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# Consensus Principles for Behavioral Health Care Delivery



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Dear Friends,

Nearly 15 years ago, the Health Care Committee of the Grand Rapids Area Chamber of Commerce developed, and has since updated, a document entitled Consensus Principles for Health Care Delivery. A document intended to help employers, and other key stakeholders, understand important concerns related to employer-sponsored health care and health care policy.

While the Consensus Principles gives some attention to behavioral health care, the Health Care Committee believes more specific attention is needed due to the critical role behavioral health plays in the broader health care industry. Throughout this document, the designation behavioral health will be used to include both mental health and substance abuse services.

It is the primary intention of this document to assist employers, small or large, in better understanding the value of behavioral health services. This will enable employers to select the behavioral benefit that best meets the needs of employees and their dependents.

The Behavioral Health Care Consensus Principles document is formatted to mirror the broader Consensus Principles. Each section is written with the following evidence in mind:

- Behavioral health conditions are common, and negatively affect the course and outcome of many complex medical conditions such as diabetes, obesity, and cardiovascular disease.
- Patients who have untreated behavioral health problems, such as depression, use 50% more medical services than non-depressed patients.
- Patients who receive coordinated behavioral and medical health care are 40% more likely to have a positive treatment outcome.
- Numerous studies have shown that unrecognized and untreated behavioral health problems (i.e. depression, addiction, etc.) result in significant employee lost work time and quality as well as decreased productivity on the job (presenteeism).
- Despite evidence that the most effective treatment for many behavioral health conditions is a combination of behavioral and medical care, the vast majority of treatment is provided through primary medical care in the form of prescription drugs.
- Many consumers, providers, and pharmaceutical companies overemphasize medical treatment for behavioral conditions, and underemphasize behavioral treatment in general.

In order to fully address the burgeoning costs of health care, everyone needs to understand the critical impact that patient behavior, mental health problems, and substance abuse have on overall health care. Furthermore, we hope that this document illustrates how appropriate and timely applied behavioral health care can make a significant difference in improving the quality of overall health care, while simultaneously reducing costs through elimination of unnecessary services.

Sincerely,  
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## TABLE OF CONTENTS

Consensus Principles for Behavioral Health Care Delivery	6
Responsibilities of Various Parties to Behavioral Health Care	7
Individuals and Families	7
Employers	7
Physicians and Providers	9
Government	10
Community	11
Insurer and Third-Party Payer	12
Consensus Principles for Behavioral Health Care Delivery Task Force	13
Appendix 1: Benefit Options	14
Appendix 2: Related Resources	15

## **CONSENSUS PRINCIPLES FOR BEHAVIORAL HEALTH CARE DELIVERY**

As part of promoting improvements in overall health care cost and quality, there are fundamental questions which must be considered in the development of proper public policy regarding behavioral health care delivery. As a responsible business organization, the Grand Rapids Area Chamber of Commerce has considered the following questions and adopts the following principles.

### **WHO IS RESPONSIBLE FOR AN INDIVIDUAL'S BEHAVIORAL HEALTH CARE?**

Each person is primarily responsible for his or her own behavioral health care. It is the mutual responsibility of the individual, behavioral and medical health care providers, employers, third party payers, government and community to play appropriate roles in the delivery of health care, but recognizing that there are treatments and procedures which cannot be made available to all individuals. The role of each party in the delivery of proper behavioral health care to individuals is described in this policy statement.

### **WHAT SHOULD DETERMINE THE LEVEL OF BASIC BEHAVIORAL HEALTH CARE?**

Behavioral health care is not an unlimited entitlement. "Basic health care," which includes behavioral health services, is less than the full range of treatment options generally available. The definition of the specifics of "basic behavioral health care" is the responsibility of society. Society must prioritize the range of all health care services and procedures, and allocate limited government and health care resources to make what is defined as "basic health care" available. Some behavioral health services are deemed to be the standard of care by mental health professionals, while other services are viewed with mixed opinion as to their value. Many of the services that have mixed reviews are highly expensive, and, therefore, must be considered closely by those who recognize the importance of resource prioritization. The proportion of our federal or state resources allocated to "basic behavioral health care" must be established by our elected representatives if government is expected to pay for the care of those who cannot pay for it with personal or insurance resources.

