COMPLIMENTARY RESOURCE

9 Data-Driven Insights on how Health Plans can Integrate Behavioral Health into Primary Care

Advisory Board

The Covid-19 pandemic surfaced and exacerbated economic, social, and political pressures in the United States, which led to more people struggling with behavioral health. At the height of the pandemic, 53% of Americans reported their mental health had been negatively impacted by stress and worry over the virus.

Despite the surging need for behavioral health care, many perennial access challenges remain:

» Reimbursement for behavioral health services is inconsistent across payers and sites of care.

» Provider shortages continue to limit access to reliable treatment.

» Physical and mental health care services remain fragmented or completely siloed.

This lack of access and care continuity results in a failure to engage patients before their behavioral health needs become severe and costly. This is magnified among minority populations and individuals living in poverty who often face the most severe shortages of mental health services.

But there may be new reason for hope. Behavioral health, a long-stigmatized topic, is now at the forefront in entertainment, news, and social media. The pandemic has opened new access points for telehealth and digital behavioral health care. And providers have new ways to better manage behavioral health needs through more traditional venues—including the primary care setting.

Why you should integrate behavioral health into primary care

Behavioral health conditions tend to be linked to physical health conditions: 80% of behavioral health patients have a physical co-morbidity. For health plans, members who have both physical and mental health conditions—especially unaddressed ones—are particularly costly, with an average increase of $875 in per-member per-month costs for patients with a behavioral health diagnosis.

Ample evidence points to the return on investment of primary care-based intervention. A 2014 Milliman report calculated that if behavioral health services were fully integrated with physical treatment, the American health care system could save between $26 billion and $48 billion annually. Since 50% of all behavioral health conditions are already treated in primary care settings, primary care providers (PCPs) are well positioned to help more patients access behavioral health care.

Primary care alone can't solve longstanding behavioral health access problems. Instead, an integrated care model can help primary care providers feel more comfortable and become more effective at managing their patients' low[1]-to-moderate[2] acuity behavioral health needs.

To determine PCPs' willingness and readiness to take on a greater role in behavioral health care, Advisory Board conducted a survey of 300 PCPs. Advisory Board's 2021 Primary Care Physician Behavioral Health Survey uncovered that many primary care providers lack the time, finances, training, and support resources to integrate behavioral health into their practice. This brief will showcase our nine data-driven takeaways.

1. Low-acuity: Diagnosis is a common, stable mental disorder including depression, anxiety disorders, ADHD. Patient has full functionality. Duration of treatment is typically 6–12 months before self-management and/or symptom remission.
2. Moderate-acuity: Diagnosis is a common mental disorder with unmanaged comorbid chronic disease. Patient has limited functionality and requires longitudinal care management support.

Insights

Setting the stage: At a minimum, PCPs need time and finances to integrate behavioral health

01 PCPs say they want to provide more behavioral health care—and they aren't lying.

02 Digital and self-help behavioral health tools can help PCPs work at top of license.

03 Incentives can boost behavioral health screening rates—but only when PCPs know about them.

Knowledge is power: Few PCPs feel equipped to manage behavioral health concerns

04 Training really does boost PCPs' confidence in providing behavioral health care.

05 PCPs lack all types of behavioral health training—so any training is better than nothing.

06 PCPs aren't confident prescribing behavioral health medications (but most do it anyway).

Reinforcements required: PCPs need additional support when behavioral health concerns exceed their expertise

07 PCPs find all behavioral health support resources effective—but most aren't getting these supports.

08 PCPs want "phone-a-friend" support when they need immediate expertise.

09 PCPs dislike being told whom to refer to...except in behavioral health.

01

PCPs say they want to provide more behavioral health care—and they aren't lying.

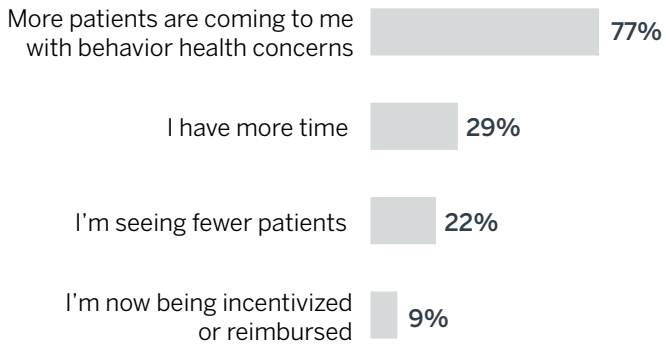
Behavioral health screening rates have historically been low in primary care settings—in part because PCPs have, on average, just 18 minutes with each patient. Yet since the pandemic struck, almost 40% of PCPs report they are conducting more behavioral health screenings.

