

Care Redesign Survey

It's Time to Treat Physical and Mental Health With Equal Intent

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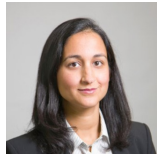


It's Time to Treat Physical and Mental Health With Equal Intent



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Advisor Analysis

By neglecting mental and behavioral health, our society has made it virtually impossible to succeed in holistic health, and thus to improve health outcomes.

How adequate are your organization's mental and behavioral health services to meet the needs of the patient population?



Base = 486 (among those who provide services)
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In the United States, we have historically separated diagnosis and treatment of mental illness from physical illness. What we are learning, at a high cost, is that having two separate and unequal systems of care results in suboptimal treatment of patients.

Our most recent NEJM Catalyst Insights Council survey, on mental and behavioral health integration into care delivery, reveals a stark corollary: 51% of Council members – a qualified group of U.S. executives, clinical leaders, and clinicians who are directly involved in health care delivery – consider their organizations'

mental and behavioral health services not very adequate or not at all adequate to meet the needs of their patient population.

By neglecting mental and behavioral health, our society has made it virtually impossible to succeed in holistic health, and thus to improve health outcomes.

(This survey defines mental and behavioral health broadly, encompassing clinical diagnoses such as anxiety and depression as well as behavioral issues. The survey also incorporates adverse social circumstances as a contributor to poor health.)

Consider the prescribing of psychiatric medication, which ranks second (behind basic screening) among the most prevalent mental/behavioral services provided at respondent organizations. Prescribing medications alone is rarely the right thing to do, even if it is the most expedient; medication usually works best when prescribed along with other forms of treatment, such as cognitive behavior therapy. Yet medication is what clinicians jump to when other services aren't readily available.

Many survey respondents call out availability and access as the biggest changes they think would improve mental and behavioral health services across the United States. They want availability of a wider range of clinicians (beyond physicians) who can treat mental and behavioral health, and better availability of those services within the realm of primary care. They want access for patients without financial means to pay for services, and access to ongoing care without limits on length of time.

Insights Council members say the most pressing barriers to delivering mental and behavioral services are absent or inadequate insurance coverage (chosen by 34% of respondents), fragmentation of care (33%), and lack of access to specialty care (32%). Most respondents (79%) point to Medicaid or Medicare as the primary means of payment for their organizations' mental and behavioral health services. Commercial insurers rank second as primary means of payment (52%).



Insights Council members say the most pressing barriers to delivering mental and behavioral services are absent or inadequate insurance coverage.

If we try to fix these broken delivery systems merely by layering services on top of primary care in a cookie-cutter manner, we are doomed to fail. Instead, each health care system must conduct a community health needs assessment and create an integrated system that takes into account the characteristics of their specific patient population.

Take the example of Southcentral Foundation (SCF), an Alaska Native nonprofit health system, which just won its [second Malcolm Baldrige National Quality Award](#) for its “unique health care delivery system, the Nuka System of Care, [which] brings together organizational strategies and processes; medical, behavioral, dental,

and traditional practices; and an infrastructure that supports wellness,” as described in the award summary from the National

Institute for Standards and Technology. SCF provides a wide range of programs to address the physical, mental, emotional, and spiritual wellness for about 65,000 Alaska Native and American Indian people. SCF's needs assessment revealed a population dealing with high rates of child abuse and neglect, intimate partner violence, and social isolation. SCF redesigned its care delivery around these needs, integrating specialty services into primary care and reducing the number of standalone specialty services. This reimagining of resources enables SCF to deliver high-quality care at a low cost and to make huge inroads with the health wellness of the population.

Effective care redesign must take into account different delivery needs. In rural Minnesota, for example, you likely would need a strategy of distributed services via telehealth to reach a remote patient population, whereas more densely populated urban areas would likely demand a higher concentration of face-to-face care.

Perhaps the most critical contribution to better integration of mental/behavioral services with traditional care delivery is breaking down cultural silos within provider organizations.

Clinicians should be able to easily access and share information about patients, enabling different specialties to work together to create comprehensive treatment plans. Doing so would also more easily allow the integration of primary care services into psychiatric services, which 81% of survey respondents enthusiastically support.

The time has come for integration of mental and behavioral health with physical health. Our Insights Council makes clear that the current system is not working. We must lead the charge for change.

