RIGHT DIRECTION

# Improving Access to Care

**Mental health conditions are common and costly. For instance, the economic impact of depression is a staggering $210 billion annually in the U.S., consisting in direct health care costs, lost productivity and early death from suicide. In our nation, 1 in 5 working adults live with a mental health condition, yet more than 60% do not receive treatment despite evidence showing its effectiveness. A wealth of evidence shows that treatment works and leads to lower health care costs, and a more productive and higher performing workforce.**

One of the primary obstacles for treatment is the difficulty in accessing timely and affordable health care. Employers can play a key role in improving access to care for mental health and substance use disorders by addressing the following 6 priority areas.

## Ensuring Network Adequacy

Employees who attempt to access care often face mental health providers that are either not accepting new patients, have long wait lists or do not accept insurance. In effect, they are shut out of care. Employers can address this issue by requesting that their health plan(s) and/or Third-Party Administrator(s) (TPA) do the following:

1. Provide their standards for assessing the adequacy of their behavioral health provider network and how they monitor ongoing compliance with those standards.
2. Establish a process for fast track provider credentialing, acceptance of providers into the network and request to review their outreach plan and timeframe for building the network.

3. Review reimbursement practices and documentation requirements for behavioral health providers as compared to other medical providers and make needed adjustments.

## Implementing the Collaborative Care Model

Primary care providers deliver mental health and substance use care to many, especially for common conditions like depression and anxiety. Yet, treatment outcomes are often poor. This, along with shortages of behavioral health providers, led to the development of the Collaborative Care Model (CoCM). This model uses a team-based approach that includes a primary care provider, a behavioral health care manager and a psychiatric consultant. There are more than 80 randomized control trials showing that the CoCM improves mental health and physical health outcomes. The ROI and business case are clear with $6.50 saved for every $1 invested in implementing the collaborative care model. Learn more about the CoCM here.

Employers can support CoCM expansion by requesting the following from their health plans and TPAs:

1. Reimburse for the CoCM using CPT codes 99492, 99493, 99494 and 99484.
2. Provide technical assistance to medical groups that are not billing the CoCM codes or billing at low levels to assist them in implementing the model.
3. Request that major medical provider systems within their networks implement the CoCM.

## Advancing Measurement-Based Care

Measurement-Based Care involves using standardized and validated screening and outcome measures for the treatment of common conditions like depression, anxiety, and substance use disorders. Screening using validated measures and tracking and reporting on outcomes – consistent with routine screening used for medical conditions like diabetes and hypertension – will improve treatment outcomes and build greater accountability into care delivery.

Employers can help advance measurement-based care by requesting that their health plans and TPAs require providers to use standardized screening measures and outcome measures for the treatment of common behavioral health conditions in their medical networks. This includes all ACOs, Primary Care Medical Homes, and all other providers that deliver behavioral healthcare.

## Verifying Mental Health Parity Compliance

Federal and state mental health parity laws require that coverage for mental health and substance use conditions be comparable to coverage for medical and surgical care. Yet, multiple national reports show that providers are persistently non-compliant. As a result, care is limited or denied, impacting the health and wellbeing of employees and placing employers at financial risk for non-compliance.

Employers should address this by requiring their TPAs to undergo an independent audit to ensure parity compliance with non-quantitative treatment limits (NQTLs) and to reduce risk. Learn more about mental health parity here.

## Expanding Tele- and Virtual Behavioral Health

Given the shortage of psychiatrists and other behavioral health providers in communities across the country and the opportunity to effectively connect to care using technology, there is an urgent need to expand the use of tele behavioral health services to improve access to care. Employers should work with their health plans and TPAs to eliminate barriers impeding the delivery of tele behavioral health care. The Covid-19 pandemic led to rapid expansion of tele-mental health offering the opportunity to examine the virtual services delivered to evaluate effectiveness of services delivered and to improve on and sustain momentum.

## Subsidizing Behavioral Health Treatment Costs

High behavioral health cost is one of the most significant barriers to care. Mental health issues typically require frequent and repeated treatment sessions for effectiveness. Moreover, many mental health professionals do not take insurance because of low reimbursement rates and high administrative burden. The costs associated with effective treatment discourage patients from seeking help and completing the course of treatment. Employers can help address these issues by subsidizing behavioral health costs for employees and by lowering or eliminating co-pays.

By addressing these 6 broad priority areas, employers can help significantly improve access to care for the 47 million Americans living with mental health conditions and cultivate a workplace with happy, healthy, and productive employees.