What's driving the increase? The leading factor, according to PCPs who have increased their screenings, is simply that "more patients are coming to [PCPs] with behavioral health concerns."

▲ **39%** of PCPs are screening more now for behavioral health than before the pandemic

But a major secondary factor is that PCPs have found themselves with more time on their hands while seeing fewer patients during the pandemic. In fact, the second-most common reason why PCPs reported increasing behavioral health screenings was "I have more time," and the third-ranked choice was "I'm seeing fewer patients."

PCPS SCREENING MORE BECAUSE OF MORE PATIENTS WITH BEHAVIORAL HEALTH CONCERNS AND MORE TIME



PLAN ACTION:

Believe PCPs when they say that they would integrate more behavioral health care if they had time. Then, work with PCPs to identify and scale back the specific tasks that are overburdening them. Alternatively, tie behavioral health care processes more seamlessly into existing workflows.

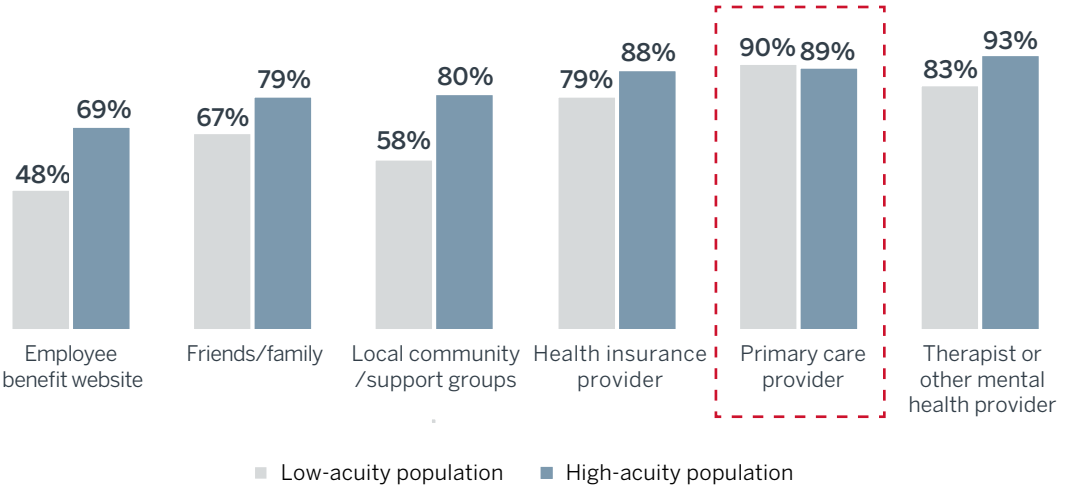
02

Digital and self-help behavioral health tools can help PCPs work at top of license.

PCPs were the No. 1 place low-acuity behavioral health patients said they go for mental health support, with 90% of low-acuity patients saying they likely would seek mental health resources and support from their PCP. This supports existing data that suggests more than half of people being treated for depression in the U.S. are being treated by PCPs.

HOW LIKELY WOULD YOU BE TO LOOK FOR MENTAL HEALTH RESOURCES AND SUPPORT FROM EACH ENTITY?

n=214 low-acuity patients, 373 high-acuity patients



While this may seem like a positive finding, behavioral health care still represents an added burden on PCPs, who already are overwhelmed by new care delivery initiatives and administrative tasks. Further, 71% of PCPs say more patients have behavioral health concerns now than before the pandemic.

