



No Health without Mental Health  
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## ONE STOP SHOP:

### MENTAL HEALTH CARE AT OUR MEDICAL DOCTOR'S OFFICE

Post pandemic, the vast majority of Americans will continue to go to medical settings such as our primary care doctor's, for our healthcare. The COVID pandemic is teaching us the critical need to reach out into these medical settings and provide mental health services as well. With increased use of telehealth, we have an expanding opportunity to get mental health services to all those who don't want to, or cannot, go to specialty mental health settings. Below the issues and how to achieve this goal.

- I. Current health system problem: divided medical and mental health worlds
- II. Establishing patient-focused integrated physical-mental care is key
- III. Recommendations for change

#### I. A Divided World:

Our current U.S. health system splits up medical and mental health care delivery. Currently, if you are a patient with a general medical illness, you are evaluated and treated in a physical health setting such as a primary care clinic/office, or medical ER, or medical hospital. Mental health problems generally go un- or under- treated in these medical settings, since medical doctors are not trained in med school to treat mental health problems, so they "refer out" patients to mental health specialists.

If you are a patient with a mental health problem, you are usually referred out by a medical doctor to a specialty mental health setting such as a psychiatrist's office, community mental health center, inpatient psych hospital, etc. And oftentimes, the post-referral communication and coordination between doctor and mental health specialist on the patient's status is sketchy at best or totally lacking at worst. Result is patients "falling through the cracks" of care.

This lack of treatment of mental health issues in our medical doctor's office creates a very costly situation in both *human and economic* terms. Firstly, our mental health issues receive no effective treatment, thus negatively impacting our total health, our functionality in daily living, our career prospects and even our lifespan. Secondly, untreated mental health conditions in the general medical setting drives up *medical* expenditures, causing delays or preventing physical illness improvement or recovery, and impeding the patient's ability to do self-care as part of their medical treatment plan.

This divide also entails very damaging follow-on social and economic costs to our society such as lost productivity, absenteeism, lost educational opportunities, incarceration, etc. Milliman, the highly respected national actuarial firm, in 2018 computed the cost *savings* to society of \$37-\$67 billion annually, across Medicare, Medicaid and commercial health plans, *if* medical and mental health care were to be integrated (see Appendix B).

## II. Patient-Centered Integrated Care is the Key:

Integrated care, in which mental health conditions are addressed in the general medical office, is already being implemented across the U.S. in many places (mostly in large, sophisticated health systems like Mayo, Kaiser Permanente, etc). But small/medium medical practices must also integrate care. There is robust data that it will improve health outcomes both physical and mental.

While integrated care may look different in different medical offices, depending on a variety of factors (see Appendix A), most important of which are the particular care needs of that practice's patient population; practice resources etc there are certain core elements of integrated care which patients will begin to see in their medical clinics. These changes are considered core since they have been proven effective in actually improving patient health outcomes. The main changes integrated care are:

- \* inventorying of the entire patient populations' needs, medical and mental
- \* surveying all patients to identify mental health concerns, e.g. using the PHQ-9
- \* care delivered by care *teams* made up of medical doctors, mental health professionals etc
- \* common electronic health record used by care team to track patient progress
- \* single treatment plan developed and followed by the care team and patient
- \* adjustments made to care plan if no improvement (no more "falling through cracks")
- \* protocols between MDs and BHPs for communicating and coordinating on patient's care
- \* care team located in same location or connected via telehealth
- \* care team linked to local community resources e.g. transportation, housing issues etc

For patients, integrated care will look like wraparound, organized, communicating, tech-supported care encompassing both medical and mental health treatment.

## III. Recommended Changes:

The following recommended changes are needed to improve patient health outcomes and lead to healthcare cost savings:

- physicians and insurers make mental health benefits part of medical health plans
- elected officials pass legislation giving medical doctors financial supports and incentives to introduce core elements of integrated care, with Medicare and Medicaid rule changes
- patients support for integration of alcohol and drug treatment in medical offices, e.g. primary care-based buprenorphine clinics; physical health, alcohol detoxification and rehabilitation services; and SBIRT (short intervention and referral to treatment).
- NIH prioritize funding of research for additional models of integrated care
- medical and mental health professions call on graduate medical and nursing education to provide integrated care training