

- A data brief series examining all aspects of primary care access

Rising Behavioral Health Needs Highlight the Benefits of Integrated Care

In the United States (US), primary and behavioral health care have largely functioned as separate parts of the health care system due to reimbursement policies and regulations. Research indicates that integrating treatment improves overall health outcomes—particularly for those managing comorbid physical and behavioral health conditions.

In this brief, the **Primary Care Development Corporation (PCDC)** reviews recent data that point to the potential of integrated care to address health disparities as well as reduce the cost of care.

A Crisis of Comorbidities

In the US, rising chronic disease rates and unmet behavioral health needs highlight the inadequacy of siloed health care. It can be estimated that half of Americans will experience both a physical and behavioral health condition during their lifetime, many of whom will experience both concurrently.

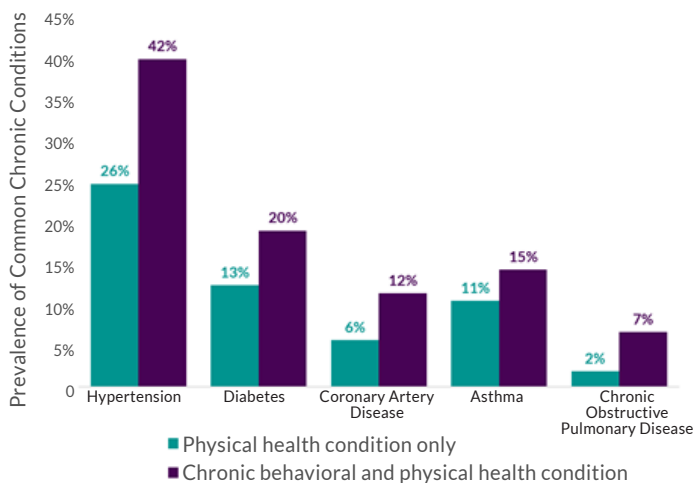


Figure 1. Prevalence Rate of Common Chronic Conditions Among Those With and Without Top 5 Behavioral Health Conditions, Ages 18-64, Blue Cross Blue Shield Health Index, 2018.¹

Integrated behavioral health care (IBHC) refers to the systematic collaboration between primary care and behavioral health providers, and has emerged in recent years as part of concerted national efforts to create and expand more effective, higher-quality health care and improve patient outcomes.⁴

As adoption of IBHC grows, researchers and providers have been able to quantify unmet behavioral health needs (Figure 1), as well as the related disparities in access and health outcomes.

Half of adults (46%) experience a behavioral health condition during their lifetime.²

Approximately 70% of people with a behavioral health condition are simultaneously managing a chronic condition.³

Patients with a chronic disease are *twice as likely* to be diagnosed with a behavioral health condition.²

Where is Integrated Care Happening?

While models of IBHC vary, co-location of Primary Care Providers (PCPs) and behavioral health specialists is a common feature of integrated care. A recent national study found that availability of co-located care differed by region and practice size (Figure 2), highlighting that integrated care is more prevalent in urban areas and in larger practice settings.⁵

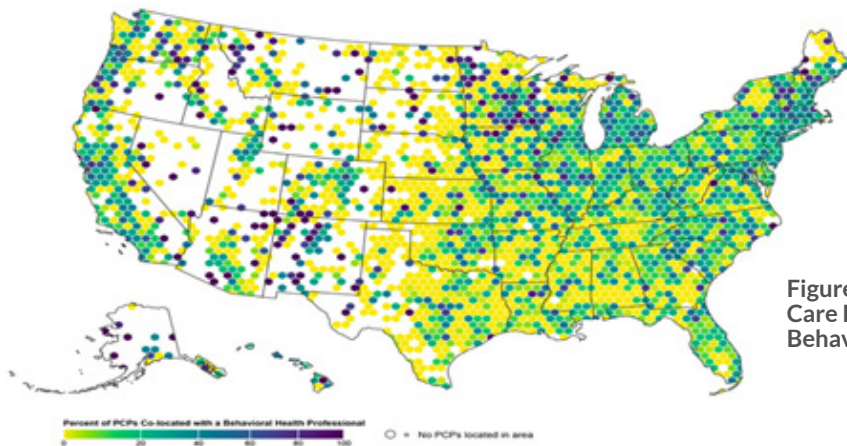


Figure 2. Percentage of Primary Care Physicians Co-located with Behavioral Health Providers⁵

44% of PCPs are co-located with behavioral health specialists across the US.⁵

Meaningful Primary Care and Behavioral Health Integration: Better Health and Lower Costs?

