

# Closing Behavioral Health *Care Gaps*

Experts Weigh In on How Screening, Case Management  
and Tech Can Head Off Costs and Improve Care Delivery

**Lucet**<sup>™</sup>

The Behavioral Health  
Optimization Company

 **HEALTHCARE DIVE**

Custom content for Lucet by studiOD





Nearly one in three adults in the United States has a **mental illness or substance use disorder**. Nearly 55% **do not receive mental health care**.

Some adults don't seek care because they don't think they need it, and many can't get access. In many parts of the country, **wait times** for a first mental health appointment can be as long as three months.

Access to behavioral health care is a costly challenge that hinders human health and well-being. People with untreated or undertreated mental health conditions are more likely to miss work. They're also more likely to develop chronic, costly medical conditions. According to a report commissioned by the Mental Health Treatment and Research Institute, people with behavioral health conditions account for 27.3% of the commercially insured population but 56.5% of total **health care costs** with the overwhelming proportion of that expense for medical service.

Behavioral health care is a complex issue that requires a simplified solution to deliver necessary, whole-person care to members. Universal predictive screening, smart care matching based on acuity and type of behavioral health provider, and, ultimately, continued-care management facilitate faster connections to care, improved outcomes and significant cost savings.

# Key Takeaways:



Universal predictive screening decreases mental health stigma and increases detection of behavioral health care needs.



Technology can narrow the gap between behavioral health care supply and demand by uncovering additional capacity among existing providers.



Smart care matching and case escalation allows patients with urgent needs to be seen by a clinician within 24 hours.



Continued care management improves patients' emotional and physical health.



Care coordination can save thousands of dollars annually per patient.

In this playbook, we'll talk with experts to understand how proactive, universal behavioral health screening and active case management *can cut costs and support member health.*

# 1. Predictive Screening Is Most Effective When It Is Universal



The U.S. Preventive Services Task Force (USPSTF) recommends screening all adults for **depression** and **anxiety**, including pregnant and postpartum people and older adults, regardless of risk factors. The USPSTF also recommends **screening children 8 to 18 for anxiety** and children 12 to 18 for **depression**. These screenings are recommended because evidence shows that screening can effectively identify mental health conditions, which might otherwise go untreated for years.

Some health care providers routinely screen patients for mental health when they present for care. Most health plans, however, screen only those considered high risk, an approach called reactive screening. Unfortunately, reactive screening is subject to human bias and may miss people who could benefit from help.



“Proactively identifying behavioral health conditions and addressing them can head off the physical, emotional and fiscal costs of untreated behavioral conditions.”



**Z. COLETTE EDWARDS, MD, MBA,**  
A medical consultant and former corporate medical executive  
of associate health and well-being at Humana.

Health plans that are serious about behavioral health care should consider predictive screening, or routine assessment of members' mental well-being.

## *Predictive* Screening

- ◆ Routine
- ◆ Unbiased
- ◆ More likely to detect early-stage conditions

## *Reactive* Screening

- ◆ Only conducted when risk factors present
- ◆ Subject to bias
- ◆ More likely to detect advanced conditions

In the behavioral health space, predictive screening also decreases stigma. Routinely asking all members about their mental health and well-being normalizes conversations about mental health and can proactively identify untreated mental health needs among those engaging with medical health care.

◆ “Making assumptions about a person based on their appearance or tone of voice is really problematic. Predictive screening ensures that our biases do not lead to a different health care experience for different individuals.”



LIZ JONES, LMHC, CCM,  
AVP of clinical strategy at Lucet

## 2. Use *Universal Screening* to Detect Mental Health Needs



One study found that the **median delay** from the first onset of mental health disorders to treatment ranged from three to 30 years for anxiety disorders, six to 18 years for substance use disorders, and one to 14 years for mood disorders.

Because behavioral health still has a stigma, many people try to hide their anxiety, depression, substance use and suicidal thoughts from others, including their health care providers, according to Darrel Weaver, MD, vice president of health care network services at Blue Cross and Blue Shield of Alabama. Their fear keeps them from getting medical care that may improve their lives.

Universal predictive screening with standardized, validated tools can uncover behavioral health needs. “If you have appropriate screening tools, you can unmask some of the problems people may be trying to hide,” Weaver said. “When you detect possible issues like this, most of the time, the individual is relieved. They feel like they can talk about it. Once you do that, the person can get better.”

