Issue Brief

Achieving Success in Population Health Management with Integrated Care

How integrated care supports population health management

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Issue Brief

Achieving Success in Population Health Management with Integrated Care

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I. Introduction – Description of Problem/Industry Need

Behavioral health has a significant impact on population health organizations addressing the quadruple aims: reducing costs, improving population health, patient experience, and provider well-being[1]. Every year 1 in 5 American adults report experiencing a mental health (MH) disorder[2]. Since the onset of the COVID-19 pandemic, that number has doubled, with 40% of Americans reportedly struggling with a mental health or substance use disorder (SUD)[3]. With behavioral health needs soaring, population health organizations have seen the impact MH and SUD have on health outcomes and total cost of care. This has led to an increased demand for innovative and evidence-based strategies.

For patients with MH and SUDs, screenings are underperformed, and care is underutilized. While as many as 75% of patients have a relationship with a primary care provider (PCP)[4], depression is screened for in only 5% of primary care populations[5];

[1] Bodenheimer T, Sinsky C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014 Nov-Dec;12(6):573-6.
[2] Substance Abuse and Mental Health Service Administration. (2018). Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Retrieved from: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
[3] Czeisler MÉ, Lane RI, Petrosky E, et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States. MMWR Morb Mortal Wkly Rep, 69:1049–1057.
[4] Levine, D. M., Linder, J. A., & Landon, B. E. (2020). Characteristics of Americans with primary care and changes over time, 2002-2015. JAMA Internal Medicine, 180(3), 463.
[5] American Psychiatric Association. Depression screening rates in primary care remain low. (2017). Retrieved from: https://www.psychiatry.org/newsroom/news-releases/depression-screening-rates-in-primary-care-remain-low

therefore depression goes undiagnosed in about 50% of primary care patients[6]; two-thirds of patients will go untreated each year[7]. Once identified, two-thirds of PCPs report not being able to access outpatient behavioral health for patients due to shortage of mental health care providers, health plan barriers, and a lack of or inadequate coverage for services[8].

Despite the critical importance of identifying and treating behavioral health needs, population level mechanisms for screening, intervention, and referral remain inadequate. Without a systematic way to identify and refer patients to the appropriate level of behavioral health services, patient care needs are undiagnosed and untreated. Currently, provider decision making for screening, intervention, and referral is often based on: 1) patient self-report of diagnosis and need, 2) patient disclosure of symptoms (with or without a diagnosis), or 3) presentation of emergent risk during a PCP visit (evidence of suicidality, homicidality, or self-harming behaviors)[9]. Consequently, some primary care patients with MH/SUDs have unmet needs go undiagnosed and untreated, while others may be utilizing an already overburdened system through unnecessary or inappropriate referrals.

Integrated service delivery models within population health systems offer substantial advancements for increased screening, identification, and intervention across the healthcare ecosystem. By enhancing team-based care, and allowing interdisciplinary team members to work to the top of their license, integrated MH/SUD care models support PCPs that continue to be asked to do more with less time, and improves holistic quality of care. Yet, despite the benefits, factors such as behavioral healthcare provider shortages, financial and regulatory challenges, and stigma continue to impede wide scale implementation of integrated behavioral health programs. The combination of evidence-based integrated care solutions and digital technology platforms may support more holistic and equitable approaches to health integration for those with access to technology[10].

The Population Health Alliance (PHA) has for decades included integrated medical and behavioral health as well as the social determinants of health under the PHA Population

[6] Mitchell, A. J., Vaze, A., & Rao, S. (2009). Clinical diagnosis of depression in primary care: A meta-analysis. The Lancet, 374(9690), 609–619.
[7] Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K. B., & Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. New England Journal of Medicine, 352(24), 2515–2523.
[8] Cunningham, P. J. (2009). Beyond parity: Primary care physicians' perspectives on access to mental health care. Health Affairs, 28(Supplement 1), w490–w501.
[9] Mitchell, A. J., Vaze, A., & Rao, S. (2009). Clinical diagnosis of depression in primary care: A meta-analysis. Lancet, 374(9690), 609–619.
[10] American Medical Association. (2022). Accelerating and enhancing behavioral health integration through digitally enabled care. Retrieved from: https://www.ama-assn.org/system/files/bhi-return-on-health-report.pdf

Health Management Framework. Additionally, the Quality & Research, Policy, and Program agendas include advancing Behavioral Health as a top priority including integrated care, extending care access using telehealth, and mental health parity.

