



Integrating Behavioral Health into Whole-Person Care

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INTRODUCTIONS



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INTEGRATING BEHAVIORAL HEALTH INTO WHOLE PERSON CARE - AGENDA

- Framing the Conversation
- Value of a Whole-Person Approach to Care
- Models for Integrating Behavioral Health into Health Plan Functional Areas
- Training Framework to Support Behavioral Health Aspect of Whole- Person Care
- Discussion/ Questions



LEARNING OBJECTIVES

1

Articulate the Benefits of incorporating a strong Behavioral Health approach into Whole-Person Care Models

2

Learn about different models for integrating behavioral health care into Health Plan Functional Areas and Operations

3

Be able to develop a training framework for all Health Plan staff to increase their competencies for addressing behavioral health conditions

VALUE OF A WHOLE-PERSON APPROACH TO CARE:

WHOLE-PERSON APPROACH TO CARE: DEFINITION

- ❑ Whole-person care is often defined as care that is person-centered and considers physical, behavioral, emotional, spiritual, occupational, and social wellness needs.
- ❑ “Chronic diseases, such as diabetes, cardiovascular disease, obesity, and degenerative joint disease, can also occur with chronic pain, depression, and opioid misuse – all conditions exacerbated by chronic stress.”¹
- ❑ All individuals should be assessed and viewed from a perspective that considers multiple factors that are interconnected to one’s overall functioning



¹ National Center for Complementary and Integrative Health [Whole Person Health: What You Need To Know | NCCIH \(nih.gov\)](https://www.nccih.nih.gov/health/whole-person-health)

Image Source Credit: <https://medium.com/@shivanijn88/healthy-mind-healthy-life-d095017eca08>

BEHAVIORAL HEALTH CARE: COST IMPACT

Untreated Behavioral Health Conditions Impact the total Cost of Care

- ❑ In 2019, the US Government Accountability Office conducted a meta-analysis of 29 studies on the impacts of untreated behavioral health conditions on health care costs².
- ❑ 20 of the 29 studies showed that untreated BH conditions resulted in higher costs such as increased emergency department utilization and poor management of other chronic health conditions
- ❑ A study by Milliman in 2020 found that in a cohort of 21 million people,
 - “Of the top 10% considered high cost...57% of this high-cost group had a mental health or substance (ab) use diagnosis. This behavioral subgroup was shown to contribute to 44% of all health care spending”²



² [Behavioral Health: Research on Health Care Costs of Untreated Conditions is Limited | U.S. GAO](#)

BEHAVIORAL HEALTH INTEGRATION'S IMPACTS ON CARE



Improved Clinical Outcomes

- ❑ Studies from the Collaborative Care Model (CoCM) and the Primary Care Behavioral Health Model (PCBH) both have evidence bases that demonstrate effectiveness at improving outcomes for behavioral health and physical health conditions including clinically significant reductions in anxiety, depression and blood pressure.