When Lucet (a behavioral health technology and services company) implemented universal screening of all members who called their health plan, it noted a 152% increase in the number of members identified at-risk or with complex conditions who were triaged to a clinician for further assessment. A full 15% of incoming calls required clinician intervention.

Without universal screening, many members’ behavioral health care needs may remain undiagnosed and untreated for many years. Universal screening coupled with prompt intervention can reduce the burden and hazards of untreated behavioral health disorders.



“... [H]ospitals and health systems have a **low-risk, high-reward opportunity to identify and treat people**. ... The cost of screening is minimal and the benefits can be measured in thousands of lives.”

PEW CHARITABLE TRUSTS



### 3. Address *Logistical Obstacles* that Hinder Patient Access to Behavioral Health Care



Identifying a behavioral health need is step one. Connecting people in need to qualified care is the next step, and is often especially challenging. There is an imbalance between supply and demand in behavioral health care.

# 65%

According to a 2021 survey by the American Psychological Association, **65% of psychologists had no openings for new patients.**

# 6 weeks

The **average wait time** to access behavioral health services is six weeks, according to the National Council for Mental Wellbeing.

Patients (and providers) don't have time to navigate pages of likely outdated provider listings. Given the shortage — and uneven geographical distribution — of behavioral health care providers, it can be exceedingly difficult for

patients to connect with culturally appropriate providers who have the specific, required skill set.

“If I refer a patient with an eating disorder to a psychiatrist, and when they get there, the psychiatrist says, ‘I don’t treat eating disorders. I can’t help you,’ the patient experiences a crisis of confidence in behavioral health,” Weaver said. Many patients won’t seek additional care; their health and well-being may continue to deteriorate.

“You certainly see treatment attrition and treatment exhaustion when patients are sent to the wrong place, particularly with subpopulations who require immediate care, such as people with substance use disorders,” Jones said. “They lose hope that you’ll be able to help them.”

How can health plans that want to improve behavioral health care and member well-being address these obstacles? The latest technology can help health plans facilitate timely behavioral health assessments and intervention.

## 4. *Connect* Patients Directly to Care in One Call and Cut Wait Time



The right care at the right time saves time and money — and enhances health and well-being.

“The mind, body and brain are inextricably intertwined, even though in medicine we tend to study and treat them separately,” Edwards said. “For example, a patient who has depression when they have a heart attack

is much more likely to have a second one compared to someone who is not depressed.”

Yet in most places, long wait times and difficult-to-navigate systems continue to hinder patient access to behavioral health care. As societal awareness of the toll of untreated mental health conditions has grown,

◆ “Technology that includes real-time access to providers’ schedules can become the bridge between supply and demand and a resource for both the clinician and the patient.”



**NAAKESH (NICK) DEWAN, MD, CPE, DLFAPA,**  
Vice president of behavioral health at GuideWell and Florida Blue  
and Lucet board member



legislators and public health officials are working to increase patient access to care. At least seven states, including California, Maryland, Colorado and Texas, have enacted **laws limiting wait times** for mental health care. California law requires health insurers to reduce wait times for mental health care to no more than 10 business days, and the Centers for Medicare & Medicaid Services has also proposed a **rule requiring access to care within 10 days**.

Meeting these guidelines can be a challenge given ongoing and increasing provider shortages. But technology can narrow the gap between behavioral health care supply and demand by uncovering additional capacity among existing providers.

Lucet's proprietary claims-based algorithm allows care navigators to efficiently connect members with appropriate providers. Care navigators

can see providers' availability and schedule appointments in real time, in a member's first call. With this technology, Lucet uncovered 44% additional provider capacity without adding a single provider. As a result, 26% more members were connected to care.

Lucet's Navigate & Connect program connects patients with the right care in less than five days, on average, for members with complex or unmet needs. Many members are connected to care within one day.

Removing the burden to connect to care from patients' shoulders and putting it in the hands of professional care navigators significantly increases the likelihood that patients who need care will receive it. It can also facilitate healing.



“When someone says, ‘I think I understand what’s going on with you. Let me hook you up with the right person,’ that starts the healing,”

“The healing starts right there, with that very first phone call.”

