

The Effects of

# UNMANAGED BEHAVIORAL HEALTH

on Medicaid Recipients

AleraHealth



Behavioral health is a crucial aspect of overall health and wellness, and it is an essential element of healthcare services. But what exactly is behavioral health?

Behavioral health is a term that refers to the mental and emotional well-being of individuals and encompasses a range of conditions, including depression, anxiety, addiction, and other mental health disorders.

Unfortunately, it's an aspect of care that's often overlooked – and one that can significantly impact healthcare spend and cost. Here are just a few of the daunting numbers:

- ▶ **Untreated mental illnesses cost the nation \$113 billion annually.**
- ▶ **Over half (54.7%) of adults with a mental health illness do not receive treatment.**
- ▶ **One in five children has a diagnosable mental health problem; nearly 2/3 get little or no help.**
- ▶ **Patients with a chronic health condition and a secondary behavioral health disorder cost 3X more than those without.**



## How Behavioral Health Affects Healthcare Spend and Costs

One big reason for these harrowing statistics is that behavioral health is both a chronic illness and an influencer of chronic illness. Diabetes impacts lifestyle, which impacts mood, which can lead to unhealthy behaviors (eating, isolation, substance use) which decreases health outcomes and increases costs. Conversely, patients struggling with behavioral health conditions are 2X more likely to develop chronic medical conditions and suffer mortality 25 years sooner, on average, than their counterparts. All of this leads to higher healthcare costs over time and creates a domino effect across the board, including:

**Increased Hospitalization** – Individuals with behavioral health conditions are more likely to require hospitalization (both medical and behavioral) than those without these conditions. Hospitalization contributes to over 32% of total healthcare costs and behavioral health patients spend 4X more days in the hospital and suffer 30-day hospital readmission rates 3X higher.

**Case in point:** For Medicaid and Medicare patients, behavioral health conditions like schizophrenia, depression, anxiety and substance use disorders are among the top five principal diagnoses with the highest number of 30-day, all-cause readmissions.

**High Utilization of Emergency Departments** – Patients with an untreated behavioral health condition are 8X more likely to use the emergency department, which is the most costly option for non-acute care. Often times, behavioral health patients have limited/uncoordinated access to primary care, which can lead to uncontrolled conditions that require emergency care.



**Increased Drug Costs** – Patients suffering from co-occurring medical and behavioral conditions are more likely to be prescribed multiple medications from multiple practitioners (AKA “polypharmacy”) resulting in medicine cabinets full of costly, contra-indicative, and out-of-date medications. When the costs and/or complexities of polypharmacy become overwhelming, patients can misuse medications leading to higher use of emergency services, thus creating a vicious cycle.

**Missed Work Days and Reduced Productivity** – Behavioral health conditions can result in missed work days and reduced productivity, leading to economic losses for individuals and employers. This is especially prevalent in workers dealing with substance use disorders. Such employees take nearly 50% more days of unscheduled leave than other workers and are much more likely to experience occupational injuries (which in turn keep them away from work). Additionally, the costs of disability benefits and lost productivity can also add up over time.

The cumulative impact these conditions have on individuals, employers and society as a whole is negative. The consequences of these behavioral health conditions such as missed work days, reduced productivity, increased rate of unscheduled leave and occupation injuries, don’t just affect a person or organization in isolation but have a compounding effect over an extended period.

**Co-Morbidity Concerns** – Behavioral health conditions often coexist with other chronic conditions like diabetes, hypertension, and heart disease. Research has shown that the prevalence of mental health disorders in patients with chronic physical disease is approximately 37%; this is consistent with Alera’s own findings. People with severe mental illness (SMI) are twice as likely to develop cardiovascular and metabolic diseases than the general population. In turn, they are also less likely to seek help and do what is necessary to control chronic diseases such as diabetes, Parkinson’s, cancer and more.

**A Bigger Strain on Outpatient and Non-Medical Resources** – Medications, counseling, care management, community and even social services -- all these resources may be needed to help patients who delay behavioral health and medical treatment.

## The Importance of Follow-Up Care

One silver lining in all of this: Studies have indicated that providing timely and appropriate follow-up care for individuals with mental illness can result in reduced emergency room visits, improved physical and mental function and greater adherence to treatment instructions such as medication compliance.

But lack of follow-up care is one of the key healthcare challenges that the industry faces and leads to readmissions. Recent data from 2019 showed that only 32% of adult Medicaid beneficiaries engaged in follow-up care within seven days of discharge, while only 55% of adults and 66% of children engaged in follow-up care within 30 days of discharge.

Unfortunately, these results are similar for Medicare members and commercial health plan members as well. Something needs to be done to turn these numbers around.

## What We Can Do

The healthcare industry as a whole is awaking to the importance of behavioral health in overall health and wellness and beginning to invest in resources to improve access and coordinate care for patients with behavioral and polychronic conditions.

There’s a pressing need for intervention. Alera Health’s **ONEcare™** is precisely that intervention.



**ONEcare** is an Integrated System of Care (ISC,) deployed by a network of primary care, hospital and behavioral health providers that coordinates early disease identification, communication and priority access to care thereby building trust between patients and their care teams.

This approach minimizes confusion, opens lines of communication and empowers patients to seek out and fully engage in their medical and behavioral health treatment plan, continue their behavioral health and substance use treatment.

**ONEcare** networks partner with payers and managed care organizations in pay-for-performance programs which incentivize improved patient health outcomes. Delivering the right care in the right place at the right time means better access, engagement, and health outcomes. It also means lowering costs for payers, managed care organizations and even hospitals who see significant decreases in behavioral health-related charity care. Most importantly, **ONEcare** networks help patients get well faster and stay well longer.

**Why ONEcare Matters:** A staggering one in five individuals in the U.S. are grappling with a behavioral health disorder, yet only 23% of those individuals seek treatment. With over 36% of patients with chronic health conditions concurrently battling behavioral health issues with medical costs 2.5X-3.5X higher, we literally cannot afford to wait. Without timely, coordinated, and accountable access to integrated behavioral health and primary care, patients suffering in silence are eventually pushed into high-cost critical care settings, a costly consequence for hospitals and payers alike.

**How ONEcare Works:** **ONEcare's** approach to care is grounded in a stronger together network approach wherein interdisciplinary providers standardize early screening, risk management, and patient engagement tools and procedures. Providers do so by utilizing **ONEcare's Care Optimization System (COS)<sup>TM</sup>** which provides the digital platform to effectively manage secure care team communications, navigation, referrals, care alerts and mobile patient engagement.

Alera Health serves as the population health manager and supports the **ONEcare** networks Clinical Quality Improvement (CQI) efforts around timely access, preventative care, medication adherence and crisis mitigation. With over 15 **ONEcare** networks supporting 3M lives nationwide, **ONEcare** networks routinely share best practices and performance benchmarking to improve patient engagement, care management, disease education and crisis response capabilities. By continuously monitoring patient data, alongside claims, clinical, and pharmacy data, the COS automatically identifies care gaps, adverse trends, and sentinel events, triggering *care alerts* for the care team and, when appropriate, the patient. This streamlined approach ensures that patients only need to share their stories once, enhancing the patient experience and lowering total cost of care by as much as 12-15%.

By identifying patients at risk, engaging them effectively, and coordinating care seamlessly, **ONEcare** improves patient outcomes and significantly reduces healthcare costs. While the statistics above may paint a grim picture, integrated systems of care like **ONEcare** offer a glimmer of hope, lighting a path toward a brighter and healthier future for patients and the healthcare industry.

Uncommonly good things begin with conversations.  
**Let's start the collaboration!**

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