

# Behavioral Health Advantage

Innovations in Our Approach to Substance  
Use Disorder Treatment and Suicide Prevention

# Learning Objectives

How Do You Work With Clients on Requests and Opportunities?

How Do You Leverage Data in the Product Development Process?

How Do You Partner With Internal and External Stakeholders?

How Do You Assess Success?

# Agenda

- Behavioral Health Advantage Overview
- Working With Clients and Members
- Current State of Behavioral Health
- Solution Development
- Measuring Outcomes
- Q&A



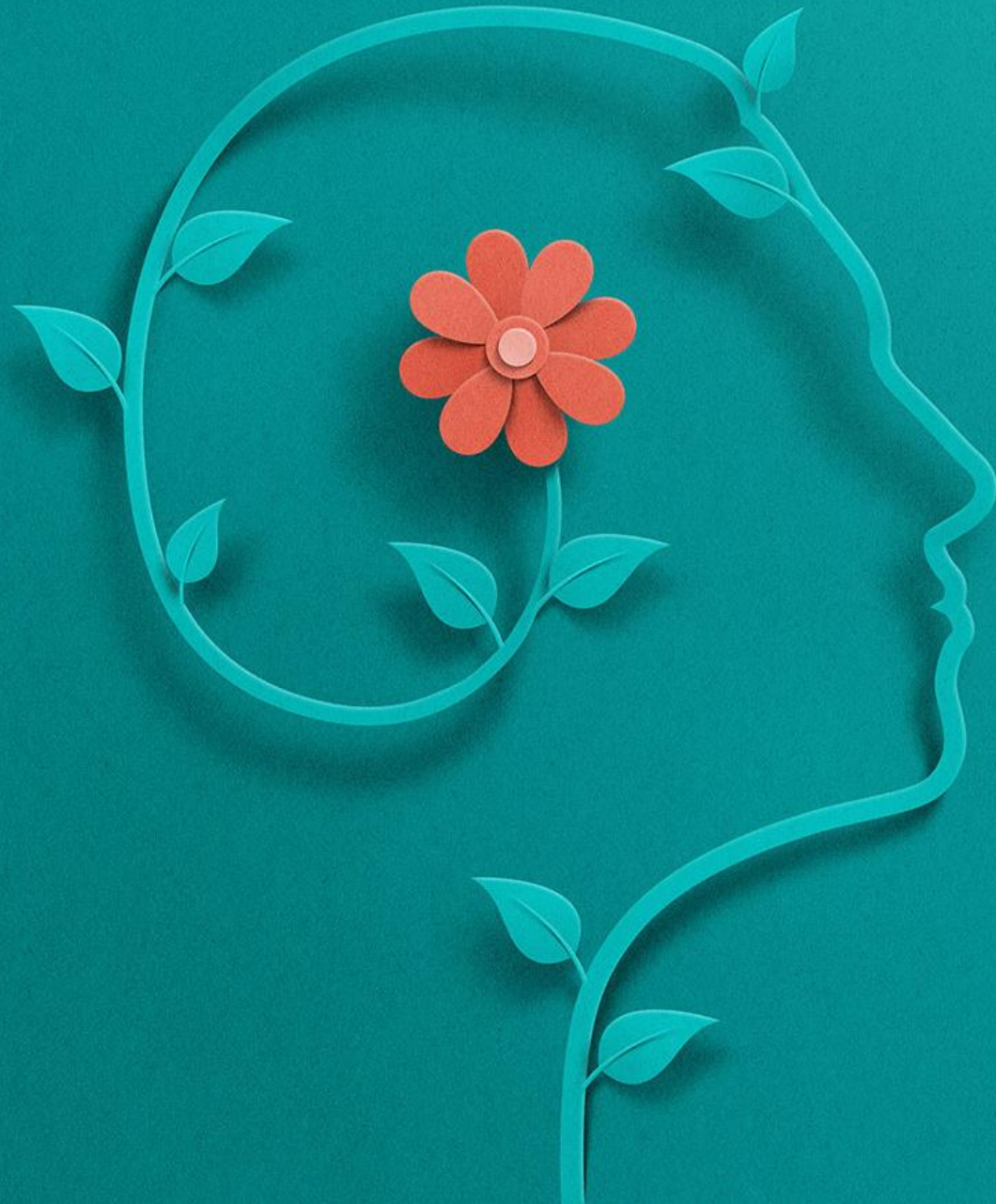
# Behavioral Health Advantage Overview

Behavioral Health Advantage is a behavioral health (BH) add-on product for administrative services only (ASO) groups with more than 51 subscribers. It includes the following enhanced services:

- Quick access to substance use disorder (SUD) appointments within 48 hours
- A 24/7 Behavioral Health Resource Center staffed with clinicians who can provide guidance and connect users to resources
- Predictive analytics and targeted engagement for members at high risk for adverse events resulting from SUD, BH issues, and suicidal ideation
- Digital tools



How Do You  
Work With  
Clients on  
Requests and  
Opportunities?



# Americans Are Facing a Mental Health Crisis

About **52.9M** U.S. adults have a mental health condition.<sup>1</sup>

Suicide is the **2nd leading cause** of death for ages 10-14 and 12th in the U.S. overall.<sup>1</sup>

Approximately **one-third** of people with a chronic physical health condition also have a BH condition.<sup>2</sup>

There's a **77% increase** in physical health spend for members with both behavioral and physical health conditions.<sup>2</sup>

BH is the **6th highest driver** of medical cost.<sup>3</sup>

About **17M** U.S. adults experience both mental illness and an SUD.<sup>4</sup>



<sup>1</sup> National Institute of Mental Health: *Mental Illness* (accessed March 2023): [nimh.nih.gov/health/statistics/mental-illness](https://www.nimh.nih.gov/health/statistics/mental-illness).

<sup>2</sup> Commercial internal data, 12 months between July 2021 to June 2022.

<sup>3</sup> Commercial internal data, rolling 12-month claims from December 2021 to November 2022, with runoff through December 2022.

<sup>4</sup> Substance Abuse and Mental Health Services Administration: *2020 National Survey on Drug Use and Health* (October 2021): [samhsa.gov/newsroom/press-announcements/202110260320](https://www.samhsa.gov/newsroom/press-announcements/202110260320).

# Identifying Challenges and Needs

We use multiple sources to identify opportunities for care improvement and outreach.

Interviews and other feedback help highlight issues, for which data provides evidence.



Member Interviews and Surveys



Client Feedback



Internal Data

- Cost of care
- Utilization
- Engagement



National and State Public Data

# Working With Clients on Requests and Opportunities

We use multiple sources to identify needs.  
Client interviews help highlight issues, which data serves to validate.

