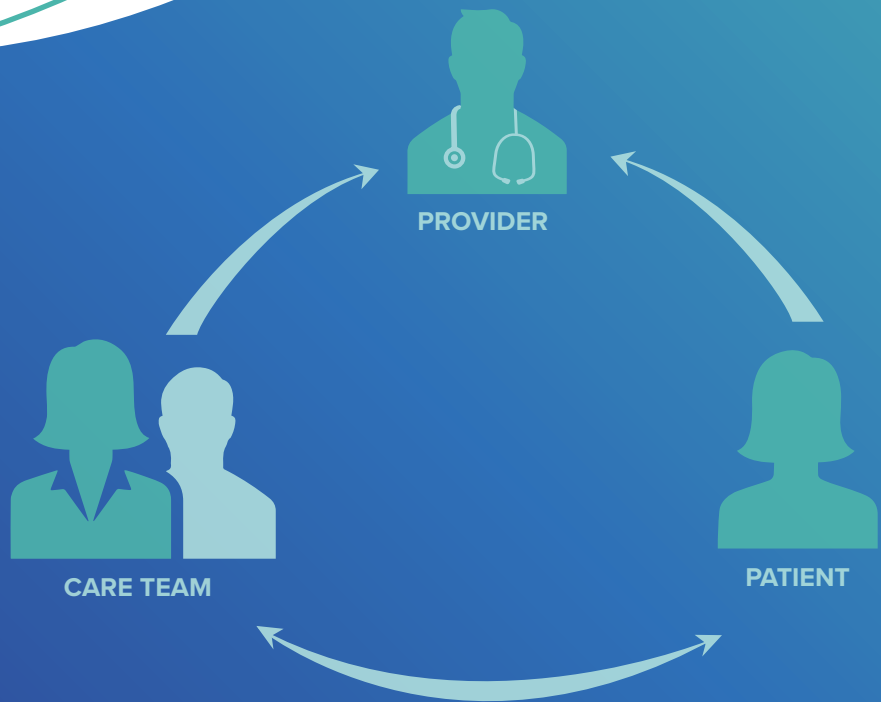

The Missing Piece of Behavioral Health Integration (BHI) Costing Health Systems



The missing piece of BHI that's costing health systems

Health systems have wrestled with thin margins for years—even decades. Now, in the wake of COVID-19, it's become an even greater challenge to try to hold the line on costs while simultaneously shoring up revenue. Organizations that champion behavioral health integration (BHI) can accomplish both goals.

Here's why: Behavioral health conditions directly affect physical health outcomes and costs. Behavioral health services are often-overlooked billable services. And for providers working under value-based contracts, [truly collaborative BHI can capture revenue by delivering better patient outcomes at a lower cost.](#)

Today, in many health systems, “behavioral health integration” has come to mean behavioral health providers working in close physical proximity to primary care or specialty providers. In other words: “Sure, we have BHI. We refer to Sally down the hall.”

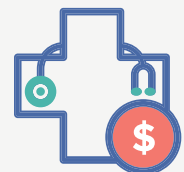
True BHI, however, requires care coordination and shared patient goals, going beyond just simple physical co-location. It's a continual, organization-wide improvement process that leads to full treatment partnerships among interdisciplinary teams of providers, care managers and patients.¹ Health systems (and health plans, too) are missing a crucial piece of the BHI puzzle... and it's costing them dearly.

BHI = cost savings and provider revenue

A recent Milliman study of claims found that people with mental and behavioral health conditions account for 57% of all healthcare expenditures.² For health systems in ACOs or other risk-based contracts, this fact opens up tremendous opportunities for achieving shared savings and mitigating downside risk. Under fee-for-service models, it points to the potential for a robust revenue stream.

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The Milliman report calculates that effectively integrating medical and behavioral health programs can save **9%-17% of the total additional spending**. The Center of Excellence for Integrated Health Solutions also builds the business case for BHI with insights including:

68%

of adults with mental disorders have comorbid chronic health disorders.

