TheZetemaProject

The Role of Mental and Behavioral Health within the Healthcare System

Key Takeaways:

- Issues with patient access to quality mental and behavioral care, insurance rates and coverage, and limited resource availability contribute to what is now being considered a national mental health crisis in the United States.
- Over 43 million Americans suffer from a mental or behavioral health disorder, but only 56 percent received treatment. One in five adults suffering from a mental or behavioral health disorder report an unmet need.
- The Mental Health Parity and Addiction Equity Act requires mental health and addiction be treated the same way as medical and surgical benefits, but ideological differences in treatment methods and medical necessity have led to mixed results across states.
- Companies are turning to telemental health strategies to improve patient access, increase patient retention, and reduce healthcare spending.

Introduction

It has been over ten years since the Mental Health Parity and Addiction Equity Act was signed into law, requiring that that mental health and addiction treatment be treated the same way as medical and surgical benefits. Yet implementation has proved challenging, with virtual consensus that genuine parity is far from being achieved. States are largely responsible for oversight, with dramatically different results across state lines. Mental and behavioral health specialists are also not evenly distributed, with acute provider shortages in many areas. Patients requiring mental or behavioral health treatment contribute to high hospital admission and readmission rates, as well as spending more time in hospitals waiting for treatment than would otherwise be required.

The Status of Mental and Behavioral Health

Over 43 million Americans suffer from a mental or behavioral health disorder. Rates of uninsured adults with mental illness decreased by 5 percent in 2018, yet 56 percent of Americans who reported a mental and behavioral health disorder have not received treatment. Additionally, one in five adults in the United States report an unmet mental or

behavioral health need, a common issue in non-metropolitan areas. Issues with access to quality mental and behavioral care, insurance rates and coverage, and limited resource availability contribute to what is now being considered a national mental health crisis in the United States.

According to 2017 data produced by the Centers for Disease Control and Prevention, life expectancy in the United States decreased for the third year in a row. Deaths by suicide, a top 10 leading cause of death since 2008, increased by 3.7 percent. About 70,000 drug overdose-related deaths in the United States occurred in 2017, a 9.6 percent increase from 2016. Overdose deaths in nonmetropolitan areas, where Americans more likely lack access or knowledge to life-saving treatment and follow-up care, have recently surpassed those in urban areas.

> "All these years later, equal coverage continues to remain elusive and people with mental health conditions still face discrimination by their health insurance providers"
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> - *Angela Kimball, National Director Advocacy, Public Policy, NAMI*

While the Mental Health Parity and Addiction Equity Act was meant to address issues with mental and behavioral health treatment, experts argue that there has been little progress since its implementation in 2008. Angela Kimball, the National Director of Advocacy and Public Policy for the National Alliance on Mental Illness, suggested that subtle discriminatory practices have contributed to the challenges in implementation. Non-quantitative treatment limitations have led to complications in coverage and care. For example, definitions of medical necessity or appropriateness vary by state. These limitations also include standards for provider participation in networks, which are ultimately contributing to rising healthcare costs and issues with patient access. Patients are finding it difficult to find an in-network mental health provider and will either spend more on an out-of-network provider or avoid treatment entirely.

Treating Mental and Behavioral Health

Controversial Treatment Methods for Addiction

The methods for mental and behavioral health disorder treatment have recently become points of debate within the healthcare system. Addiction experts suggest that medication-assisted treatment, or M.A.T, is more effective than abstinence-based therapy. While evidence that medications such as buprenorphine and methadone have been shown to reduce mortality rates for opioid addictions and maintain patient retention, M.A.T. is not fully employed in the United States. Some mental and behavioral health treatment centers have refused to adopt the practice due to the potential of fueling addictive behaviors while additionally benefiting the pharmaceutical industry that played a role in the opioid epidemic. President Trump's Health and Human Services Secretary Alex Azar has expressed his support for M.A.T., which was a turn for the administration after the previous HHS Secretary spoke out against the controversial practice. Government-funded programs are now feeling greater pressure to adopt M.A.T practices, while nonfederal for-profit programs are still governed by state licensing processes that do not require medication-based treatment.