II. An Overview of Current Solutions

> "Over the past decade, the integration of behavioral health and general medical services has been shown to improve patient outcomes, save money, and reduce stigma related to mental health."
>
> - American Psychiatric Association

The National Council for Behavioral Health identified the following goals of integrated behavioral health[11]:

- Expanding identification/screening for behavioral health disorders
- Improving outcomes for both physical and behavioral health diagnosis
- Avoiding hospital admissions and readmissions
- Reducing emergency room utilization
- Preparing for value-based payment models

In this context, the term integrated behavioral health is used to define two distinct models of care: Primary Care Behavioral Health (PCBH) and the Psychiatric Collaborative Care Model (CoCM). These Integrated care models are not mutually exclusive, but instead are frequently blended for appropriate care access for patients.

PCBH Model of Care

The PCBH model represents a fully integrated system of care, as defined by levels 5 and 6 of the Substance Abuse and Mental Health Service Administration's (SAMHSA) levels of integration framework[12].

[11] The National Council for Behavioral Health. (2018). The Value of Integrated Behavioral Health. Retrieved from www.thenationalcouncil.org/wp-content/uploads/2018/10/The_Value_of_Integrated_Behavioral_Health_09.07.18.pdf?daf=375ateTbd56

[12] The National Council for Behavioral Health. (2014). Primary Care Behavioral Health. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2013/10/May-15-Learning-Forum-Slides.pdf?daf=375ateTbd56

Referral		Co-Located		Integrated	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1 Minimal collaboration	**Level 2** Basic collaboration at a distance	**Level 3** Basic collaboration on site	**Level 4** Close collaboration on site with some system integration	**Level 5** Close collaboration approaching an integrated practice	**Level 6** Full collaboration in a transformed / merged integrated practice
Behavioral health, primary care, and other healthcare providers work:					
In separate facilities	In separate facilities	In the same facility, not necessarily the same office	In the same space within the same facility	In the same space within the same facility with some shared spaces	In the same space within the same facility, sharing all practice space

A Standard Framework for Levels of Integrated Healthcare was developed for the SAMHSA-HRSA Center for Integrated Health Solutions

The PCBH model is built on a population health approach with the explicit goal of improving primary care for the whole clinic population. A Behavioral Health Consultant's (BHC's) primary goal is to improve the health of the clinic population by improving the health of individual patients; "although the level of improvement in any individual patient may be less than what may have been achieved with a higher intensity intervention, the potential positive impact on the overall population may be greater[13]."

In this model, PCPs screen and complete "warm hand-offs" according to patient identified needs. Warm handoffs occur at the time of the medical appointment by introducing the BHC to the patient. BHCs are an independently licensed and qualified mental health professional on the interdisciplinary team. PCPs and BHCs regularly co-monitor treatment responses at each contact using a validated assessment tool to support patients by identifying the appropriate level of care to meet their MH/SUD treatment needs.

The PCBH model provides a systemic approach to support the patient at point-of-care within the broader behavioral health continuum, including MH/SUDs as well as the behavioral factors that help the patient achieve improved whole health[14]. The goal of solution-focused brief therapy (SFBT) is to identify a person's strengths as well as

[13] Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The primary care behavioral health (Pcbh) model: An overview and operational definition. Journal of Clinical Psychology in Medical Settings, 25(2), 109–126. https://doi.org/10.1007/s10880-017-9531-x

[14] American Psychological Association. Behavioral health services in primary care. Retrieved from https://www.apa.org/health/behavioral-health-services-primary-care.pdf

resources and solutions to problems or issues. This contrasts with more traditional talk therapies that focus more on the problem. The level of intervention or therapy services provided is in context of the primary care visit and according to a joint treatment plan between the PCP and BHC[15].

