Primary Care and Behavioral Health: Just the Facts

Prevalence of Mental Illness

- In the last two decades **suicide rates increased by 30% between 2000-2020**.[1]
  - In 2020, According to the Centers for Disease Control and Prevention (CDC), **suicide was the twelfth leading cause of death overall in the United States, claiming over 45,900 people** and the second leading cause of death among individuals between the ages of 10-14 and 25-34.[2]
  - **Between 2020-2021, the suicide rate increased by 4%**.[3]
- In 2020, among adults aged 18 or older, **21 percent (or 52.9 million people) had any mental illness (AMI)** and **5.6 percent (or 14.2 million people) had serious mental illness (SMI)** in the past year.
- In 2016, for children under the age of 18, the national prevalence of **at least one mental health condition was 16.5 percent, or about 8 million children**.[5]

> There is no path forward that does not include integrating behavioral health into primary care. Primary care is where most people get medications and where people expect to be treated, and we have evidence-based practices that work."
>
> – Mike Thompson, President and CEO, National Alliance of Healthcare Purchaser Coalitions

Health and Economic Impacts of Mental Illness

- According to a systematic review and meta-analysis across 24 studies, the median years of **potential life lost due to mental illness was 10 years**.[6]
- In 2013 alone, mental disorders topped the list of most costly conditions, with spending at **$201 billion**.[7]
- According to a 2020 Milliman Research Report, high-cost behavioral health individuals accounted for only 6% of the study population, but 44% of total healthcare costs. Though need was high, behavioral health treatment accounted for only 4% of all healthcare costs.[8]
- A report from the Satcher Health Leadership Institute at Morehouse School of Medicine estimates from 2016-2020 over **115,000 excess premature deaths among racial/ethnic minorities** related to behavioral health conditions and **nearly $300 billion excess costs from mental illness, substance abuse and suicide among minority populations**.[9]

Inequities in Mental Health

- Suicide rates are not uniform across population subgroups. For example, suicide rates were highest among American Indian/Alaska Native individuals. **Between 2014-2019 suicide rates increased by 30% for Black individuals, and 16% for Asian populations**.[10]
- Suicide thoughts, plans, and attempts were more common among lesbian, gay, and bisexual adults compared to heterosexual adults,[11] and in one study **between 30-50 percent of transgender adolescents reported engaging in suicide behavior**.[12]
- **Adults with disabilities experience mental distress 4.6 times as often as adults without disabilities.** Additionally, individuals living below the federal poverty level report more mental distress than higher income households.[13]
- Suicide rates are higher in non-metropolitan/rural communities, compared to urban areas.[14] In 2017, the suicide rate for the most rural counties was nearly twice the rate for the most urban counties.[15]

> **"In 2019, suicide was the second leading cause of death for African Americans, ages 15 to 24, according to the Office of Minority Health. Because these alarming rates reflect the health of our nation, it is imperative we address the intersectionality of social and health inequities and access to quality and culturally relevant mental health services."**
>
> – Yoko Allen, Senior Program Manager, Black Women's Health Imperative

Primary Care is Key to Meeting Patient Need

- Primary care is a key strategy to address patient need for behavioral health services.[16] According to one study, roughly 80 percent of patients with a mental illness visited a primary care provider within the last year.[17]
- Patients often obtain treatment for mental/behavioral health issues in primary care. In one study of the Medical Expenditure Panel Survey from 2016-2018, nearly 4 out of 10 visits for depression or anxiety and any mental illness were to primary care physicians. Primary care physicians also treated about a third of patients with severe mental illness.[18]

Integrating Behavioral Health and Primary Care Can Help Address the Problem

The collaborative care model and primary care behavioral health model are two evidence-based models of behavioral health integration. According to a systematic review and meta-analysis, there is robust evidence for the Collaborative Care Model[19] improving depression symptoms, adherence to treatment and recovery. There are multiple studies showing the Primary Care Behavioral Health (PCBH) model improves patient and provider experience, improves patient outcomes, and is cost-effective.[20,21] A recent RCT of the PCBH model found improvements in coping strategies, adherence to treatment and patient satisfaction.[22,23]

The Case for Integrating Behavioral Health into Primary Care

Source: Martha Hostetter and Sarah Klein, Integrating Behavioral Health Services into Primary Care: How One Medicaid Managed Care Plan Made It Work (Commonwealth Fund, Dec. 2022). https://doi.org/10.26099/wggr-2351