### **WHAT IS THE APPROPRIATE EXPENDITURE LEVEL FOR BEHAVIORAL HEALTH CARE?**

Health care consumes an increasing, and alarming, proportion of the nation's resources, and behavioral health services have been shown to reduce unnecessary or even inappropriate use of medical care. Continued escalation of the proportion of the nation's resources for health care cannot continue at the current pace without severe threats to the economy. Limits on health care spending are essential. Therefore, it is essential for all those involved to consider cost/benefit factors when making all treatment decisions. There are limited resources available. Less expensive, but effective, alternatives should be used whenever available, including behavioral health services.

## RESPONSIBILITIES OF VARIOUS PARTIES

Solutions to the health care problems of the country require collaboration and cooperation by all parties as partners who must be willing to examine their roles and responsibilities. Behavioral health issues affect everyone and, as such, play a key role in combating the escalation of health care costs. **Everyone must continuously challenge their basic assumptions if the problems are to be solved.** There are six principal “players” in the behavioral health care process. The responsibilities of each are described as follows:

### *1. Responsibilities of Individuals and Families*

#### Background

Similar to prevention of physical illnesses, the personal choices made by individuals and adults heading households can aid or hinder mental health. In addition, individuals and adults heading households have a responsibility to share in the costs of behavioral health care. Consumers can not simply be passive recipients of behavioral health care.

- a) Adults are responsible to seek information and implement practices with their children that are recognized as positively correlated to healthy emotional development.
- b) Individuals are responsible for not abusing substances that compromise both individual and familial functioning and add costs that must be shared by others in the community.
- c) It is expected that the individual obtaining behavioral health treatment will share, to a reasonable degree, in both the insurance premium and treatment costs.
- d) Individuals receiving behavioral health care treatment should be expected to make lifestyle changes and to be a collaborative partner in treatment with their provider.

### *2. Responsibilities of Employers*

#### Background

Behavioral health programs include services to persons or families with needs related to mental illness, alcohol or other drug usage, and other addictions, such as gambling. The services may address relationship or adjustment concerns, domestic violence, and other family issues. The services may be designed to prevent potential problems and treat existing ones. Behavioral health programs are provided in a variety of settings ranging from clinics and inpatient locations to the home, school, or community.

- a) Employers should embrace a belief that employee behavioral health is crucial to the company's success. Corporate leadership can help define this culture and can play a significant role in a company's decision to improve its behavioral health benefits.
- b) Employers should recognize that behavioral health problems are common in the workforce and that early intervention and continuing treatment can usually address such problems effectively.

- c) Employers should recognize that investing in the behavioral health needs of their employees will produce long-term savings by decreasing health care costs, increasing productivity, and reducing absenteeism.
- d) Employers should understand that providing inadequate behavioral health benefits may cause an increase in overall health care costs.
- e) While not necessarily offering absolute parity between physical and behavioral health benefits, employers should offer appropriate behavioral health benefits that meet the needs of their employees.
- f) Employers need to recognize that unless employees access available services, providing a comprehensive set of benefits has little value. Employers need to develop cost-sharing structures that encourage employees to access behavioral health care. Some cost-sharing considerations could be:
  - Payroll deductions
  - Co-pays
  - Co-insurance
  - Deductibles
  - Benefit levels
  - Lower initial costs to encourage usage, with variable cost for long-term care
- g) Employers should recognize that providing value-added, cost-effective behavioral health benefits requires more than high-level services and low employee cost-sharing requirements. In addition to the specific benefits, employers should provide various mechanisms through which employees can access behavioral health care, such as:
  - Wellness programs
  - Employee Assistance Programs (EAPs)
  - Disease management programs
  - Rapid-response teams for crisis intervention
  - Employee incentives for participating in preventive health care programs
  - Supervisor education and training to help detect behavioral health problems
- h) Employers should consider offering Employee Assistance Programs. These programs can provide cost effective ways of providing a wide range of services under the broad goal of increasing access to behavioral health care. These services are characterized by:
  - Easy, confidential access with no out-of-pocket cost to employees
  - Short-term focused with limited scope of services
  - Arrangements for treatment of complex longer-term problems
  - Assistance in dealing with issues inhibiting job performance
  - Fixed front-end costs

