WHITE PAPER

Whole-Person Care for People with Complex Service Needs:

The State Of Whole-Person Care: A National Survey Of The State of Integration in The Behavioral Health & Intellectual/Developmental Disabilities

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Executive Summary

Many define "integrated healthcare" or "whole-person healthcare" as the systematic coordination of physical health, behavioral health, and social determinants of health for one service recipient. In fact, this model has proven itself to be a more effective approach toward caring for people with complex care needs. In late 2021, NextGen Healthcare and *OPEN MINDS* collaborated to complete a research project on the current state of integration among behavioral health and human services providers. This paper outlines the findings from that primary research and compares the 2021 research survey results to the results of a similar survey conducted in 2020.

There are three major themes evident in the results of the 2021 survey on integrated healthcare. The first is related to the inevitability of integrated care; it is not a case of if, but of when. The second is that the combining of data from disparate sources, including physical health (PH), behavioral health (BH) and Social Determinants of Health (SDOH) continues to be a challenge to providers fully embracing integrated care, and finally, we see that many existing technology tools require enhanced functionality and interoperability to truly support whole-person care.

Integrated Care is the Future of Care

"58% of respondents stated they have started to integrate"

Among the many research findings, it was found that 58% of respondents (including primary behavioral health services and intellectual/developmental disability provider organizations) stated that they have started to integrate, or have fully integrated, their practices to include primary care services. This represents a 7% year-over-year increase compared to 2020 when 51% of behavioral health providers reported that they were expanding their practices.[1, 2]

Slightly more than half (51%) of respondents that specialize in behavioral health and/or human services indicated they now have practices where the physical health and behavioral health view of a service recipient is fully integrated, with 29% reporting that they have begun the process of integration through the collection of information, while 13% reported they have not yet begun the actual process of integration but say that they are currently in the planning stages. Less than 1% reported that they are not currently planning to expand into whole-person care.[2]

Interoperability & Data Integration

2021 survey results also show that 56% of providers report that they have either fully integrated ways to address SDOH among their consumers or have begun the process of integrating through the collection of information.

The Centers for Health Care Strategies notes that key levers for better integration include statewide data-sharing infrastructure for integrated plans and providers and the agreement on a quality measure set that comprehensively assesses outcomes across the full continuum of services. Especially for data that has not been collected traditionally, such as information related to social determinants of health, data governance, data definitions, and interoperability. Social determinants of health are the conditions related to where people live, study, work, and age that can affect a person's overall health. Researchers have demonstrated that focusing on disease or symptoms alone is not adequate to create a healthy person. Rather, SDOH must be considered with the goal to help improve a person's entire scope of living. For example, addressing a person's heart disease symptoms can only be so effective if the individual is homeless or food insecure.

2021 survey results also show that 56% of providers report that they have either fully integrated ways to address SDOH among their consumers or have begun the process of integrating through the collection of information. About 34% of respondents reported they have not begun to start collecting SDOH information but say that they are currently in the early planning stages. Surprisingly, about 10% of respondents reported they are not currently planning to track SDOH information.[2]

Need for Technology

To be effective in whole-person, fully integrated care, supporting technologies must also be integrated. Comprehensive tracking of what is happening with the consumers outside of the provider organization is necessary. Tracking should include referrals to specialists, prescription services, social supports, and hospitalizations. Systems must be fully interoperable. Ideally, care coordination should include capturing and sharing all the relevant data to a consumer's single record in the electronic health record (EHR). This means including interactions with providers outside either the behavioral health or physical health organization.

According to the 2021 survey results, 53% of respondents can use their existing technology to combine the data for the two disciplines together, such as through EHR and practice management systems.

However, 47% of respondents indicated that they are currently using several systems to collect all the information they need. About 20% reported that they are using two separate systems, such as one for health records and another for collecting information such as SDOH referrals. Meanwhile 18% said they are using more than two systems. Lastly, 8% stated their technology use does not fit into any of those categories with one respondent describing they have had to move back to using paper models due to various issues with technology integration and implementation.[2]

Introduction

Payer & Consumer Preferences for Whole-Person Approaches to Care

Health plans and governmental payers are reinforcing the financial benefit of whole-person approaches to care. Insurance plans throughout the U.S. are proving medical savings gained from helping their members with complex needs stabilize their behavioral health and social determinants of health. For example, the National Committee for Quality Assurance (NCQA) has added measures that illustrate the importance of adopting a whole-person care approach. One example of an added measure is based on how the Healthcare Effectiveness Data and Information Set (HEDIS) requires behavioral health payers to demonstrate effective diabetes management for people with schizophrenia. The underlying assumption is that more effective symptom management for a person's schizophrenia enables that person to at the same time better manage their diabetes.[4]

In various surveys and focus groups, consumers also show their preference for a whole-person approach. This is especially true for families with small children and for persons who have traditionally been underserved. In general, the greater the SDOH burden, the more evidence supports the whole-person care approach. Acknowledging that a user of services is a whole person with medical, social, and emotional needs, is, approaching that user in a respectful and empathetic manner.[5]

"At its simplest, integrated care is an approach to overcome care fragmentations, especially where this is leading to an adverse impact on people's care experiences and care outcomes."

– Nick Goodwin, Ph.D.,
International Journal of Integrated Care [(1)]

The State of Integrated, Whole-Person Care

In late 2021, NextGen Healthcare partnered with *OPEN MINDS* to conduct research, including information gathering from more than 120 health (separated into primary focus on behavioral health and primary focus on physical health) and/or intellectual developmental disability provider organizations, to learn more about their priorities and the current state of "whole-person" care. The survey was designed to be able to compare findings to the survey from 2020 to measure the larger trend toward integration of a full spectrum of services or incorporating whole-person care, within many specialty practices.

What is Integration?

Integrated health care is generally defined as the coordination of behavioral health care with physical health care services. This means aligning behavioral health care to treat psychiatric illness, substance abuse, and intellectual/developmental disability (I/DD) with primary care that focuses on physical health illness and wellness. Full integration can be defined as the concept of looking at the complete picture of a person's needs. For example, a person living with diabetes who also has symptoms of depression can receive all needed care from one provider organization rather than multiple providers.

As well documented by organizations such as the World Health Organization, people with complex healthcare needs may be inhibited from focusing on their treatment if they have behavioral health symptoms or unmet social needs. In this paper, we will use integration to mean a focus on a whole person, their physical health, their behavioral health, and their social support needs.

In addition to behavioral health and primary care services, many facilities are also including other services such as optometry, dentistry, radiology, and on-site pharmacy services.[6] This integration of care is especially important for individuals living in underserved communities that may have barriers to accessing high-quality health care.

Brief History of Integrated Care

During the 1980s, health services researchers began to document that many of the individuals who came to primary care physicians for care were also noted to have symptoms of depression. These consumers were more likely to have medically unexplained symptoms, more comorbid illnesses, and more functional impairment compared to other comorbid illnesses such as diabetes and heart disease. These individuals typically used twice as many health care services as their counterparts, costing insurers twice as much in resources.[7]

In addition, co-occurring behavioral health issues such as anxiety and depression can worsen the trajectory of other diseases, such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer.[8] Research also has shown that psychological distress from behavioral health issues can weaken the immune system, making individuals more susceptible to illnesses.[6]

These gaps between primary care and behavioral health are often more pronounced among minority populations and individuals living in poverty, two key demographics that already lack access to quality mental health services. In addition, stigma surrounding behavioral health issues continues to keep some consumers from the life-saving treatments they need.