Outcomes of Integration

- A study of practices with collocated primary care and behavioral health services observed statistically significant reductions in mean PHQ-9 (a 9-item survey assessing symptoms of depression, scored from 0-27, where a score from 0-4 is considered minimal severity to 20+ which is considered most severe) scores. Clinically, 50% of patients had a ≥5-point reduction in PHQ-9 score and 32% had a ≥50% reduction.[24]
- Integration of behavioral health services into primary care clinics may help reduce mental health disparities for Latinos and Black populations.[25,26]
- The results of a study that evaluated the cost-effectiveness of imbedding behavioral health services into a primary care practice demonstrated $860 per member per year savings, or 11% savings in costs for patients.[27]
- One microsimulation of financial implications found that practices adopting the collaborative care model gained net revenues.[28]
- One study found that practices utilizing alternative payment models (non-fee for service payment) achieved around $1 million in savings overall to Medicare, and Medicaid.
- Another study found that higher primary care reimbursement rates reduced mental illness and substance use disorders among non-elderly adult Medicaid enrollees.[29]

> "We see a lot of different kinds of people and different needs and like many places there are definite health disparities regarding behavioral health. It is not easy to find a psychiatrist. It is not easy to find a therapist. Collaborative care and other evidence-based models are a great strategy to narrow those gaps."
>
> – Alin Severance, Medical Director, Behavioral Health Services, UPMC Health Plan

The Foundation for Progress: Payment Reform and Investment in Primary Care

- Promote Medicare's existing collaborative care and behavioral health integration codes to primary care practices, health plans and purchasers
- Test behavioral health integration strategies as part of a hybrid primary care payment approach, inclusive of a majority per member per month (PMPM) payment and fee for service payments.
- Remove Medicare's initial in-person requirement necessary to trigger payment for tele-mental health services
- Assure access to upfront resources to support primary care practice transition to integrated care

"The goal is to move to a per member per month payment for the bulk of services that primary care does. This allows the flexibility to figure out which thing people need and how to provide that care."

– Judy Zerzan-Thul, MD, Chief Medical Officer, Washington State Health Care Authority