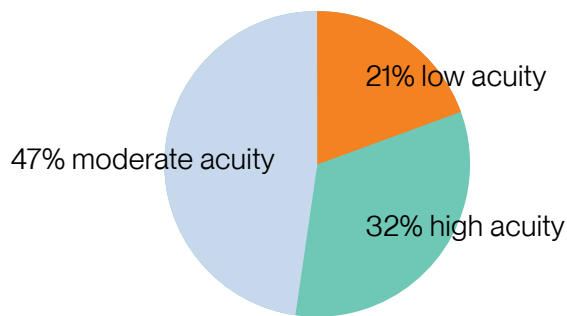


**DARREL WEAVER, MD,**  
Vice president of health care network services  
at Blue Cross and Blue Shield of Alabama

## 5. *Escalate Care* as Needed for Patients with Emergent and Urgent Needs



A consistent, organized approach to care escalation allows those most in need to connect with services first, without neglecting patients' needs. According to an analysis of 5,000 members screened by Lucet's Care Center:



All those with identified behavioral health needs are referred to licensed mental health clinicians for a full professional behavioral health assessment, but those with emergent, life-threatening needs are immediately connected with a clinician, while those with less imminent needs can receive care within a few hours.

Prioritizing (and meeting) patient needs according to acuity can help health plans safely and effectively manage demand for behavioral health care while protecting patient safety. For instance, a member who is experiencing a suicidal crisis requires immediate attention from a clinician who can help the member develop an immediate safety plan, connect the member with local supports, and ensure the member receives necessary care. Members with emergent but non-life-threatening behavioral needs can be assessed by a clinician within six hours, and those with urgent needs can connect with a clinician within 24 hours.

- ◆ Emergent, life-threatening behavioral health needs = immediate behavioral health assessment.
- ◆ Emergent, non-life-threatening behavioral health needs = behavioral health assessment within six hours.
- ◆ Urgent behavioral health needs = behavioral health assessment within 24 hours.



A smart care matching system that utilizes technology to uncover provider ability is key to timely care escalation.

---

◆ “Many of us who have been pioneers in this field envisioned efficient connections between patients and providers decades ago, but the systems weren’t there to actualize this vision. We are finally able to leverage technology to help us provide the right behavioral care within a few days or even hours.”



**NAAKESH (NICK) DEWAN, MD, CPE, DLFAPA,**  
vice president of behavioral health at GuideWell and Florida Blue  
and Lucet board member

---

With its team of licensed behavioral health specialists and innovative technology, Lucet has achieved and maintained 100% compliance with urgent and emergent appointments.

## 6. Continue *Care Management* to Maintain Behavioral Health



Acute interventions are often needed to address behavioral health concerns. But mental health, just like physical health, needs continued attention and maintenance. Care management is crucial to full-circle behavioral health care that improves patient well-being while controlling costs.

Using regularly administered standardized assessments can support improved response to treatment. Monitoring patient progress and well-being via standardized assessments can help you uncover (and address) persistent challenges.

“We’re able to see whether their trajectory is headed toward response and remission or toward more acute symptoms,” Jones said. “We’re then able to collaborate with their treatment team and help fill in gaps in care and address larger social determinants of health.”

When a patient is discharged from acute care to home, for instance, a care manager can facilitate patient access to prescribed medications. “If it’s an injectable and the patient needs to get that at a doctor’s office, we’ll work with the discharge planner at the hospital to figure out the logistics,” Jones said. “We can help people with disability applications, if needed, and route them toward local resources.” Without such help, many patients cannot maintain their treatment regimen, which may lead to a costly deterioration of their health and well-being.

In contrast, 75% percent of members enrolled in care management demonstrated improvement (44%, on average) on standardized assessments.

These improvements lead to improved physical health.



A five-year analysis of Lucet's care management program found a

46% ↓

reduction in emergency room (ER) visits for physical concerns for enrolled members

and up to

32% ↓

fewer inpatient admissions compared with nonenrolled members

There was a

46% ↓

reduction in ER visits for enrolled members with substance use disorder


compared with a

130% ↑

increase for nonenrolled members.

Care coordination improves members' quality of life. It's also cost-effective. Plan members who receive care through Lucet have sustained annual savings of more than \$1,000 in outpatient settings and more than \$3,000 in facility-based settings. Fifty-four percent of members with bipolar disorder transitioned out of high-cost (more than \$15,000/year) status.

"We are implementing tools and technologies that help clinicians and those seeking care," Dewan said. "When we match patients with the right clinician for the right type of treatment, patients have the best possible chance to get better."



## *Partner* with the Right Behavioral Health Professionals

Members deserve timely access to top-notch behavioral health care. Health plans that partner with a proven behavioral health company gain access to infrastructure and expertise that will help them more effectively meet members' needs. Seek partners to manage provider networks with a solution that shares insights into care utilization gaps, solving puzzles in data so you don't have to.