"This historical perspective is essential to understanding some of the challenges faced by practicing primary care providers striving to provide 'whole person' integrated care. The magnitude of the need for whole-person care cannot be underestimated," said Betty Rabinowitz, M.D., FACP, former Chief Medical Officer for NextGen Healthcare.[9]

"This historical perspective is essential to understanding some of the challenges faced by practicing primary care providers striving to provide 'whole person' integrated care. The magnitude of the need for whole-person care cannot be underestimated"

— Betty Rabinowitz, M.D., FACP,
former Chief Medical Officer for NextGen Healthcare

Models of Integration

Currently there are two main models for fully integrated care. The first is a behavioral health program that has primary care embedded into the treatment models. The best example of this is the Certified Community Behavioral Health Clinic (CCBHC) model that requires primary care to be part of the full program. The second model is a physical health program which embeds behavioral healthcare in its services. This second model is seen less often but is growing especially through community health centers and federally qualified health centers (FQHC).

While organizations are running full steam ahead on plans to integrate primary care and behavioral health, it can be a huge undertaking for provider organizations to combine what have previously been two distinct areas of medicine.[10] Although primary care and behavioral health may seem very similar, there are a few striking distinctions that add to the challenge of marrying the disciplines together.

Two Medical Traditions, One Patient[10]

Two Medical Traditions, One Patient

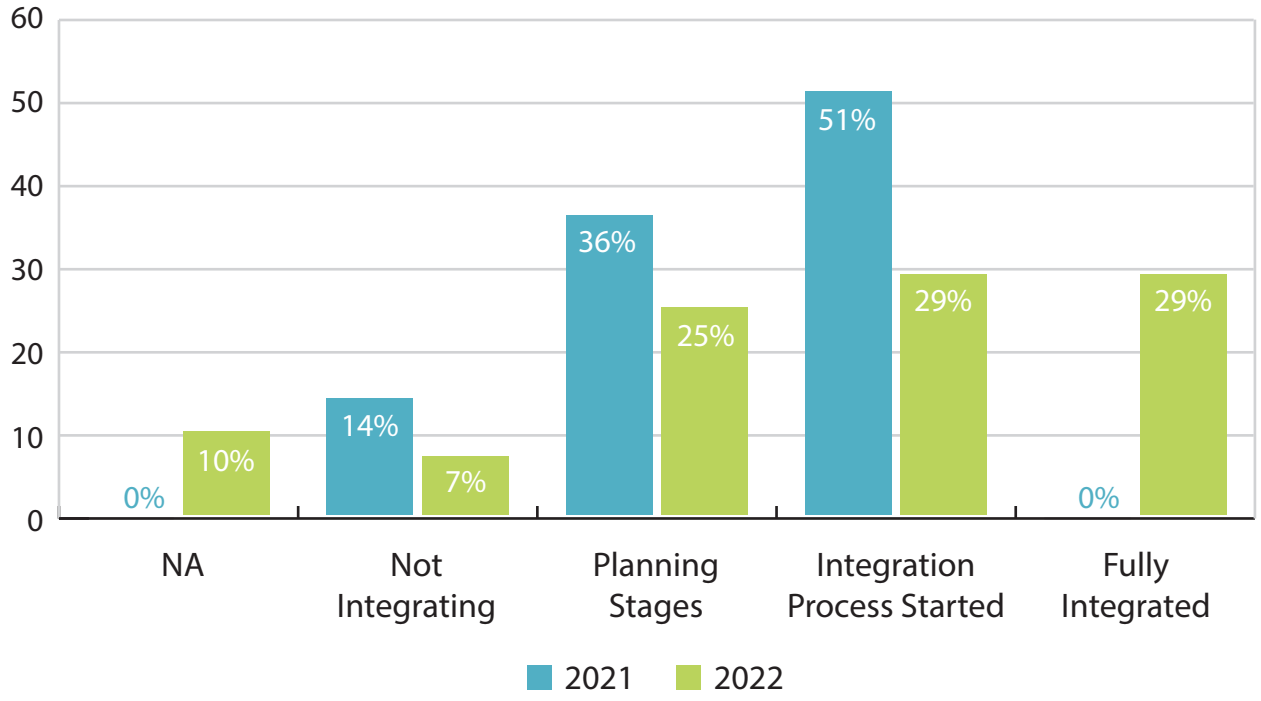
- Terminology & Acronyms
- Workflows
- Caseload Ratios
- Length of Care and Visits
- Types of Communication
- Urgent vs. Scheduled
- Medical & Technology Infrastructure
- Reimbursement Differences

PRIMARY CARE
Fast-paced
Chronic disease management
Info shared among health teams
Time with patient varies by situation
Flexible care suited for emergencies
Long-term relationship
Often lots of follow-up care
Acute treatment – flu shots, strep tests, broken bones, stitches
Patient usually not responsible for illness
24-hour communication
Care built over years of previous illnesses and injuries
Saved lives
Physical exam & lab testing

BEHAVIORAL HEALTH
Slower pace
Treatment recovery model
Information kept private
Time with patient fixed
Appointments scheduled in advance
Episodic care
Firm boundaries between visits
Provider/patient relationship is the treatment
Patient partially responsible for recovery
Scheduled appointments
Care intermittent due to event, such as grief, trauma
Meaningful lives
Verbal assessment & online screening tools

Length of the appointment is one of the main differences between primary care and behavioral health. Most patient interactions with primary care providers last anywhere from 17 to 30 minutes. Meanwhile, behavioral health interactions are usually scheduled for 50-minute sessions. In addition, for persons with high use of primary care, there is typically some type of chronic disease that is managed over many years, such as diabetes or high cholesterol. The majority of behavioral health practice is related to shorter-term interventions, and is focused on recovery, such as recovering from the death of a loved or a traumatic experience. [11]

Figure 1 Incidence of Physical Health Providers Reporting Integrated/Whole-Person Care[2]