It's Time to Treat Physical and Mental Health With Equal Intent

by NEJM Catalyst

Insights Report · February 2018

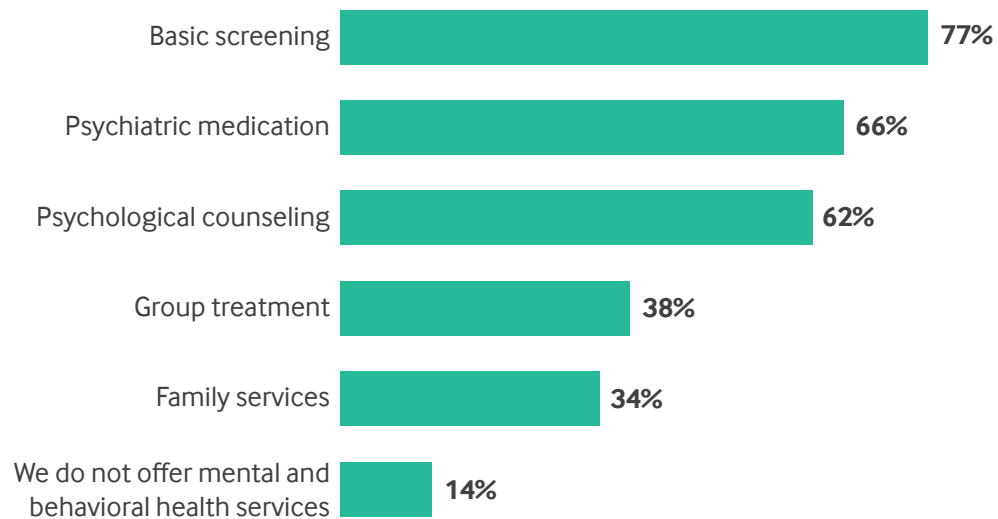
Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council, comprising health care executives, clinical leaders, and clinicians, about integrating mental and behavioral health into care delivery. The survey covers which mental and behavioral services Insights Council members' organizations provide; the most pressing causes of mental and behavioral health issues; the biggest barriers to delivering mental and behavioral health services; the primary means of payment; the most effective means of integrating mental and behavioral health services with primary, specialty, and acute care; and the extent to which primary care should be integrated with psychiatric care. A total of 565 completed surveys are included in the analysis.

Insights Council members' organizations offer a wide range of mental and behavioral services. Basic screening is most common. Psychiatric medication and psychological counseling rank second and third. Group treatment is more prevalent at organizations in the Northeast (45%), Midwest (44%), and West (39%) than in the South (25%). But 14% of respondents say their organizations don't offer mental and behavioral health services at all.

A Wide Range of Mental and Behavioral Health Services Is Offered

Which of the following mental and behavioral health services does your organization provide?



Base = 565 (multiple responses)

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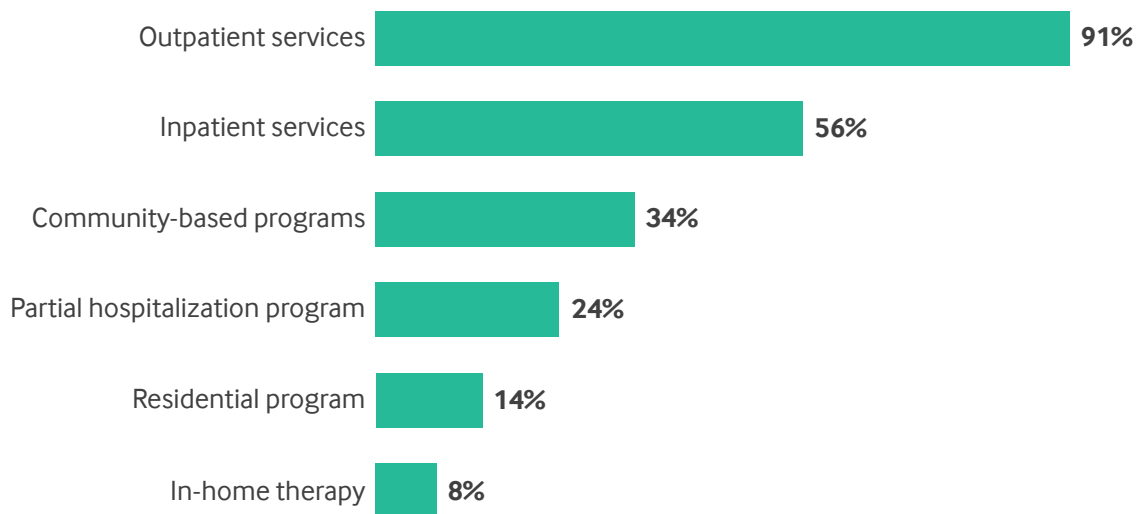


14% of respondents say their organizations don't offer mental and behavioral health services at all.

