

## Are you ready to build your own?

Three essential elements to a successful behavioral health carve-in

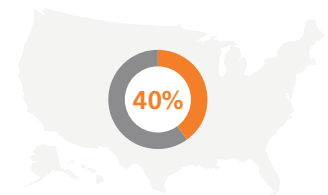


As health plans intensify their search for ways to improve member health and rein in costs, behavioral health rises to the surface as an area with potential to achieve both goals. Focused study in this area has shown the massive effect on costs and outcomes of untreated behavioral health needs. With that knowledge, health plans have turned their attention to empowering the delivery of coordinated care for the whole person. The savings potential remains staggering: Behavioral health accounts for only 4% of health insurance claims but can impact up to 21% of total health care costs.<sup>1</sup>

To manage this area of the business more closely, health plans are evaluating a range of approaches. One tempting option is to manage behavioral health internally, which brings the function in-house rather than relying on a specialty vendor.

On the surface, insourcing seems a logical way to integrate care, thus gaining control of outcomes and costs. But the approach comes with significant risk. It's easy to underestimate what is required.

The most capital-intensive, yet fundamental, component of a successful behavioral health carve-in is highly sophisticated analytics. Understanding data is necessary to create the program, integrate it with medical care, and maintain and grow it in a manner that boosts outcomes and effectively manages costs. In addition to a deep stockpile of multi-source and longitudinal data, health plans also need access to a robust behavioral provider network with a suite of capabilities that connects members to the right care at the right time and in the right setting; specially trained, expert care coordination and psychiatric teams; and innovative, interactive and engaging consumer tools and programs.



### Nearly 40% of the U.S. population

lives in an area with a shortage of mental health providers.<sup>2</sup>

As a result, those with behavioral disorders face limited or delayed access to services. Plans considering a behavioral health carve-in solution should be confident in their ability to confront the shortage.

It's a heavy lift, and the stakes are high. Without expert behavioral support, members may not get the right care from the right provider. Without a sharp eye on the nuances of behavioral care, health plans risk uncontrolled trends and skyrocketing costs.

This paper outlines considerations for health plans regarding member needs, health outcomes, total cost of care and the long-term financial viability of their organization. Read on to learn more about the requirements for bringing the behavioral health function in-house and integrating it with a medical program.

## What is true integration?

There are many different views about what integration really looks like. Some see integration as medical and behavioral providers working more closely together. Others expect data sharing between medical and behavioral systems. Some envision behavioral and medical care teams co-located in the same building.

True medical-behavioral integration is all of these things and more. It demands a model that empowers the entire medical and behavioral multidisciplinary team with advanced analytics, based on robust medical and behavioral health data, to support people's overall health. Achieving integration requires seamlessly knitting together medical and behavioral experts and departments, data and technology, and processes and protocols to ensure the best possible care for members.

## Accomplishing truly effective integration: Three essential elements

There are many aspects to bringing the behavioral health function in-house, and all must be done well. The beating heart of a successful integration effort is the use of powerful analytics to identify, stratify and serve people across the care continuum.

Organizations must be able to craft an approach that understands and identifies members' needs and connects them to the right services at the right time, in new and innovative ways. Three essential elements must be in place for integration that will deliver on the promise to improve outcomes and manage the total cost of care:

### Essential no. 1: Understand the patient population

About 14% of Americans suffer from a combination of medical and behavioral health issues.<sup>4</sup> A 2017 study conducted by Optum examined the longitudinal data of 11 million patient lives. It found that, on average, people with comorbid medical and behavioral health issues have medical costs twice as high as those of the general population.<sup>5</sup> The most significant component of the Optum study found that just 25% of that population with comorbidities account for 80% of costs. Reaching patients with the greatest need is vital for an effective behavioral health plan.

Assuming these dynamics are at play in most health plans, it's crucial to understand the health status of all plan members, at all times. People move across the continuum of behavioral health throughout their lifetimes, from wellness to illness to recovery. Their status can change suddenly, based on life events, medical issues and other factors. Population health analysis, at both macro and individual levels, is a continual and rigorous process.

With a more nuanced approach, made possible by advanced analytics, plans can understand and stratify members into very specific categories. Tailored interventions empower caregivers to identify opportunities to intervene. This approach supports the development of services and programs that will deliver the greatest impact.