## Identifying Client Priorities

- Early identification and engagement for SUD and suicidality
- Quick access to SUD appointments
- Access to digital tools to reduce stigma in the workplace
- Whole-person care
- Business goals and outcomes

## Impact on the Workplace\*

**12 days** vs. 2.5  
unplanned absences

**\$47.6B**  
in lost productivity

## Planning and Developing Solutions

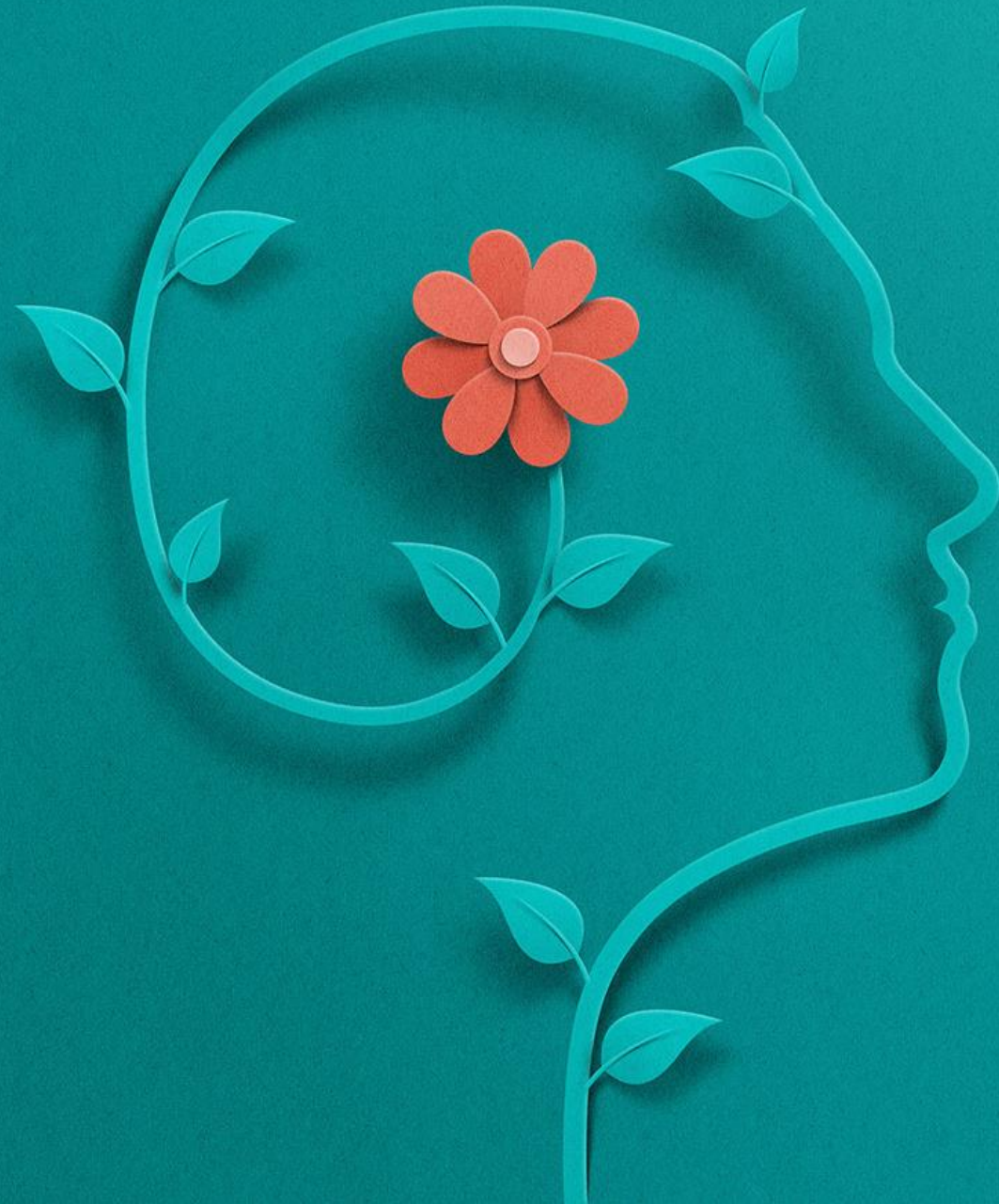
- Goal setting and communication plan creation
- Development of key performance indicators
- Ongoing meetings
- Reporting



\* Witters, D, Agrawal, S: *Economic Cost of Poor Employee Mental Health* (December 13, 2022): [gallup.com](https://www.gallup.com).

# How Do You Leverage Data in the Product Development Process?

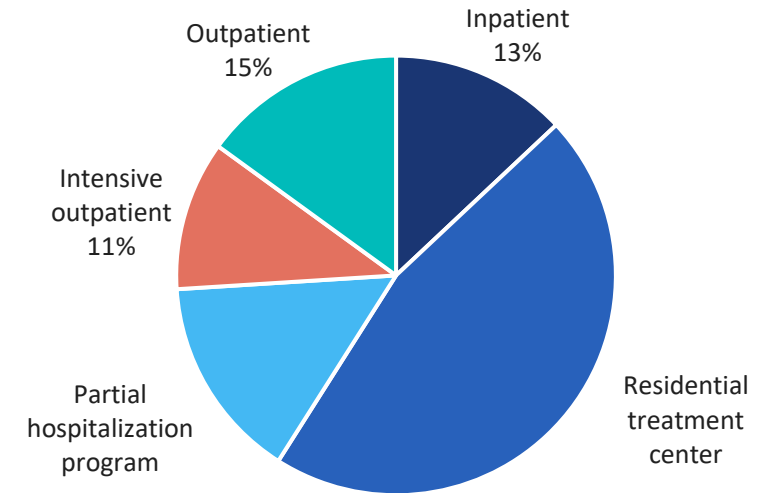
Impact of Cost of  
Care, Diagnostic  
Groups, and MAT



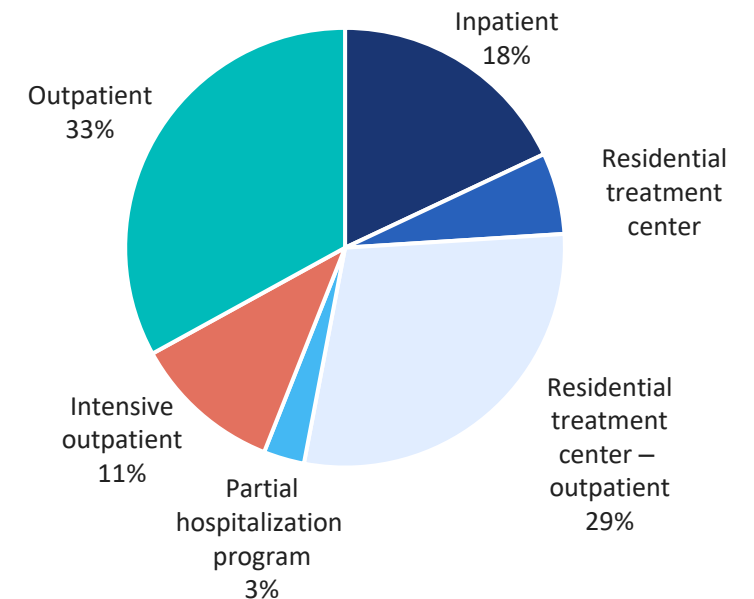
# Cost of Care Across Lines of Business – All States

- The combined share of residential treatment centers and inpatient care solutions covers more than 50% of the spend for Medicaid members and 59% for Commercial members.
- The evidence indicates a lack of effectiveness for residential treatment centers.
- We need to build solutions that drive members to outpatient programs and resources.

