

Midwest Business Group on Health
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A Community of Solutions: Jointly Addressing Mental Health

Problems and Potential Solutions to Access & Reimbursement Parity Brief

The Mental Health Collaborative – a group of nine organizations that are members of the non-profit Midwest Business Group on Health – identified access to mental health services as the primary concern in the assessment and treatment of the disease. The group seeks to work across all stakeholders to identify and implement solutions. Their initial goal was to learn more about the barriers to access and benchmark Illinois against the greater United States. The initiative supports the 100 Million Healthier Lives Pathways to Population Health that engages employers and other key stakeholders, to positively impact the lives that can be influenced within communities. This brief defines the need for improved mental health services specifically addressing the problem of access to care and offers solutions and action steps for stakeholders.*

A World Health Organization study reported the cost of mental health disorders in developed countries is estimated to be between 3% and 4% of gross national product, costing national economies billions of dollars in care and lost productivity. The average annual costs, including medical, pharmaceutical and disability, for employees with depression may be 4.2 times higher than those incurred by those without depression [1]. Yet, studies show that the cost of treatment can be largely offset by reducing the number of days of absenteeism and productivity lost while at work.

Mental health issues affect adults and children within all demographic sectors and financially and culturally impact workplace productivity. The negative societal and economic impact is widespread affecting one in five adults in any given year, and more than half will go untreated [2]. Death rates from suicide increased 17% from 2004 to 2014, while cancer, diabetes, heart disease and stroke have been steadily declining between 5% to 19%. During the same time period opioid deaths increased by more than 200% [3].

In Illinois, 10.8% of adults reported their mental health was not good on 14 or more days within the past 30 days [4]. This compares to 12% nationwide, making Illinois ninth in the nation for adults having a higher prevalence of mental illness and lower rates of access to care [5]. In Chicago, 9% of adults experienced poor mental health for 14 or more days in the past month, 5% had symptoms indicative of serious psychological distress and 29% of Chicago adults reported binge drinking in the past 30 days. About one-third (32.5%) of Chicago youth reported feelings of sadness that lasted for two weeks or more during the last 30 days. Most importantly, in 2011, there were 60,031 hospitalizations for behavioral health-related conditions compared to 33,689 hospitalizations for heart disease [6].

This silent epidemic is widespread and costly to employers who pay an estimated $44 billion each year in lost productivity due to depression. Employees with depression miss an average of 31.4 days per year and lose another 27.9 to presenteeism. About half of employees with depression go untreated, yet more than 80% who are treated for mental illness report improved levels of work efficacy and satisfaction [2].

The undertaking of addressing mental health access is complex and all encompassing, including; the geographic proximity to care, socioeconomic factors, financial means and the shortage of care delivery resources.

A 2015 study reported that persons of racial and ethnic minority groups, the uninsured, those living in low-income or rural areas and other underserved segments of the population experience greater unmet need for behavioral health services than the general population [1].

But the problem is widespread and includes the working population in all communities. Specifically, parity for health benefits is inadequate for both insured individuals and providers. A 2017 Milliman Research study uncovered that patients use a higher proportion of behavioral health out-of-network services than out-of-network medical/surgical services. Between 2013 and 2015, the proportion of inpatient facility services for behavioral health care that were provided out-of-network was 2.8 to 4.2 times higher than the medical/surgical services, and the proportion of outpatient facility services for behavioral health care that were provided out-of-network was 3.0 to 5.8 times higher than the medical/surgical services [7].

Furthering the problem, there is often a lack of continued coverage for behavioral health treatment once an individual moves out of crisis. In California, United Behavioral Health, a subsidiary of UnitedHealth Group, had a class action lawsuit against their business practice that impacted over 50,000 people between 2011 to 2017. The members had a loss of coverage for ongoing treatment that was associated with deaths and created tremendous financial debt for families. The prosecution argued that United Behavioral Health must "adopt new guidelines that satisfy generally accepted standards of care. That it should improve and change its processes for reviewing and adopting and applying guidelines" [8].

Yet, coverage for the insured and uninsured population is only a portion of the problem. Low provider reimbursement rates and a lack of behavioral health providers' willingness to accept new patients makes access difficult to impossible depending on geographic location. Primary care and medical/surgical providers are also paid more than behavioral health providers. Between 2013 and 2015, primary care providers were paid 20.7% to 22.0% higher rates for office visits than behavioral health providers, and medical/surgical specialty care providers were paid 17.1% to 19.1% higher rates for office visits than behavioral providers [7].

In a recent survey conducted by the National Alliance of Health Care Purchaser Coalitions and the Midwest Business Group on Health (MBGH), only 48% of employers indicated their health plan or behavioral health organization had equalized reimbursement rates for Mental Health/Substance use Disorder (MH/SUD) specialists and medical surgical providers for similar services, leaving as many as 52% with a need to audit their plans and ensure reimbursement equity.

In addition, Medicare pays more for in-network evaluation and treatment services than employers pay. Researchers from the Congressional Budget Office analyzed data from the Health Care Cost Institute – which included claims from 39 million Aetna, Humana, and UnitedHealthcare members. They found that commercial plans paid in- network providers 13% to 14% less than fee-for-service Medicare for psychotherapy or evaluation and management services. And in 2015, in Illinois, PPO payment levels were 21.5% lower for behavioral health providers performing a moderate complexity Evaluation and Management (E&M) service as compared to a primary care physician performing the same service. A specialist performing the moderate E&M was reimbursed 22.3% higher than the behavioral health provider for the same service [7].

Though, improving access involves far more than having improved coverage, more providers and parity in reimbursement. To truly impact access for the long run we must reduce the contributors to mental illness and implement preventive strategies to impact our communities by improving the health and well-being of the population overall and lessen the number of those in need of professional care.

