



**Collaborative Whole Person Care + Human Touch  
Benefits the Patient and Bottom Line**



## **COLLABORATIVE WHOLE PERSON CARE + HUMAN TOUCH BENEFITS THE PATIENT AND BOTTOM LINE**

Healthcare costs rise when physical symptoms of mental health conditions are underrecognized and the patient becomes a number. It is the human touch from an HMC HealthWorks™ advocate that gets a patient engaged.

Medicine should be personal because everyone has a unique medical and family history. However, while patients are more easily able to access their medical records, get background information on physicians, and search “DOCTOR Google” to learn more about their health, medicine can often feel very impersonal.

It’s easy to feel like just a number when accessing your information requires inputting a deliberately confusing combination of letters, numbers and symbols related to your login and password. Further, a patient may be referred from physician to physician without real understanding if they are consulting with each other.

It’s vital that patients feel comfortable with and supported by their entire healthcare team, particularly those who may have a mental or behavioral health condition. Too often, mental health conditions are undertreated, resulting in high costs for patients and the medical system. Concurrent, coordinated, and holistic treatment is the key to better outcomes.

### **Co-morbidity Costs Everyone More**

Patients, their families, public and private health insurers, and other stakeholders are all impacted by the rise in people living with multiple chronic conditions, which are associated with poorer health outcomes, and an increase in healthcare utilization and associated healthcare costs. There are several contributing factors that are driving comorbidity, including an aging population that has improved access to detection and diagnosis of disease.<sup>1</sup> However, lifestyle changes are also driving the onset of disease (e.g., diabetes or cardiovascular disease, whose contributing factors are associated with diet and a more sedentary lifestyle)<sup>2,3</sup>, as are drug-to-disease and disease-to-disease interactions,<sup>1</sup> and environmental factors (e.g. pollution).<sup>4</sup> In their comprehensive report, the Robert Wood Johnson Foundation reported that these factors are interrelated. Medical illness can lead to mental or behavioral health disorders and vice versa.<sup>5</sup>

Behavioral health can be remarkably expensive. In a report prepared for the American Psychiatric Association, Milliman Inc. found that, “Medical costs for treating those patients with chronic medical and comorbid mental health/substance use disorder (MH/SUD) conditions can be 2-3 times as high as those beneficiaries who don’t have the comorbid MH/SUD conditions. The additional healthcare costs incurred by people with behavioral comorbidities are estimated to be

\$293 billion in 2012 across commercially-insured, Medicaid, and Medicare beneficiaries in the United States.”<sup>6</sup>

As explained by the Centers for Disease Control and Prevention, the rise in healthcare utilization also impacts employers and employees. They report that, “most of the financial burden of mental health disorders is not from the cost to treat the illness. It is because of income loss from unemployment, expenses for social supports, and indirect costs—such as workers’ compensation, short-and long-term disability, presenteeism (the measurable extent to which health symptoms, conditions, and diseases adversely affect the work productivity of individuals who choose to remain at work) and absenteeism. Complications because of untreated chronic diseases and mental health disorders are the primary cause of missed work and increased presenteeism.”<sup>7</sup>

Milliman asserts that there are savings (9-16 percent) to be had if there is greater integration between the treatment of behavioral and medical health services.

### **Mental | Behavioral Health Treatment in the United States Should be a Priority**

The National Alliance on Mental Illness, NAMI, reports that 18.5 percent of adults in America – 43.8 million people – struggle with mental illness in a given year.<sup>8</sup> When faced with a serious mental illness, an adult is also more at risk for chronic medical conditions. It is estimated that more than 68 percent of adults with a mental disorder have at least one general medical disorder, and 29 percent of those with a medical disorder had a comorbid mental health condition.<sup>9</sup>

For example, it’s incredibly common for those living with chronic conditions such as diabetes<sup>10</sup>, heart disease<sup>11</sup>, arthritis<sup>12</sup>, and cancer<sup>13</sup> to develop depression.<sup>14</sup> The American Hospital Association estimates that untreated depression combined with chronic illness can increase monthly healthcare costs per individual by, on average, by \$560.00,<sup>14</sup> and NAMI estimates that mental illness costs America \$193.2 billion in lost earnings per year. Depression alone, in the United States, is a “leading cause of disability for people aged 15–44 years, resulting in almost 400 million disability days per year, substantially more than most other physical and mental conditions.”<sup>15</sup> Sadly, people with mental illness are at risk for dying early, possible as much as 25 years earlier than others, despite many of their conditions being very treatable.<sup>7NAMI</sup>