Far and away, the most popular format for providing mental and behavioral health services is outpatient services. A little more than half of respondents' organizations provide inpatient services. One Insights Council member says in a verbatim response that the single change needed to most improve these services would be "an integrated system of community counseling, outpatient psychiatric care, and inpatient psychiatric units." A third of survey respondents provide community-based programs at their organizations; in-home therapy scores lowest among formats.

Outpatient Services Lead All Formats of Mental and Behavioral Health Services Provided at Organizations

In what formats does your organization provide these mental and behavioral health services?



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Far and away, the most popular format for providing mental and behavioral health services is outpatient services.

Fewer than half of respondents find their organizations’ mental and behavioral health services adequate in meeting the needs of the patient population. Only 15% rate their services as extremely or very adequate. More than half believe their organizations’ services are not very adequate or not at all adequate to meet their patients’ mental and behavioral health needs. More health systems (61%) than hospitals (49%) are more likely to rate their organization’s services as inadequate. One Insights Council member would like to see “adequate training of primary care physicians” for recognition of early signs of mental or behavioral health issues. Another respondent points out a shortage of providers in a rural county of 44,000, “especially for our most distressed people.”

A Majority Feel Services to Meet Patient Population Needs Are Not Adequate

How adequate are your organization’s mental and behavioral health services to meet the needs of the patient population?



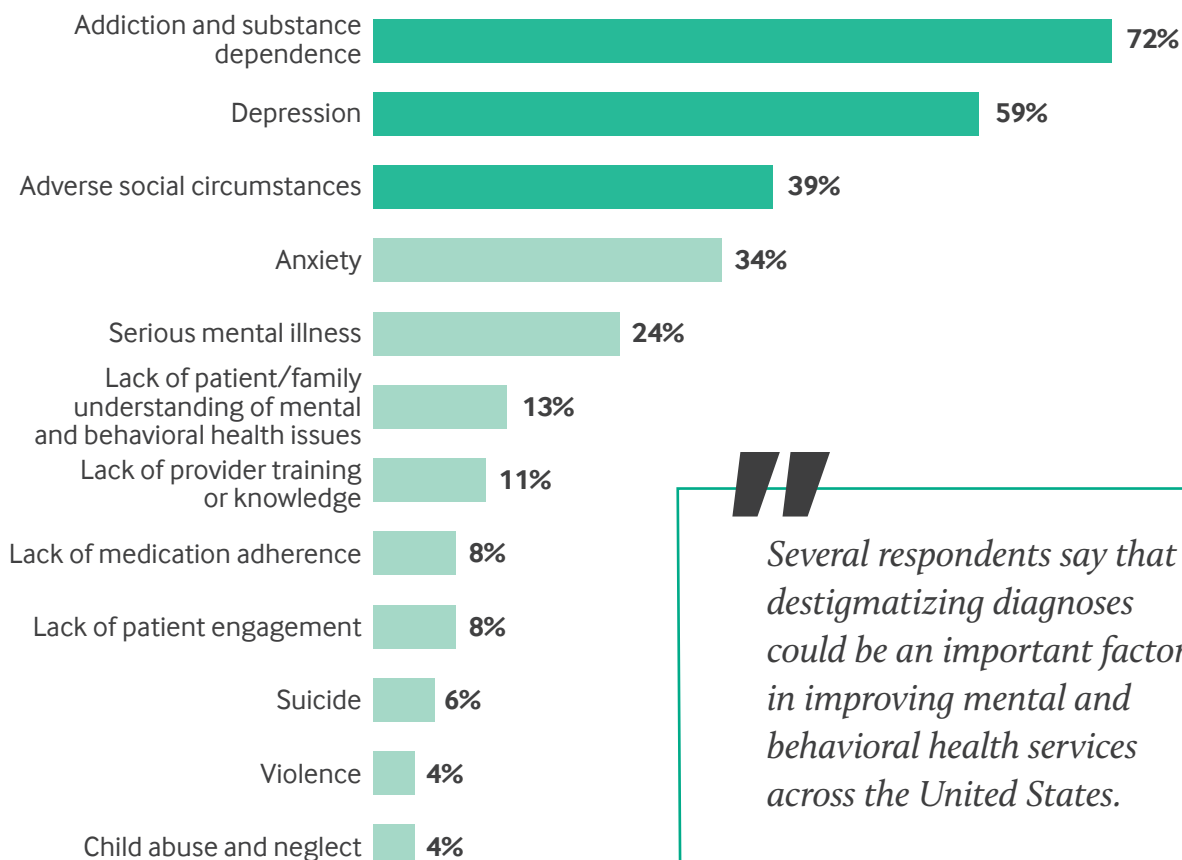
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More health systems (61%) than hospitals (49%) are more likely to rate their organization’s services as inadequate.