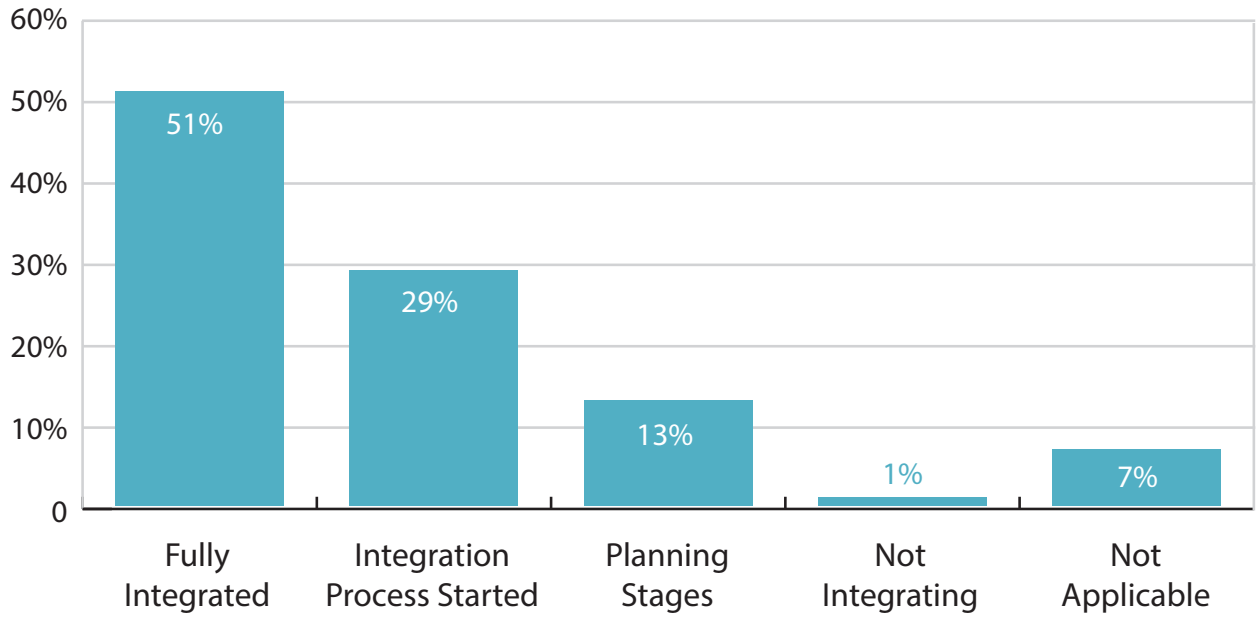


Beyond marrying two distinct care philosophies, integrated care also comes with the challenge of merging electronic health records and other workplace technologies specifically designed to record visits for medical services for consumers with complex needs, track referrals, and ensure proper reimbursement. With integrated care, provider organizations need care coordination technologies that can assess all of a consumer's needs, follow them through the continuum of care, connect the individuals to social supports, and track interventions and outcomes across a variety of touchpoints.[12] In addition, this continuum of care tracking is becoming more complex as more and more services become available in consumers' homes, both through telehealth and visiting providers.

The more common approach to integration is being led by BH clinics. In addition, COVID-19 has accelerated many initiatives to address SDOH, leading to new funding to address the health and economic after-effects of the pandemic, including direct support to address food and housing insecurity as well as stimulus payments to individuals, federal unemployment insurance payments, and expanded child tax credit payments.

Behavioral health providers have had to respond to the increased demand for and need for services related to the pandemic. "When we think about what's happening right now, we're seeing a lot of supply and demand issues that are creating the need for transformation. There's also a growing awareness of behavioral health destigmatization, which is really driving the need for transformation," said Javier Favela, Vice President, Behavioral Health Solutions for NextGen Healthcare. "For example, when you look at autism spectrum disorder, there's been a 300% increase in diagnosis rates. There's also a 30% higher prevalence of depression among commercially insured millennials." [13]

Figure 2 Incidence of Behavioral Health Providers Reporting Integrated/Whole-Person Care[2]



This increased acceptance and awareness of behavioral health needs have exposed the current workforce shortages in the field that many have been trying to call out for years. For example, SAMHSA in 2021 estimated that the current behavioral health professional workforce is 684,039, based on lowest current workforce estimates. The estimated need for that workforce is 5.17 million, a shortage of 87%.[14]

Partially due to the increased need in the marketplace for behavioral health, there has been considerable interest from private equity into primary care and behavioral health. Investors steered a record $6.7 billion into U.S. digital health start-ups in the first three months of 2021. [15]

As behavioral health needs among consumers continue to grow, so, too, is the awareness among payers (including private insurers and federal, state, local and tribal funders) that they will need to make a significant investment into SDOH and mental health services to help their members overcome many pandemic-induced health problems and stay well. Most are realizing that the natural place to do this is through an integrated care delivery system that focuses on whole-person care. This is often described as combining primary care and mental health services, but it can also include other health services such as optometry and dentistry. The biggest challenge facing healthcare leaders then is how to remove silos in care that have kept various parts of health separate for generations.[16]

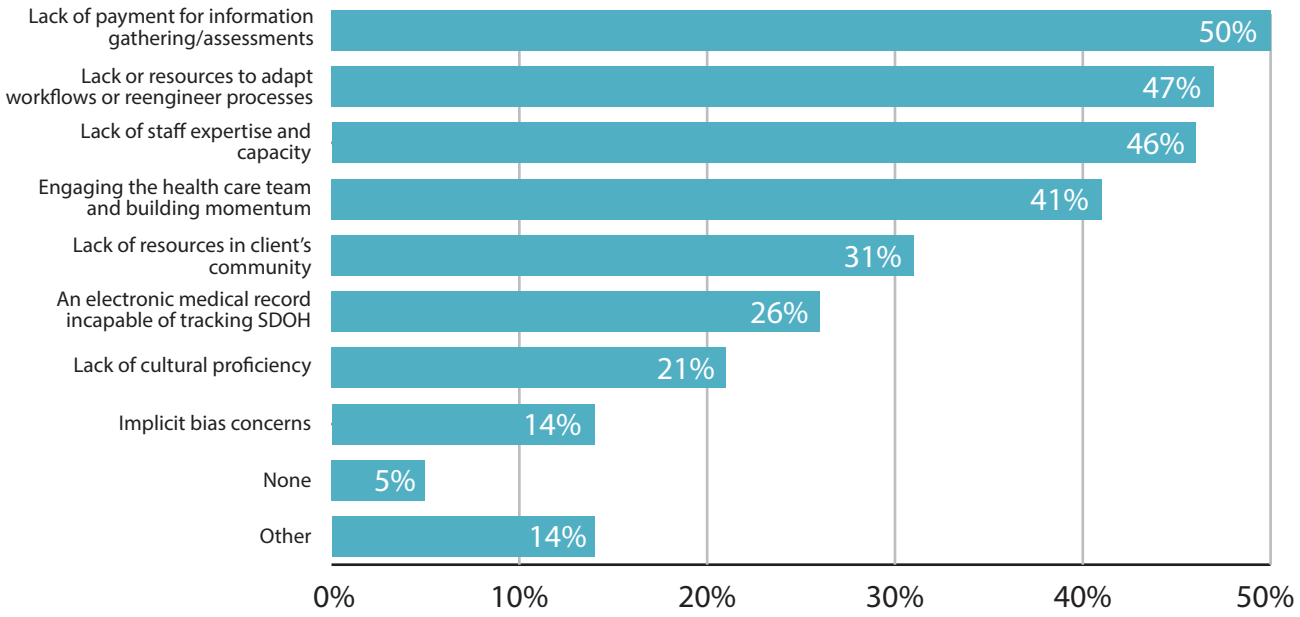
According to Favela, technology is often one of the biggest challenges organizations face when they work toward a whole-person care model. “A group I recently worked with is very complex in terms of services – integrated care, delivery system, residential, in-patient, specialty services, foster care, and child welfare services,” he said. An added complexity to all data collection is the complex reporting requirement as a provision of many of the grants, such as those certified community behavioral health centers or federally qualified health centers.[13]