Reduced Costs for Sub-sets of Population

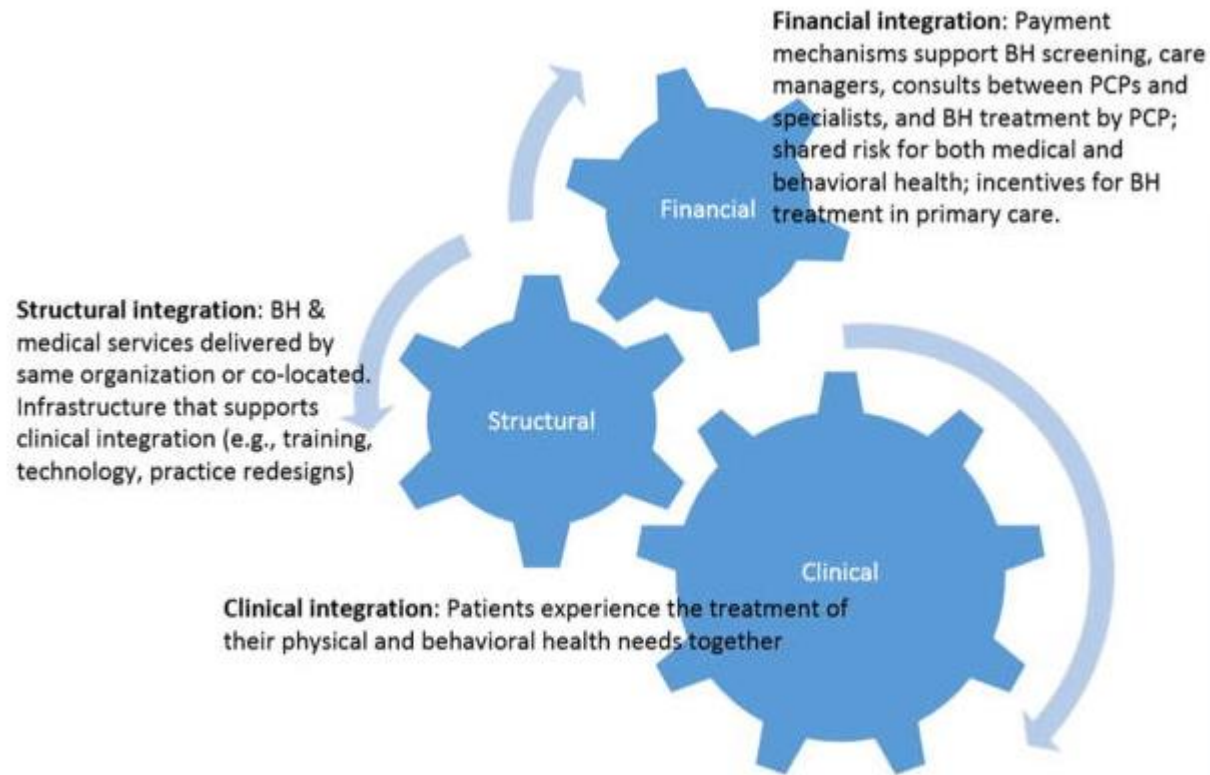
- ❑ Demonstrated effectiveness in improving outcomes among racially and ethnically diverse patient populations, including Latinos (Bridges et al., 2014; Flynn et al., 2020) and African Americans (Berge et al., 2017; Sadock et al., 2014).



Improved Client Experience

- ❑ A study of PCBH with pediatric patients has demonstrated medical cost-offset savings totaling monthly savings of \$9,424 in reduced health care charges over the period after a behavioral health visit as compared to the period prior across patients who completed an episode of care (Dopp et al., 2018).
- ❑ Patients have expressed a preference for PCBH services over care as usual (Ogbeide et al., 2018)

TYPES OF INTEGRATION HEALTH PLAN CAN SUPPORT



Based on Mauer, 2006

- ❑ Financial Integration can drive increases in screening for BH conditions in Primary Care and Physical conditions in BH care, increase early intervention
 - Includes financial incentives for screening, referrals to care
- ❑ Structural Integration removes barriers for seeking specialty care by incentivizing co-located BH and PC treatment options
- ❑ Clinical Integration gives members a more wholistic experience with co-located care, combined treatment plans, coordination between care providers when specialty care is needed, or care by a single provider who is trained to treat BH and physical health conditions

Source: [The role of health plans in supporting behavioral health integration - PMC \(nih.gov\)](#)

**MODELS FOR
INTEGRATING BH INTO
HEALTH PLAN FUNCTIONAL AREAS**



BEHAVIORAL HEALTH INTEGRATION

- ❑ Maximizing Managed Behavioral Health Organization relationships
- ❑ " True" integration versus the "appearance" of integration
- ❑ Carved in/Carved out
- ❑ Integration by functional area

**MAXIMIZING
MANAGED
BEHAVIORAL
HEALTH
ORGANIZATION
RELATIONSHIPS**



BEHAVIORAL HEALTH INTEGRATION?

