

Thought Leaders' Corner

Each month, *Accountable Care News* asks a panel of industry experts to discuss a topic suggested by a subscriber.

Q. How Are ACOs Managing Behavioral Health, and Are Those Efforts Proving to Be Successful?

My sense is that ACOs in general probably are not doing as much as they potentially could, given that the behavioral health area has often struggled to gain sufficient attention and focus in the U.S. healthcare system. A quick search identified several commentaries, arguing that ACOs are not sufficiently integrating behavioral care.

For example, a *Health Affairs* article says that while ACOs “may be well positioned to increase the focus on managing behavioral health conditions (mental health and substance abuse) through the integration of behavioral health treatment and primary care, integration ...remains low, with most ACOs pursuing traditional fragmented approaches to physical and behavioral health care and only a minority implementing innovative models.”¹

One bright spot seems to be that as more payers and large healthcare delivery systems focus on the social determinants of health, behavioral issues inevitably come to the forefront in the context of mental health; homelessness; chronic conditions such as obesity and hypertension; and related areas.

Moving to a healthcare system that actually prioritizes population health, which to me should be the ultimate goal of accountable care, would necessarily better integrate behavioral health issues. ACOs are indeed well positioned in this regard. Employers, payers—both governmental and private—and providers should take this opportunity seriously because they would benefit through reduced costs, as well as a healthier citizenry and workforce.

¹ Lewis VA, Colla CH, Tierney K, et al. “Few ACOs Pursue Innovative Models that Integrate Care for Mental Illness and Substance Abuse With Primary Care.” *Health Affairs*. October 2014;33(10):1808-1816.



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Behavioral health is a critical component of holistic, patient-centered care and successful care management. This is the case not only when it is a primary diagnosis/condition but also, even more frequently when it is a diagnosed or undiagnosed comorbidity that is complicating the plan of care for non-behavioral conditions, including general wellness and prevention. The challenges in behavioral health facing an ACO—stigma, provider shortages, reimbursement issues, data sharing firewalls and more—are complex, interrelated and daunting.

First we need to advocate for sound policy at the macro level, such as the mental health parity laws, adequate funding of safety net systems and appropriate balance of privacy with quality/safety of care in data-sharing regulations. As a family physician, I know firsthand how challenging it is to provide effective, efficient, safe care for someone's diabetes in a silo from his/her behavioral treatment.

Secondly, we need more opportunities to improve the care model. In order to increase capacity, quality and integrated care, many ACOs are focusing on behavioral health that is provided directly by primary care, from depression screening to protocols for treatment and monitoring. Some are embedding behavioral health providers within primary care, whether physically or virtually through telemedicine.

The inverse model also exists, in which primary and other “medical” care is brought into the behavioral health system to work with a population that suffers from serious mental illness and has unique challenges in becoming engaged in prevention and chronic condition management. There are also numerous consumer-focused technologies emerging to assist with self-management. Most ACOs also have care management (nurse, social worker, health coach) teams who focus on higher risk patients and are able to delve deeply into individuals' barriers to care. It is very common that we hear stories from these teams about previously unrecognized behavioral health issues coming to light and getting plugged into treatment as a result of proactive outreach. I believe we are only scratching the surface of understanding which of these approaches is most effective at driving meaningful ACO outcomes and perhaps more importantly, the biggest challenge on economic sustainability of various care model innovations.



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