Barriers to Whole-Person Care

Despite the overall interest from provider organizations to expand into whole-person care, many organizations still face obstacles both externally and internally. According to 2021 survey respondents and as demonstrated in Figure 3, there are operational challenges that exist for providers.[2] The comments included in the 14% of “other” include:

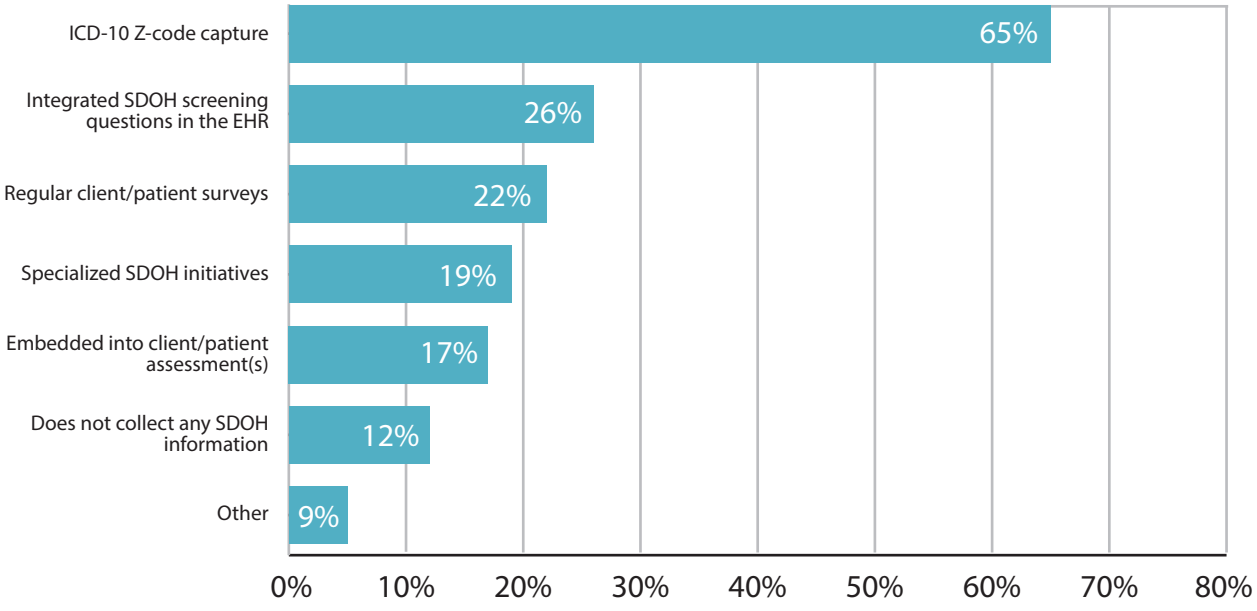
- Complexity/lack of definitions for Z codes
- Difficulty tracking referrals
- Low reimbursement for services
- Lacking of supporting functionality in the current health record
- Need for intensive staff training
- Lacking medical records that track SDOH

Figure 3 Barriers to Integrated Care[2]



In addition to these structural barriers, there are technology barriers as well. Many of the systems currently in use are not configured to support the provision of whole-person/fully integrated care. Below are some of the major systems limitations that the survey respondents reported.

Figure 4 Technology Needed/Systems Used[2]



Beyond the day-to-day challenges of integrating two separate disciplines into a united health organization, there are several industry trends that are keeping whole-person care executives up at night.

The main concern is still financial – 79% say their major worry is keeping up with changing reimbursement methods such as transitions from traditional fee-for-service to variations of value-based reimbursement (VBR) models that attempt to reward provider organizations for keeping consumers healthy rather than paying for individual tests and visits.[2]

After financial concerns, many provider organizations are worried about the data aspects of the job.[2]

79% of respondents say their major worry is keeping up with changing reimbursement methods

76% of respondents say they are following measurement and improvement of client outcomes using a improvement models

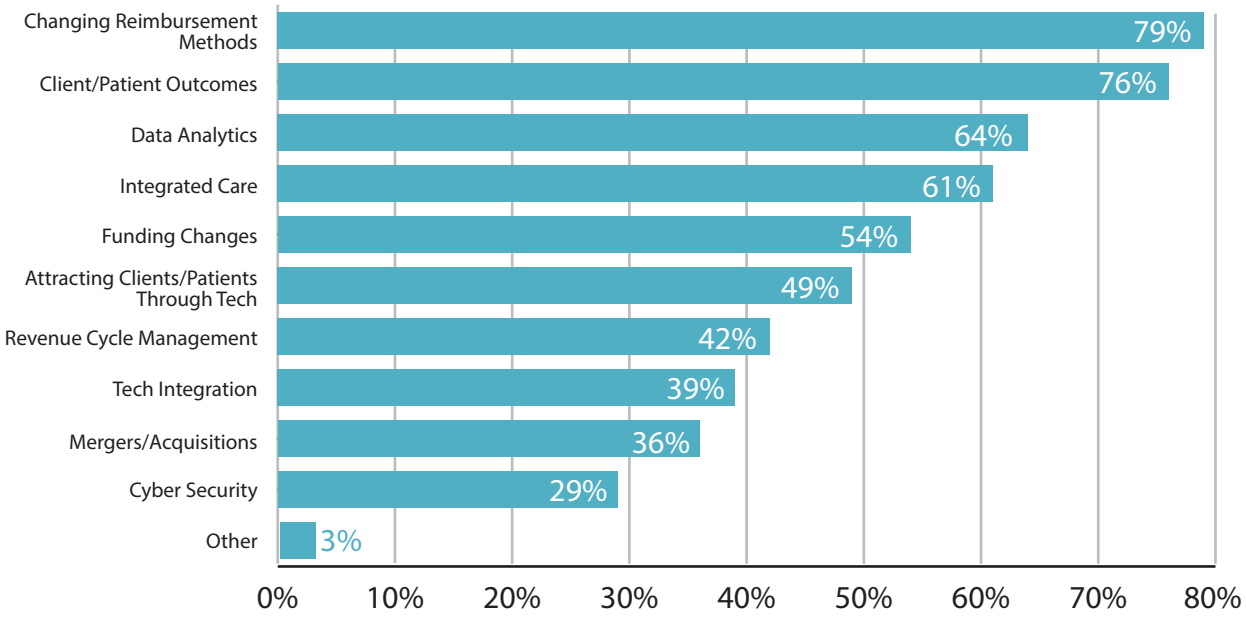
64% say they are closely tracking data analytic requirements that will address new policy guidelines and offer insight into the business

54% worry about how to diversify funding and how to navigate the increasingly complex payer landscape.