Importantly, some patients with behavioral treatment needs may not present with “mood” complaints. For example, patients with chest pain may seek medical advice, but fail to report that they also suffer from low or depressed thoughts which can be directly linked to the onset of such pain.<sup>16</sup> This is an example of how mental illness can lead to physical illness, but remain undertreated.<sup>17</sup>

### **Proactively Addressing Behavioral Health Can Reduce Healthcare Costs and Improve Outcomes**

The need for a human touch to guide healthcare becomes apparent when you consider other high costs of comorbid medical and mental health conditions beyond dollars and cents. Patients with multiple health concerns may more often be subject to social isolation, economic worries, and a

variety of other problems that could lead to depression, anxiety, substance abuse and other behavioral disorders.<sup>6Millman</sup>

Physicians are onboard with treating this population. They overwhelmingly agree (94 percent) that integrating behavioral care into medical care directly improves patient outcomes, particularly when they see their patients following through on seeking additional services following their referral.<sup>18</sup> Further, studies show that concurrent and coordinated in treatment of medical and behavioral conditions is important to good outcomes.<sup>19</sup> For example, one study showed that among diabetes patients with psychiatric disorders, those actively treated for their behavioral health conditions had lower (better) HbA(1c) levels.<sup>20</sup> On the other hand, poor mental health is also associated with serious health complications such as heart disease, high blood pressure, weakened immune system, asthma, obesity, gastronomical problems and premature death.<sup>21</sup>

As stated by NAMI, “The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with the right treatments and supports.”<sup>22</sup>

### **The Challenges of Accessing Collaborative and Human Driven Care Are Real**

It’s been more than ten years since the Mental Health Parity and Addiction Equity Act (MHPAEA)<sup>23</sup> was signed into law, yet many people with behavioral health issues do not receive the care they require. By 2025, the National Council on Behavioral Health estimates that there will be 6,000-15,000 fewer psychiatrists than needed to treat people with mental and behavioral health issues in the United States.<sup>24</sup> This same report pointed out that 55 percent of counties have no psychiatrists at all.

During a mental health or behavioral health crisis, many patients are triaged by an emergency physician or in a primary care clinic. However, data show that of the 80 percent of those seeking behavioral care, 60-70 percent will leave without those symptoms being addressed. Part of the problem may lie with the shortage of professionals trained to support their presenting symptoms.<sup>25</sup>

The impact of stigma cannot be ignored when considering barriers to treatment. Stigma, or the fear of negative reactions and consequences from friends, families, colleagues, and society prevents people from seeking help because they aim to avoid possible labels such as “crazy,” “ill,” or “unable to cope.” Beyond perception, stigma can become real when a diagnosis might lead to public discrimination. If one avoids seeking a new job or promotion because they are seeking or treatment, then this outcome might want to be avoided by the person in need of services.<sup>CDC report</sup> Yet delaying treatment can have severe consequences on its own.<sup>26,27,28</sup>

There are other barriers to care as well, ranging from how technology and privacy concerns prevent the integration of care to how behavioral health care providers and patients are reimbursed for provided and received services, respectively, compared to other kinds of treatment.<sup>29,30</sup>

## **The Human Touch for Patient-Centered Care is Key**

Given the complexities of the United States healthcare system and barriers to care, it's easy to see how patients may feel lost seeking treatment for concurrent medical and behavioral health conditions. Yet, undertreating these conditions puts patients at risk for complications and personal economic and social hardship, while simultaneously contributing to rising healthcare utilization and costs that impact all of us.

Physicians and mental health professionals are increasingly embracing a patient-centered approach that affords an increased opportunity for personalized care.<sup>31,32</sup> But for patients to benefit, they may need better support to stay engaged with their treatment plan. An advocate, or someone assigned to help them navigate and successfully access their healthcare benefits, may be the solution.<sup>33</sup> A navigator can coach and help prepare patients for medical appointments, assist in identifying specialists and making appointments and centralize the transfer of medical information. Studies also show that, " Patient navigators can not only facilitate improved health care access and quality for underserved populations through advocacy and care coordination, but they can also address deep-rooted issues related to distrust in providers and the health system that often lead to avoidance of health problems and non-compliance with treatment recommendations... patient navigators can foster trust and empowerment within the communities they serve."<sup>34</sup>

While MHPAEA made it illegal to discriminate or provide reduced services for those people with mental illness or behavioral health issue,<sup>35</sup> many people remain undertreated. It's time to educate patients and their support systems about the importance of treating their entire self and provide support to make the process seamless and timely.

