

## Total Patient Care: Integrating Behavioral Health to Improve Population Health

The relationship between physical and behavioral health when considering population health management requires effective, collaborative and thoughtful measures to best serve patients – and society.

This notion is certainly not new. In 1954, Inaugural World Health Organization President Dr. Brock Chisholm highlighted this sentiment stating, “Without mental health there can be no true physical health.” Dr. Chisholm’s words were revolutionary at the time and remain pertinent today – we must focus on effectively uniting physical and behavioral health needs when addressing both individual and population health management.

Consider the strong correlation between physical and behavioral health needs: 29 percent of adults with a medical condition have a behavioral health condition, while nearly 70 percent of behavioral health patients have a significant medical co-morbidity.

And yet, our healthcare system has traditionally focused on medical-surgical care and not nearly enough on integrating critical behavioral health services, particularly in the early intervention stage. This leads us to a crucial question: What are the prevailing barriers to incorporating behavioral health on a large scale?

### Incidence, Complexity, Treatment Gaps and Fragmented Care

Challenges such as the escalating opioid crisis and increasing suicide rates tragically illustrate the importance of recognizing the bidirectional relationship between physical and behavioral health needs.

A growing body of clinical research confirms that a person diagnosed with a chronic physical medical condition (e.g., heart disease or diabetes) is twice as likely to have a chronic behavioral health illness. The converse is even more pronounced: 70 percent of patients with behavioral health diagnoses have a physical co-morbidity. Patients with chronic medical conditions are more likely to suffer from substance abuse or other behavioral health conditions and have overall lower life expectancies.

Whether the prevailing balance of medical need is acute or behavioral, the current care system often lacks coordination, leading to gaps in diagnosis and necessary treatment for millions. We may address a specific health condition, but often fall short on providing total patient care.

### Effective Models of Coordinated Care

To achieve more effective population health management, services must be part of an integrated care continuum that not only allows the care provider to better engage with the patient, but also enables the patient to engage in their own care. These services must be an orchestrated set of offerings that meet patients where they are and continue with them throughout the entire care cycle.

The benefits of such a model are numerous. One example of a collaborative care model, the patient-centered medical home, aims to link patients with both behavioral health and

primary care providers in a joint management effort from the outset. UHS employs similar models at many of our care centers. For example, Hampton Behavioral Health Center in New Jersey uses HIPAA-compliant telehealth technology to conduct evaluations and assessments at Robert Wood Johnson University Hospital Hamilton’s emergency department. These approaches promote efficient and comprehensive initial assessments, positioning specialized providers nearby to deliver a continuum of comprehensive services while tracking patients’ health over the long term. Establishing effective coordinated care represents one of the most pressing challenges and promising opportunities toward better population health management.

### Overcoming Stigma

Unfortunately, while society has made great progress in some areas regarding beliefs about mental illness, damaging stigmas unfortunately remain prevalent. Although most Americans endorse seeking professional help for behavioral health problems, beliefs that such individuals are dangerous or otherwise undesirable are widely held and sadly may have increased over time. These perspectives represent a significant barrier for patients seeking care.

Of the 60 million individuals suffering from mental illness, some 40 percent do not receive treatment, and research confirms that the stigma contributes to this treatment gap.

What can we, as caregivers, do to combat these damaging views? We must create effective platforms where individuals can speak out and connect with others. The Mental Health Parity and Addiction Health Act and other policy initiatives are a strong start down a new path, but we have to go further. For example, we can implement more behavioral health screenings

at primary and community care points, assessing and ultimately treating the whole patient.

### Behavioral Health is Critical to Total Patient Care

As behavioral healthcare providers and acute care providers, UHS advocates that we all redouble our efforts to close the historical treatment gap; provide higher quality, more integrated care to more people and forthrightly recognize that the total health treatment approach is critical to improving population health and ultimately promoting more vibrant and productive individuals, families and communities.



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