% of SUD Spend per Service:  
Commercial



% of SUD Spend per Service:  
Medicaid



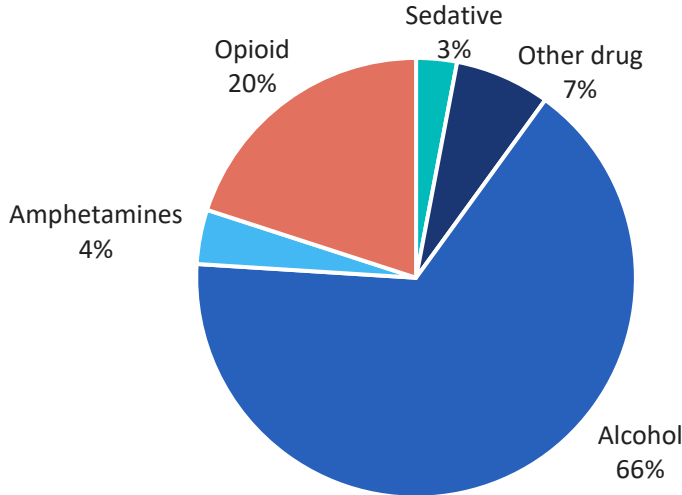
Source: Internal data, 2021-2022.

# Breakdown of Diagnostic Groups

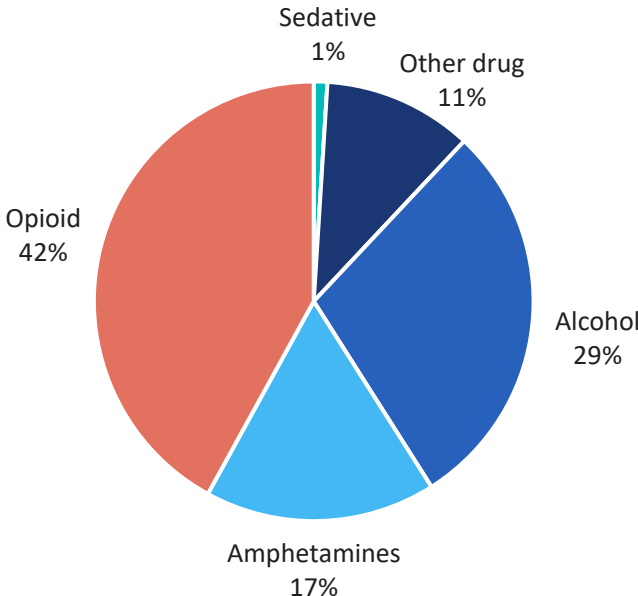
Alcohol accounts for the largest portion of BH spend for Commercial, with Northeastern states having higher alcohol spend. For Medicaid, opioids represent the largest portion of BH spend.

- With Medicaid redeterminations coming up as the health emergency ends, we need to plan how to absorb this membership into Commercial.
- Our solutions need to cover alcohol and opioid care.

% of SUD Spend per Diagnosis Group: Commercial



% of SUD Spend per Diagnosis Group: Medicaid

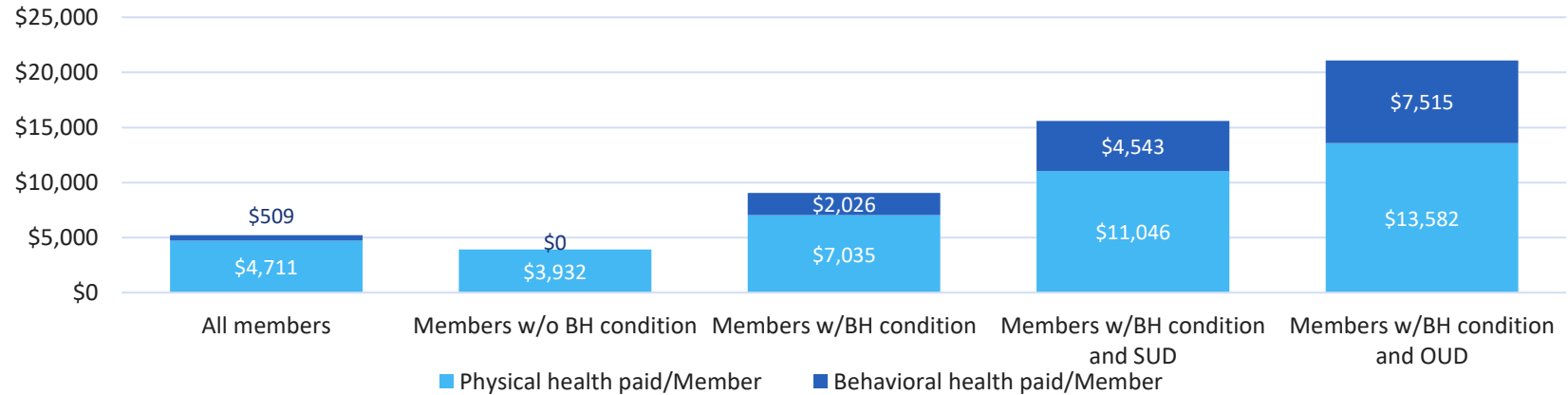


Source: Internal data, 2021-2022.

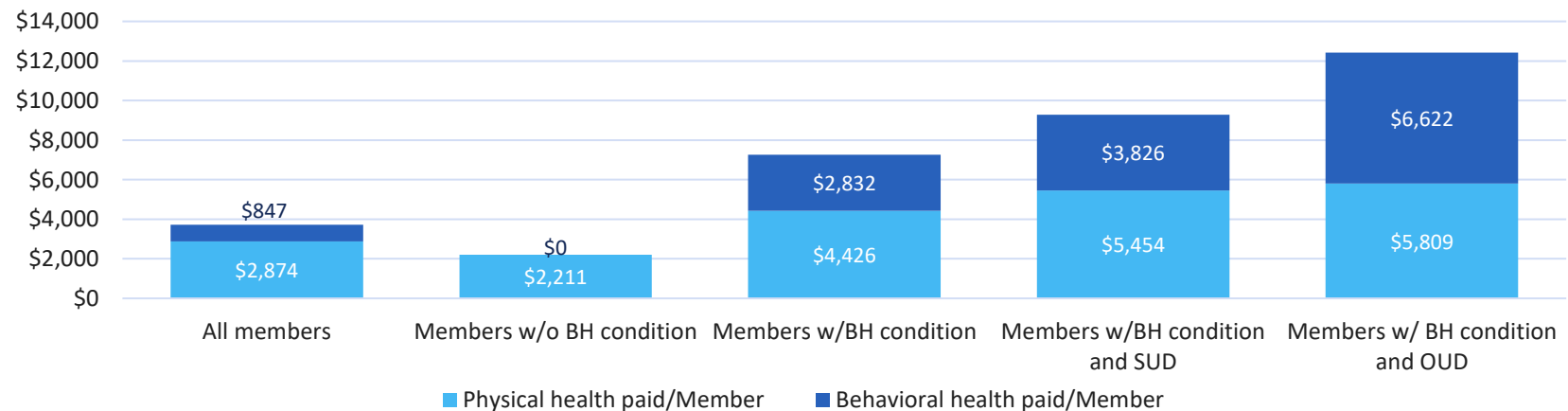
# Cost of Care Across Lines of Business

- The cost of medical treatment doubles for members with a BH condition – and triples for members with an opioid use disorder (OUD) (especially intravenous users).
- Our solutions must incorporate a strategy to integrate physical and behavioral healthcare.