THE COST OF INCREASED ADMINISTRATIVE DEMAND

73%

of physician hours are spent on non-patient-facing administrative tasks

49%

of primary care physicians report burnout

COVID-19 HAS EXACERBATED BEHAVIORAL HEALTH NEEDS

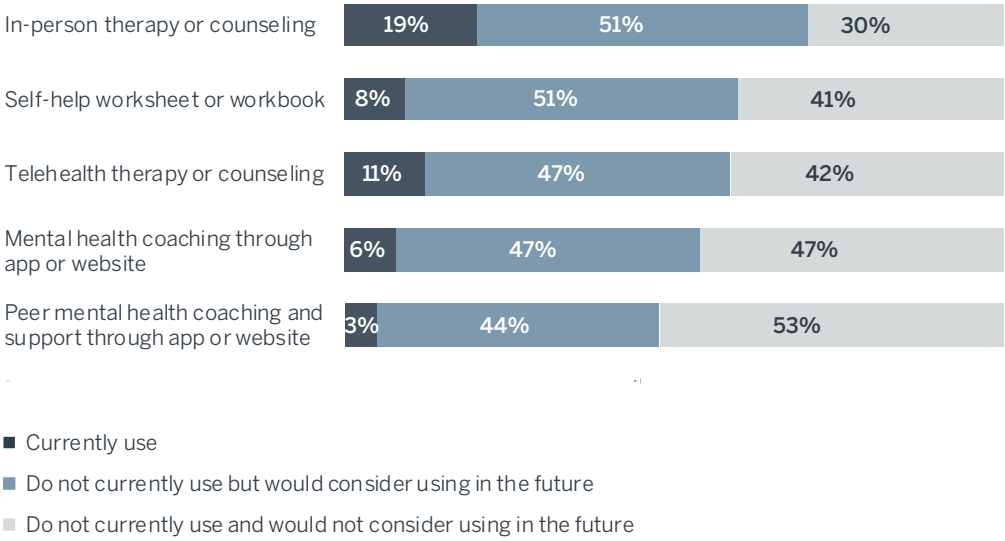
▲ **71%** of PCPs say more patients have behavioral health concerns now than before the pandemic

Fortunately, patients also are open to seeking behavioral health care from sources other than their PCPs. This is especially the case for low-acuity members, who are open to trying self-help tools, app-based coaching, and several other emerging support tools.

LOW-ACUITY MEMBERS ARE OPEN TO TRYING NEW SUPPORT TOOLS TO HELP THEM MANAGE THEIR CONDITIONS

For each tool below, please indicate whether you currently use or would consider using in the future

n=504 low-acuity behavioral health members



PLAN ACTION:

Health plans should encourage members to use digital and self-help tools, which can both reduce PCPs' workload and help members continue their treatment plan. Directly inform members about alternative behavioral health treatment options, and ensure PCPs understand the benefits of these tools and can articulate them to patients. In particular, these tools can free up capacity for patients who need provider support most, ensuring PCPs are working at top of license.

03

Incentives can boost behavioral health screening rates—but only when PCPs know about them.

Financial incentives can help motivate PCPs to conduct behavioral health screenings, yet right now, only 20% of PCPs say they're being incentivized or reimbursed for conducting behavioral health screenings (such as PHQ9, GAD7, or AUDIT).

PCPS LACK INCENTIVES TO SCREEN FOR BEHAVIORAL HEALTH CONDITIONS

20%

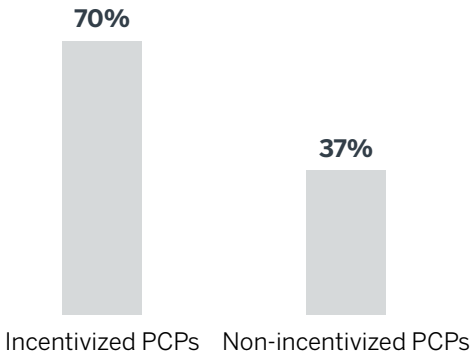
of PCPs say they're incentivized or reimbursed for behavioral health screenings

58%

of PCPs who are incentivized to screen patients are incentivized for less than 60% of their patients

However, our survey shows that PCPs who are incentivized/reimbursed for behavioral health screenings are far more likely to screen. In fact, 70% of incentivized/reimbursed PCPs said they "frequently" or "always" use a validated behavioral health screening tool, compared to only 37% of non-incentivized PCPs.

PERCENTAGE OF PCPS WHO SAY THEY FREQUENTLY OR ALWAYS USE A VALIDATED BEHAVIORAL HEALTH SCREENING TOOL



Under the Affordable Care Act, payers must reimburse for approved behavioral health screenings, so providers must use the correct CPT codes. Yet few PCPs are aware of or are billing for behavioral health services. Therefore, some PCPs may be missing out on potential revenue for services they're already or could be providing.