Assuming a “one size fits all” approach for BHI

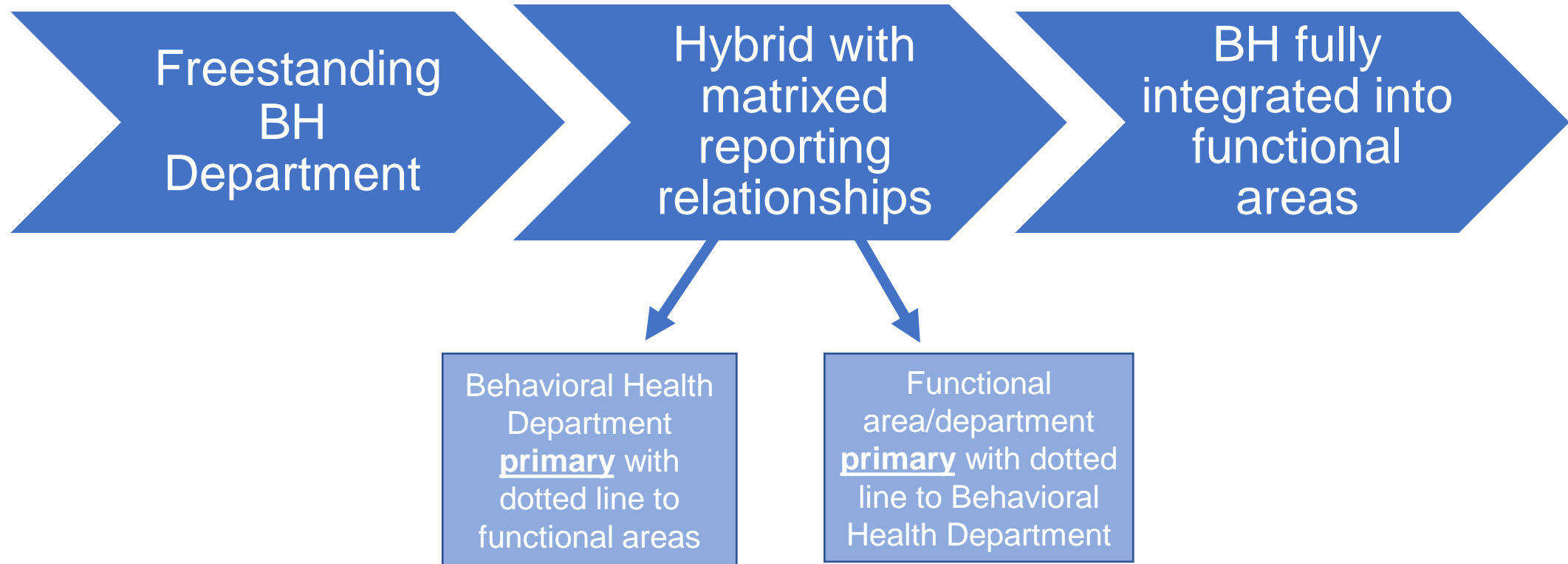
Data sharing when the data is not compatible

Implementing intake forms or assessments without an established follow-up and action-based response