## Total Cost-of-Care Comparison for Members With a BH Comorbidity: Commercial

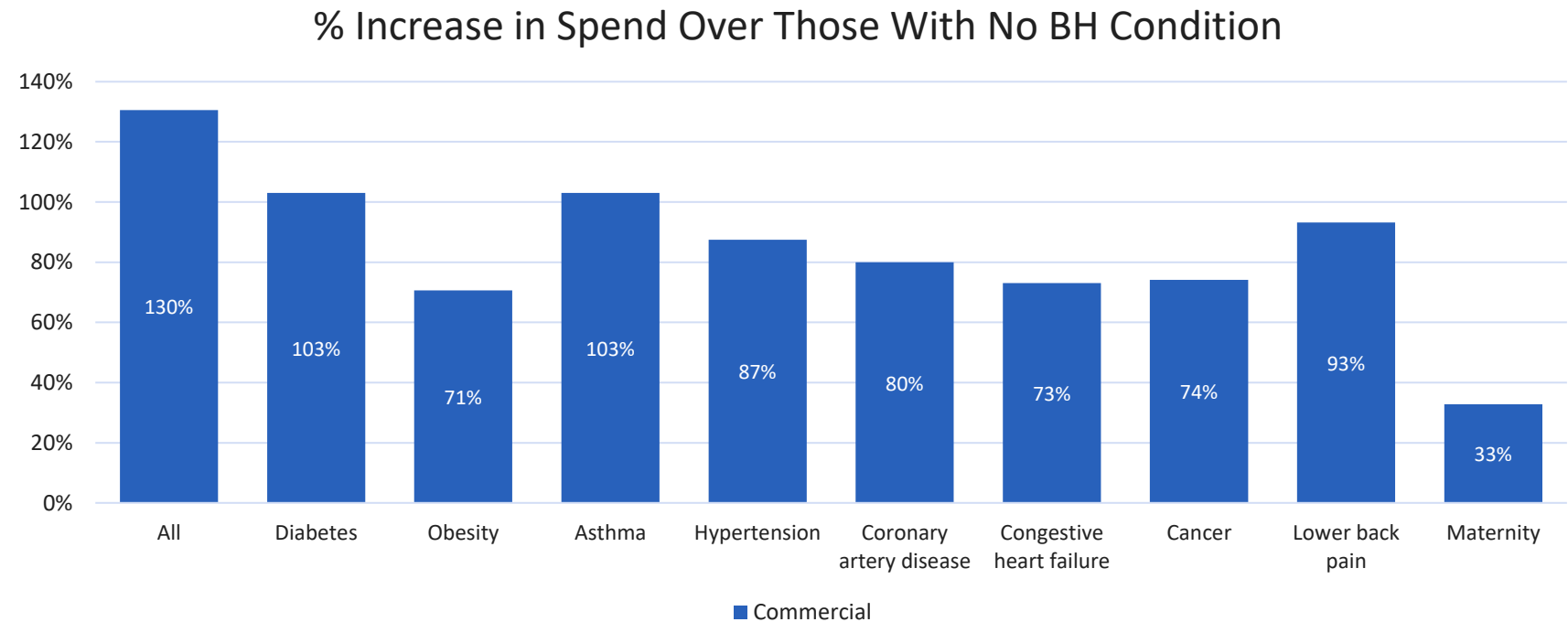


## Total Cost-of-Care Comparison for Members With a BH Comorbidity: Medicaid



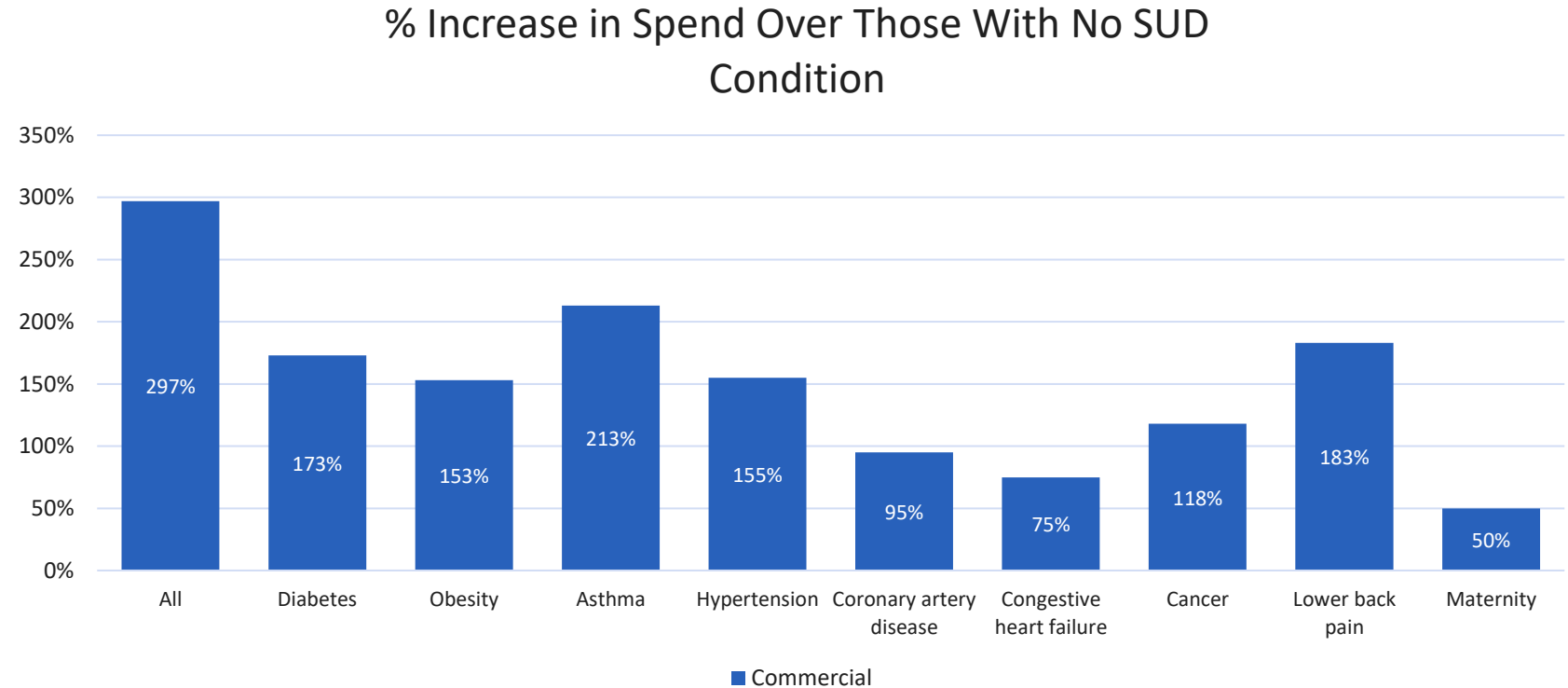
# Total Cost-of-Care Comparison for Members With a BH Comorbidity

BH conditions significantly increase overall healthcare spend compared to healthcare spend on members who do not have a condition.