PLAN ACTION:

Ensure PCPs are aware of monetary incentives/reimbursement for screening and are kept up to date on the latest CPT codes. Calculate how much more revenue PCP offices could generate if they were screening to show PCPs how much money they're leaving on the table. Plans should point out that integrating behavioral health into primary care leads to increased revenue—in part by more fully reporting work that PCPs are already doing.

04

Training really does boost PCPs' confidence in providing behavioral health care.

Behavioral health has historically been deemphasized both in medical school and during continuing medical education (CME). In fact, about half of PCPs in our survey indicated they receive only 1–10 hours of CME related to behavioral health annually, while 16% of PCPs reported that they receive no ongoing behavioral health training at all.

Partly as a result, 26% of PCPs don't feel comfortable even talking to their patients about behavioral health—let alone screening, diagnosing, and treating behavioral health conditions.

This lack of training is especially unfortunate because PCPs who reported more behavioral health training were more confident in diagnosing and managing most common behavioral health conditions.

ONGOING BEHAVIORAL HEALTH TRAINING REMAINS LOW FOR PCPS

50%

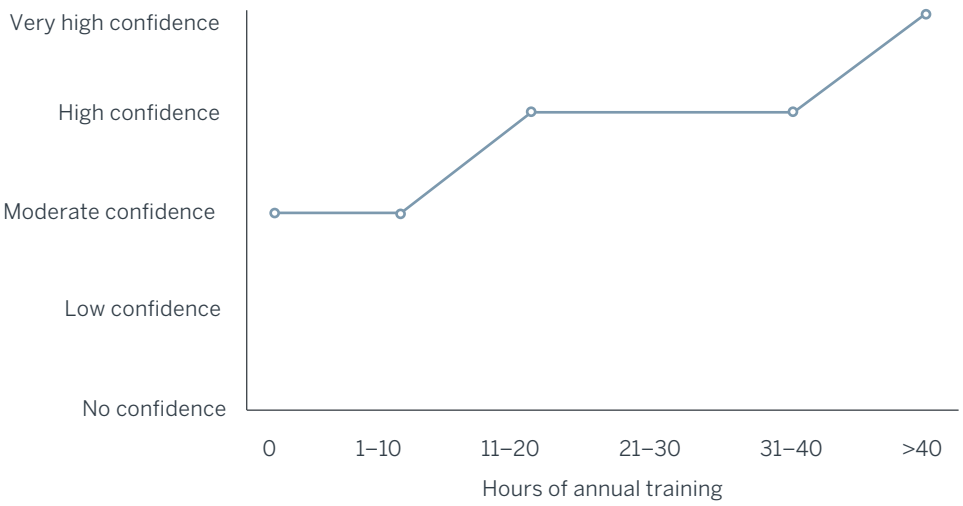
of PCPs receive 1–10 hours of ongoing behavioral health training annually

16%

of PCPs receive no ongoing behavioral health training

MORE HOURS OF TRAINING CORRELATED TO GREATER CONFIDENCE IN TREATING BEHAVIORAL HEALTH

n=300



PLAN ACTION:

PCPs typically must complete about 50 hours of CME every two years, depending on state regulations. These requirements create an opportunity for health plans to connect PCPs to behavioral health trainings and CME credits. Health plans should partner with local universities, teaching hospitals, and behavioral health experts to provide CME opportunities—especially because providers tell us they specifically want more behavioral health training.

05

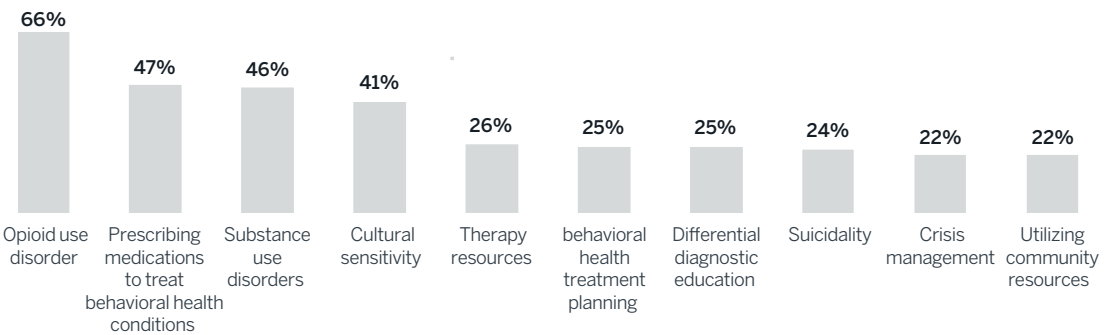
PCPs lack all types of behavioral health training—so any training is better than nothing.

