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*Center for Policy
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A New Generation of Behavioral Health Coverage: Perspectives from Interviews with Medical Leaders

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OVERVIEW

A decade after enactment of the Mental Health Parity Act of 1996, Congress is again considering the issue. Today's discussion is occurring in a new environment. Effective new treatment strategies have transformed the practice of behavioral health care, and health insurance plans are using a new generation of tools to promote optimal care. Health plans offer customized programs to encourage members to use effective care on an ongoing basis. They provide a variety of flexible benefit options for members, and they use advanced information systems to communicate with behavioral health practitioners about best practices.

AHIP recently explored these trends in a series of telephone interviews with medical leadership at nine member companies and gathered additional data from one of these companies, a large national behavioral health insurance plan. This issue brief reviews key findings from our discussions and data analysis.

HEALTH PLANS OFFER A RANGE OF NEW PROGRAMS AND TOOLS

Health insurance plans have developed a variety of new behavioral health initiatives as part of ongoing efforts to promote effective, evidence-based care.

Key components of these initiatives include:

Employee Assistance Programs. Employee assistance programs (EAPs) help people balance work and family by guiding them to services such as child and elder care, family counseling, behavioral health and substance abuse treatment, legal and financial assistance, adoption planning, and parenting support. Employees use a toll-free telephone

number to contact EAP professionals, who assess their needs on a confidential basis and link them with the organizations best suited to meet their needs in a timely manner.

Web-Based Tools. Health plans have enhanced their Web sites with interactive tools to help members learn about behavioral health conditions and treatment options and find health care practitioners in their communities. In some cases, individuals may access online tools to determine if they should seek additional assessment for behavioral health conditions.

Web-based tools can be particularly useful in encouraging individuals to seek treatment for behavioral health conditions, because information about symptoms and treatments is provided in an anonymous way that protects individuals' confidentiality.

Medication Reminders. As part of many health plans' behavioral health programs, members receive phone calls or mailed reminders encouraging them to take prescribed medications for behavioral health conditions. In addition, health insurance plans use reminder messages to provide information about the benefits and potential side effects of medications and encourage patients to follow up with physicians if they have specific questions or concerns.

Health Coaching. Health insurance plans often offer individuals the opportunity to consult regularly by phone with health coaches, who are nurses, social workers, dietitians, and other professionals.

Health coaches help patients identify their medical and behavioral health care needs, set goals to improve their health (e.g., by taking medications, using relaxation or meditation techniques, eating healthy foods), and they provide support and encouragement to help patients achieve their goals.

Health coaches may link patients to specific services such as transportation, child care, and financial assistance to help them overcome barriers to care. Coaches also may work with physicians to help implement treatment plans and provide follow-up with patients to ensure optimal care.

Health coaching also may be offered as a wellness benefit, so that individuals can enroll in programs to help them quit smoking, lose weight, exercise regularly, and reduce stress.

Case Management. Many health insurance plans provide case management services for individuals with significant health needs (e.g., members with serious mental illness such as schizophrenia, individuals who have been hospitalized for behavioral health conditions, and people with multiple medical and behavioral health conditions). In these programs, patients are paired with case managers who coordinate the medical, behavioral health, and social services they need.

Like health coaches, case managers help patients set and pursue goals for improving health and provide support and guidance that individuals need to overcome barriers to care.

The behavioral health initiatives described above are helping patients access treatment and follow recommendations for effective care. As a result, individuals have fewer symptoms, increased productivity, and fewer trips to the hospital.

HEALTH PLANS ADD NEW COVERAGE OPTIONS TO PROMOTE FLEXIBILITY AND EFFECTIVE CARE

Many health insurance plans are working with employers to offer flexible benefit plans and promote access to the latest, most effective treatments and care settings.

Covering Treatments Provided in New Settings. A decade ago, behavioral health care was typically provided either in the hospital or a therapist's office. Individuals discharged from hospitals who lacked sufficient support systems sometimes were readmitted multiple times for inpatient care. Over the past few years, a broad range of care options have emerged to improve patients' quality of life and help them maintain the highest possible level of self-sufficiency.

In conjunction with these changes, health plans are offering coverage for behavioral health services provided in a variety of treatment settings:

- *Residential treatment facilities* provide a variety of services on an inpatient basis, including individual, group, and family therapy, vocational counseling, and consultation with health care providers about treatment options. Such facilities may be units within psychiatric hospitals or freestanding inpatient facilities where individuals stay overnight. Some residential treatment facilities specialize in addressing specific behavioral health conditions, such as substance abuse, eating disorders, and adolescent psychiatric conditions.
- *Partial hospitals* provide the same types of services as those offered in residential treatment facilities, but patients do not stay overnight.