IBHC is associated with better health outcomes for patients with co-occurring behavioral and chronic conditions. In an integrated care setting, PCPs work with behavioral health providers to develop comprehensive treatment plans, promote treatment adherence, and promote positive health behaviors that improve outcomes for chronic diseases.

Further, integrated care is associated with greater cost savings, resulting in part from the reduction in segmented care.

Compared to treatment in standalone primary care, studies of IBHC found that:

Patients with comorbid diabetes and depression were twice as likely to adhere to medications.⁶

Insomnia resolved in four times as many older adult patients.⁷

Patients with HIV-related chronic pain had significantly lower pain intensity scores and less interference of pain on overall functioning.⁸

\$26 - \$48 billion may be saved annually through effective integration of clinical and behavioral care.⁹

Total out-of-pocket costs incurred by people with physical and behavioral health comorbidities amounted to \$293 billion in 2012.⁹

IBHC services were associated with a 10.8% savings, or \$860.16 in savings per member per year.¹

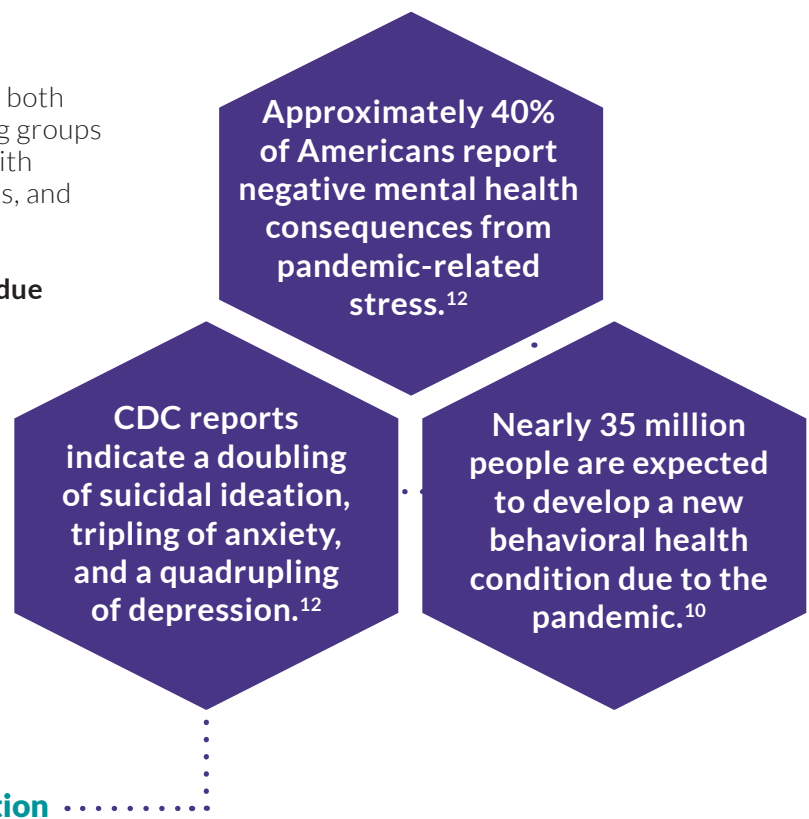
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The Global COVID-19 Pandemic Underscores Need for Integration

The COVID-19 pandemic poses a major threat to both physical and behavioral health, particularly among groups most directly affected by the pandemic: people with underlying chronic conditions, healthcare workers, and others with poor access to care.


An estimated **\$100-\$140 billion in added costs due to rising behavioral health needs** may result from just the first year of the COVID-19 pandemic.¹⁰ As new behavioral health needs emerge, existing disparities in access to care have been exacerbated by the pandemic in many communities—particularly for Black and Latinx populations, which also have higher rates of COVID-19 incidence and mortality.¹¹


As health care providers and systems manage converging crises, integrated care offers an effective strategy for delivering comprehensive care and reducing disparities while containing costs.




Action: Meaningful Steps Toward Integration

To facilitate integration, policymakers and both primary and behavioral health care advocates must:

 **Strengthen support for the integration of physical and behavioral health services, particularly for safety-net practices serving vulnerable and at-risk individuals.**

 **Expand financing and reimbursement options for integrated care that are prospective and value-based, which enable investment in necessary infrastructure and staffing to stand-up and sustain integrated services.**

 **Prioritize communities most impacted by COVID-19 for sustained access to integrated care to address the effects of trauma as well as deferred care due to the pandemic.**

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