While behavioral health CME trainings vary widely in their focus, opioid use disorder is by far the most common subject. In fact, it's the only type of training that more than half of all PCPs report receiving.

Meanwhile, only about one-quarter of PCPs who receive annual behavioral health training report that their training includes treatment planning, differential diagnostic education, or utilizing community resources—core components of behavioral health care, especially for the low- to moderate-acuity conditions that PCPs most commonly manage.

DO YOU CURRENTLY RECEIVE TRAINING RELATED TO ANY OF THE FOLLOWING?

n=251 PCPs



PLAN ACTION:

Don't let the question of "which training should I offer?" paralyze you—anything is better than nothing. Use these three principles to start offering training:

- Identify training programs that are already built out and offered to PCPs in your area, rather than trying to create them from scratch. This means that different health plans likely will want to start offering different trainings to PCPs first.
- Focus on the trainings that providers are not currently receiving. As the chart above shows, less than 30% of providers receive training in six important areas.
- In particular, emphasize trainings that are most relevant to PCPs' everyday role in behavioral health care, such as treatment planning and differential diagnostic education.

For a real-world case study of how to support CME trainings, **read here** to learn how Inland Empire Health Plan partnered with a local university to train PCPs on psychiatry basics.

06

PCPs aren't confident prescribing behavioral health medications (but most do it anyway).

PCPs treat most depression cases in the U.S. and prescribe 79% of antidepressant medications in the U.S. It makes sense, then, that training on medication prescribing was the second-most common type of behavioral health training that PCPs received.

Even so, 37% of PCPs don't feel confident prescribing medications to treat behavioral health conditions. Further, 85% of those PCPs are prescribing medication anyway—leading to potential over- or misprescribing.

Many PCPs find it challenging to prescribe medications for behavioral health conditions, as it's notoriously difficult to find the right medication for a given patient. But although pharmacogenetic tests—designed to evaluate a person's potential response to a drug therapy—can help identify the appropriate medication for a specific patient, 58% of PCPs aren't even familiar with this type of test.

PCPS LACK CONFIDENCE PRESCRIBING MEDICATIONS TO TREAT BEHAVIORAL HEALTH CONDITIONS BUT ARE DOING IT ANYWAY

37%

of PCPs don't feel confident prescribing medications to treat behavioral health conditions

85%

of those PCPs who don't feel confident prescribing behavioral health medication are still doing so anyway

PLAN ACTION:

In our survey, 61% of PCPs said they wish they knew more about prescribing medications for behavioral health conditions, and 66% of PCPs want more related training. Health plans should prioritize training opportunities and provide medication prescribing guidance. For example, plans can provide lists of covered drugs for common behavioral health conditions, as well as information about how often to switch medications or dosages.

PCPS WANT TO LEARN MORE ABOUT PRESCRIBING MEDICATIONS TO TREAT BEHAVIORAL HEALTH CONDITIONS

66%

of PCPs want more training related to behavioral behavioral health medication prescribing

61%

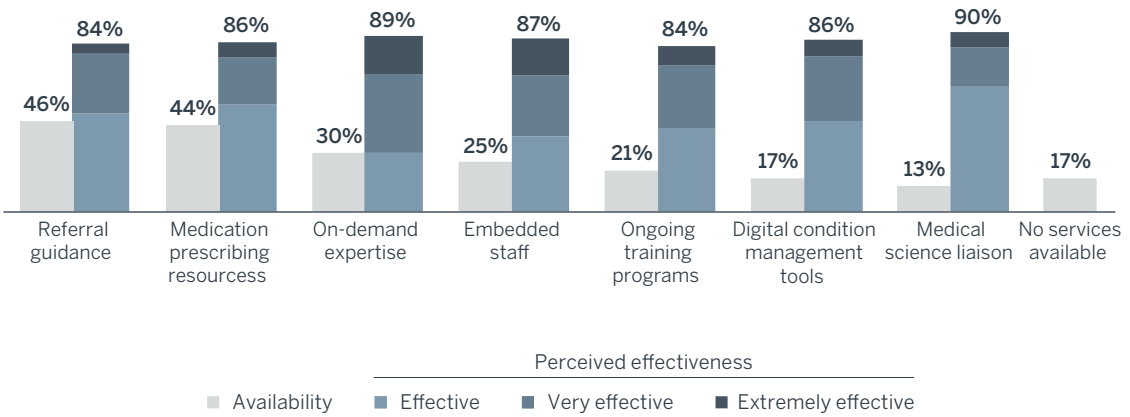
of PCPs said they wish they knew more about prescribing medications to treat their patients' behavioral health conditions

07

PCPs find all behavioral health support resources effective—but most aren't getting these supports.