Insights Council members say addiction and substance abuse are the most pressing cause of mental and behavioral health issues. This is consistent across hospitals and health systems (77%), but has a lower incidence among physician organizations (67%). Depression, the second-ranked cause, is more frequently indicated at physician organizations (76%) than health systems (57%) and hospitals (51%). Adverse social circumstances, the third-ranked cause overall, is more frequently reported among health systems (42%) and hospitals (40%) than physician organizations (20%) as one of the most pressing causes of mental and behavioral health issues for their patient population. In verbatim comments, several respondents say that destigmatizing diagnoses could be an important factor in improving mental and behavioral health services across the United States.

Substance Abuse, Depression, and Adverse Social Circumstances Are the Most Pressing Causes of Mental and Behavioral Health Issues

What do you consider the top three most pressing causes of mental and behavioral health issues for your patient population?



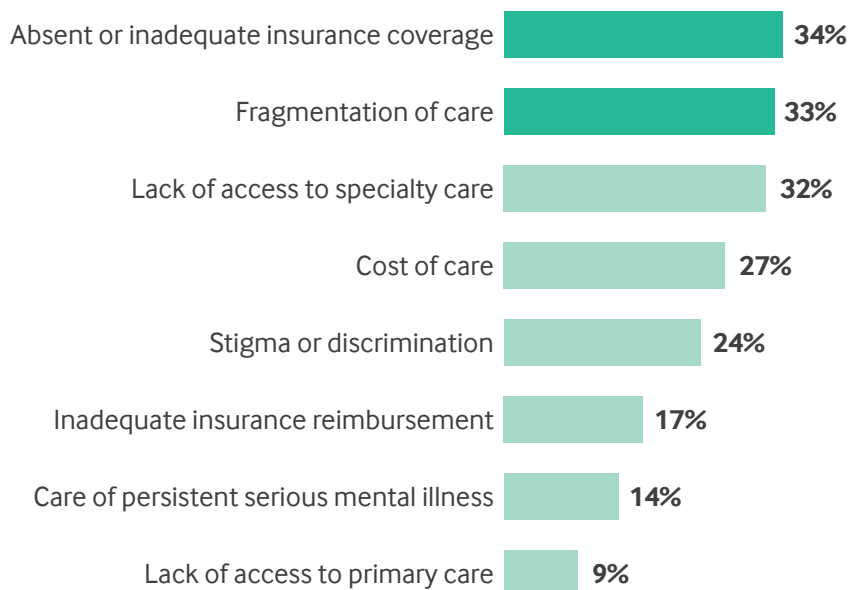
Several respondents say that destigmatizing diagnoses could be an important factor in improving mental and behavioral health services across the United States.

Base = 565 (multiple responses)
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No single barrier to delivering mental and behavioral services emerges as a frontrunner. Instead, Council members point to absent or inadequate insurance coverage, fragmentation of care, and lack of access to specialty care as barriers of nearly equal weight. The cost of care falls next on the list. One respondent calls for psychiatrists to accept health insurance, explaining, “most psychiatrists in our area have stopped accepting or accept very few insurance plans, which makes it so difficult to get care for our patients.” Those patients who pay out of pocket, this Council member says, face “astronomical costs” and sometimes halt treatment due to financial strain.

A Range of Barriers Prevent Delivery of Mental and Behavioral Health Services

What do you consider the top two most pressing barriers related to delivery of mental and behavioral health in your community?



