

A Behavior-Based Care Management System Meets Challenges in a Post Health Care Reform World

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The concept of care management typically varies with whom one asks. Insurers have developed a model distinctly different from that used by hospitals. Health plans are fashioning models which seem to be an amalgamation of the other two. But recent health care reform and mental health parity laws present a unique set of circumstances that make a care management system

based on behavioral health models a practical business option. Utilized for years by more progressive behavioral health agencies, this care management concept now may be poised for its time in the spotlight.

Health care reform and mental health parity ensure that an individual's behavioral and mental health issues will be addressed at similar levels as their physical health needs. This shift is significant, because prevailing care management models have been largely oriented toward the physical rather than emotional, behavioral or mental state of a client. Present models largely focus on helping the patient identify the resources available to them and move through the health care continuum.

Even though the spectrum of behavioral health issues — from chemical dependency and depression, to chronic mental illness — presents a substantial burden on our health care system, the importance of mental health services has been undervalued. Mental health issues affect 25 percent of the U.S. population each year and cost businesses

many billions of dollars. But health care reform law now mandates that providers, employers and insurers recognize this and become more “fluent” in evidence-based behavioral health models. Effectively managing the various forms of care needed (and hopefully provided) for patients can significantly improve clinical outcomes and save taxpayers and businesses large sums of money.

The links between mental and physical health should not be ignored. A study conducted by the Harvard Medical School reported that people living with chronic pain have three times the risk of developing mood or anxiety disorders, and that those with depression run the same risk of developing chronic pain.

For any patient who has just experienced major health trauma, surgery or a troubling diagnosis then, there are often short- and long-term emotional consequences associated. The effect of transitioning from inpatient care to outpatient follow-up, having to access resources across a wide and complicated spectrum, or

coping with chronic pain all carry a substantial emotional and mental burden for the patient and, often, their families.

According to a 2009 report by PricewaterhouseCoopers' Health Research Institute, approximately \$25 billion is wasted annually in the U.S. on avoidable hospital readmissions. We know that preventable readmissions occur when patients do not adhere to care plans. What is often at the root of this? Mounting evidence points to mental health issues. A 2011 study by the Robert Wood Johnson Foundation found that nearly 20 percent of U.S. patients suffer both from behavioral health and medical conditions. As one of the leading mental health issues in the U.S., depression is often connected with many medical conditions.

Often overlooked are the emotional or behavioral underpinnings at the root of the patient decision-making process. A care management program successful in the new health care environment must be grounded in effective, tailored and nuanced behavior management and motivational practices to ensure that patients make follow up appointments, adhere to care plans and generally take ownership over their own suc-

cessful health outcomes.

Behavior-based care management must not just include an awareness of a patient's physical needs and the resources available to improve outcomes. It also must have strong insight and deep orientation toward the patient mindset, emotional state and other obstacles that impact one's motivation, choice and decision-making. And these programs wouldn't be just for the most chronic mental health cases, but rather, may include many other people being discharged from a primary care setting.

Conclusion

The mandates and accountabilities built into health care reform and mental health parity will bring about significant and inevitable changes in the health delivery system in the years to come. Nowhere will this be as apparent as the role that behavior-based care management will play. There is growing evidence that behavior-based programs of all sorts succeed in helping patients to make optimal health decisions and can lower health care costs by coordinating discharge and treatment plans, assisting with appointment follow ups and preventing future hospital stays. These

programs understand that beyond making a wealth of health resources available, there must be some recognition that the link between the mental, emotional and behavioral well-being of consumers is directly linked to the physical. By making a strong behavior-based care management offering available in the marketplace, the health industry will have a powerful tool to help drive down costly hospital readmissions, significantly reduce the overuse of the health system by its highest utilizers, improve overall consumer health and ensure the highest quality of life possible.

David Stone, Ph.D., is CEO of Sound Mental Health, one of King County's (Washington State) most comprehensive mental health services providers. With more than 30 years of experience developing and managing award-winning community mental health services, his leadership has enabled Sound Mental Health to grow to 80 + programs, supporting more than 18,500 people and generating millions in annual revenue. He received a B.A. in Psychology from Eckerd College, followed by an M.A. and Ph.D. in Clinical Psychology from the University of Florida. To learn more about Sound Mental Health visit the web site at www.smh.org.

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