When we asked PCPs about the behavioral health support resources at their primary practice site, few reported having access to robust resources. While 83% of PCPs had at least one support service available, no single service that we asked about was available at more than 50% of primary care sites. Even resources that some might believe to be ubiquitous, such as referral guidance and medication prescribing resources, were available at fewer than half of all PCP offices.

ACCESS TO BEHAVIORAL HEALTH SUPPORT SERVICES REMAINS LOW ACROSS THE BOARD BUT CAN BE VERY EFFECTIVE IN HELPING PCPS



Still, PCPs who have access to support resources find them helpful. For each resource we examined, more than 80% of PCPs with access to that resource rated it as "effective," "very effective," or "extremely effective." For the PCPs who currently don't have access to a given resource, most say gaining access would help them better serve patients.

PLAN ACTION:

Don't fall victim to analysis paralysis. It's better to invest in supports for PCPs now than to wait to identify the one perfect behavioral health resource later.

08

PCPs want 'phone-a-friend' support when they need immediate expertise.

PCPs may be eager to receive any support at all from health plans, but several resources stood out as especially in demand: Medical Science Liaisons (MSL), on-demand expertise, and embedded staff. All three of these resources were perceived as roughly equally effective.

It's worth noting that health plans typically cannot provide MSLs, as these are specialized professionals who normally concentrate on a specific therapeutic area or disease state. Instead, plans should focus on providing on-demand expertise and embedded staff—both of which give PCPs a "phone-a-friend" option for clinical support.

MOST EFFECTIVE BEHAVIORAL HEALTH SUPPORT SERVICES THAT PLANS CAN OFFER TO PRIMARY CARE OFFICES


On-demand expertise


Embedded staff

Medication prescribing resources

PLAN ACTION:

Invest in on-demand behavioral health support and expertise for PCPs. PCPs are open to both embedded staff and on-demand expertise; however, health plans typically will find on-demand expertise to be more affordable and available—while being equally effective. Some PCPs may even prefer this option because it compliments and enhances, rather than alters, their normal operations.

Importantly, embedded staff or on-demand support will ensure members receive care promptly. Currently, 30-50% of individuals referred to an outpatient behavioral health clinic don't show up to their first appointment. This gap could be reduced through integrated or on-demand psychologists who could help PCPs deliver care while a member is already in the office.

It's crucial that plans make behavioral health specialists available for emergencies—and ensure PCPs know the option exists. Plans can create an expedited access network by identifying high-performing behavioral health specialists trained in crisis management and suicidality, then offering higher reimbursement for these emergency appointments. This is far more effective from both a cost and outcomes perspective than sending the member to the emergency department.

30%–50%

of patient referrals from primary care to an outpatient behavioral health clinic do not make the first appointment

49%

of physicians report that having an integrated psychologist reduces their personal stress level

09

PCPs dislike being told whom to refer to...except in behavioral health.

PCPs shouldn't be expected to become behavioral health specialists. Our survey found that only 25% of PCPs report "high" or "very high" confidence in diagnosing severe mental illness (SMI), let alone managing and treating SMI. PCPs cannot and should not be responsible for treating these conditions alone.

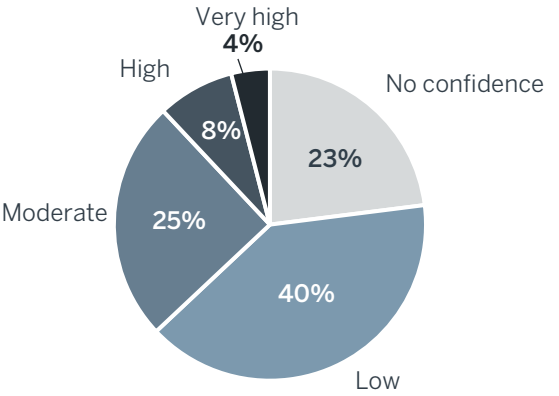
Yet many PCPs lack confidence in their ability to refer patients to better sites of care. Although many PCPs have a defined network of specialists for physical health conditions, more than one-third of PCPs say they don't know where to refer patients with behavioral health concerns. Further, two-thirds of primary care physicians report they can't access outpatient behavioral health for their patients.

