HEALTH IS HEALTH: An integrated approach to whole-person health

ISSUE BRIEF

AGREEING ON THE RIGHT COURSE of action is a lot easier than making it happen.

Consensus on the interconnected nature of health in mind and body was formalized in the World Health Organization's constitution 70 years ago: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[1]

> And treating the mind and the body separately leads to poorer outcomes and higher costs.

Decades later, there's a growing understanding of a more expansive view; academicians and employers, physicians and pundits agree: A truly person-centered approach to health must include an individual's mental, emotional, functional and social needs, because "health" isn't simply a physical phenomenon.

The research backs it up: Environmental and social factors play a tremendous role in overall health.[2,3] And treating the mind and the body separately leads to poorer outcomes and higher costs.[4,5,6,7] Because of this, there's increasing emphasis on expanding coordination of primary care and behavioral health care.

Sounds obvious, right? In theory, it is. But turning theory into reality often proves difficult, whether we're looking at health care in the clinical setting or from the viewpoint of the primary provider of health benefits, the employer.

Making the case: Why a whole-person view of health matters

Mind and body are deeply connected, explains Sharon Raggio, LPC, LMFT, MBA, president and CEO of Mind

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>
> **—SHARON RAGGIO, LPC, LMFT, MBA, PRESIDENT & CEO, MIND SPRINGS HEALTH**

1 Constitution of the World Health Organization, 1946. http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=7
2 D. Bachrach, H. Pfister, K. Wallis, et al. "Addressing patients' social needs: an emerging business case for provider investment." Commonwealth Fund report, May 2014
3 B. C. Booske, J. K. Athens, D. A. Kindig, et al. "Different Perspectives for Assigning Weights to Determinants of Health." University of Wisconsin Population Health Institute paper, Feb. 2010
4 S. Goddell, et al. Mental Disorders and Medical Comorbidity, Robert Wood Johnson Foundation, Policy Brief, 2011
5 R. G. Kathol, et al. "Barriers to Physical and Mental Condition Integrated Service Delivery." *Psychosomatic Medicine.* July/August 2010 72:511-518.
6 The Un-coordinated Costs of Behavioral and Primary Health Care: An Analysis of State Studies. NASMHPD Research Institute, Inc., in partnership with the National Association of State Mental Health Program Directors, Inc. September 15, 2015.
7 R. Kleiman, S. L. Hayes, C. Churchouse. "Medical Homes May Help Improve Care for People with Mental Health Issues." *The Commonwealth Fund Blog,* April 5, 2016.

Springs Health. "People's behaviors are the single biggest contributor to their poor health outcomes."

A whole-person approach is "all about behavior change." It means engaging a person and helping that individual make changes to improve their health, whether it's a mental health condition or a chronic condition like diabetes or asthma. "Our behaviors are the only things we can control that contribute to how heathy we are—or are not."

A trifecta of challenges

Unfortunately, primary care and behavioral health providers are siloed: They typically have separate offices, are governed by different policies and regulations, and tend not to interact with each other.

Raggio cites a "trifecta" of interrelated issues that keep the two separate: Policy, financing and culture all conspire against whole-person, integrated care. Among the biggest challenges on the policy side are strict state and federal confidentiality laws. They make robust data sharing difficult. For instance, Mind Springs has long been able to *access* data on its clients' physical health, but only recently could it *share* its medication information with primary care providers. Without that data, those providers assess and act with an incomplete picture.

On the finance side, the current fee-for-service system ignores patients' behavioral needs, and provides disincentives for collaboration, communication and coordination among clinicians. Primary care providers have not been encouraged—or paid—to consult or collaborate with mental health providers within the current system's design. That has fostered a culture of treating sickness rather than supporting health.

The typical employer-based health plan "carves out" behavioral health coverage by design, excising treatment for depression, substance abuse and other issues as if they aren't associated with social, environmental or physical health factors. So, for example, the employee who becomes addicted to pain medication may have one provider prescribing drugs to treat addiction while the original provider treating pain is unaware of the behavioral health issue.

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It doesn't have to be this way.

Accessible, appropriate, integrated care

West Springs Hospital—part of Mind Springs—is the only psychiatric hospital on Colorado's Western Slope. It's also a part of the Monument Health network. Monument Health providers agree to share data and information with one another on the patient's behalf. The high-performing network also provides care coordination for patients, closing the gaps in communication that can arise among providers and ensuring patients receive the care they need.

Monument Health practices also provide whole-person, preventive care, including assessments that can identify potential behavioral health issues early. "We can get upstream and help with prevention, or support a member before it turns into something bigger," explains Monument Health CEO Stephanie Motter.

Some of the primary care practices in the Monument Health network take behavioral integration to the next level: They embed a behavioral health professional onsite. "If the primary care provider identifies an issue, the behavioral health professional is right there, ready to step into the exam room and take over the encounter, provide support and take the next steps—whatever is appropriate," Motter says.

