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. 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.
  - Between 2020-2021, the suicide rate increased by 4%.
- 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.

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.
- In 2013 alone, mental disorders topped the list of most costly conditions, with spending at $201 billion.
- 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.
- 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.

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
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.**

- Suicide thoughts, plans, and attempts were more common among lesbian, gay, and bisexual adults compared to heterosexual adults, and in one study **between 30-50 percent of transgender adolescents reported engaging in suicide behavior.**

- **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.

- Suicide rates are higher in non-metropolitan/rural communities, compared to urban areas. In 2017, the suicide rate for the most rural counties was nearly twice the rate for the most urban counties.

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Primary Care is Key to Meeting Patient Need

- Primary care is a key strategy to address patient need for behavioral health services. According to one study, roughly 80 percent of patients with a mental illness visited a primary care provider within the last year.

- 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.
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 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. A recent RCT of the PCBH model found improvements in coping strategies, adherence to treatment and patient satisfaction.

The Case for Integrating Behavioral Health into Primary Care

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.

- Integration of behavioral health services into primary care clinics may help reduce mental health disparities for Latinos and Black populations.

- 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.

- One microsimulation of financial implications found that practices adopting the collaborative care model gained net revenues.

- 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.
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

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