**In 2017, 11.2 million American adults — almost one in 20 — experienced a serious mental illness that substantially interfered with or limited major life activities.<sup>3</sup>**

These individuals require skillful case management, coordination of care, community services and other support services to get and stay on the path to treatment and recovery.  
**Is your behavioral health toolbox equipped?**

And it helps connect members to the most ideal care for their needs, for maximum effectiveness and minimal waste. That’s how true integration of medical and behavioral health care delivers on the promise of better health outcomes and sustainable costs.

Understanding people doesn’t stop at healing those who are already sick or living with comorbid conditions. It’s also about addressing behavioral issues early to prevent some people from experiencing more severe issues. What’s more, behavioral health conditions are often chronic in nature. They require an approach that supports members throughout the continuum of care.

This depth of insight requires a significant volume of data from multiple sources, including behavioral claims, medical claims, pharmacy claims and clinical data. Powerful analytics that apply population algorithms to member health histories are necessary, along with the human expertise to interpret the results. All of this work paints a picture of a patient population and begins to make predictions about members’ future health needs.

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### Checklist for successful integration

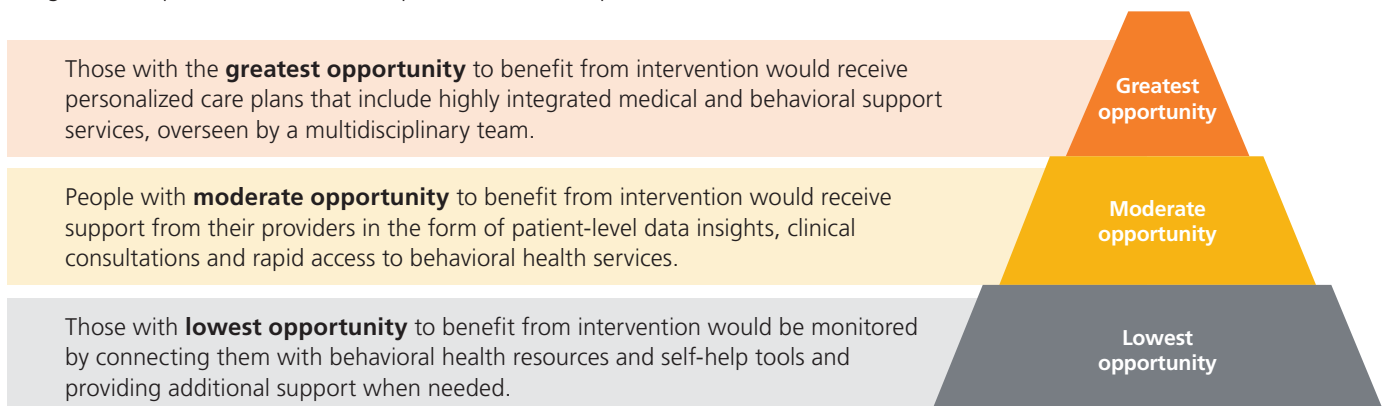
- ✓ Access enough data, including longitudinal data that tracks patients over time, to extract information in meaningful ways.
- ✓ Pull data from multiple streams, including behavioral claims, medical claims, clinical data and pharmacy claims.
- ✓ Have the necessary technology to enable sophisticated data analysis.
- ✓ Employ in-house staff with the expertise and experience to analyze data to predict future health needs.

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### Essential no. 2: Know what services and programs will make the biggest impact

Having relevant member data enables members to be categorized into levels of need, ranging from those who are healthy, to those who are at risk of a behavioral health episode, to those who have a complex mix of ongoing medical and behavioral issues. Plans need a portfolio of interventions to offer the right level of care to each person. Treating a group as homogenous can lead to misdirected interventions that deliver limited value.

A second level of advanced analytics should be applied to members with comorbidities, to stratify those who are most likely to benefit from care coordination. From the plan perspective, this ensures that clinical resources are put to work where they will make the greatest impact. It’s an exercise in precision. For example:



This intelligent approach to care integration drives better overall health outcomes and a lower total cost of care. By contrast, inadequate care coordination can double the cost of care for people with chronic conditions.<sup>6</sup>

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#### Checklist for successful integration

- ✓ Stratify populations in terms of their needs across all streams of care, including behavioral, medical, clinical data and pharmacy.
  - ✓ Develop care plans that address individuals' needs based on the type and severity of their medical and behavioral conditions.
  - ✓ Assess each care plan to report on its efficaciousness while remaining nimble to revise offerings for better results.
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### Essential no. 3: Match members to the right services at the right time

Even with the best team of care teams and the most finely tuned processes, matching people to care involves innumerable challenges. Creating a behavioral health provider network is a heavy lift. This challenge is even greater given the worsening behavioral provider shortage. Given that many behavioral health providers do not accept insurance, offering accessible care and persuading members to seek it out can be even more difficult.

