implement and maintain the necessary infrastructure for data exchange, and often are not eligible for financial incentives, such as those made available through CMS' Meaningful Use program.
- › **Legislative hurdles:** There is federal and state legislation that restricts providers – particularly behavioral providers – from sharing data. Current HIPAA rules allow disclosure of Personal Health Information (PHI) without patient consent between providers for treatment purposes. An exception to this rule is “psychotherapy notes,” which require authorization for disclosure. More stringent rules exist around substance use disorder, such as the requirement to maintain separate substance use treatment records. Additionally, the Confidentiality of Alcohol and Drug Abuse Patient

<sup>25</sup> Center for Mental Health Services, *Data Highlights*, “Primary and Behavioral Health Care Integration Grants (PBHCI),” 2016.

<sup>26</sup> Avis, Ed, Healthcare Financial Management Association, “Incorporating Quality Metrics into Behavioral Health Care,” 3 May 2016.

regulation (42 CFR Part 2) imposes more extensive consent requirements for substance use disorder-related health information. There are efforts underway to change this rule, but more significant action is necessary.

- › *Privacy concerns:* General industry concerns regarding the digitizing of health care information have accompanied a growing number of health care data breaches. These concerns must be recognized and appropriately addressed.

Without data sharing to support care coordination, patient care is compromised. It is important to support providers to build the necessary infrastructure to share data and to develop legislation that places restrictions on information sharing to maintain appropriate privacy standards without hindering a provider's ability to effectively coordinate care for their patients.

## Cigna's approach

Cigna is focused on connecting the care delivered by providers to our customers to help support improved health, affordability, and experience. Using insights from providers, Cigna is actively working to integrate behavioral health management and pharmacy with medical management and to support providers' efforts to integrate.

We have integrated behavioral and pharmacy services with providers in our Cigna Collaborative Care (CCC) program, providers in value-based arrangements, such as ACOs and episodes of care models, with Cigna. These models include behavioral health quality measures such as depression screening in our value-based cardiology program and maternal mental health screening in our value-based OB/GYN program. CCC providers have telephonic access to Cigna Behavioral Health and can refer patients to Cigna's specialty behavioral care management services. They also receive support to identify preferred community-based mental health professionals. Expanded integration efforts focus on:

- › Screening and referral
- › Expanding payments to cover health and behavior codes
- › Encouraging mental health professionals to be embedded in the primary care setting
- › Helping to coordinate care between medical and behavioral providers for customers with co-occurring conditions
- › Providing telemedicine and online programs

"Cigna's mission is to improve our customers' health, well-being and sense of security. We are supporting this through a focus on total health, encouraging and supporting provider behavioral and medical integration efforts."

- Doug Nemecek, M.D., M.B.A., Medical Officer, Behavioral Health, Cigna

As part of our broader behavioral health integration support efforts, we are using predictive analytics to identify customers with Cigna group medical benefits at high risk for behavioral conditions through our Cigna Health Matters<sup>SM</sup> program.\* These customers receive targeted outreach by a behavioral specialty coach and free online seminars to help educate them about behavioral health issues.

We are also leading efforts to promote behavioral health awareness and respond to critical behavioral health issues, including the opioid crisis. We are taking an active role in the crisis response, sponsoring events to raise awareness, supporting organizations dedicated to substance use disorder treatment and prevention, such as Shatterproof, and ensuring that our own policies support efforts to find effective and appropriate long-term solutions. We recognize substance use disorders are complex, chronic conditions that are frequently accompanied by other behavioral or medical conditions. This is why our approach encourages prevention and early detection and holistic treatment that helps ensure any underlying conditions that may have contributed to substance misuse are adequately addressed. Additionally, we have partnered with the American Society of Addiction Medicine (ASAM) to validate evidence-based quality outcomes measures for substance use disorder treatment and are participating in Stamp Out Stigma, an Association for Behavioral Health and Wellness (ABHW) initiative that seeks to change the conversation around substance use disorder from one that assigns blame to individuals so effective solutions can be found.

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. Changing providers' clinical models, however, is not enough. True integration requires collaboration, coordination and support from health plans, providers, and other stakeholders.

\* May not be available or included with all medical plans.

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