The approach emerges from the region's collaborative culture. Mind Springs works with physicians and payers to design approaches to treat the body and mind in ways that influence behavior and honor confidentiality. They provide incentives for physicians to take a whole-person approach, Raggio says. "Everyone is at the table. Here in Western Colorado, we're really leading this change, and we're doing it together—we're not having it done *to* us. We're really having these conversations together."

Providers and payers discuss benefit design, infrastructure, desired outcomes—and a shared vision for integrated health care delivery. "The approach is about inclusivity and shared vision. That's pretty profound." It's not something she's witnessed elsewhere.

Beyond the clinic: Health is health

It's not just that the mind and the body have historically been treated separately; the locus of health has been

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Making the case: The cost of ignoring behavioral health

RAGGIO AND MOTTER POINT OUT that it's not merely the right thing to do; ensuring whole-person health is smart business.

When a patient has a mental health condition alongside a physical one, the complexity of treatment increases—and so do costs.[8] Medical conditions may lead to psychological problems, and psychological problems can impair physical health.[9] And most employers—whether they know it or not—have employees who deal with these issues. One-third of insured U.S. adults under age 65 reported a mental health issue.[10]

Depression is a common example. Working adults with depression suffer higher-than-average rates of job loss, turnover, absence and poor work performance.[11,12] Even minor levels of depression are associated with a loss of productivity.[13]

Citing Gallup data,[14] Raggio points out that untreated depression can be costly for employers as well as seriously damaging to employees. Full-time employees who were diagnosed at some point in their lives with depression missed an average of 8.7 work days annually for health-related reasons; that's 4.3 more days than other employees—and this after controlling for age, gender, income, education, race/ethnicity, region, marital status and obesity. Absenteeism directly affects productivity and the employer's bottom line; Gallup uses an estimated average cost per lost workday of $341. That, as Raggio points out, adds up.

The solution isn't more treatment: It's about treating the whole person and identifying issues "upstream" before they become costly and dangerous.

8 *2015 Health Care Value Forecast: Payers, purchasers and providers.* August 2015. Primary Care Learning Network

9 Benjamin F. Miller, Bridget Teevan, Robert L. Phillips Jr., Stephen M. Petterson, Andrew W. Bazemore. "The importance of time in treating mental health in primary care." *Families, Systems, & Health,* Vol 29(2), Jun 2011, 144-145.

10 S. B. Patten, et al. "Major depression as a risk factor for chronic disease incidence: Longitudinal analyses in a general population cohort." *General Hospital Psychiatry.* vol. 30, no. 5, 2008

11 R. Kleiman, S. L. Hayes, C. Churchouse. "Medical Homes May Help Improve Care for People with Mental Health Issues. " *The Commonwealth Fund Blog,* April 5, 2016.

12 D. J. Lerner, R. M. Henke. "What does research tell us about depression, job performance and work productivity?" *JOEM.* 2008;50:401–410

13 J. M. Woo, W. Kim, T. Y. Hwang, et al. "Impact of depression on work productivity and its improvement after outpatient treatment with antidepressants." *Value in Health.* 2011;14:475–482.

14 A. Beck, et al. "Severity of Depression and Magnitude of Productivity Loss." *Ann Fam Med.* Jul 2011; 9(4): 305–311

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splintered as well. Work, home, clinic, community—what constitutes health in each is different. Until recently, employers haven't focused on the delivery system; they've—understandably—focused on workplace health. But that's changing. Employers can align with the delivery system by encouraging employees to develop a strong relationship with a primary care provider for whole-person health.[15]

Monument Health supports that approach. "Health is health," Motter insists. What happens at the worksite, at home, in the community and in the clinic contributes to overall health. From onsite flu-shot clinics to including no-co-pay prevention and wellness services in its network products, Monument Health supports both individual member health and employers.

It all comes back to putting the individual—the patient, the community member, the employee—at the center of care and engaging them in their own care. It's about building a culture of health across the community. "This is not just some detail buried in the benefits package. This is fundamental to Monument Health's philosophy. And really, it's fundamental to whole-person health care."

15 Gallup-Healthways Well-Being Index. http://www.gallup.com/poll/163619/depression-costs-workplaces-billion-absenteeism.aspx and http://www.well-beingindex.com/

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Stephanie Motter is the chief executive officer of Monument Health, the most comprehensive clinically integrated network in Colorado. Monument Health works with health care providers to positively and fundamentally change clinical practice, payment and patient experience. Before joining Monument Health, Motter served as vice president, quality & clinical strategy at DaVita. Previously, she worked as a nurse practitioner in the Denver and Boston areas. She received her bachelor of arts in economics from Smith College and her masters of science degree in nursing from Yale University.

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Sharon Raggio joined what was then known as Colorado West in March 2008. Mind Springs Health has successfully introduced and maintained an Access and Engagement program that has brought same-day appointments to clients and accolades to the company for superlative results in treatment effectiveness and completion rates. Prior to joining Mind Springs Health, Raggio served as COO at Pikes Peak Behavioral Health Group. She holds a license as a professional counselor as well as a marriage and family therapist and has a master's in business administration.

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