### **3. Responsibilities of Physicians and Behavioral Health Providers**

#### **Physician Responsibilities**

##### Background

Physicians, and their office staff, are in a superior position to recognize signs of behavioral health problems being experienced by their patients. Given the high level of respect that most patients have for their physicians, the physician can be highly influential in helping patients recognize behavioral health issues and in facilitating appropriate treatment. Physicians can also help reduce the stigma that keeps many patients from appropriately addressing their behavioral health problems.

- a) Awareness, screening, and education are important. All physicians should become better educated on the signs that indicate behavioral health problems, as well as treatment and referral options for patients with those problems. Physicians should be aware that many employers offer Employee Assistance Programs that offer employees short-term counseling services at no out-of-pocket cost. Physician offices should also implement valid and reliable screening tools for common behavioral health conditions seen in primary care. Physicians should also proactively identify and develop working relationships with behavioral health providers in their area.
- b) Integration of medical and behavioral health care services is important. When prescribing medication for behavioral health problems (e.g. depression, anxiety), physicians should consider recommending counseling services. Collaborative treatment between medical and behavioral health providers has been proven to be effective and to reduce overall health care costs.
- c) Physician offices should develop a system for verifying that patients have received the behavioral health treatment that was recommended. Physicians should be sure to inquire about behavioral health issues on the patient's next office visit if appropriate.

#### **Behavioral Health Provider Responsibilities**

##### Background

Behavioral health providers must be drivers and collaborators in a system of care that is inclusive of physicians, other medical care providers, third party payers and other stakeholders that affect the overall health of the patient. They must also become more educated in the strong relationship between physical health and behavioral health problems. In addition, behavioral health providers must assist with demystifying behavioral health treatment through a strong emphasis on outcomes-based practices.

- a) Behavioral health providers should intentionally plan treatment and communicate progress with their patient's primary medical provider, which includes learning to communicate in terms commonly understood by both behavioral and medical health care professionals.
- b) Behavioral health providers should offer and payers should support brief consultative and educational behavioral health services that encourage collaboration on and treatment of chronic medical conditions. This collaboration will help reduce overall health care costs.
- c) Behavioral health providers should implement evidence-based/outcomes driven practices in collaboration with payers and medical providers.

## ***4. Responsibilities of Government***

### Background

The government has several points of influence in the behavioral health care system, including legal and regulatory authority, tax related controls, and serving as the safety net payer for the uninsured. As health care costs have dramatically increased over the last two decades, the role of government has become progressively more important to individuals, providers, and employers.