Base = 565 (multiple responses)
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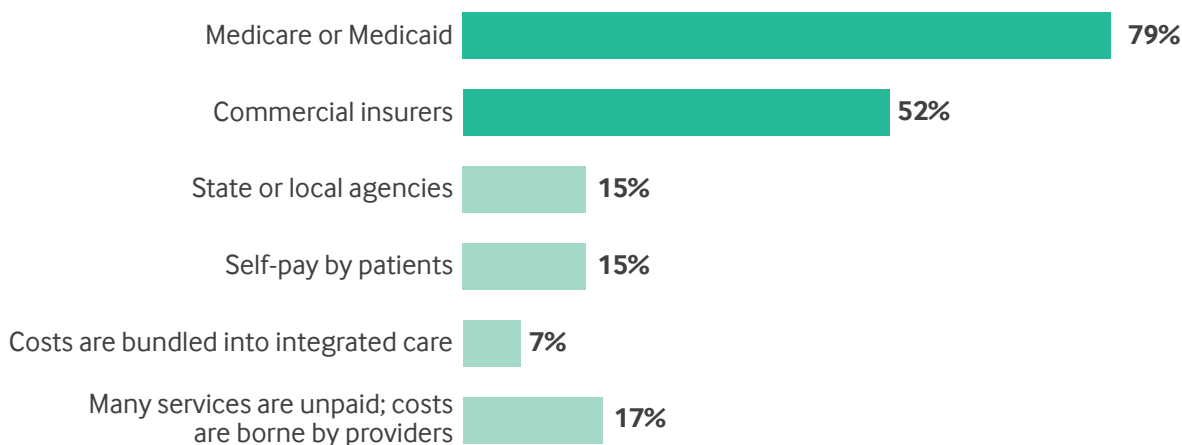


Most psychiatrists in our area have stopped accepting or accept very few insurance plans, which makes it so difficult to get care for our patients, says one Council member.

Medicaid and Medicare rate first among primary means of payment for organizations' mental and behavioral health services. Commercial insurers are a top means of payment for just over half of respondents. For 17% of Insights Council members, many services go unpaid, and the costs are borne by the provider. One respondent, in a verbatim comment, suggests including all mental and behavioral health within Medicaid managed care programs, calling it "ineffective to have serious mental illness carved out." Another calls for major insurance market reforms so that a patient is linked to one insurer for life rather than an employer: "This will change incentives and payment structure, and make population health the true focus."

Medicare/Medicaid and Commercial Insurers Are the Primary Means of Payment for Mental and Behavioral Health Services

What are the top two primary means of payment for your organization's mental and behavioral health services?



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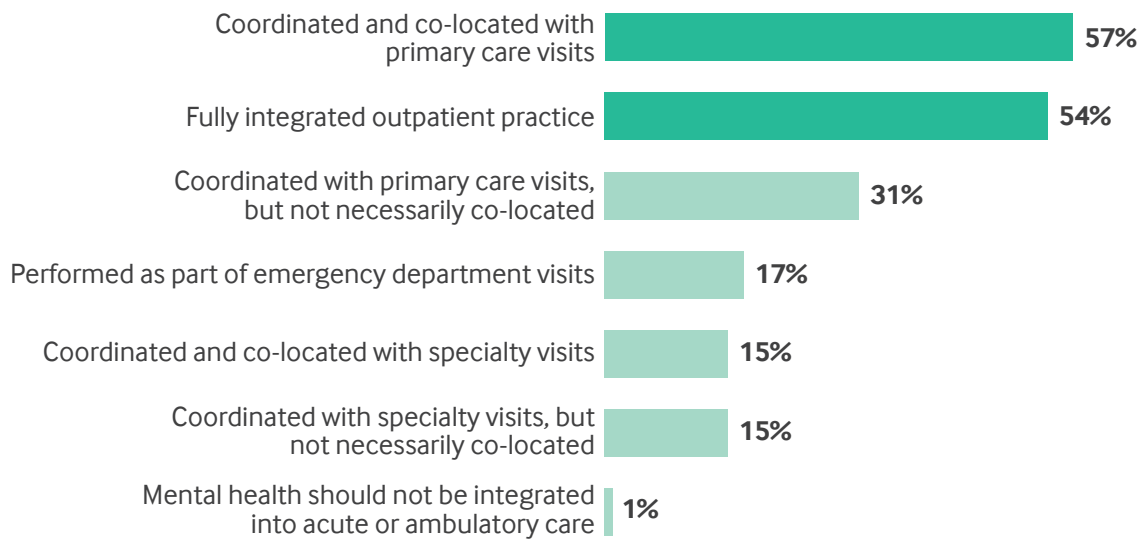


For 17% of Insights Council members, many services go unpaid, and the costs are borne by the provider.