# Total Cost-of-Care Comparison for Members With BH and SUD Comorbidities

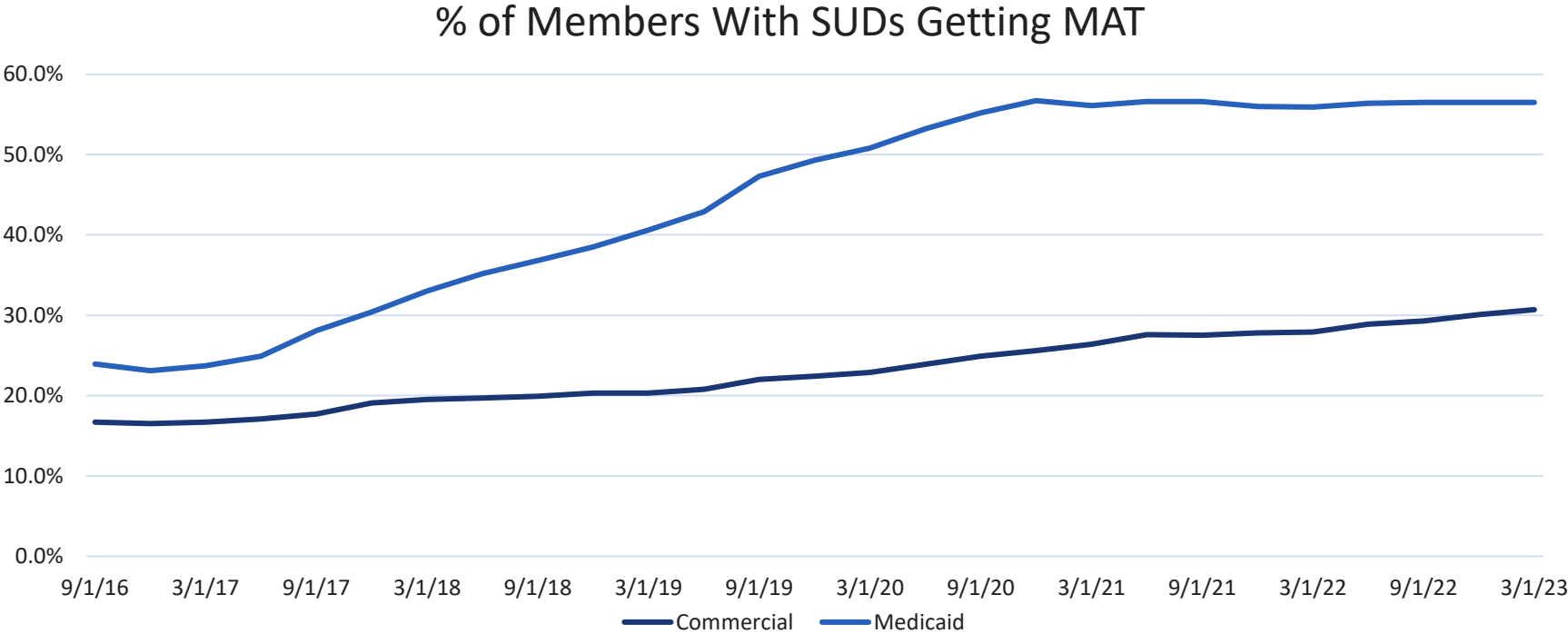
SUD conditions significantly increase overall healthcare spend compared to healthcare spend on members who do not have a condition.



# Utilization of Medication-Assisted Treatment

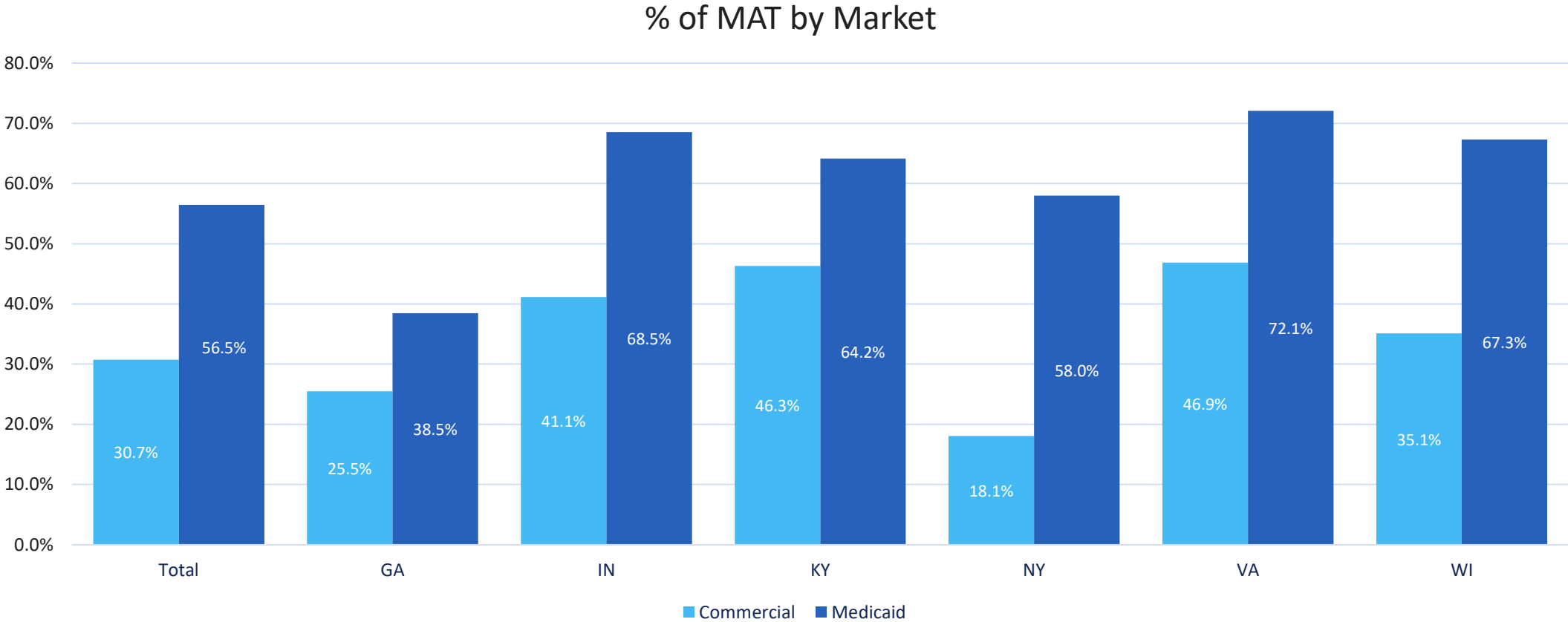
Higher utilization of medication-assisted treatment (MAT) leads to improved outcomes.