1. Garnett MF, Curtin SC, Stone DM. Suicide mortality in the United States, 2000–2020. NCHS Data Brief, no 433. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/cdc:114217
2. WISQARS™ — Web-based Injury Statistics Query and Reporting System. https://wisqars.cdc.gov/data/lcd/home
3. Curtin SC, Garnett MF, Ahmad FB. Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi. org/10.15620/cdc:120830
4. Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse, and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
5. Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. JAMA Pediatr. 2019;173(4):389–391. DOI: 10.1001/jamapediatrics.2018.5399
6. Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis [published correction appears in JAMA Psychiatry. 2015 Jul;72(7):736] [published correction appears in JAMA Psychiatry. 2015 Dec;72(12):1259]. JAMA Psychiatry. 2015;72(4):334-341. doi:10.1001/jamapsychiatry.2014.2502
7. Roehrig C. Mental Disorders Top The List Of The Most Costly Conditions In The United States: $201 Billion. Health Aff (Millwood). 2016;35(6):1130-1135. doi:10.1377/hlthaff.2015.1659
8. Davenport S, Gray T.J., Melek S. How do individuals with behavioral health conditions contribute to physical and total healthcare spending? Milliman Research Report. August 2020. https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx
9. The Economic Burden of Mental Health Inequities in the United States Report. Satcher Health Leadership Institute. Morehouse School of Medicine. September 2022. https://satcherinstitute.org/wp-content/uploads/2022/09/The-Economic-Burden-of-Mental-Health-Inequities-in-the-US-Report-Final-single-pages.V6.pdf
10. Ramchand R, Gordon JA, Pearson JL. Trends in Suicide Rates by Race and Ethnicity in the United States. JAMA Netw Open. 2021;4(5):e2111563. doi:10.1001/jamanetworkopen.2021.11563
11. Ramchand, R., Schuler, M. S., Schoenbaum, M., Colpe, L., & Ayer, L. (2021). Suicidality among sexual minority adults: Gender, age, and race/ethnicity differences. American Journal of Preventive Medicine. https://doi.org/10.1016/j.amepre.2021.07.012
12. Toomey RB, Syvertsen AK, Shramko M. Transgender Adolescent Suicide Behavior. Pediatrics. 2018;142(4):e20174218. doi:10.1542/peds.2017-4218
13. Cree RA, Okoro CA, Zack MM, Carbone E (2020). Frequent Mental Distress Among Adults by Disability Status, Disability Type, and Selected Characteristics – United States 2018. Morbidity and Mortality Weekly Report (MMWR).
14. Ivey-Stephenson AZ, Crosby AE, Jack SP, Haileyesus T, Kresnow-Sedacca M. Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015. MMWR Surveill Summ 2017;66(No. SS-18):1–16. DOI: http://dx.doi.org/10.15585/mmwr.ss6618a1
15. Park LT, Zarate CA Jr. Depression in the Primary Care Setting. N Engl J Med. 2019 Feb 7;380(6):559-568. doi: 10.1056/NEJMcp1712493. PMID: 30726688; PMCID: PMC6727965.
16. Young AS, Klap R, Sherbourne CD, Wells KB. The Quality of Care for Depressive and Anxiety Disorders in the United States. Arch Gen Psychiatry. 2001;58(1):55–61. doi:10.1001/archpsyc.58.1.55
17. Jetty A, Petterson S, Westfall JM, Jabbarpour Y. Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey. J Prim Care Community Health. 2021;12:21501327211023871. doi:10.1177/21501327211023871
18. Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. 2018.
19. Thota AB, Sipe TA, Byard GJ, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. Am J Prev Med. 2012;42(5):525-538. doi:10.1016/j.amepre.2012.01.019
20. Reiter, J. & Bauman, D. (2016, October 13). *Summarizing the evidence for the PCBH model*. Collaborative Family Health Care Association, Charlotte, NC.
21. Ogbeide, S. A., Landoll, R. R., Nielsen, M. K., & Kanzler, K. E. (2018). To go or not go: Patient preference in seeking specialty mental health versus behavioral consultation within the primary care behavioral health consultation model. Families, Systems & Health, 36(4), 513–517. https://doi.org/10.1037/fsh0000374
22. Robinson, P., Von Korff, M., Bush, T., Lin, E. H. B., & Ludman, E. J. (2020). The impact of primary care behavioral health services on patient behaviors: A randomized controlled trial. Families, Systems, & Health, 38(1), 6–15. https://doi.org/10.1037/fsh0000474
23. Behavioral Health Integration Fact Sheet. American Psychological Association. June 2022. https://www.apa.org/health/behavioral-health-factsheet.pdf
24. Balasubramanian BA, Cohen DJ, Jetelina KK, et al. Outcomes of Integrated Behavioral Health with Primary Care. J Am Board Fam Med. 2017;30(2):130-139. doi:10.3122/jabfm.2017.02.160234
25. Bridges AJ, Andrews AR 3rd, Villalobos BT, Pastrana FA, Cavell TA, Gomez D. Does Integrated Behavioral Health Care Reduce Mental Health Disparities for Latinos? Initial Findings. J Lat Psychol. 2014 Feb;2(1):37-53. doi: 10.1037/lat0000009. PMID: 25309845; PMCID: PMC4193502.
26. Berge, J. M., Trump, L., Trudeau, S., Utržan, D. S., Mandrich, M., Slattengren, A., Nissly, T., Miller, L., Baird, M., Coleman, E., & Wootten, M. (2017). Integrated care clinic: Creating enhanced clinical pathways for integrated behavioral health care in a family medicine residency clinic serving a low income, minority population. Families, Systems, & Health, 35(3), 283–294. https://doi.org/10.1037/fsh0000285
27. Ross KM, Klein B, Ferro K, McQueeney DA, Gernon R, Miller BF. The Cost Effectiveness of Embedding a Behavioral Health Clinician into an Existing Primary Care Practice to Facilitate the Integration of Care: A Prospective, Case-Control Program Evaluation. J Clin Psychol Med Settings. 2019;26(1):59-67. doi:10.1007/s10880-018-9564-9
28. Basu S, Landon BE, Williams JW Jr, Bitton A, Song Z, Phillips RS. Behavioral Health Integration into Primary Care: a Microsimulation of Financial Implications for Practices. J Gen Intern Med. 2017;32(12):1330-1341. doi:10.1007/s11606-017-4177-9
29. Maclean JC, McClellan C, Pesko MF, Polsky D. Medicaid reimbursement rates for primary care services and behavioral health outcomes [published online ahead of print, 2023 Jan 6]. Health Econ. 2023;10.1002/hec.4646. doi:10.1002/hec.4646