29%

of adults with chronic health disorders have mental health disorders.

80%

of patients with behavioral health concerns present in emergency departments (EDs) or primary care clinics.³

Yet mental health care is plagued by problems including patient access challenges, clinician shortages, and disparities in outcomes, among others.⁴ The pandemic, economic uncertainty, and a partisan political environment are both elevating and laying bare the problems.

So, while it's clear that integrating behavioral health into medical care practices presents cost savings, it also highlights why the stakes are this high. Calling Sally down the hall no longer cuts it.

Every health system's path to BHI is unique. At every stage along the BHI journey, however, health systems need to work toward collaborative care at scale. From the basics of population behavioral health management, health systems must leverage tech-enabled BHI (tBHI™) innovation to align on shared goals and actually make an impact.

So what is tBHI™? Hint: It's more than just an app

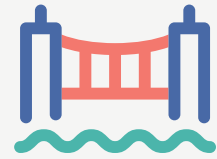
tBHI™ programs are a modernization of BHI that make real integration possible within current health system frameworks. tBHI™ builds on population management and goes well beyond behavioral health “self-help” apps used largely in isolation.

Instead, [tBHI™ programs](#) help bridge the behavioral and physical health divide AND bridge the gap between self-care and health care. Technology firmly places patients in the center of a digitally connected care continuum. It creates a patient-centric ecosystem that links them and their medical providers (e.g., primary care doctors, pain management specialists and ob/gyn specialists) together with behavioral health care managers and psychiatric consultants. It allows [measurement-based treatment](#) and care coordination within clinical workflows. App-based gamification and behavioral economics incentivizes patient use, pulling in specialists as needed based on individual patient risk.

By helping providers address the behavioral health needs of their patients in real time—between visits—tBHI™ galvanizes patient-centered care delivery and patient engagement. From the patient perspective, personalized behavioral health activities offer both practical convenience and a sense of accomplishment and progress. In addition to earning incentives for task completion, tBHI™ empowers patients in their own behavioral health and wellness journey.



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Although most health systems appreciate the clinical value that tBHI™ can offer, many overlook the substantial operational and financial gains it provides. Given today's economic realities, health systems simply can't afford to ignore any of the potential benefits of tBHI™. These include:

- Increased revenue—often totaling thousands of dollars monthly—for depression screenings performed⁵
- Increased patient access to behavioral health services that avoid costly crises
- Streamlined workflows for providers to save on precious time
- Strengthened care coordination for improved outcomes and patient satisfaction

As a result, tBHI™ can amplify patient satisfaction and retention rates as well as provider satisfaction—and gather the data to prove it. Through technology, health systems can measure, track and report on HEDIS and other NCQA performance measures, achieve PCMH or PCSP recognition, and collect other metrics that verify their behavioral healthcare efficiency and effectiveness. Consequently, it supports value-based reimbursement models through increased patient outcomes and cost savings.

4 reasons to add the “t” to BHI

When it comes to business outcomes, health systems should consider four key benefits possible through more collaborative care coordination and tBHI™:

1 Achieve cost savings

The research and studies continue to show that “connecting the dots” between physical and behavioral health can improve cost savings and revenue—especially given the ongoing shift toward value-based care.

For example, a longitudinal study conducted by Intermountain Healthcare⁶ illustrates how ACOs, IDNs, PCMHs, and other value-based care organizations might **improve patient care, lower costs and capture value-based reimbursement just by decreasing ED visits and hospital admissions**. The Milliman report, too, notes that



the potential for total healthcare cost-savings ranges from 5-10% for patients enrolled in collaborative care, with additional benefits stemming from improvements to patients' quality of life.

The reason for all of this becomes clear if we think in terms of the Quadruple Aim. To put it plainly: Health systems can't improve outcomes without giving patients greater access to the right care at the right time.

tBHI™ allows health systems to take a proactive approach, offering patients access to behavioral health services before costly specialty care becomes necessary.