Matching people to care includes connecting them to new and innovative ways to receive services, which requires processes and people to manage these challenges. After building a portfolio of interventions, the next step is connecting members to the right type and intensity of care. Here, highly skilled care teams make all the difference. Equipped with data that identifies optimal care pathways, skilled care teams guide each individual to an appropriate mix of integrated medical and behavioral health services.

In addition, people are more likely to pursue treatment when it fits easily into their lives. For instance, speed matters. Shortening the wait time for a behavioral health appointment leads to fewer no-shows, improved patient engagement and better outcomes. With every day of delay, the odds of an individual missing an appointment increase by 12%.<sup>7</sup>

Fortunately, behavioral health care can take many different forms, depending on the member's condition and needs. Providers can use innovative technology, like virtual visits, to make it easier for members to find care that meets their needs and schedules. Individuals in rural areas can use virtual visits to access a provider without traveling hundreds of miles to a major city. Virtual self-help tools literally put help at people's fingertips while stripping away frustrations that deter them from treatment. These tools can support those with milder conditions and supplement therapy for members undergoing more intensive, hands-on treatment.

For health plans, however, integrating virtual care into overall care plans requires expertise in behavioral health care and technology and the ability to scale. Throngs of startups are entering the behavioral health care space with all manner of digital tools. These apps and providers should be carefully vetted to ensure they will help, not harm, members while delivering a solid return on investment.

For members with severe comorbidities or substance use disorders, another layer of innovation is needed. The best treatments need to be identified and then made available to members, especially in the geographic areas with greatest need. For each of these reasons, bringing behavioral health in-house also means forging partnerships



With every day of delay, the odds of an individual missing an appointment **increase by 12%.<sup>7</sup>**

Providers can use innovative technology, like virtual visits, to make it easier for members to find care that meets their needs and schedules.

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with community resources and other support services to offer members a customized mix of care coordination, education and coaching. The network likely will include nontraditional support. For instance, some plans rely on peer support specialists, who've been down the path of recovery themselves, to form tight bonds with members in treatment over long periods of time, and to be on call for them when recurrence is a risk. These specialized providers also have specialized needs for communication and logistics, which a plan must be prepared to provide.

Beyond having the right interventions and a way to steer members to them, plans must account for ongoing evaluation and monitoring of operational performance and regulatory compliance. Systems need to track adherence to quality measures and identify opportunities for improvement. And robust systems to analyze member, provider and claims data must identify potentially fraudulent claims and prescribing patterns.

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#### Checklist for successful integration

- ✓ Validate the vast number of virtual tools and support currently available on the open market to identify the ones that are proven to get people the care they need.
- ✓ Connect individuals to resources to access behavioral health care within a few days.
- ✓ Match people requiring help for substance use disorders within 24 hours.
- ✓ Develop a provider network that puts care in reach for every member.
- ✓ Evaluate and monitor providers, including nonmedical providers, to ensure they are meeting members' needs appropriately.

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#### Parting thoughts

Health plans that center integration around the capabilities outlined in this paper have the best shot of keeping their organizations moving forward. The heart of a successful integration effort is the use of powerful analytics to categorize, stratify and serve people across the care continuum. Yet each of the three essential elements — understanding the patient population, knowing what services and programs will make the biggest impact, and matching members to the right services at the right time — needs to be in play to create momentum.

While most health plans want to achieve true integration, only some plans will do it right — and doing it right is all that matters. It matters to people, and it matters to the bottom line.

Some health plans have the bandwidth, and the expertise, to go it alone. Others, though, assess the road ahead and look outside their walls for the solution. Whether by crafting a carve-in program or turning to a partner who specializes in building and evolving networks and furthering data analytics, health plans would be wise to prioritize outcomes.

Sometimes, the best way to do something is to do it yourself. But when it comes to the right behavioral health care integration, it can be smarter, more effective and a better value to partner with someone who has already built a proven offering — with the tools and analytics to keep it working for the long run.



**Just one in 10** people with a substance use disorder receives treatment each year.<sup>8</sup>

Yet these individuals often require lifelong care.

**How do you evaluate which care delivers results that last — with a sustainable investment?**

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**For more information, contact your Optum representative.**

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