Issues with Provider Support

The increasing demand for professional mental health services is met by a looming provider shortage in some service areas. For example, the U.S. Department of Health and Human Services predict that demand will outstrip supply by up to 15,600 psychiatrists in 2025. Concerns around the psychiatry shortage have called attention to graduate medical education and its system of incentivization, or lack thereof, to move doctors into underserved areas. Additionally, mental and behavioral health services are usually reimbursed at a lower rate compared to other medical services, making psychiatry a field less desired by medical students.

The shortage has led to an increased need for non-physician mental health specialists to replace or assist psychiatrists. For example, the United States Department of Labor expects a 23 percent growth from 2016-2026 in employment for substance abuse, behavioral

disorder, and mental health counselors. Employment for mental health and substance abuse social workers is expected to rise 18.9 percent in 2024 from 2014. These specialists, however, are reimbursed less than psychiatrists in comparable services and the employment opportunities are higher in rural areas, where professionals are less likely to practice.

Many primary care doctors are also currently tasked with identifying mental and behavioral health symptoms in their patients. Quality care is especially difficult to provide when time with patients is limited and training in mental disorder identification and treatment is lacking. Some states have expanded the role of advanced practice nurses to include psychiatric services, but differing scope-of-practice laws across states create variation in treatment throughout the country.

Hospitals experiencing provider shortages are also struggling to find ways to treat patients with mental or behavioral health needs. The insufficient number of beds and available outpatient resources contributes to long wait times for all patients. Readmissions for mental and behavioral health patients are possible when care is not received, further driving up overall costs.

Differences in Payment Systems

The American Psychological Association has suggested that doctors may not be incentivized to treat mental health in a fee-for-service system and that a global payment system may be more appropriate for addressing mental and behavioral health needs. As a counter example, however, Kaiser Permanente is not a fee-for-service system and continues to have difficulty treating mental and behavioral health. Union workers went on strike in December 2018, criticizing Kaiser for its low staffing requirements and long wait times for patients.

Upper Great Lakes Family Health Center and a collaboration of other agencies have, on the other hand, successfully provided mental and behavioral health treatment using a fee-for-service system. In 2012, the collaboration formed Cross-Walk, an integrated behavioral healthcare system within primary care settings. Data from its 2012-2015 grant period showed 95 percent patient compliance, 68 percent improvement in depressive

symptoms, and 51 percent reduction in substance abuse symptoms. The Upper Great Lakes Family Health Center collaboration also introduced eClinical Works, an EMR system better built for data integration. While the project no longer operates under the same name, some of the mental and behavioral health resources from Cross-Work are still available through fee-for-service.

The Future of Mental and Behavioral Health

Changes in Medicaid Mental and Behavioral Health Programs

As of November 2018, 37 states have approved Medicaid expansions, which has led to greater improvement in youth coverage and a reduction in uninsured adults with a reported mental illness. Medicaid is the largest payer in the nation for behavioral health services at 26 percent of total national spending. Medicaid aims to improve quality and control costs with value-based care, but progress has been slow with Medicaid behavioral health programs. For example, Certified Community Behavioral Clinics, a new system of Medicaid providers, are currently at risk of closure after its exclusion from the Congressional Budget in October 2018. The Substance Abuse and Mental Health Services Administration has funded 66 Certified Community Behavioral Health Clinics, or CCBHCs, across eight states since its establishment in 2014. Early results were promising. 94 percent of CCBHC's reported an increase in the number of patients treated for addiction. CCBHC's also expanded access to medication-assisted treatment in addition to other addiction-focused treatment and recovery services. Executive Director of the National Association of Medicaid Directors suggested that the movement toward value-based payments will not work with CCBHC's current payment system, in which Medicaid provides "enhanced" reimbursement for bundled services. Bundled payments have benefitted CCBHCs due to the previously low reimbursement rate for mental health services with high delivery costs. The future of CCBHCs remain uncertain, but some clinics may experience changes as early as January 2019.

