

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.¹ Shared decision making helps individuals better understand their care options and generate informed decisions in support of their preferences while reducing hesitancy to treatment.²

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.³ Payer-provider partnerships that help shape prescribing patterns, 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 that many individuals living with a mental illness prefer to receive services in their own community, which allows them to remain employed and maintain relationships that facilitate increased personal and social recovery. As such, community-based services have shown to produce increased satisfaction and meet more needs.⁴ 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.⁵
- Over 10 years, **8.4 million or 8% of ED visits nationwide** were for **psychiatric or substance use** diagnoses⁶
- **\$100-\$300 billion** of annual U.S. health care dollars are associated with **medication nonadherence**⁷
- **Addressing social determinants of health** has shown to **decrease barriers** to practicing **healthy behaviors** impacting the trajectory of many **chronic diseases**⁸
- **Lack of care coordination among providers** results in **significant consequences** for the patient including **gaps in care, miscommunication, and redundancy in services and treatment**⁹
- 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**¹⁰