Assuming annual training sessions on mental health equates to stigma reduction

MODELS FOR INTEGRATING BEHAVIORAL HEALTH INTO HEALTH PLAN FUNCTIONAL AREAS

Integration Continuum



FUNCTIONAL AREA



CUSTOMER SERVICE &
CALL CENTER



QUALITY
IMPROVEMENT



COMPLAINTS/
GRIEVANCES



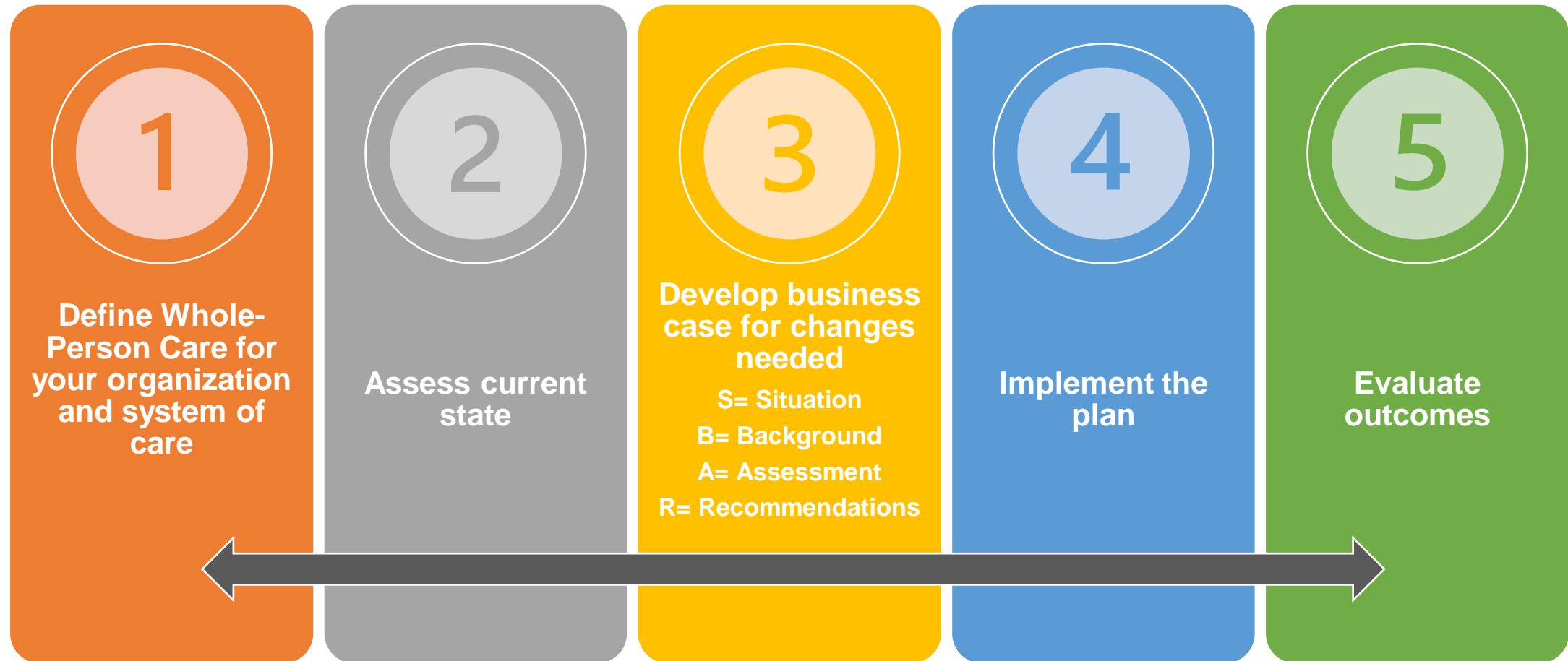
CARE/CASE
MANAGEMENT



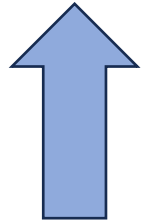
DATA AND
INFORMATICS

**TRAINING FRAMEWORK TO SUPPORT
BEHAVIORAL HEALTH ASPECT OF
WHOLE- PERSON CARE**

TRAINING FRAMEWORK TO SUPPORT BEHAVIORAL HEALTH ASPECT OF WHOLE-PERSON CARE



IMPACTS OF TRAINING ALL HEALTH PLAN STAFF



Improve Staff
Core
Competencies



Improve Focus
on Members



Improve Cross
Department
Collaboration

Reduce MH/SUD
Stigma



QUESTIONS?



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