Commercial typically sees a slower increase in adoption due to the stigma around treatment.



Source: Internal data (accessed May 2023).

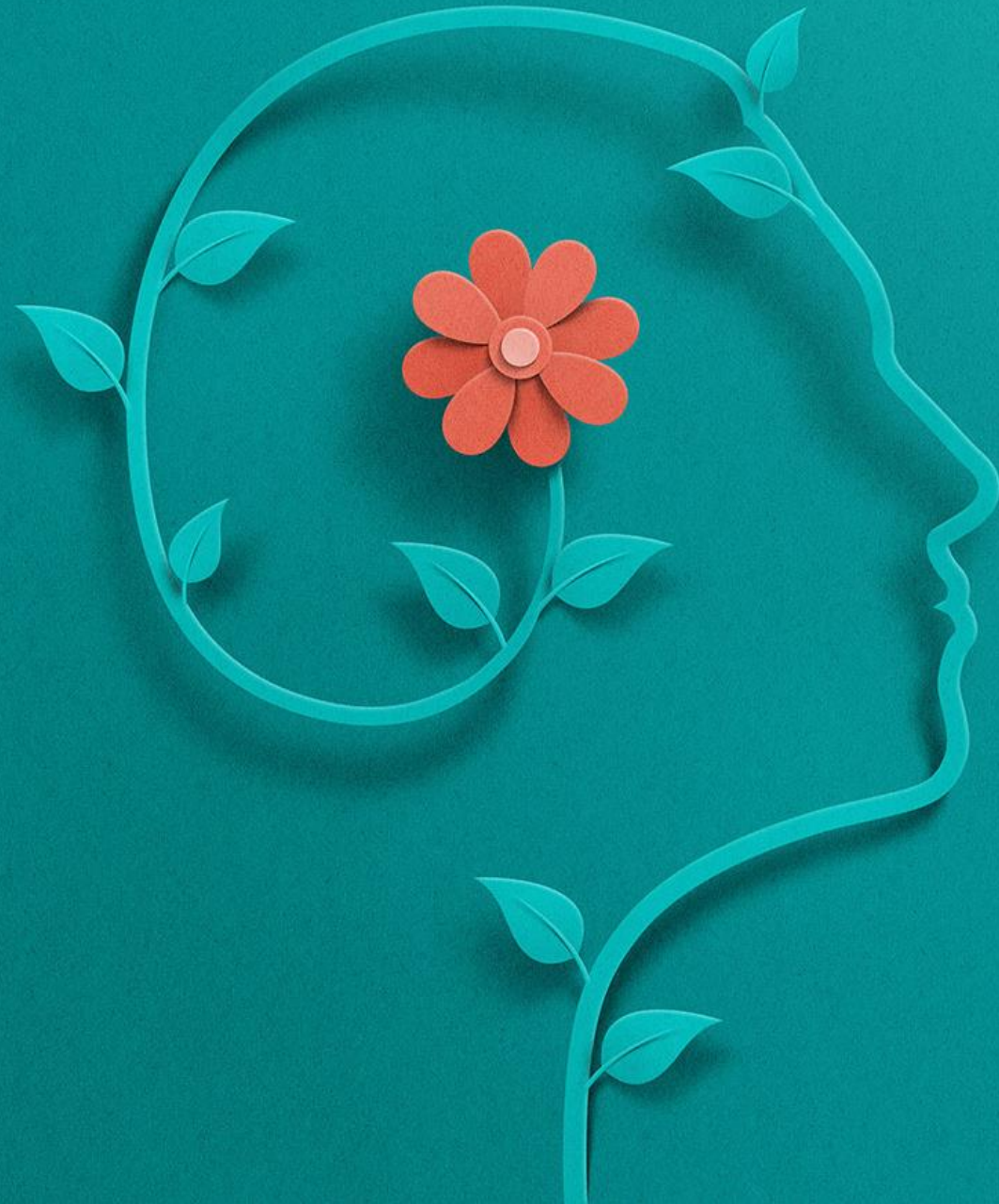
# Utilization of Medication-Assisted Treatment



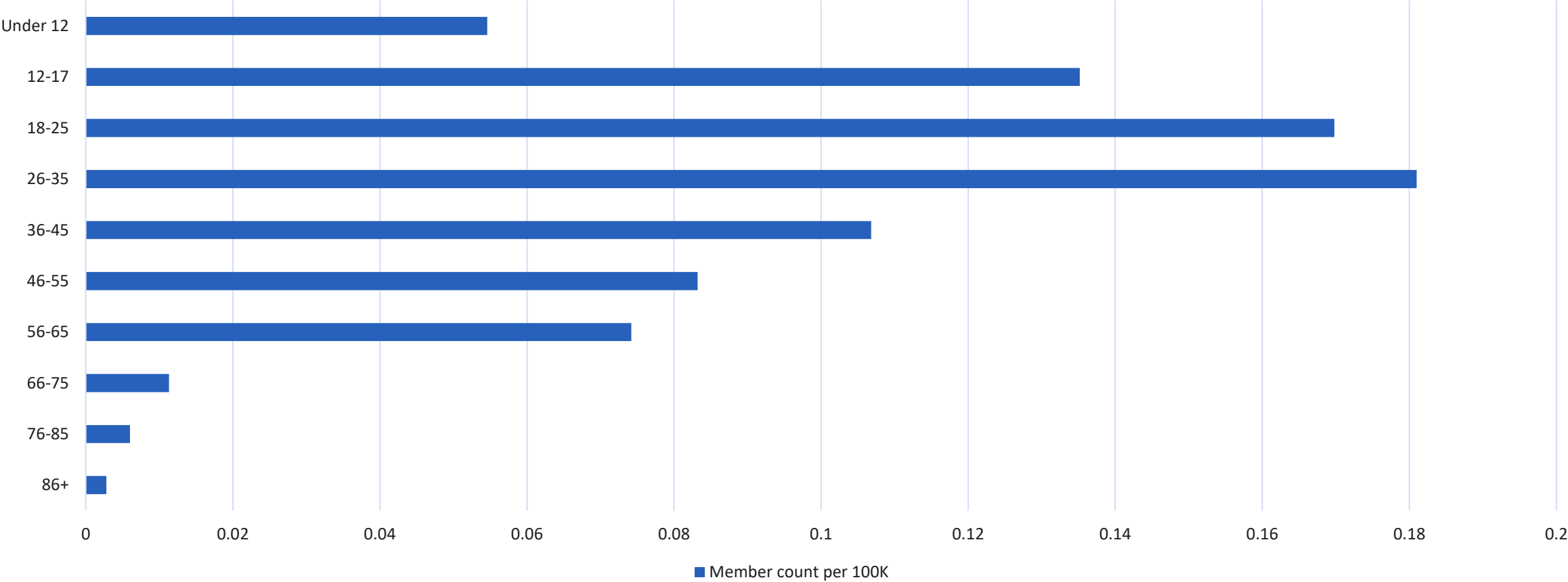
Source: Internal data, 2022.