2 Increase revenue

Even before COVID-19, more and more value-based contracts were starting to reimburse for collaborative care. tBHI™ makes it easier for health systems to track care management metrics and prove outcomes through validated screenings, depression scores, etc.—and thus capture value-based payments.

Plus, as telehealth services continue to be compensated for the foreseeable future, tBHI™ may help health systems capture telehealth revenue. One 12-location pain management practice, for example, saw a \$37 average reimbursement increase per patient per month through the adoption of tBHI™—totaling an additional \$70,000 in claims for virtual services in the first three months of use during COVID-19⁷.

A tech-enabled collaborative care model can support providers to work top-of-license—which may facilitate higher-level reimbursable services. **Consider this:** By giving primary care providers the tools and confidence to help patients with common behavioral health conditions such as depression and anxiety, health systems free their behavioral health specialists to care for patients with more complex conditions and SUDs. It's a more efficient use of provider resources that maximizes health systems' investments in their FTEs while at the same time raising provider satisfaction.



Challenge:

Health systems can't improve outcomes without giving patients greater access to the right care at the right time.

Solution:

tBHI allows health systems to take a proactive approach, offering patients access to behavioral health services before costly specialty care becomes necessary.



3 Reduce patient leakage

It's no secret that there has been a massive spike in the need for behavioral health services since the start of COVID-19. The Centers for Disease Control and Prevention (CDC) reports 40% of adults have indicated they struggled with mental health or substance use since the pandemic began, essentially doubling those impacted by behavioral health issues annually.⁸ This exponential increase in the experience of mental health symptoms has resulted in a demand for services that cannot be met within the current healthcare structure. Health systems are being forced to evaluate alternative and innovative care models to satisfy rising patient demand for behavioral health services.

tBHI™ is the answer to that demand. By enabling health systems to extend behavioral health support to patients within providers' existing clinical workflows, based on the identified needs of the patient at a given point in time, providers can accommodate patient demand more easily, reducing the chance patients will go elsewhere for behavioral health care.

Of course, keeping patients inside the provider network in this manner requires tools that increase provider efficiency. Fortunately, data uploaded directly from a patient's behavioral health app into a health system's EHR can be quantified for staff to track daily. Summary reports available in the EHR can further ease providers' ability to deliver customized, evidence-based content to their patients. **In short: tBHI™ saves providers' time by delivering real-time insights instead of requiring them to manually comb through monthly reports, scores, notes and more.**

4 Strengthen patient engagement, retention & satisfaction

Despite the growing demand for behavioral healthcare, access remains an ongoing challenge in many areas. Long before the pandemic, wait times for behavioral health appointments often averaged months, even in highly populated areas.⁹ tBHI™ programs that are enhanced by mobile devices appropriately stratify patients to the support and interventions they need at any point in time, identifying risk early and decreasing access issues through prevention, ultimately strengthening patient engagement.

Patients can check an app daily for insights into how they are doing with their overall health, and obtain a better understanding of how their behavioral health affects their physical health. Through technology, patients also get to share their behavioral health concerns with providers whenever and wherever they're comfortable doing so, rather than feeling pressured to "tell all" while in the office during a scheduled provider visit.

By making behavioral healthcare a simple part of everyday life, tBHI™ is challenging the age-old stigma associated with behavioral health conditions—moving patients a step closer to genuinely holistic care.



The cost of ignoring tBHI™? Greater than you think

Health systems cannot afford to ignore [tBHI™'s potential](#) to deliver clinical and financial value. We must embrace opportunities to adopt and scale treatment models that drive truly preventive patient care.

