

Executive Summary - Treating the Whole Person: Integrating Behavioral and Physical Health Care



David Kendall
Senior Fellow for Health
and Fiscal Policy
[@DavidBKendall](https://twitter.com/DavidBKendall)



Elizabeth Quill
Former Policy Advisor,
Economic Program

Ashley Erickson grew up with constant worry and anxiety. She spent many days in the nurse's room at school with stomachaches. Later, as a student at the University of California, San Diego, she got the shakes and felt like she couldn't breathe while watching a movie. An urgent care clinic X-rayed her, gave her an EKG, and tested extensively for chest issues. "I thought I was crazy when doctors told me they couldn't find anything wrong," she recalls. Fortunately, the school clinic where she was getting medical care also had a psychologist on staff who recognized her symptoms as panic attacks and diagnosed generalized anxiety disorder.

In addition to medications, the cure for Ashley was running. Her psychologist explained that running helps people control their breathing, which is very helpful during panic attacks. Ashley embraced it—and is now a marathon runner. The lesson from her experience is that when health care providers treat underlying mental health conditions instead of just the physical symptoms, people are healthier, happier, and often require fewer health care services. By adopting a strategy to

integrate behavioral health care with medical care, the federal government could save as much as \$40 billion over 10 years.

This idea brief is one of a series of Third Way proposals that cuts waste in health care by removing obstacles to quality patient care. This approach directly improves the patient experience—when patients stay healthy, or get better quicker, they need less care. Our proposals come from innovative ideas pioneered by health care professionals and organizations, and show how to scale successful pilots from red and blue states. Together, they make cutting waste a policy agenda instead of a mere slogan.

What Is Stopping Patients From Getting Quality Care?

All too often, health care professionals treat patients only for their physical conditions and not accompanying mental conditions. But, patients with behavioral health issues (which include mental health and substance use conditions) often return to the doctor again and again with similar physical problems related to the untreated behavioral condition—driving up health care costs. For example, one-fifth of patients who have just had a heart attack suffer from depression. When this depression is not treated, the chances of the patient dying from a future heart attack can triple. Untreated depression prevents patients from properly managing other chronic conditions—and often worsens their physical symptoms.

People with an undiagnosed or untreated mental health problem receive suboptimal care for three critical reasons: (1) lack of coordination between primary care and behavioral health care, (2) inadequate primary care for mental health, and (3) stigma about mental health conditions.

Where Are Innovations Happening?

Some states have successfully implemented demonstrations using integrated behavioral health professionals, including:

- Minnesota, where a partnership of medical groups uses a model called *IMPACT: Improving Mood: Promoting Access to Collaborative Treatment* featuring a care manager. This collaboration has improved patient outcomes tremendously when compared to patients receiving standard uncoordinated care. The project has successfully experimented with capitated payments from Minnesota health plans for a bundle of services that includes services from the care manager and consulting psychiatrist.
- Ohio and Kentucky, where the Mercy Health System recently began a pilot program at primary care offices to screen all adult patients for depression. Mercy screens patients with two simple questions and then refers them to one of the embedded behavioral health specialists on site. Patients receive eight brief, focused visits with a behavioral health specialist.
- Colorado, which received a grant from the Center for Medicare & Medicaid Innovation to support integrated primary care within state Medicaid accountable care organizations with payment incentives based in part on integration of behavioral and clinical care. The project aims to have 80% of residents with access to integrated care for behavioral health in primary care settings by 2019.

How Can We Bring Solutions To Scale?

Policymakers should facilitate better integration of high quality behavioral health care with current medical care by:

- Ensuring coordination between medical and behavioral health care using the Patient Centered Medical Home and bundled payments.
- Using accountable care organizations and managed care organizations to create accountability for integrating behavioral health and physical health care.

Potential Savings

Third Way estimates that the adoption of these programs will save \$40 billion over the 2015–2024 federal budget window. Even greater savings are possible in private spending, which includes employer-based coverage, the *Affordable Care Act*’s marketplaces, and other individual coverage. Savings of more than \$207 billion over ten years is possible because untreated mental health problems are even more prevalent among the non-elderly.

TOPICS

HEALTH CARE COSTS 51