- a) The principal sources of behavioral health care delivery should be non-governmental hospitals and health care providers. Government (both state and federal) should serve as a payer for services, rather than a provider of care, with accountability for spending tax dollars wisely.
- b) Governments should not pass laws or add regulations or taxes that impede private sector employers from voluntarily increasing the level of behavioral health benefits they provide to their employees..
- c) In the absence of widely supported and clearly demonstrable evidence of value, cost-effectiveness, or public health benefit, all levels of government should not mandate participant benefits in employer sponsored plans.
- d) Government should add administrative steps only when they add value to provisions of behavioral health care (through community mental health or other government-sponsored programs). Its role should be to simplify, not add costs.
- e) Government should utilize and encourage coverage of treatment that has demonstrated positive outcomes and is evidence-based.
- f) Government should cooperate in the collection of data that can be used to compare the utilization and clinical outcomes relating to specific behavioral health procedures and treatment.
- g) Government should not impede the collection and utilization of medical information in the absence of imminent harm to an individual (i.e. clarify and simplify the applications of HIPAA and other privacy limitations in behavioral health care).
- h) The government, in its role as employer, should follow the responsibilities referenced in the employer section of this document, and should provide benefit plans comparable to those available to non-governmental employees.
- i) The federal government should encourage experimentation by the states in the administration of government programs such as Medicare and Medicaid to develop models that will provide improved access to behavioral health care at a more reasonable cost (e.g. use of mid-level providers, prescriptive authority for psychologists, etc.).

## ***5. Responsibilities of the Community***

### Background

The community plays a critical role in the development of behavioral health programs that meet the needs of its citizens. Education, coordination, and evaluation are some of the key areas where community involvement can affect the quality and availability of behavioral health services.

- a) The community should encourage the development of school-based, workplace-based, and media-based behavioral health “literacy” campaigns that are intended to reduce the stigma associated with behavioral health care.
- b) The community should encourage the development and coordination of behavioral health services that meet the needs of children, adolescents, the elderly, and other vulnerable populations.
- c) The community should encourage the adoption of evidence-based guidelines and practice standards for behavioral health providers.
- d) The community should encourage the close coordination of governmental agencies that serve populations with special behavioral health needs (e.g., correctional facilities, educational institutions, community mental health).
- e) The community should support the dissemination of scientific information that documents the potential savings in overall health care costs associated with higher utilization of evidence-based behavioral health care.
- f) The community should support the development of innovative programs that lead to the early identification and treatment of individuals with behavioral health care needs.
- g) The community should encourage and support the development of specific behavioral health programs that effectively treat individuals (and their families) with co-occurring mental health and substance abuse needs.
- h) The community should support the development of behavioral health care programs that serve individuals from culturally and linguistically diverse backgrounds.
- i) The community should address adverse lifestyle practices with educational campaigns that focus on programs to improve diet, manage stress, encourage exercise, and reduce smoking and substance abuse.

## ***6. Responsibilities of the Insurer and Third-Party Payer***

### Background

Behavioral health conditions, such as depression, substance abuse, and anxiety, are extremely common. They also play a significant role in the onset, course, or management of all chronic medical conditions such as diabetes and cardiovascular disease. It is for these reasons, in part, that “consumer-engaged” health care products are becoming increasingly popular; the rationale being that a more informed and engaged consumer will make better health and health care choices. According to the National Institutes of Health, the nationwide U.S. costs related to behavioral health treatment, disability, and absenteeism are over \$350 billion annually. Given the overwhelming evidence in professional literature regarding the influential role that behavioral health conditions have in health status and overall health care costs, HMOs and other insurers must take a leadership position with respect to cost containment and clinical quality improvements. Through integrated data systems and other clinical software that combine medical, behavioral health and pharmacy data, HMOs and other insurers are in a unique position to lead in these large system improvements.

- a) Insurers and third-party payers should use information, evidence-based data, technology, and claims’ information to help improve behavioral health care quality.
- b) Insurers and third-party payers should use actuarial resources, experience, databases, and other claims information to help control costs through benefit design and support services such as case/disease management programs.
- c) Insurers and third-party payers should cover treatment that is proven and evidence-based, to ensure that programs are actuarially sound and affordable.
- d) Insurers and third-party payers should develop affordable alternative plans that range in scope of coverage, e.g. offer “good, better, best” plan designs (see Appendix 1). These plan alternatives could include a range of benefits from a small number of covered outpatient sessions with no inpatient coverage, to a richer plan with full outpatient and inpatient coverage. Purchasers can then choose a behavioral health benefit plan that best fits their needs.
- e) Insurers and third-party payers should encourage clinical collaboration between behavioral and medical providers. Untreated behavioral conditions not only lower the quality of life, but also drive up unnecessary and substantial medical costs.
- f) Insurers and third-party payers should assist providers in organizing systems of care that lead to optimal clinical outcomes, minimal waste, affordability, and equitable patient access.