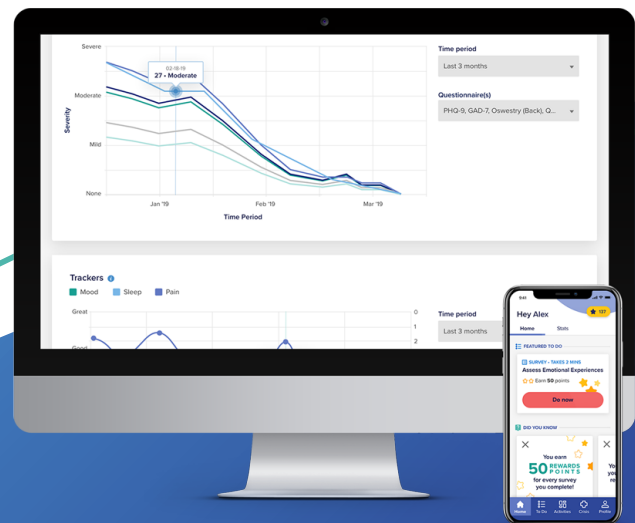
No matter where a health system falls on the BHI maturity spectrum, ignoring tBHI™ means overlooking opportunities to create cost savings, tap into new revenue streams and promote provider efficiency and satisfaction—while at the same time generating deeper patient engagement and better outcomes. If we ignore tBHI™, we risk ignoring a better way to strengthen our health systems and our patients' lives.



NeuroFlow will deliver better outcomes and reduce the administrative burden placed on our providers



Dr. Stephen Klasko
CEO of Jefferson Health



Don't ignore tBHI™ any longer. Learn more about incorporating tBHI™ at health systems by visiting neuroflow.com/t-bhi or emailing us at info@neuroflow.com.

Citations

- 1 *Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration*. SAMHSA-HRSA Center for Integrated Health Solutions. Accessed at https://www.thenationalcouncil.org/wp-content/uploads/2020/01/OATI_Overview_FINAL.pdf?daf=375ateTbd56
- 2 Davenport S, et al. *Potential Economic Impact of Integrated Medical-Behavioral Healthcare: Updated Projections for 2017*. Milliman. 12 Feb 2018. Accessed at <https://www.milliman.com/en/insight/potential-economic-impact-of-integrated-medical-behavioral-healthcare-updated-projections>.
- 3 *The Value of Integrated Behavioral Health*. Center of Excellence for Integrated Health Solutions. Accessed at <https://www.thenationalcouncil.org/integrated-health-coe/resources/>
- 4 Digital Health Platforms Are Addressing An Epidemic Lurking Beneath The Covid-19 Pandemic. Accessed at <https://www.forbes.com/sites/sethjoseph/2020/11/24/digital-health-platforms-are-addressing-an-epidemic-lurking-beneath-the-covid-19-pandemic/?sh=b311060416cd>
- 5 *Financial Planning: Quantifying the Impact of Behavioral Health Integration*. Overcoming Obstacles webinar series.. American Medical Association / Behavioral Health Initiative (BHI) Collaborative. Accessed at <https://www.ama-assn.org/practice-management/sustainability/behavioral-health-integration-webinar-series-quantifying-impact>
- 6 Reiss-Brennan B, et al. Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost. *JAMA*. 2016;316(8):826-834. Accessed at https://jamanetwork.com/journals/jama/fullarticle/2545685?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jama.2016.11232
- 7 *How Commonwealth Pain & Spine is Supporting the Behavioral Health of Patients During COVID-19 and Beyond*. Accessed at <https://f.hubspotusercontent20.net/hubfs/5158979/Sales%20Assets%20and%20Collateral/NeuroFlow%20&%20Commonwealth%20Case%20Study.pdf>
- 8 Czeisler MÉ et al. *Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020*. *MMWR Morbidity and Mortality Weekly Report*. 2020;69:1049–1057. Accessed at <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>
- 9 Butz, C et al. *Timely Access to Mental Health Services for Patients with Pain*. *Pediatric Quality and Safety*. November/December 2019; Vol4(6):e240. Accessed at https://journals.lww.com/pqgs/Fulltext/2019/11000/Timely_Access_to_Mental_Health_Services_for.19.aspx