PCPS LACK CONFIDENCE DIAGNOSING HIGH-ACUITY BEHAVIORAL HEALTH CONDITIONS

Only **25%**
of PCPs have high or very high levels of confidence diagnosing severe mental illness

HOW CONFIDENT ARE YOU WITH MANAGING AND TREATING SEVERE MENTAL ILLNESS?

n=PCPs



This longstanding shortage of behavioral health specialists has been worsened by the pandemic. As one health plan executive told us, it takes eight years to build a behavioral health specialist—and only eight months of a pandemic to develop a new mental health need.

Further, since the demand for behavioral health care exceeds supply, many behavioral health specialists decide not to accept patients' insurance. Therefore, patients are 5.2 times more likely to use an out-of-network provider for inpatient mental health care than for inpatient medical or surgical care.

SOME PCPS STILL DON'T KNOW WHERE TO REFER PATIENTS WITH BEHAVIORAL HEALTH CONDITIONS

36%

of PCPs aren't confident where to refer patients with behavioral health concerns

PLAN ACTION:

Normally, PCPs dislike receiving referral guidance, especially from health plans, because they feel confident in their ability to refer their patients. But 65% of PCPs say they currently receive no referral guidance for patients with behavioral health conditions, and 44% of those PCPs say such guidance would be helpful. It's critical, however, that plans provide guidance based on factors that are most important to PCP rather than the health plan. For example, you should highlight the quality of behavioral health specialists, wait times, whether the specialist accepts the patient's insurance, cultural/language competency, and the specialist's ability to provide ongoing data.

QUESTIONS PCPS NEED ANSWERED TO MAKE AN ACCURATE REFERRAL

1. Does this member need to be referred? Does he/she have a high-acuity need?
2. Which behavioral health specialists are in my organization's network?
3. Which behavioral health specialists are In my patient's plan network?
4. Who specializes in this specific behavior health condition?
5. Who has a short wait time?
6. Who can provide care in my patient's native language?
7. Who can provide continuous treatment with medication-assisted treatment (MAT) if necessary?
8. Who will close the referral loop and share updates back with me?

Conclusion

Enabling PCPs to take on a greater role in behavioral health care is a gradual process, and plans will need to take different approaches with different primary care offices. Rather than simply asking PCPs to do more, plans need to do more as well—starting with making consistent investments to ensure that PCPs have the time, finances, training, and support to manage patients with low-acuity behavioral health conditions and to triage higher-acuity patients. The Covid-19 pandemic has shed new light on the existing challenges in behavioral health care and should serve as a spark to solve these problems.

Methodology

To better understand primary care physicians' (PCPs) willingness to take on a greater role in behavioral health care, Advisory Board conducted a national survey of 300 PCPs in early 2021. The questions were focused on PCPs' level of confidence in screening, diagnosing, and treating behavioral health conditions, as well as the behavioral health support resources they currently have available or would want.

Additional Resources

RESEARCH REPORT

Behavioral Health Access Playbook

Current approaches to addressing behavioral health needs are often inadequate and fragmented. This five-part series will describe the current access problem and then provide four ways to better coordinate and scale behavioral health services. Download now.

TOOLKIT

Integrated Behavioral Health Implementation Toolkit

Patients routinely turn to primary care to receive behavioral health support, and ample evidence points to the ROI of primary care-based intervention. This toolkit will help you equip your primary care team to manage low-to-moderate acuity behavioral health needs. Download now.

CASE STUDY

How Inland Empire Health Plan Trained PCPs in Behavioral Health

Many PCPs don't feel comfortable screening for, diagnosing, or treating behavioral health conditions because they lack the adequate training or experience. Learn how IEHP partnered with a local university to train PCPs on the basics of psychiatry. Access now.

BLOG POST

How Montefiore, Intermountain, and Atrium Health use technology to increase behavioral health access

The shortage in behavioral health providers has led to increased interest and investment in IT-enabled behavioral health care to scale access. Learn how health systems are using technology to increase behavioral health access. Access now.

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