Council members are virtually unanimous (99%) that mental health should be integrated into acute or ambulatory care. The top choices to achieve this are to coordinate and co-locate mental/behavioral health services with primary care visits, and a fully integrated outpatient practice. A higher incidence of respondents from physician organizations (42%) than health systems (24%) and hospitals (28%) believe that coordinating with primary care visits (but not necessarily co-locating) is a highly effective means of integration. One Council member says that if it's infeasible to co-locate mental and behavioral health services within primary care, they should at least be part of patients' medical homes.

Coordination and Co-Location Are the Most Effective Means of Integrating Mental and Behavioral Health Services

What are the top two most effective means of integrating mental and behavioral health services with primary, specialty, and acute care?



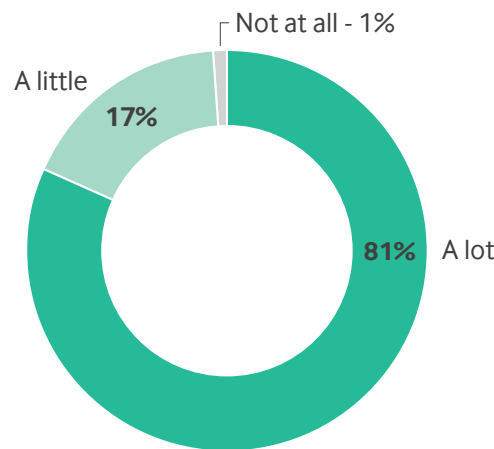
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Council members are virtually unanimous (99%) that mental health should be integrated into acute or ambulatory care.

The great majority of survey respondents say there should be “a lot” of integration of primary care into psychiatric care for mental/behavioral health. This sentiment is consistent across audience segments, settings, and regions. One Insights Council member calls for “better funding for mental health services and provider training to increase availability and remove the default for these services to primary care.” Another verbatim comment maintains that providers of primary care and of mental/behavioral services should have “a shared concept of mutual responsibility.”

Most Feel Primary Care Should Be Integrated into Psychiatric Care

To what extent should primary care be integrated into psychiatric care for mental/behavioral health?



Base = 565

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Providers of primary care and of mental/behavioral services should have “a shared concept of mutual responsibility.”

Verbatim Comments from Survey Respondents

“What single change would most improve mental and behavioral health services across the United States?”

“An integrated system of community counseling, outpatient psychiatric care, and inpatient psychiatric units.”

— *Clinician at a small community hospital in the Northeast*

“More routine screenings integrated with easily accessible therapies (human and digital).”

— *Chief Medical Officer at a midsized for-profit physician organization in the West*

“As a society we have to pay for the care for the mentally ill. Most psychiatrists and psychologists don’t accept Medicaid because it pays so poorly, and most seriously mentally ill patients do not have any insurance other than Medicaid....Of course, hospitals lose money caring for mentally ill patients in every setting. Until the majority of Americans believe that people with mental illness deserve care this issue will not be [solved].”

— *Chief Medical Officer at a midsized nonprofit hospital in the Northeast*

“Acceptance that opioid dependence is a disease process and that access to care should not be a barrier for treatment.”

— *Director of a small for-profit clinic in the South*

“Moving to a single payer model of health care delivery.”

— *Clinician at a large academic hospital in the South*

“Less stigma and therefore better insurance coverage for care.”

— *Director of a small for-profit hospital in the West*

“Improved insurance, Medicaid, and Medicare coverage of psychological services.”

— *Clinician at a large for-profit health system in the Midwest*

“Include all behavioral health into Medi-Cal/Medicaid managed care. SO, SO, SO ineffective to have serious mental illness carved out. Makes no sense to transfer a member from their psych provider when they become SMI (serious mental illness) and have to be transferred to County Mental Health when they are decompensated.”