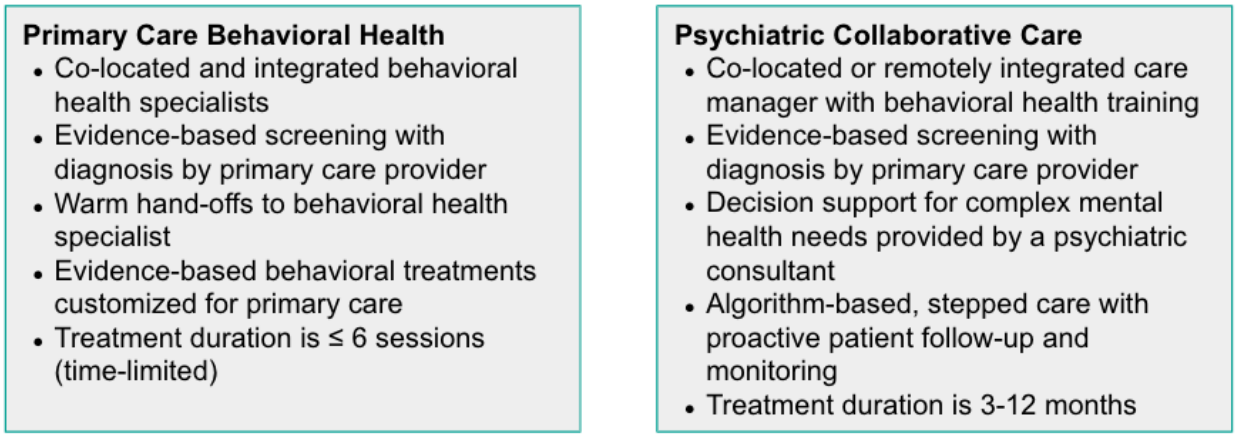
Psychiatric Collaborative Care

The Psychiatric Collaborative Care Model (CoCM) is an adaptation of the chronic care management model, providing focused and integrated team-based support for primary care patients with chronic mental illness. Developed at the Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington, CoCM is part of a stepped-care model. Collaborative care offers care beyond routine healthcare services yet not as intensive or long-term as other levels of behavioral health treatment. Collaborative care focuses on early intervention and prevention of acute health crises or to bridge gaps in care, ensuring access to the right treatments at the right time for patients.

The model utilizes a Behavioral Health Care Manager (BHCM) and psychiatric caseload supervisor (psychiatrist or psychiatric advanced practice nurse) to support PCP's with the management of behavioral health conditions. The BHCM directs therapeutic interventions, including psychoeducation, brief cognitive behavioral therapy, problem solving therapy, and motivational interviewing to support patients in treatment. Patients are involved in establishing their goals for treatment outcomes using validated assessment tools. When necessary, patients are referred for therapy by a BHC.

The American Psychiatric Association suggests that the ideal service delivery model is a combined approach of PCBH and CoCM, ensuring that patients receive the right level of care at the right time to treat their specific needs[16].

[15] Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer A. C. (2009). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention. Washington, DC: American Psychological Association.
[16] American Psychological Association.Behavioral health services in primary care. Retrieved from https://www.apa.org/health/behavioral-health-services-primary-care.pdf



Adapted from the American Psychological Association. Retrieved from https://www.apa.org/health/behavioral-health-services-primary-care.pdf

Digitally Supported Integrated Care

Digitally supported integrated care intentionally combines evidence-based interventions like CoCM with digital tools designed to support these care models. Digital solutions allow patients to engage in the appropriate level of care when and where convenient, removing traditional barriers to care such as limited access, limited insurance coverage, and stigma. Digital solutions additionally address the barriers that impede sustainable long-term integration of behavioral health care into physical medicine settings, offering an opportunity to augment care and extend the reach of previously limited resources. Smartphone apps reach diverse groups of people, including those who may not have previously been diagnosed with depression[17]. Tablet-based screenings have been shown to detect twice as many people for depression, compared to in-person workflows with nursing staff[18]. Additionally, the use of measurement-based care technologies enables the collection of more accurate patient information, with patients self-reporting higher depression severity and suicidal ideation in app-based screenings compared to traditional in-person settings[19].