48% are thinking about attracting and retaining clients via telehealth and other distributed service delivery models

29% acquiring or improving practice management capabilities/revenue cycle management

Figure 5 Financial & Technical Concerns Ranked[2]



Methodology and References

The State of Whole-Person Care: A National Survey of the State of Integration in the Behavioral Health & Intellectual/ Developmental Disabilities Field

2021 Provider Organization Survey

Behavioral Health Fully Integrated in Half of All Integrated Care Clinics

In August 2021, leading ambulatory-focused technology solution provider, NextGen Healthcare Inc., and OPEN MINDS, a business solutions firm specializing in health and human services for people with chronic conditions and complex support needs, partnered to measure the success of providers broadening their practices to include primary care and behavioral health by conducting an online survey of behavioral health and intellectual development and disability provider organizations with interest in integrating primary and behavioral health care. The 2021 survey repeated several questions that appeared on an earlier survey the two organizations conducted in 2020 that tracked trends in integrated care services.[1]

One hundred and twenty-one (121) provider organizations from across the United States responded to the survey. More than half (51%) of respondents reported they now have practices where the behavioral health component is fully integrated, 29% say they have begun the process of integration through the collection of information, and 13% report they have not yet begun the actual process of integration but are currently in the planning stages. Only 0.8% of respondents report that they are not currently planning to expand into whole-person care.

When it comes to full integration of the physical health component into behavioral health care clinics, 29% of respondents say they are fully integrated and another 29% say they have begun the process of integration. Meanwhile, 25% of respondents said they are still in the planning stages of adding physical health services and 16% say they do not have plans to integrate.[2]

Figure 6 With Regard to the Physical Health Component of Integrated/ Whole-Person Care[2]

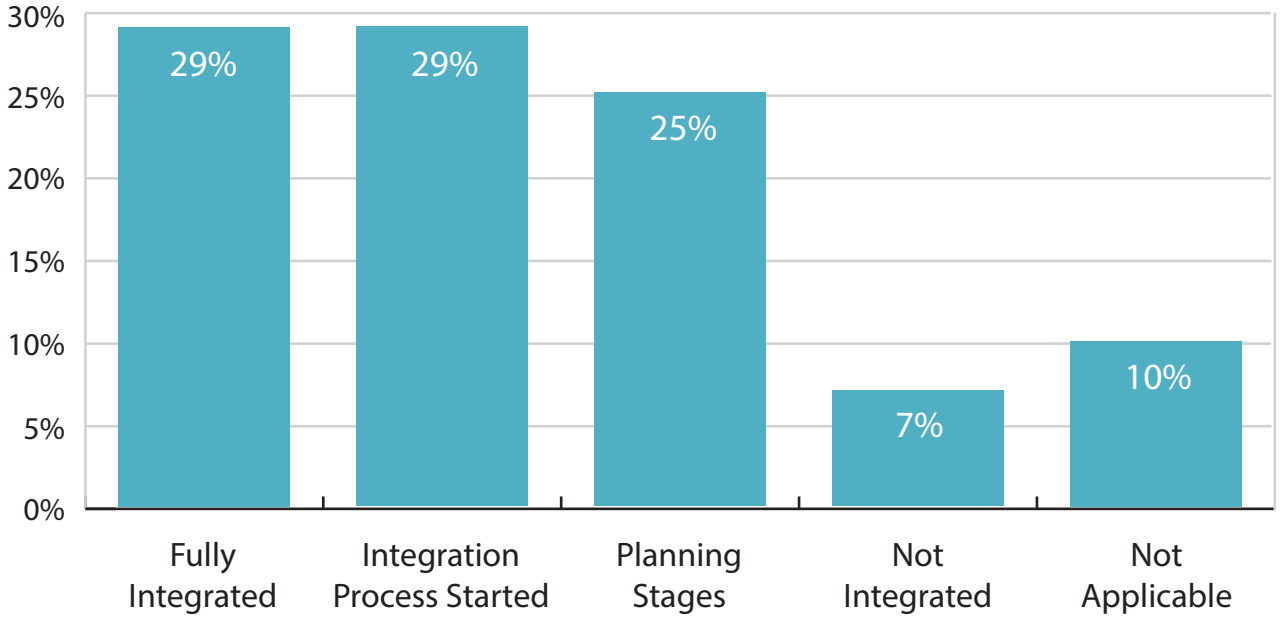


Figure 7 With Regard to the Behavioral Health Component of Integrated/ Whole-Person Care[2]