# How Do You Leverage Data in the Product Development Process?

Impact of Critical and Suicide Events

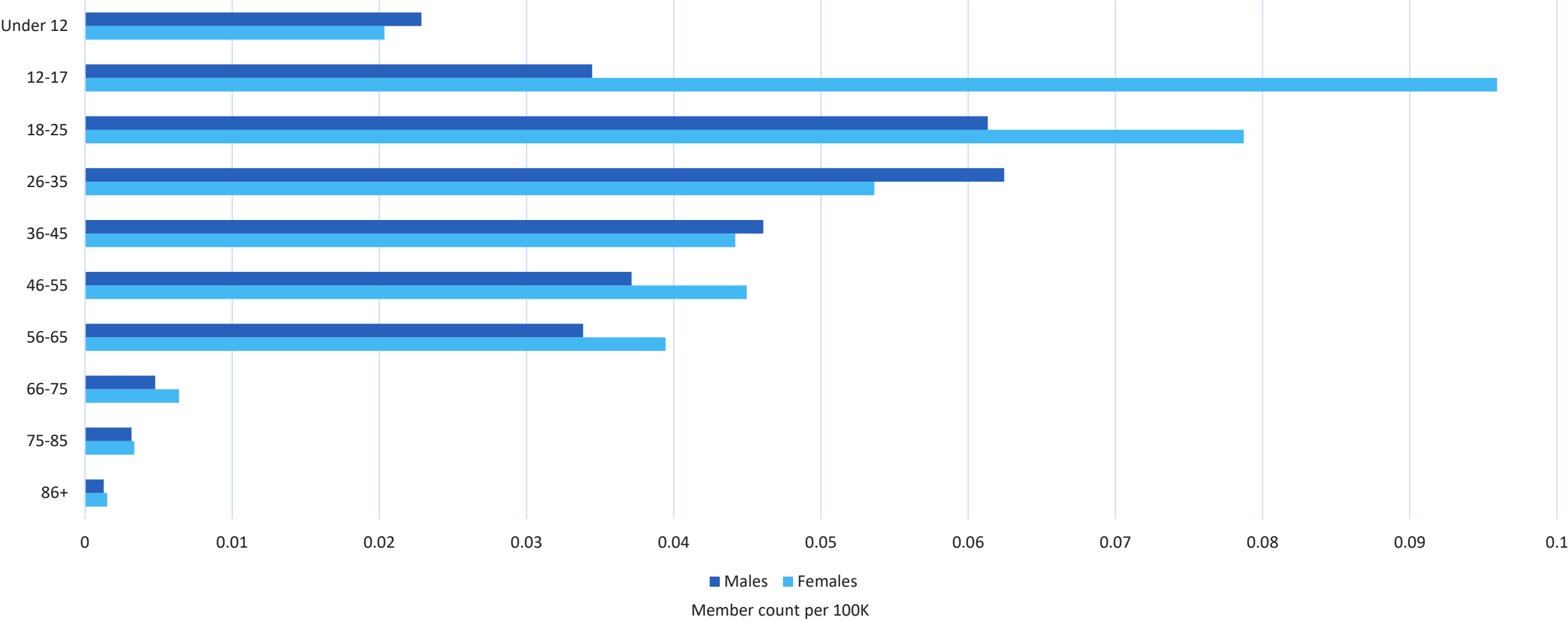


# Members With Critical Events by Age Group – Commercial



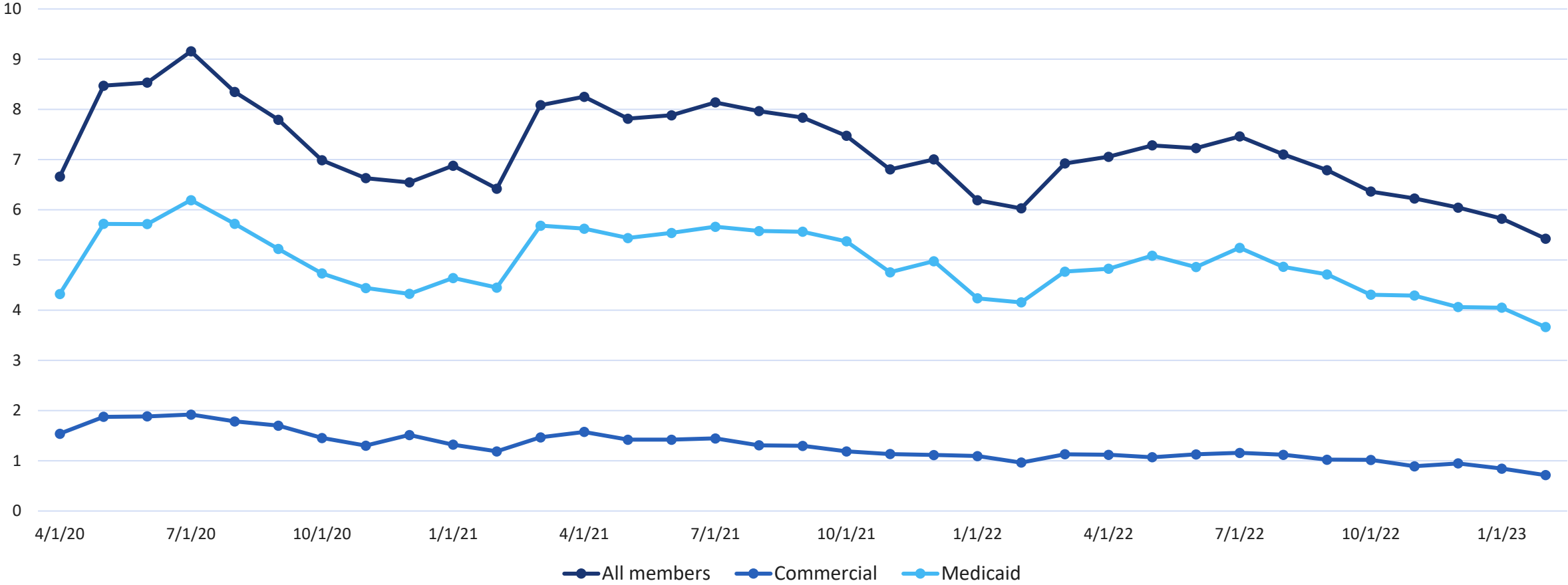
Source: Internal data, 2022.

# Members With Critical Events by Age Group and Gender – Commercial



Source: Internal data, 2022.

