

Integration of Behavioral Health and Medical/Primary Care is the Future of Healthcare

For several years now, we have heard discussion about the effectiveness and efficiencies expected from the Affordable Care Act (a.k.a. “Obama Care”). This legislation includes a number of initiatives designed to achieve the “Triple Aim” of better health, improved patient satisfaction, and lower overall costs. One of the key strategies to reach this lofty goal is an enhanced effort to achieve a true parity of mental and physical healthcare—something that was envisioned by President Kennedy 50 years ago with the passage of the Community Mental Health Act.

While we have come a long way in the past 50 years and made significant advances in both our understanding and treatment of mental illness and substance abuse disorders, we know there is more that can be done to improve the lives of the over 45 million Americans affected by mental illness each year (roughly 1 in 4 adults), and the 20+ million Americans that report having a substance abuse disorder. We know this because, according to reliable studies, untreated mental health and substance abuse disorders lead to more deaths each year than traffic accidents, HIV/AIDS and breast cancer combined. There is a completed suicide every 15 minutes, on average, in this country. So the question now becomes, “Where do we go from here?”

There is a growing body of evidence that points to the effectiveness of integrated medical and behavioral health care models. This was highlighted once again in the report recently released by the American Psychiatric Association (Integrated Primary and Mental Health Care: Reconnecting the Brain and the Body) which estimates the potential cost savings of providing effective integrated care to be \$26-48 billion annually...and this is only in general healthcare! We know that the economic impact of untreated mental health and substance use disorders goes way beyond this. For example, the U.S. Dept. of Health and Human Services puts the cost of lost productivity due to substance abuse at 197 billion dollars per year. The cost for lost productivity related to mental health concerns has been estimated to be 63 billion per year (217 million lost work days).

We also know that the vast majority of all healthcare visits in this country stem from psychosocial issues, yet primary care is often not adequately equipped to assess and treat these conditions. This fact, along with the need to fundamentally rethink our current model of delivering healthcare, was recognized recently on the local level with the release of the recommendations from the North Country Healthcare Redesign Commission, which concluded that: “To achieve full potential, this model will need to include integration of behavioral health services into the primary care setting.”

Yes, it will require a significant change to the way we have been doing business on both sides of the healthcare coin. But, when you examine the potential for significant improvement in both patient outcomes AND the potential for significant cost savings, it appears that this is an idea whose time has come.