Psychosocial factors influence a number of mental health behaviors. Proper diet, adequate exercise, and avoiding cigarettes, drugs, excessive alcohol and risky sexual practices have a wide impact in the domain of health. Evidence indicates that addressing these factors can support positive mental health and facilitate resistance to the disease as well as minimize and delay the emergence of disabilities and promote a more rapid recovery from illness [9].

Taking action to address these barriers will support treatment and prevention as well as positively impact health care spending. For example, a recent study led by the World Health Organization estimated that for every dollar invested into scaled up treatment for common mental disorders, there is a return of four dollars in improved health and productivity [10].

The *Mental Health Collaborative* has identified five areas of action that will support stakeholders in addressing the challenges of improving access to mental health services, including:

1) Understand your organization's data and the impact you can make
2) Use available toolkits and materials to educate your organization's leadership and employees
3) Implement societal changes in the workplace to support the prevention of mental illness
4) Advance legislation that addresses these key issues
5) Work with vendors to implement the collaborative care model

What Can Employers/Purchasers Do?

Understand Your Data

Much can be learned from the study of outcomes data. The Bowman Family Foundation via the Mental Health Treatment and Research Institute LLC developed a Model Data Request Form. It is recommended that employers use the form to obtain outcomes data from their third-party administrator on:

- In and out of network access to benefits between medical and behavioral
- Disparities in reimbursement levels for behavioral providers versus medical and surgical
- Denial rate disparities between medical/surgical and behavioral
- Accuracy of psychiatrists (including child psychiatrists) in plan network directories via claims analysis

Promote Collaborative Care Model

American Psychiatric Association Foundation's Center for Workplace Mental Health promotes the use of a collaborative care model as a solution to improving access and clinical outcomes. It is important to direct patients with mild to moderate mental illness to primary care providers who have added nurse practitioners or physician assistants specializing in psychiatry to their office. This allows for appropriate time to be dedicated to diagnosis and the coordination of care with psychiatrists and other mental health providers.

Use Toolkits

Mental Health America provides the following toolkits to support your organization when addressing mental health issues in the workplace that can be accessed here.

- Depression Calculator – Computes the cost of depression to your organization
- The Working Well Toolkit: Leading a Mentally Healthy Business – Practical information and strategies, assessment tools, mental health programs and case studies to educate on best practices for a supportive workplace environment
- Mental Health Calculators, Business Case for Mental Health and Substance Use Disorder Treatment: A Literature Review – Estimate the prevalent cost of mental illness and substance abuse disorders to your organization

Advance Legislation

Address the issue of access to the assessment and treatment of mental illness. Below are two bills that organizations can support that will positively impact mental health needs.

- Support the Mental Health Modernization & Access Improvement Act – SB1673 (Steans); HB 2486 (Conroy). The Act, if passed will increase access to mental health care and boost the mental health of our communities, affecting nearly 80,000 Illinois children and adults.
- Support the Children & Young Adult Mental Health Crisis Act. The Act, if passed will restructure funding grants to broaden access for Medicaid and the insured populations as well as improve coverage for many.

Implement Social Changes

Prevent the progression of mental illness by:

- Support mothers during and after pregnancy with visits from nurses and community workers to prevent poor quality childcare, child abuse, psychological and behavioral problems and postnatal depression.
- Train teachers and parents to improve the detection of problems and facilitate early interventions.
- Educate and provide skills training to reduce dysfunctional marital communication, sexual difficulties, divorce and child abuse. Programs to support widowhood and bereavement help reduce depressive symptoms.
- Create salary parity to reduce the stress realized by workers earning below the "living wage."
- Reduce toxic stress by providing flexible work schedules, mandatory sabbaticals and sufficient days with paid time off.

References

[1] G. L. e. a. Hodgkinson S, "Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting," *Pediatrics,* vol. 139, no. 1, January 2017.

[2] American Psychiatric Association Foundation, "Making the Business Case," 2019. [Online]. Available: http://workplacementalhealth.org/Making-the-Business-Case. [Accessed March 2019].

[3] F. M. e. a. Phillips JK, "https://www.ncbi.nlm.nih.gov/books/NBK458661/," 13 July 2017. [Online]. [Accessed February 2019].

[4] United Health Foundation, "America's Health Rankings," 2019. [Online]. [Accessed March 2019].

[5] H. M. e. a. Nguyen T, "The State of Mental Health in America 2018," Mental Health America, Alexandria, 2018.

[6] P. N. e. a. Dircksen JC, "Healthy Chicago 2.0: Partnering to Improve Health Equity," Chicago Department of Public Health, City of Chicago, 2016.

[7] e. a. Melek S, "Addiction and mental health vs physical health: Analyzing disparities in network use and provider reimbursements rates.," Milliman, 2017.

[8] E. Roth, "UnitedHealth clients needed more mental health care; United said no," 22 April 2019. [Online]. Available: https://www.mprnews.org/story/2019/04/22/behavioral-health-insurance-unitedhealth-treatment-suit. [Accessed May 2019].

[9] World Health Organization, "Investing in Mental Health," Department of Mental Health and Substance Dependence, Noncommunicalbe Diseases and Mental Health, Geneva, 2003.

[10] World Health Organization, "Mental Health," September 2017. [Online]. Available: https://www.who.int/mental_health/in_the_workplace/en/. [Accessed March 2019].

*100 Million Lives Pathways to Population Health is focused on four Portfolios of Health Action resulting in Equality. The Portfolios include: P1: Physical and/or mental health, P2: Social and/or Spiritual Well-being, P3: Community Health and Well-being, P4: Communities of Solutions. Details can be found at www.pathways2pophealth.org