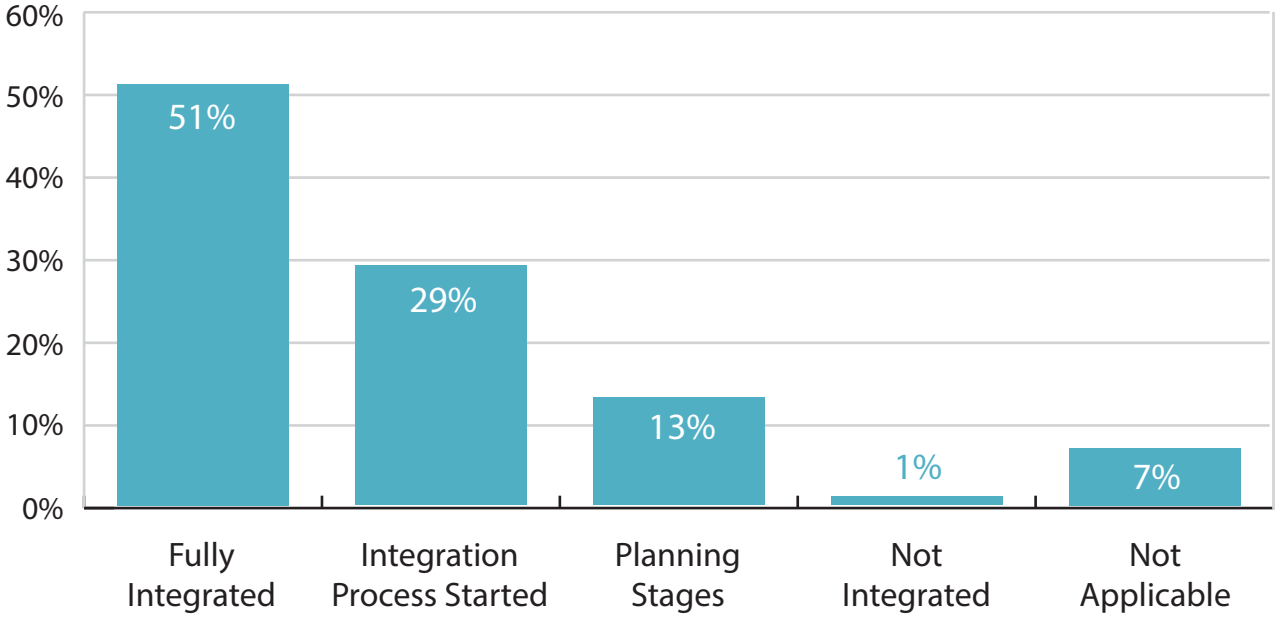
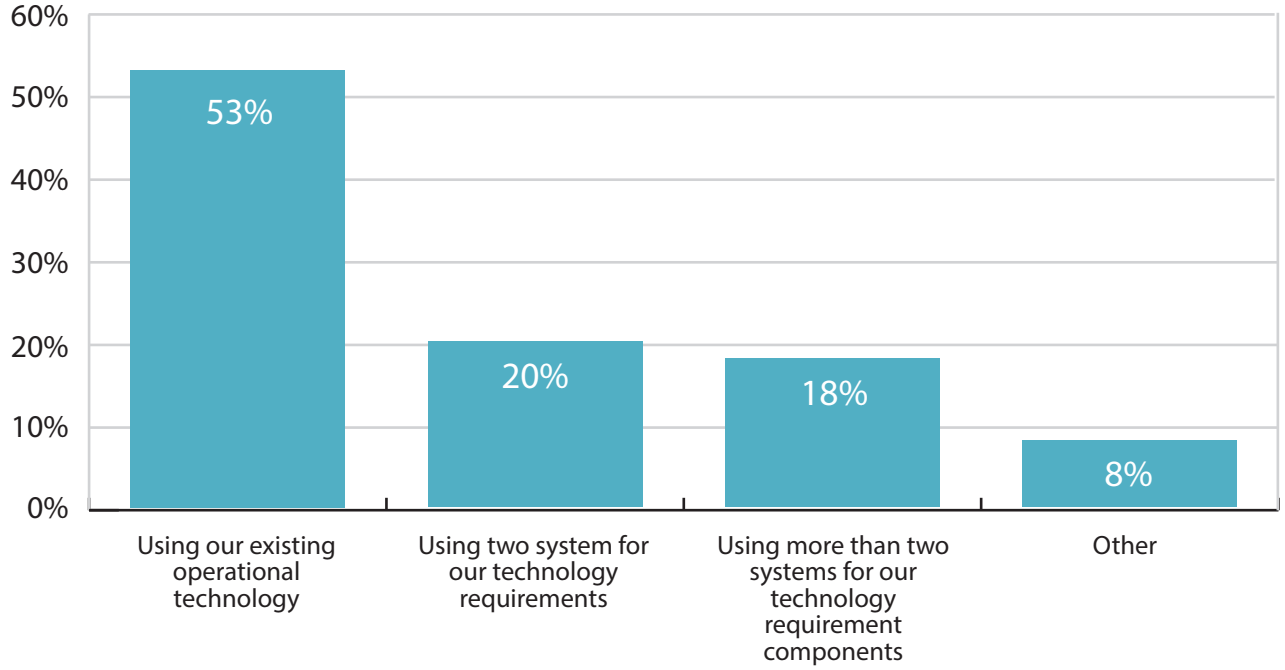
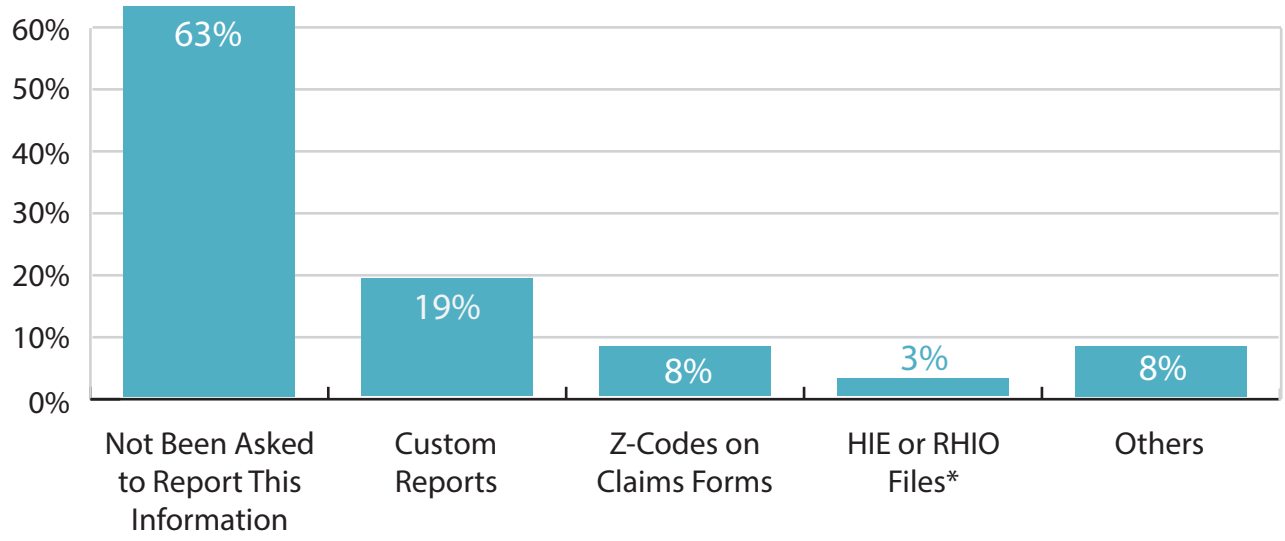


Figure 8 Number of Technology Systems Utilized Towards the Provision of Whole-Person Care[2]



Part of the challenge for integrated care provider organizations is figuring out how to best track social determinants of health affecting consumers. According to the survey, about 70% of respondents said they have not currently been asked by payers to track SDOH data on the individuals they treat. However, several providers conveyed that they are proactively tracking this data as they predict it will be required in the future.

Figure 9 Requirements to Track SDOH Findings Externally[2]

