



# How Provider Collaboration Impacts Behavioral Health Treatment Success

## The Problem

As the need for behavioral health services continues to increase across the nation, it is imperative that solutions maximize resources and meet individuals where they are on their path toward resiliency and recovery. Research supports that individuals who are engaged in their care plans achieve better clinical outcomes and increased adherence, as well as decreased relapse and hospitalization. Providers are in the optimal position to empower individuals to become active participants in managing their mental health and prioritizing their recovery. Therapist and patient agreement on goals leads to positive outcomes, and this bond is a key component to trust, engagement, and recovery.<sup>1</sup> Shared decision making helps individuals better understand their care options and generate informed decisions in support of their preferences while reducing hesitancy to treatment.<sup>2</sup>

Provider resistance associated with lack of training in shared decision practices, coupled with limited clinic time, are significant barriers to this collaborative, patient-led philosophy.<sup>3</sup> Payer-provider partnerships that help relieve administrative burden, promote member involvement, and identify community supports and services that address barriers such as physical health and socioeconomic deterrents can improve overall treatment success. When behavioral health providers have access to the tools and resources they need to look outside of the session at hand and consider the full scope of member needs, increased member independence, improved medication adherence, decreased dependence on outpatient therapy, and recovery success can be achieved.

Research shows positive outcomes for individuals living with a mental illness and substance use disorders when they receive services in their own community, which allows them to remain employed and maintain relationships that facilitate increased personal and social recovery.<sup>4</sup> As such, community-based services have shown to produce increased satisfaction and meet more needs.<sup>5</sup> Centene's Members Empowered to Succeed (METS) program focuses on each member's specific needs, coordinating with providers to create a recovery roadmap that's as individual as each member is — resulting in a reduction of unnecessary services, lower costs, greater medication adherence, increased treatment plan compliance, and improved overall health outcomes.

## Why It Matters

- Hospital stays for substance use and mental disorders average 6 days and cost \$15 billion annually in the U.S.<sup>6</sup>
- Over 10 years, 8.4 million or 8% of ED visits nationwide were for psychiatric or substance use diagnoses<sup>7</sup>
- Addressing social determinants of health has shown to decrease barriers to practicing healthy behaviors impacting the trajectory of many chronic diseases<sup>8</sup>
- Lack of care coordination among providers results in significant consequences for the patient including gaps in care, miscommunication, and redundancy in services and treatment<sup>9</sup>
- A holistic approach to mental health services that consider psychological, physical, and social supports has shown to improve rates of treatment adherence, remission, quality of life, and social functioning<sup>10</sup>

## Barriers to Progress

- Mismatched treatment goals between provider and member
- Lack of use of community-based supports
- Misaligned member needs and services
- Medication nonadherence
- Insufficient care coordination
- Inadequate treatment engagement
- Social determinant factors

## How METS Solves for Barriers

### PROVIDER PARTNERSHIPS

METS takes a unique approach to utilization management, employing data analytics and clinical reviews to deliver individualized provider feedback while encouraging ongoing two-way communication. This care shaping facilitates provider consultation and training and nurtures collaborative partnerships to increase use of best practices, as well as maximize community supports and direct member care to the most appropriate setting. Creating rapport and lasting relationships with providers of high-utilizing members not only enhances quality care delivery but also gives them the much needed administrative and clinical support required for more effective care coordination, prescribing, and operational practices.

### ALIGNMENT OF SUPPORTS

METS licensed clinicians assist providers in developing a treatment strategy that best matches the member's needs to the lowest acuity setting while delivering high-quality care and facilitating access to additional resources. This coordination includes partnership between the health plan team and providers on member goals, progress, and interventions to mitigate gaps in care while optimizing supports outside of the provider office.

### MEMBER ENGAGEMENT

The METS team encourages providers to collaborate with and empower members to be deeply involved in establishing individualized treatment goals. Through this trusting relationship, the entire care team partners to elicit, clarify, and resolve barriers to progress and identify supports to capitalize on the member's strengths to continue progress toward life goals and recovery. This collaborative, strategic approach motivates members to become active participants in their health outcomes, ultimately resulting in decreased dependency on outpatient services.

### INTEGRATED CARE

Cross-care team collaboration between all providers including behavioral health, pharmacy, medical, dental, and social needs enables the METS team to monitor and evaluate treatment progress and appropriate utilization of services. This approach adopts a comprehensive care plan design to address the various barriers that affect recovery while realizing the full benefit from resources that fit the member's desired treatment goals. In turn, the member becomes a committed participant in their treatment, which increases engagement, encourages independence, and drives improved overall health outcomes.

## The Impact of METS Outcomes



**>10k members engaged**

and reviewed for open HEDIS care gaps in the last year



**\$22 million**

in overall healthcare savings in 2023



**30+% decrease**

in unnecessary outpatient utilization



**23% reduction**

in overall BH spend

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6937966/>
2. <https://pubmed.ncbi.nlm.nih.gov/28402085>
3. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01472>
4. <https://store.samhsa.gov/sites/default/files/pep22-06-01-005.pdf>
5. [https://ec.europa.eu/health/system/files/2016-11/healthcare\\_mental\\_disorders\\_en\\_0.pdf](https://ec.europa.eu/health/system/files/2016-11/healthcare_mental_disorders_en_0.pdf)
6. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb249-Mental-Substance-Use-Disorder-Hospital-Stays-2016.pdf>
7. <https://pubmed.ncbi.nlm.nih.gov/32726001/>
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10. <https://ijmh.biomedcentral.com/articles/10.1186/s13033-020-00361-y>