# Members With Critical Events by Line of Business – Opioid Overdose

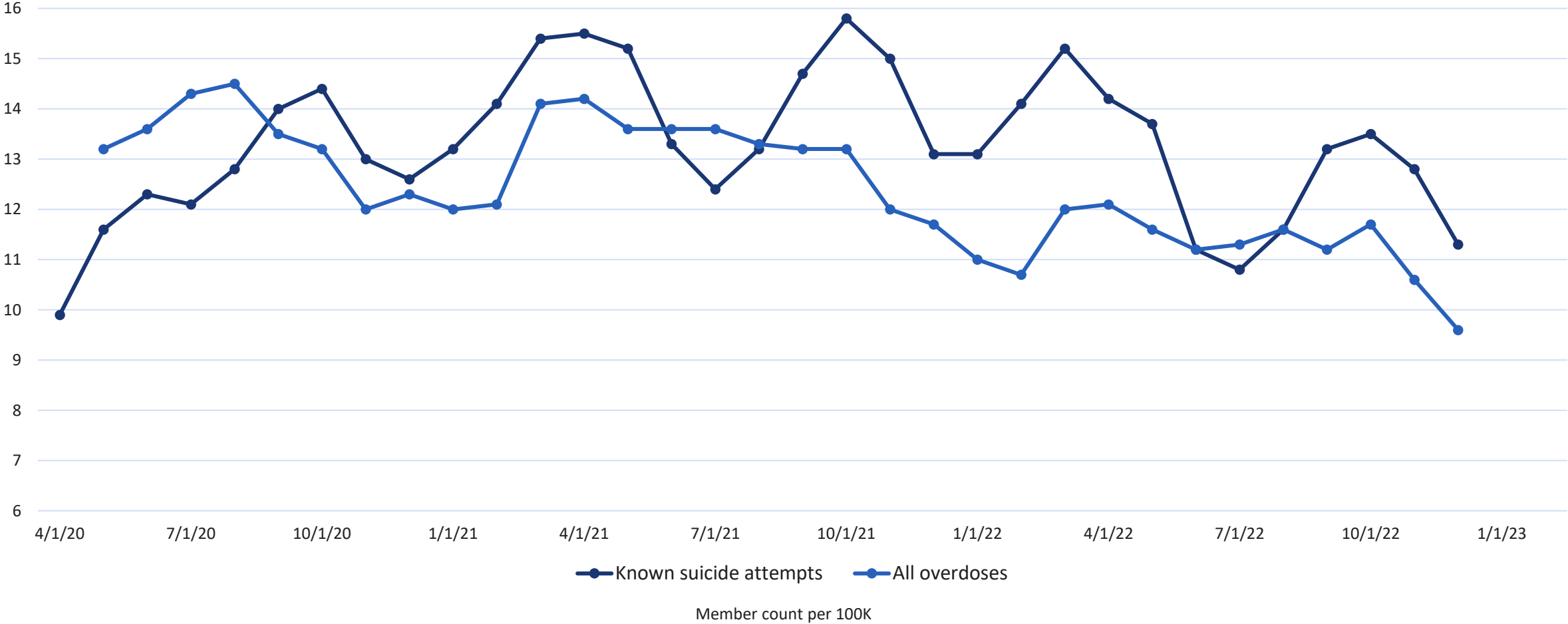


Opioid-overdose count per 100K by line of business



Source: Internal data (accessed May 2023).

# Members With Critical Events – All Overdoses and Known Suicide Attempts



Source: Internal data, 2020-2022.

# Key Takeaways

- Overutilization of out-of-network residential care remains a challenge in the Commercial space.
- Substance use drastically increases total medical spend, including for medical conditions. Despite the increasing utilization of MAT, SUD remains a persistent medical issue.
- Suicide remains a critical threat, especially for young people. While our data shows a decrease in the overall number of suicides/critical events, we remain highly vigilant in monitoring and engaging members at risk.



# How Do You Partner With Internal and External Stakeholders?



# Solutions in the Development of Behavioral Health Advantage

- A better digital experience and customized content to reduce stigma in the workplace
- More whole-health support
- SUD targeted engagement
- Predictive analytics
- Care management integration for both behavioral and physical health conditions
- Suicide prevention program



# Build vs. Buy – Considerations

Core Competencies and Ownership of Key Areas:



One-time investments  
and ongoing costs



Speed to market



# Suicide Prevention

Predictive analytics for a suicidal event in the next 12 months; 5 months prior to a suicide attempt

Members stratified into risk categories to prioritize outreach

Results: 50% reduction in suicide attempts over 6 months<sup>1</sup>

# Substance Use Disorder

Predictive analytics and engagement

Members get single point of contact to help manage BH, physical health, and substance abuse needs, as appropriate; concerns around social drivers of health also addressed

Quick access to SUD appointments

Results for Medicaid: 63% reduction in hospitalizations; nearly 40% decrease in overdoses<sup>2</sup>



<sup>1</sup> Internal Suicide Prevention Program data, 2021-2022.

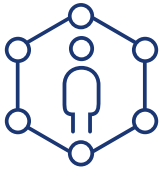
<sup>2</sup> Internal RISE Program report, 2021-2022.

# How Do You Assess Success?



# Measuring Outcomes

## Four Goals:



Access



Quality of Care



Provider Experience



Patient Experience

We have the capabilities to merge these goals efficiently.



## Key Performance Indicators

- Engagement
- Net Promoter Score<sup>®</sup> and member satisfaction
- Reduction in the utilization of higher levels of care
- Increase of outpatient and intensive outpatient care
- Suicide intervention – saving lives by reducing overdoses
- Impact on members' lives – helping eliminate adverse effects
- Total cost-of-care impact/return on investment

# Success Story: Meet Tyrone

## Background

- 45-year-old male
- Full-time IT professional
- History of endocrine disorder, hypercholesterolemia, generalized anxiety disorder, bipolar II disorder, and polysubstance use
- Reported history of weight-training accident, resulting in connective tissue damage and ongoing chronic pain

### Member Experience

#### Contact/Admission

The member or provider is contacted by a RISE team associate.

#### Engagement/Support

- A case manager (CM) performed a full psychosocial assessment.
- The CM discussed the management of BH conditions with the member and shared additional BH resources.
- The CM advocated for the member through healthcare rounds and discussions with pharmacy about medication access.

#### Progress/Success

- The member gave information about his opioid use and the strain it placed on his marriage.
- His CM provided Narcotics Anonymous meeting resources.
- The member reports attending meetings, connecting to his sponsor, and improving his relationship with his wife.
- The member's MAT has been adjusted.

### Analytics Support

#### Predictive Analytics

RISE members are identified through a targeted predictive analytic algorithm that identifies those at high risk of experiencing a negative health outcome related to alcohol, opioid, sedative, or stimulant use.

#### Outcomes

- 20% reduction in the total cost of care through:
  - Fewer emergency room and urgent care visits
  - Greater access to services addressing chronic conditions
- 90% contact rate for identified members
- 20% engagement rate for contacted members



Improved Health



Note: Name and demographic information have been changed.



# Suicide Prevention: Meet Nate

Nate was struggling with depression, anxiety, and suicidal ideation.

## Background

- 14 years old
- Major depressive disorder, anxiety
- Transgender male
- Thoughts of self-harm, at times becoming risky
- Impacted by negative relationship with father

## Our Response

- Education about depression, anxiety, coping skills, and creating a safety plan
- A list of in-network psychologists, support groups, and resources to help them reach identified goals
- Outreach with their mother to help her obtain services and resources for herself

## Value to Nate

Feeling hopeful:  
Member is getting involved in hobbies and doing better in school.

Family dynamic:  
Member and their mother established a set time to talk, which has improved their relationship.

## Outcomes

- Member feels empowered and hopeful.
- Member has a safety plan to address suicidal ideation.
- Member feels supported by family.