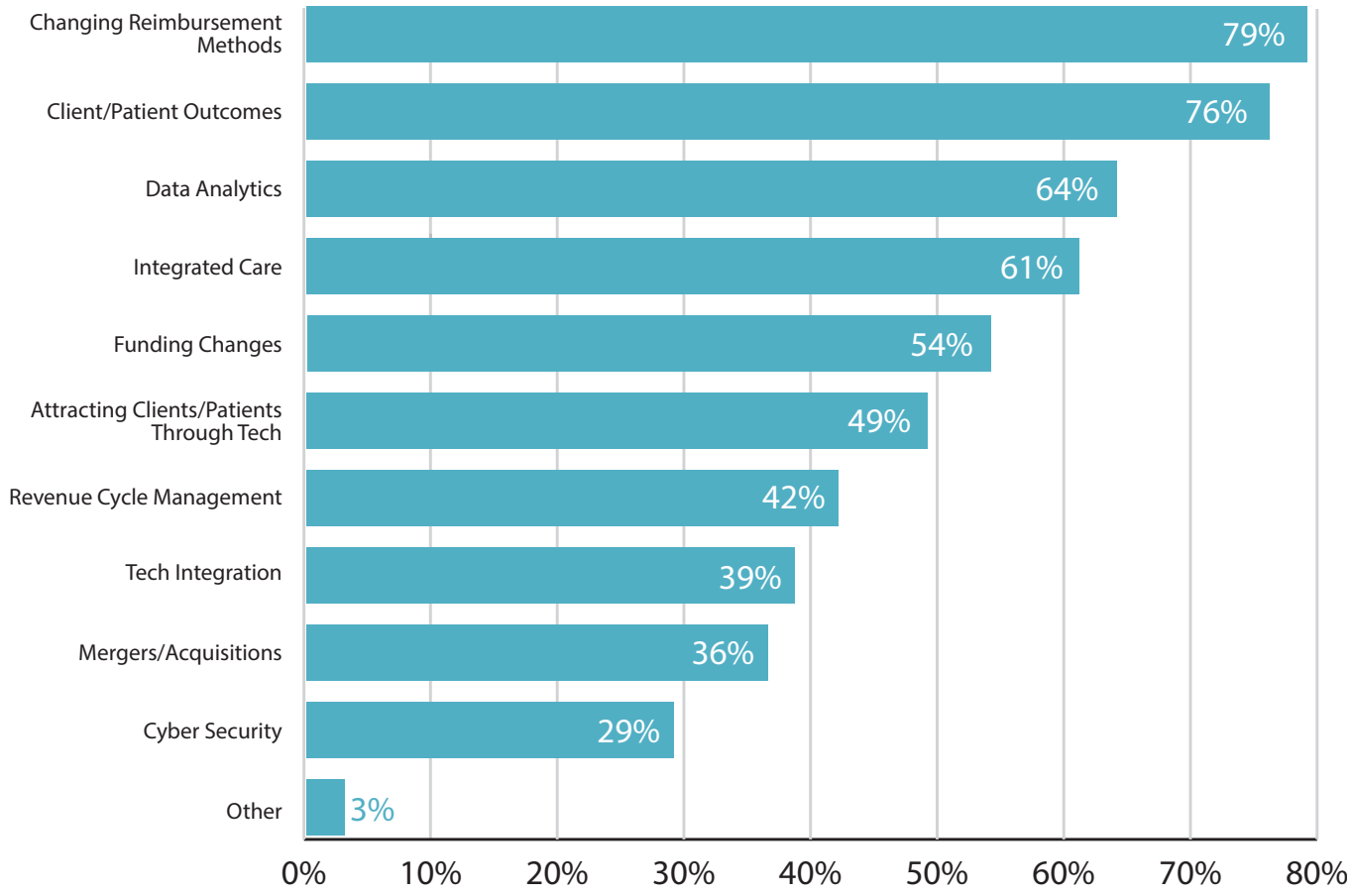


*Regional Health Information Organization (RHIO), Health Information Exchange (HIE)

The integrated care community has not coalesced around a preferred method of collecting that information and these results show that provider organizations are still using several different methods trying to settle on the best way to collect this information. The most common method preferred by 65% of respondents is having the SDOH data embedded into their consumer assessments. Meanwhile, 26% have integrated SDOH screening questions into their EHR, 22% have added regular client and patient surveys into their practices, 19% have integrated specialized SDOH initiatives into their workflow, and 17% are using ICD-10 Z-code capture. About 12% of respondents said that they are not collecting any SDOH information currently. Another 9% answered "other" with responses ranging from they are doing everything manually to organizations who have had to take SDOH tracking measures due to pandemic and workforce issues.

The 2021 results mirror the 2020 survey results whereby provider organizations conveyed that ensuring financial sustainability as their biggest concern, followed by creating a business plan to integrate behavioral health and primary care, and coordinate care and shared care planning.

Figure 12 Industry Trends Being Followed Closely (All That Apply)[2]



Respondent Characteristics

Target: Behavioral health, I/DD, or primary care services provider organizations who have begun to integrate or are thinking of integrating behavioral health (and/or IDD) and primary care services.

Distribution: Subscribers to the wholepersoncarehq.com community which is about 1,600 provider organizations involved in integrated care or whole person care efforts. Three individual attempts were made to solicit responses

Response Rate: One-hundred-twenty-one (121) surveys were completed out of 1,575 surveys sent for a response rate of 7.7%

Format: Quantitative online survey delivered via SurveyMonkey with logic. Sixteen primarily multiple-choice questions with select open-ended options.

Timing: August 2021 – September 2021.

Table 1 Respondents by Geographic Area[2]

