

Summary

Issue Brief: Integrative Behavioral Health is High-Value Care
American Hospital Association
December 2019

Prepared by Shan Choudhri

Behavioral Health Challenges

Each year, nearly 20% of Americans are affected by a behavioral health disorder (BHD), but fewer than half of them receive treatment. In many cases, access to treatment is a challenge due to several barriers:

- Coverage and Cost: According to the *AHA's Behavioral Health Trendwatch*, over 40% of Americans with BHDs rated cost and poor insurance coverage as their most significant barrier to accessing care; even among privately insured individuals, 35% reported that their copays and deductibles were unaffordable.
- Provider Shortages: About 60% of the rural USA is underserved for behavioral health, and 85% of the USA's behavioral health professional shortages are in rural areas. This often means that patients must travel long distances, must seek providers who do not take insurance to due low reimbursement, must seek primary care providers who are not trained in behavioral health treatment, or must go without treatment altogether.
- Fragmented Behavioral and Physical Health Systems: Care coordination and follow-up is often a challenge, as clinicians typically must refer patients to behavioral health providers outside the healthcare system, and hospitals in value-based payment structures implemented coordinated care are typically not adequately reimbursed in the fee-for-service model.
- Stigma: Personal shame, fear of judgment, and fear of discrimination deter many people from seeking behavioral health treatment.
- Inequity: There are several disparities in behavioral health treatment that lead to inequity within the general American population. For example, white adults are more likely to receive treatment than any other ethnic group, but mixed-race individuals report the highest prevalence of BHDs. Other groups that experience disproportionate challenges to accessing behavioral health treatment include the LGBTQ community, military service members, veterans, and rural residents.

It is important to note that barriers are not only bad for patients; BHDs that are not controlled efficiently are also very expensive for the healthcare system. A large majority of adults suffering from BHDs also have co-occurring health conditions such as chronic disease that are likely exacerbated by their BHDs. This makes them more frequent users of the healthcare system. It is estimated that untreated BHDs cost \$444 billion per year.

Integrated Behavioral Health Improves Value

Coordination of physical and behavioral healthcare into one system of care is an effective approach to alleviating many access barriers. This can take the form of integrating behavioral

health professionals into medical practices or integrating medical professionals into behavioral health treatment centers. Key components of coordinated care include co-location, team-based approaches, patient-centered care, and care-management (i.e., routine screening). The AHA's Value Initiative is looking to improve patient outcomes while reducing cost, and it is doing this through models of integrated care. Integrated care can address all three components of the AHA's Value Equation:

1. **Improve Outcomes:** When physical and mental health are treated together, patients experience improved outcomes. As an example, Intermountain Healthcare's team-based Mental Health Integration model saw increased screening/treatment for depression, increased adherence to diabetes care, reduced emergency department (ED) visits, and reduced hospital admissions when compared with patients who were not being treated under a team-based care model. See the link in the full report for more information.
2. **Enhance the Patient Experience:** Access to care can be made more seamless by the proximity of providers and provider continuity. Montefiore Health System's behavioral health mobile application allows providers to check on their patients remotely, and 72% of users reported feeling greater connection with their care team. See the link in the full report for more information.
3. **Reduce Costs:** Integrating behavioral and physical healthcare could generate \$38-\$68 billion in healthcare savings each year. Cherokee Health System found that they were able to reduce emergency department visits, reduce hospital care, and reduce costs by implementing an integrated care model.

Integrated Behavioral Health Models

Primary Care

Integration of primary care and behavioral health services has been reported to improve patients' health outcomes and enhance patients' care experience. The Greater Baltimore Medical Center and Sheppard Pratt Health System puts full-time behavioral health providers in primary care practices; since the launch of its integrated program, anxiety and depression scores have gone down, and the cost of patient care has decreased by hundreds of thousands of dollars. The Cambridge Health Alliance launched an integrated program aimed at individuals with public insurance; the program has seen a reduction in total ED visits and inpatient psychiatric hospitalizations as well as an increase in routine lab testing to monitor diabetes. See the link in the full report for more information about these programs.

Inpatient and Specialty Care

Integrated behavioral and physical health models have also been demonstrated to improve value for patients in inpatient settings (i.e., med-psych units) and in specialty care (i.e., via the addition of behavioral health providers to care teams in obstetrics, orthopedics, etc.). Presbyterian Healthcare Services has an inpatient addictions medicine consult liaison team that universally screens patients for substance use disorders; from 2017-2018, buprenorphine and naloxone prescriptions increased significantly, and the prescription of opioids decreased. Northwell Health provides hospitalists for its inpatient psychiatric hospital so that patients may receive medical treatment without interrupting their behavioral health treatment; it has seen a

decline in ED visits and readmission. See the link in the full report for more information about these programs.

Telebehavioral Health

When physical integration is not possible, virtual integration can play a role. Telebehavioral health has been shown to improve outcomes, enhance the patient experience, and decrease cost. Atrium Health's virtual behavioral health services saw a 50% reduction in depression and anxiety symptoms, an 82% reduction in suicidal thought, a decrease in avoidable inpatient care, and a decrease in avoidable ED visits. PeaceHealth's Peace Island Medical Center, a critical access hospital in an area with a history of behavioral health provider shortages, partnered with the University of Washington's telepsychiatry services; residents now have access to psychiatrists without needing to travel extensively. See the link in the full report for more information about these programs.

AHA Behavioral Health Resources

Please see the full report for summaries about, and links to more information about, the following resources and their specific roles in propagating integrated care models. They include reports, toolkits, trainings, best practices, and more.

- *TrendWatch: Increasing Access to Behavioral Health Care Advances Value for Patients, Providers, and Communities*
- *Redesigning Care: A How-to Guide for Hospitals and Health Systems Seeking to Implement, Strengthen, and Sustain Telebehavioral Health*
- *Behavioral Health Integration: Treating the Whole Person*
- *Combating Stigma*
- *Stem the Tide: Addressing the Opioid Epidemic*
- *Integrating Behavioral Health Across the Continuum of Care*

Reference

American Hospital Association. (2019). *Issue Brief: Integrative Behavioral Health is High-Value Care*. Retrieved from <https://www.aha.org/system/files/media/file/2019/12/value-initiative-issue-brief-integrated-behavioral-health-high-value-care.pdf>