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August 12, 2021 02:57 PM

Employers, physicians must partner to meet nation's growing mental health needs

Dr. Norman Chenven and Michael Thompson

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We all pay the price for a behavioral health system that doesn't work, and employers pick up most of the tab—employee mental health conditions cost employers more than \$100 billion and 217 million lost workdays each year.

Long before the COVID-19 epidemic hit, the nation's behavioral healthcare system was in crisis, with mental health diagnoses on the rise, coupled with a shortage of providers. The pandemic took a system that was already overtaxed and stressed it even further. Cases of depression, anxiety and substance abuse [have risen as a result](#) and will only be further exacerbated with the delta variant surge. America's healthcare leaders must make behavioral health reform a top priority.

We all pay the price for a system that doesn't work, and employers pick up most of the tab—employee mental health conditions [cost employers](#) more than \$100 billion and 217 million lost workdays each year. That is why cooperation between employers and healthcare stakeholders—especially primary-care providers—is mandatory to begin to solve the problem. When dialogue and collaboration happen, solutions can be found.

Our fragmented system makes it next to impossible for patients to know how to access appropriate mental health care, let alone secure a diagnosis. Health leaders must focus on finding ways to integrate behavioral health with primary care.

All too often basic questions about behavioral health concerns are not part of standard primary-care screenings. Primary-care physicians—such as family medicine physicians, internists, obstetrician/gynecologists—could start the patient on a care path simply by asking the right questions. Then, if a mental health concern is identified, the physician can educate the patient and follow up with a warm handoff to a behavioral health specialist.

While there is an acute shortage of psychiatrists and psychologists, with proper initial screening, other options exist. For example, [research shows](#) that for depression, group therapy and self-management can have a positive impact.

Health plan and provider leaders need to champion the integration of primary care and behavioral health. For employers, exploring integrated behavioral health models makes perfect sense. They see the value in consolidating diverse services to treat employees/patients for any situation and are open to working with provider groups to eliminate the need for them to manage multiple vendors, each providing different services.

Finally, the elephant in the room: In a fee-for-service environment, a provider or medical group is not adequately compensated for the time it takes to really talk to a patient to identify behavioral health concerns and then follow up with treatment, including ongoing care management. But alternative payment arrangements like prepayment and capitation models can empower and incentivize a provider or provider group to truly manage a patient's overall health—including behavioral health—for the long term.

For example, Kaiser Permanente has [successfully delivered the Collaborative Care Model](#) to improve health outcomes, including reducing depression. Developed by the University of Washington, the Collaborative Care Model is an [evidence-based model of care](#) that relies on patient-centered care team. Within this system, capitation also supports providers for the time it takes to coordinate care, including behavioral health. It also funds roles like a care coordinator to help follow up with patients.

The National Alliance for Healthcare Purchaser Coalitions and the Council of Accountable Physician Practices believe in "total person health" and want providers and provider groups to think holistically about a patient's needs to optimize their care and well-being. To achieve this, we need to provide adequate financial resources to support such advanced care models that have shown measurable reduction in debilitating mood disorders (both depression and/or anxiety). Reduction in the use of illicit drug use should also be demonstrated along with consequent benefits to the patients' physical well-being.

We are just beginning to see the incredible pressure the pandemic has brought on our already strained behavioral health system. Millions of Americans have been impacted by isolation, financial strain, work stress, lack of childcare, grief of losing loved ones, or even recovering from illness. Given that the depression, anxiety and trauma will be felt for years to come, we must urgently reform our behavioral healthcare non-system into a system that works. Healthcare leaders from across the industry all have a critical role to play to get us there.

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