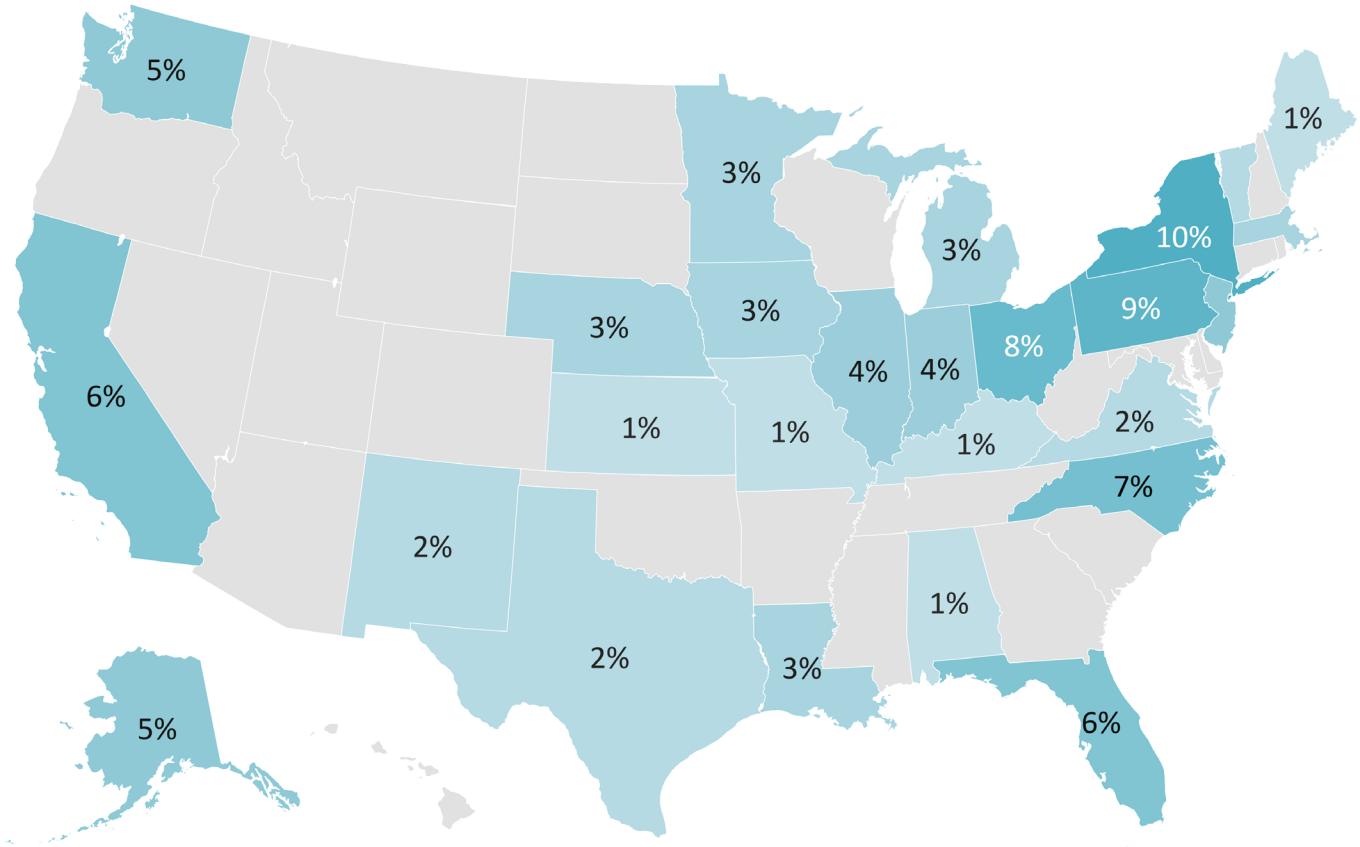
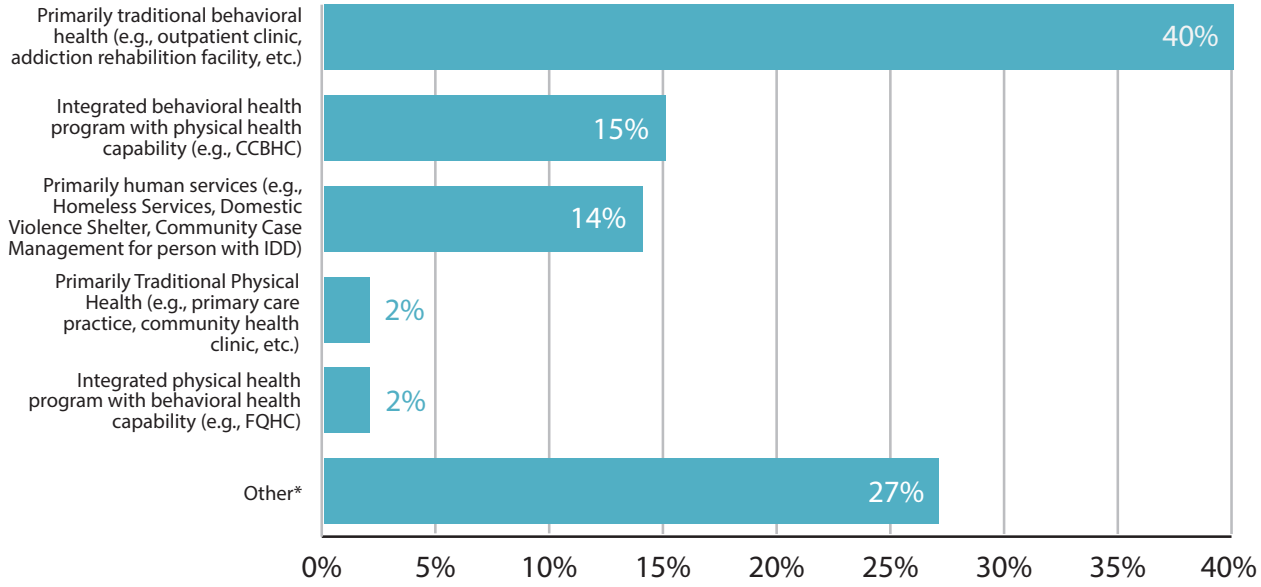
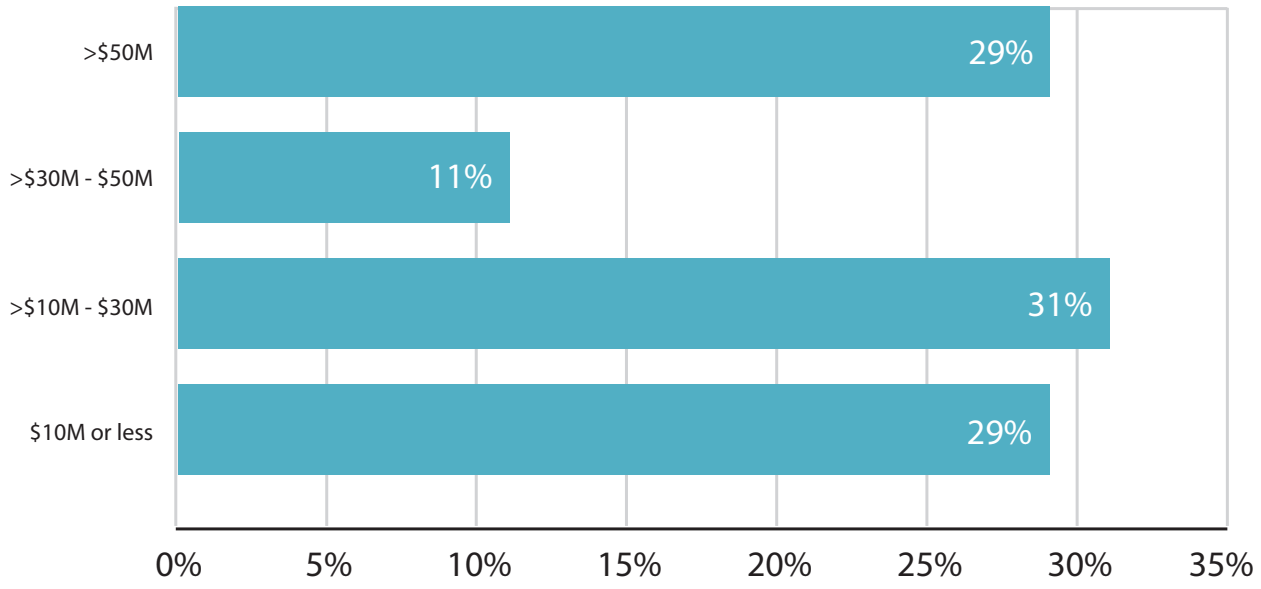


Figure 13 Organization Type of Respondents[2]



*Verbatim responses collected for "other" included behavioral health and development disability service, equally FQHC and CCBHC, network of FQHCs, traditional I/DD, peer support agency, state authority, local government agency with partners, academic and community partnership with FWHC, managed behavioral care organization, human services, and hybrid of integrated behavioral health and traditional behavioral health services.

Figure 14 Organization Revenue of Respondents[2]



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About the Sponsor

NextGen Healthcare

NextGen Healthcare, Inc. (Nasdaq: NXGN) is a leading provider of ambulatory-focused technology solutions. NextGen® Behavioral Health Suite integrates medical, dental, and behavioral health data into one record on a single platform for a comprehensive view of patient health, enabling a whole-health approach to care. Configurable workflows and reports as well as mobile solutions and digital pen enable clinicians to collaborate more efficiently with care teams and spend more quality time with patients. Our solutions identify higher-risk patients for potential impact on quality and financial performance, simplify reporting, and enable practices to keep up with changes in regulations and compliance requirements. The results are better clinical outcomes, higher quality care, and improved clinician and patient satisfaction. Learn more at www.nextgen.com/bhsuite.

Whole-Person Care Headquarters

The online community, Whole-Person Care Headquarters by NextGen Healthcare, is the industry leader for integrated health clinical content, best practices, and strategic insights. The online community provides:

- An online resource for information and case studies demonstrating successful interoperability among clinicians, hospitals, and labs.
- Executive insights on models and best practices to enhance integrated care.
- Integrated, fast, and intuitive mobile results.

By providing clear direction, Whole-Person Care Headquarters by NextGen Healthcare is driving informed evidence-based practice(s) in the field of behavioral health. Learn more and join free at www.wholepersoncarehq.com.

OPEN MINDS

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OPEN MINDS is powered by a national team of experienced executives and subject matter experts with specific expertise and experience in nine key market areas – mental health, addictions, chronic conditions, autism and intellectual/developmental disabilities, long-term care, children's services, social services, juvenile justice, and corrections health care. Our mission is to improve the quality of care for consumers with complex support needs by improving the effectiveness of those serving them – provider organizations, payer and insurance organizations, government agencies, pharmaceutical organizations, and technology firms. Learn more at www.openminds.com.