Integrated Mental Health Strategies: A Right-Sized Approach to 2021

Member programs encouraging mental health and wellness have increased in popularity lately among health plans and sponsors. There is a growing consensus that a happy, healthy workforce can lead to better business results. Consequently, promoting mental health strategies is considered a "win-win" proposition.

The question is, how do we quantify the wins? The answer is especially important now as COVID-19 puts many assumptions to the test.

The pandemic is elevating conversations around the role mental well-being plays in the financial well-being of businesses. As health plans prepare for 2021, they may want to consider the following questions:

1. What is the overall prevalence of mental health conditions and substance use disorders (SUDs) in my population, and how has that changed due to the pandemic?
2. How are mental/behavioral health conditions and SUDs impacting the total cost of care (including direct and indirect healthcare costs)?
3. How can these findings be leveraged to create cost-effective benefit plans?

MENTAL HEALTH AND COVID-19: THE DATA

Even before COVID-19, mental health has shaped companies' financial outcomes. According to the National Alliance on Mental Illness (NAMI), one in five U.S. adults has some type of mental health diagnosis, such as depression or anxiety. In addition, one in 25 adults experiences a significant mental illness, such as schizophrenia. However, it doesn't take a severe mental health diagnosis to cause considerable clinical and financial consequences.

Depression and anxiety disorders alone cost the global economy $1 trillion annually in lost productivity—not including medical costs. NAMI notes:

- Cardiometabolic disease is twice as prevalent in adults with serious mental illness.
- Serious mental illness appears to increase the risk of chronic diseases such as diabetes.
- One in eight visits to emergency departments at hospitals across the U.S. is related to mental health conditions and/or SUDs.

Since March 2020, Household Pulse Surveys by the US Census Bureau show a rise in mental and health issues such as anxiety and depression. An internal analysis by HDMS of data from 10 national employers representing roughly 500,000 covered lives across multiple industries in all 50 states mirrors those findings. It revealed a 20- to 40-percent increase in member utilization of mental health and SUD services as compared to the same period in 2019.

In light of the significant drops in healthcare service consumption in all other areas (e.g., fewer office visits, fewer surgeries and screening procedures), it brings acute focus to the need of the hour. This trend's implications run beyond individuals' well-being—it is already affecting the bottom lines of businesses. Costs associated with this increase in services from January through June of this year have well surpassed costs for similar services for all of 2019.

So, how do we tackle this?

UNDERSTANDING THE POPULATION

It is not uncommon for successful businesses—flush with resources that have their fingers on the pulse of the smallest details in their inventory or supply chain—to have precious insight into employees' health and well-being status. Therefore, understanding the "how many," "who," "what," and "where" for mental/behavioral health conditions and SUDs is imperative. Qualifying the affected populations by the presence or absence of other chronic co-morbidities (e.g., heart disease, cancer) are other valuable metrics.

Why bother with the co-morbidities? HDMS data analytics showed beyond reasonable doubt that the cost of care incurred for co-morbid conditions like heart disease or cancer was twice as high as the cost for the same conditions in members who did not have a mental health condition or SUD.

CALCULATING THE TOTAL COST OF CARE

Just as with all health problems, mental health conditions left untreated increase in severity—and become more expensive to treat—over time. Also, early intervention is key. Proactive management makes them less debilitating for members and cheaper for businesses.

Consider an example of a member suffering from insomnia as he grieves the loss of a loved one. Early intervention with sleep hygiene—for example, simple grief counseling with or without low-dose non-narcotic sleep aids—could prevent escalation of the grief into depression, self-medication, chemical dependence, and eventually high-cost inpatient SUD rehabilitation.

It is also important to recognize that costs associated with mental health and SUD conditions don't stop with overtly visible medical, psychological, and pharmacy services. There is a much larger impact on the business in the form of sick time, short-term disability, and productivity loss. In fact, HDMS analysis showed a much higher percentage of members with a mental/ behavioral health condition or SUD accessing these benefits.

Consider the example of a retail or banking business having to use temp agency staffers or overtime to cover shifts for employees who call in sick on the day they're supposed to work. The likelihood of this type of situation is much higher in populations with poorly managed conditions.

BEYOND MEDICAL AND PHARMACY: INTEGRATED BENEFIT STRATEGIES

Thus, the data is clear: To hold the line on total costs, comprehensive behavioral health coverage within a standard plan offering is a basic necessity.

Health plans are uniquely positioned to evaluate cost and utilization data and assess existing coverages to develop robust integrated benefit structures. Indeed, employees now expect such offerings that bring together medical, pharmacy, and behavioral health coverages in an employee assistance program (EAP)—and more recently with telehealth options.

HDMS data analytics found that mental health conditions and SUDs were a major contributor to the telehealth boom during the first few months of the pandemic. Mental health was one of the top-five specialties to use telehealth, with anxiety, depression, and stress and adjustment disorders being some of the most common diagnoses. Telehealth may also have helped eliminate the hesitation among individuals to seek this kind of care due to fear or anxiety. Leveraging this positive development during this difficult time may help evolve new and improved benefit structures.

The guiding principle needs to dictate easier access to quality care for members and lower costs for plans and sponsors. Creating an integrated benefit offering doesn't need to be disruptive. Simple steps can optimize and improve awareness and engagement with existing resources, such as:

Improving communication about extended benefit offerings (e.g., EAP)

Engaging members through case management outreach to encourage regular primary care and/or psych visits

Leveraging networks with low-cost providers (e.g., nurse practitioners certified in behavioral health) for more accessible first-line mental health and SUD triage

DATA NEVER LIES

Is promoting mental health strategies really a "win-win" proposition for members and the business's bottom line? The answer is yes. This will be especially true in 2021 and beyond as members continue to cope with the unprecedented changes and continued uncertainties caused by COVID-19.

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