Moving Forward with Parity

Mental health and addiction parity law continues to drive policy changes, but states are struggling to achieve parity. In 2018, Illinois was the only state to receive an A on its State Report Card assessing state-level mental health parity statues. 32 states received a failing grade. Illinois has the most robust parity laws, which include prohibiting prior authorization and step-therapy requirements for FDA-approved medications and requiring generic FDA-approved medications for substance use disorders to be available on the lowest-tier of prescription formularies. While Illinois parity laws have been established to ensure compliance and dedication to mental and behavioral health parity, Illinois providers claim that insurance plans complicate treatment. Plans differ in their definition of medical necessity and providers are unsure of how this will affect treatment and access in the future.

Different Approaches to Addressing the Mental Health Crisis

Some private companies have found innovative ways to tackle the mental health crisis. In November 2018, Beacon Health Options opened its first retail health clinic in a Texas-based Walmart as the first step in its new mental health pilot program. The clinic will be offering in-person and telehealth mental health services from its licensed social worker staff. Payment will operate on a sliding scale, allowing for services to be provided to those struggling financially or lacking health insurance. While experts can agree that this improves access, some have criticized Beacon for creating multiple barriers in mental health treatment authorizations and further burderning providers with administrative responsibilities.

Telehealth and Telepsychiatry

In June 2018, the Centers for Medicare & Medicaid Services released an open letter to State Medicaid Directors requesting an increased utilization of telehealth and telepsychiatry services. While states continue to differ on provider reimbursement and program eligibility, startups and apps focused on mental and behavioral health are gaining attention. Fifteen unique companies focused on telemental health services received about $273M in funding.

- Tridiuum, a cloud-based, HIPAA-compliant platform raised approx $9.5 million from stock and debt sale. Tridiuum allows patients to take an assessment while in the waiting room at their doctor's office. The assessment includes behavioral health questions that take approximately four minutes to complete. The data is synchronized on a cloud-based platform as well as on the patient's electronic health record. The patient's health provider can immediately see the information provided by the assessment and address it during the patient's appointment. Tridiuum has emphasized the importance of behavioral health integration into total health, highlighting the 2018 Milliman Research Report that projects $37.6-$67.8 billion savings with effective medical-behavioral healthcare integration.
- Akili Interactive is a prescription digital medicine company developing treatments for behavioral and brain-related conditions through a high-quality action video game experience. The company recently closed a $55 million Series C funding round and is filing for FDA-approval. It is currently only designed to treat pediatric ADHD, but the programs for other mental and behavioral disorders are currently in its pilot stages.
- Pear Therapeutics recently received FDA approval for reSET-O, a 12-week digital therapy program designed to treat opioid use disorder. The program provides cognitive behavioral therapy through interactive therapy lessons with audio, text, videos, animations, and graphics and is currently limited to persons with a valid prescription from their licensed provider. The National Institute on Drug Abuse sponsored a clinical trial of reSET-O, which showed improved retention of those with opioid use disorder – important for patients are at high risk of relapse or attrition during their treatment

Even with the increased attention on telemental health services and other innovative programs, experts have expressed concerns with privacy, data integration, and access. For example, reSET-O still requires a prescription and easy access to a provider. This limits the program to areas in which there is reliable access to a doctor. Rural areas still may not have access to quality care even with the knowledge to treat or address mental health. Success is promising, but limited until more data are released.

Conclusion

The question remains of whether the American healthcare system has the capabilities to address the evolving needs for quality mental and behavioral healthcare. The Substance Abuse and Mental Health Services Administration estimates that mental and substance use disorder treatment spending across all public and private sources could rise up to $250.5 billion in 2020, a 65 percent increase since 2009. The American healthcare industry is under pressure to meet the increasing demands of both the American people and the country's changing policies. Healthcare technology and innovation are promising, but the mental and behavioral health crisis in the United States shows little signs of slowing down.

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