— *Director of a large nonprofit health system in the West*

“Access with no cost differences.”

— *Department chair of a large nonprofit physician organization in the West*

“Lower copays and better access to better clinicians. There are too many choices out there — just in Atlanta — hundreds of people, and you really can’t tell who is and who is not good at what they do.”

— *Clinician at a midsized nonprofit health system in the South*

“Either offered as free service or very low cost, and also anything to destigmatize mental/behavioral health.”

— *Clinical chief at a small teaching hospital on the Midwest*

“Diagnosing, classifying and treating behavioral/mental health as is done for the range of diseases and illnesses, while at the same time facilitating access to care for them through insurers and providers.”

— *Director of a midsized community hospital in the Northeast*

Methodology

- The Care Redesign Survey: Mental and Behavioral Health Integration into Care Delivery was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In October 2017, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 565 completed surveys are included in the analysis. The margin of error for a base of 565 is +/-4.1% at the 95% confidence interval.

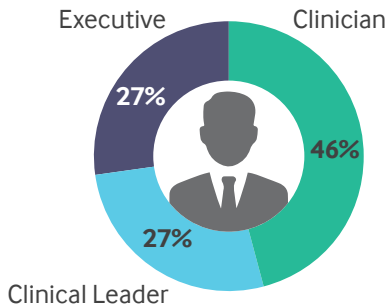
NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

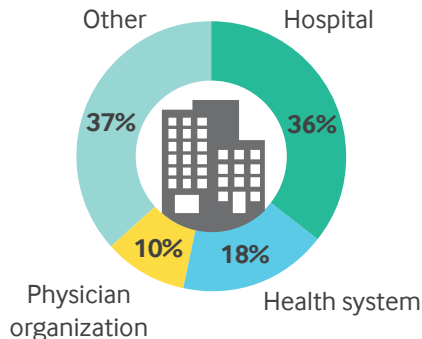
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile

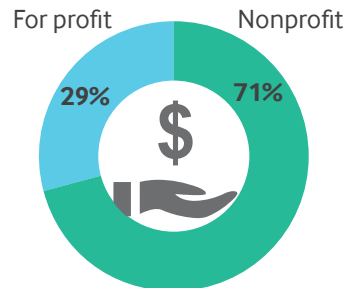
Audience Segment



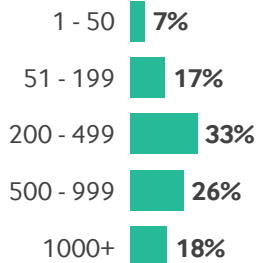
Organization Setting



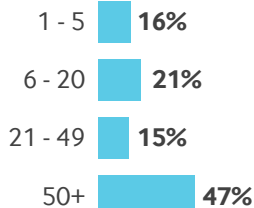
Type of Organization



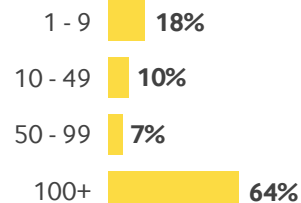
Number of Beds (Among hospitals)



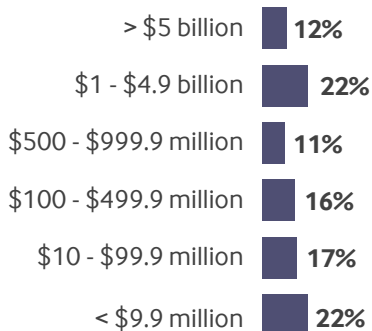
Number of Sites (Among health systems)



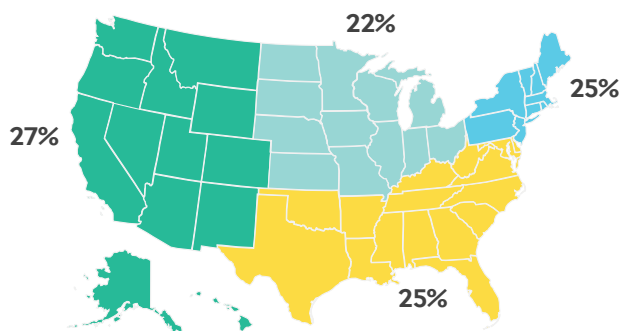
Number of Physicians (Among physician organizations)



Net Patient Revenue



Region



Base = 565

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About Us

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.