## **Consensus Principles for Behavioral Health Care Delivery Task Force**

The Chamber would like to thank the following individuals for their work and commitment to this document.

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## APPENDIX 1: BENEFIT OPTIONS

### Behavioral Health Benefit Options for Employers

<b>Basic Option</b> \$	<b>Mid Option</b> \$\$	<b>High Option</b> \$\$\$	<b>Full Coverage (parity)</b> \$\$\$\$
Covers treatment for most common conditions proven to be responsive to behavioral health interventions	Covers treatment for most common conditions proven to be responsive to behavioral health interventions	Covers treatment for most common conditions proven to be responsive to behavioral health interventions	Covers treatment of all Mental Health and Substance Abuse conditions
<b><i>Benefit Design</i></b>	<b><i>Benefit Design</i></b>	<b><i>Benefit Design</i></b>	<b><i>Benefit Design</i></b>
<u>Mental Health</u>	<u>Mental Health</u>	<u>Mental Health</u>	<u>Mental Health</u>
<ul style="list-style-type: none"> <li>• 10 outpatient visits per year</li> <li>• 10 psychiatric med mgmt visits per year</li> <li>• 10 inpatient days per year (50 lifetime max)</li> </ul>	<ul style="list-style-type: none"> <li>• 15 outpatient visits per year</li> <li>• 15 psychiatric med mgmt visits per year</li> <li>• 15 inpatient days per year</li> </ul>	<ul style="list-style-type: none"> <li>• 20 outpatient visits per year</li> <li>• Unlimited psychiatric med mgmt visits</li> <li>• 20 inpatient days per year</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited outpatient visits</li> <li>• Unlimited psychiatric visits</li> <li>• Unlimited inpatient days</li> </ul>
<u>Substance Abuse</u>	<u>Substance Abuse</u>	<u>Substance Abuse</u>	<u>Substance Abuse</u>
<ul style="list-style-type: none"> <li>• 1 detox lifetime max</li> <li>• 10 outpatient sessions per year</li> </ul>	<ul style="list-style-type: none"> <li>• 2 detox lifetime max</li> <li>• 20 outpatient sessions per year</li> </ul>	<ul style="list-style-type: none"> <li>• 3 detox lifetime max</li> <li>• 20 outpatient sessions per year</li> </ul>	<ul style="list-style-type: none"> <li>• Unlimited detoxification</li> <li>• Unlimited outpatient visits</li> </ul>

#### Assumptions:

1. Benefit designs could apply to any size organization, but target employer groups would likely be small to mid-size (5-500).
2. Employers can use shared premium payments, deductibles, and co-pays to share cost and to control utilization.
3. Actual costs vary depending upon benefit design and degree of managed care presence. Cost estimates for each level are expressed as a % of total health care premium:
  - Basic = 1% - 3%
  - Mid = 3% - 5%
  - High = 6% - 10%
  - Full = 10% or more.
4. Employers should recognize that the cost and utilization of a BH benefit are reduced by the presence of an Employee Assistance Program.

## APPENDIX 2: RELATED RESOURCES

Mental Health Resources for Consumers and Professionals:  
<http://mentalhealth.about.com/>

Counseling and Mental Health Resources – TherapistFinder.net:  
<http://www.therapistfinder.net/>

Directory of Mental Health Resources:  
<http://www.soberrecovery.com/links/mentalhealthresources.html>

MacArthur Depression Initiative:  
<http://www.depressionprimarycare.org/organizations/employers/>

Society of Behavioral Medicine:  
<http://www.sbm.org>

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