When considering a behavioral health partner, look for:

- ◆ Proactive, targeted member outreach
- ◆ Robust clinical screening process
- ◆ Clinically informed care navigators and a diverse spectrum of licensed, culturally attuned clinicians
- ◆ 24-hour crisis support
- ◆ Dynamic provider network management
- ◆ Comprehensive data insights regarding supply, demands, performance and clinical outcomes

The right behavioral health partner can help uncover and expand access to behavioral health, decrease wait times for care, and support long-term improvements in members' emotional and physical health. Effective behavioral health care coordination can drive care success, resulting in thousands of dollars in savings per member annually.





**NAAKESH (NICK) DEWAN, MD, CPE, DLFAPA,**  
vice president of behavioral health at GuideWell  
and Florida Blue and Lucet board member

Naakesh (Nick) Dewan, MD serves as Vice President, Behavioral Health. In this role, he is responsible for creating a cross-functional team that designs and implements the enterprise's behavioral health strategy for all insurance segments. This includes creating new value-based reimbursement models and new roles in the care delivery system, as well as a broad view of behavioral health across demographics and specific points of care.

Dr. Dewan earned a Doctor of Medicine from Medical College of Ohio at Toledo and completed residency at the University of Southern California and the University of California, San Diego. He is a certified physician executive and is board-certified in psychiatry and addiction medicine. He is a nationally and internationally recognized leader in behavioral health quality, reimbursement models and digital innovations.



**Z. COLETTE EDWARDS, MD, MBA,**  
a medical consultant and former corporate  
medical executive of associate health and  
well-being at Humana

Z. Colette Edwards, MD, MBA is the former National Medical Director, Associate Health and Well-Being at Humana. In that role she provided clinical and operational leadership to optimize the health, well-being, and benefits of Humana's 53,000 associates. During her tenure, Humana was a Platinum Award winner in NBGH's "Best Employers for Healthy Lifestyles" recognition program from 2014 - 2020, ranked in the top 10 of "Healthiest 100 Workplaces in America" in 2017 - 2019, achieved Gold status in the AHA's Workplace Health Achievement Index 2017 - 2021, and was a 2022 NBGH Best Employer for Excellence in Health & WellBeing, with an additional citation for Excellence in Mental Health.

Dr. Edwards is a gastroenterologist and received a BA from Harvard University, an MD from the Perelman School of Medicine at the University of Pennsylvania, and an MBA from the Wharton School.





**DARREL WEAVER, MD,**  
vice president of health care network services  
at Blue Cross and Blue Shield of Alabama

Dr. Weaver has been with Blue Cross and Blue Shield of Alabama since 2008. He became an Associate Medical Director in 2011 and was promoted to Medical Director in 2015. In early 2016, he also became Director of Network Contracting and was promoted to Vice President of Health Care Networks in July of 2016.

Dr. Weaver is Board Certified in Family Practice but has spent the majority of his clinical career practicing Emergency Medicine. He received his MD from the University Of Alabama School Of Medicine.



**LIZ JONES, LMHC, CCM,**  
AVP of clinical strategy at Lucet

Liz is responsible for leading clinical innovation and strategy on our product team. She brings over 15 years' experience in clinical operations, product development, and clinical practice. A licensed mental health counselor, Liz ensures clinical fidelity with a focus on program evaluation to drive outcomes and enhance the member experience.

Prior to joining Lucet, Liz worked in diverse outpatient settings, treating patients in university and community-based care, with a sub-specialty in adoption, attachment, trauma, and children and adolescents.



# Lucet™

The Behavioral Health  
Optimization Company

Lucet's unique combination of people and technology is proven to optimize access to behavioral health care providers and increase a health plan's ability to connect members to quality care. With the industry's largest network of hundreds of care navigators and technology powered by more than six million assessments and more than 20 years of data, Lucet is proven to successfully identify and connect people across the entire acuity spectrum with the right care in less than five days on average, and often as little as one day.

[LucetHealth.com](https://www.LucetHealth.com)



# studio / **ID**

## **BY INDUSTRY DIVE**

studioID is Industry Dive's global content studio offering brands an ROI rich tool kit: Deep industry expertise, first-party audience insights, an editorial approach to brand storytelling, and targeted distribution capabilities. Our trusted in-house content marketers help brands power insights-fueled content programs that nurture prospects and customers from discovery through to purchase, connecting brand to demand.

**LEARN MORE**