- Individuals attend *intensive outpatient programs* for a few hours each day for individual and group meetings, often to address issues such as eating disorders and substance abuse.
- Individuals receive both medical and behavioral health care in *primary care physician (PCP) offices*. The chief executive of one large behavioral health insurance company estimated that 85 percent of behavioral health conditions are being addressed by primary care physicians, who write approximately 80 percent of prescriptions for antidepressant medications.

To promote high-quality behavioral health care in primary care physicians' offices, health insurance plans are providing information and support to PCPs on effective strategies for diagnosis and treatment of depression and other behavioral health conditions.

Primary care physicians are well-positioned to diagnose behavioral health and substance abuse conditions early, allowing patients to receive timely and effective treatment and avoid emergencies. Some PCPs employ social workers in their offices to help members address behavioral health issues.

Streamlining Administrative and Communication

Procedures. Besides covering care delivered in new treatment settings, health insurance plans are using sophisticated information systems to provide automatic, online approval for outpatient behavioral health visits. These systems make it easier for patients to visit therapists on an ongoing basis as needed.

Health insurance plans also have implemented new communications systems to facilitate information-sharing with providers on best practices. Health insurance plans continuously gather data on the most effective sequencing of medications and therapies for patients who do not respond to initial treatment and share this information with physicians and therapists to promote optimal care.

If a patient does not show improvement in the treatment process, health plans may contact his or her behavioral health care practitioner to discuss effective new medications or other treatment strategies. If needed, health insurance plan staff may offer the member additional support and assistance, such as the opportunity to work with a case manager.

This communication and feedback process can be particularly helpful in light of the finding, cited by the medical director of one large health insurance plan, that an estimated 40 percent of patients receiving behavioral health services do not respond to the first medication they try.

Helping Members Make the Most of their Behavioral Health Benefits. Health insurance plans seek to ensure continuity of care for patients who need outpatient care on an ongoing basis. As part of this process, health plan staff help members maximize the value of their benefits by:

- *Allowing exchange of inpatient days for additional outpatient visits.* Some health insurance plans allow patients to exchange a specified number of covered hospital days for additional outpatient visits. Alternatively, some plans may specify a total dollar amount that members can use for a combination of inpatient, partial hospital, and residential treatment programs.
- *Linking members in need with programs that can provide care at low or no cost.* When members need extensive and ongoing outpatient care, health plans also can help them find behavioral health practitioners who bill for services on a sliding scale. Members can begin treatment with these practitioners on an insured basis and continue to access care for as long as needed regardless of coverage status.

HEALTH PLANS PROVIDE SUPPORT SERVICES TO MEMBERS WHO EXHAUST BEHAVIORAL HEALTH COVERAGE

In light of health plans' efforts to ensure continuous coverage and care for individuals with behavioral health conditions, it is not surprising that the proportion of members who exhaust their behavioral health benefits is extremely small:

According to data from one national behavioral health insurance company with more than 10 million covered lives, 0.005 percent of members with depression, 0.05 percent of members with substance abuse, and 0.03 percent of members with bipolar disease who used behavioral health services in 2005 exhausted both their inpatient and outpatient behavioral health benefits (see table below).

LIKELIHOOD OF EXHAUSTING AVAILABLE BENEFITS, BY SELECTED PRIMARY DISORDERS			
	Percent of Covered Lives Exhausting Benefits		
	Inpatient Benefits	Outpatient Benefits	Both Inpatient and Outpatient Benefits
Primary Disorder			
Depression	0.04%	1.52%	0.005%
Bipolar Disease	0.20%	1.79%	0.03%
Substance Abuse	0.15%	1.53%	0.05%
Data were provided by a national behavioral health insurance company with more than 10 million covered lives for calendar year 2005.			

In the rare instances when an individual exhausts behavioral health coverage during a plan year, health plans continue to offer:

- *Health coaching and case management* to help members achieve goals for improving health.
- *Guidance* to help members find support groups and publicly funded behavioral health programs.
- *The opportunity for members' health care practitioners to confer with health plans' behavioral health experts* to discuss options for effective care.
- *Access to Web-based tools* to help members and their families understand behavioral health conditions and locate health care practitioners.

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This report was written by Ellen Bayer, Director, Special Projects at AHIP's Center for Policy and Research, based on interviews with medical executives of nine member companies as well as detailed data from a large national behavioral health insurance plan.

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