**Medicine should be personal because everyone has a unique medical and family history. HMC HealthWorks™ treats the whole person and the results are seen in the bottom line.**

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4698815/>

<sup>2</sup> <https://www.aafp.org/afp/2016/0601/p919.html>

<sup>3</sup> <https://www.niddk.nih.gov/health-information/diabetes/overview/risk-factors-type-2-diabetes>

<sup>4</sup> [https://www.niehs.nih.gov/health/materials/cancer\\_and\\_the\\_environment\\_508.pdf](https://www.niehs.nih.gov/health/materials/cancer_and_the_environment_508.pdf)

<sup>5</sup> [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438/subassets/rwjf69438\\_1](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438/subassets/rwjf69438_1)

<sup>6</sup> <file:///C:/Users/Owner/Downloads/Milliman-Report-Economic-Impact-Integrated-Implications-Psychiatry.pdf>

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- <sup>7</sup> <https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf>
- <sup>8</sup> <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>
- <sup>9</sup> [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438/subassets/rwjf69438\\_1](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438/subassets/rwjf69438_1)
- <sup>10</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2635496/>
- <sup>11</sup> <https://www.nhlbi.nih.gov/news/2017/heart-disease-and-depression-two-way-relationship>
- <sup>12</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3247620/>
- <sup>13</sup> <https://www.bmj.com/content/361/bmj.k1415>
- <sup>14</sup> <https://www.modernhealthcare.com/reports/behavioral-health/#!/#Keeping-mental-health-reform-promises>
- <sup>15</sup> <https://www.psychiatrist.com/jcp/article/Pages/2015/v76n02/v76n0204.aspx>
- <sup>16</sup> <https://pcmh.ahrq.gov/page/integrating-mental-health-treatment-patient-centered-medical-home>
- <sup>17</sup> <https://www.psychiatryadvisor.com/depressive-disorder/depression-chest-pain-without-coronary-artery-disease/article/698428/>
- <sup>18</sup> Miller-Matero, LR, et al., National Center for Biotechnology Information, "Benefits of integrated behavioral health services: the physician perspective," March 2016. Last accessed on 1/25/19 at <https://www.ncbi.nlm.nih.gov/pubmed/26963777>
- <sup>19</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4118960/>
- <sup>20</sup> <https://www.ncbi.nlm.nih.gov/pubmed/15292539>
- <sup>21</sup> <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>
- <sup>22</sup> "I'm IN to Mental Health" National Association of Mental Illness. Last access on October 9, 2017 at <https://www.nami.org/Get-Involved/Awareness-Events/Awareness-Messaging>
- <sup>23</sup> [https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea\\_factsheet.html](https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html)
- <sup>24</sup> <https://www.thenationalcouncil.org/press-releases/medical-directors-report-recommends-training-psychiatrists-expanding-telepsychiatry/>
- <sup>25</sup> <https://www.bizjournals.com/denver/feature/mental-health-matters/2017/integrating-medical-and-behavioral-health.html>
- <sup>26</sup> Saporito, JM, Ryan. C, Teachman, BA, "Reuding stigma toward seeking mental health treatment among adolescents," *Stigma Res Action*. 2011; 1(2): 9–21. Published online 2011. Last access on October 9, 2017 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3839682/>
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- <sup>28</sup> <http://cahealthequity.org/wp-content/uploads/2014/02/Impact-of-mental-health-related-stigma.pdf>
- <sup>29</sup> <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2018.1a8>
- <sup>30</sup> <https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out/DoctorsOut.pdf>
- <sup>31</sup> <https://pxjournal.org/cgi/viewcontent.cgi?article=1139&context=journal>
- <sup>32</sup> <https://pcmh.ahrq.gov/page/integrating-mental-health-treatment-patient-centered-medical-home>
- <sup>33</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5503302/>
- <sup>34</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121958/>
- <sup>35</sup> <https://www.psychiatry.org/psychiatrists/practice/parity>

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About HMC HealthWorks.



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Today, HMC HealthWorks is a leader in population healthcare management; offers plan sponsors value-added programs including Integrated Clinical Solutions, Chronic Care Management, Behavioral Health Solutions, Wellness/Lifestyle Coaching and Care Coordination, Pharmacy Benefit Advocacy programs, as well as its newly launched HealthWorks CareClinic+®.

CareClinic+ is an innovative Direct Primary Care model of care built upon existing easily-accessed community based primary care practices and virtual care resources. Plan participants receive the benefits of a customized network of sites with an average drive time of 15-minutes or less. CareClinic+ App facilitates clinic location, determination of hours, and description of benefits. Patients have unlimited access to their Primary Care Physician team and many are calling this the future of healthcare.

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