The COVID-19 pandemic rapidly increased the acceptance and adoption of digital technologies, expanding the use of digitally supported care, however mental health technology goes far beyond telehealth visits. While Digital self-management solutions

[17] BinDhim NF, Shaman AM, Trevena L, et al. (2015). Depression screening via a smartphone app: cross-country user characteristics and feasibility. J Am Med Inform Assoc. 22(1):29-34.
[18] Miller DP Jr, Foley KL, Bundy R, et al. (2022). Universal screening in primary care practices by self-administered tablet vs nursing staff. JAMA Netw Open.5(3): e221480.
[19] Torous, J, Staples, P, Shanahan, M, et al. (2015). Utilizing a Personal Smartphone Custom App to Assess the Patient Health Questionnaire-9 (PHQ-9) Depressive Symptoms in Patients with Major Depressive Disorder. JMIR mental health, 2(1), e8.

alone have limited evidence, mental health applications that seek to augment and extend the mental health workforce to support integrated care have unlimited potential[20]. The innovation in digitally supported integrated behavioral health enhances patient-centered care, allows customization to meet individualized treatment plan goals, and equips staff with the skills to make informed clinical decisions[21].

III. Outcomes to Date

Integrated behavioral health programs provide a method of universal screening, identification, and intervention that systematically assesses and engages patients in BH therapeutic support. Practices without integrated behavioral health support identify 36% of patients referred for specialty behavioral health services resulting in long waiting lists for mental health services, poor coordination of services, and lack of structured mental health education within primary care. Conversely, when implementing an integrated behavioral health program, referrals decrease to 14%[22]. Rooted in brief solution focused therapy, integrated treatment programs demonstrate shorter treatment duration with better or equivalent outcomes[23].

Integration of behavioral health treatment into physical health settings results in three primary outcomes: lower total medical costs[24], improved mental health[25] and physical health outcomes, and improved patient[26] and care team satisfaction[27].

Reducing Medical Costs

A Milliman report published in 2018 evaluated the financial impact of evidence-based integrated behavioral health. Reviewing claims data of common mental and physical health comorbidities, Milliman identified that 9-17% of total cost savings can be attributed to effective integration of physical and mental health programs, specifically

[20] Torous J., Jän Myrick K., Rauseo-Ricupero N., Firth J. (2020). Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow. JMIR Ment Health. 2020;7(3):e18848.
[21] Di Carlo, F., Sociali, A., Picutti, E., et al. (2021). Telepsychiatry and other cutting-edge technologies in COVID-19 pandemic: Bridging the distance in mental health assistance. International journal of clinical practice, 75(1), e13716.
[22] Kwan, BM, Valeras, AB, Levey, SB, et al. (2015). An Evidence Roadmap for Implementation of Integrated Behavioral Health under the Affordable Care Act. AIMS public health, 2(4), 691–717.
[23] Gingerich, W. J., & Peterson, L. T. (2013). Effectiveness of Solution-Focused Brief Therapy: A Systematic Qualitative Review of Controlled Outcome Studies. Research on Social Work Practice, 23(3), 266–283. https://doi.org/10.1177/1049731512470859
[24] Unutzer, J, Katon, WJ, Fan, MY, et al. (2008). Long-term cost effects of collaborative care for late-life depression. The American journal of managed care, 14(2), 95–100.
[25] Gilbody S, Bower P, Fletcher et al. (2006). Collaborative care for depression: A cumulative meta-analysis and review of longer-term outcomes. Arch Intern Med. 166(21):2314-21.
[26] Katon WJ, Lin EH, Von Korff M, et al. (2010). Collaborative care for patients with depression and chronic illnesses. N Engl J Med. 363(27):2611-20.
[27] Gallo, JJ, Zubritsky, C, Maxwell, J, et al. (2004). Primary care clinicians evaluate integrated and referral models of behavioral health care for older adults: results from a multisite effectiveness trial (PRISM-e). Annals of family medicine, 2(4), 305–309.

evidence-based CoCM programs. These cost savings were predominantly identified on the medical spending side[28].

Improved Population Health

When integrating behavioral health specialists into the primary care setting, the strongest evidence for PCBH emerged for increased access and utilization of care. Patients who received PCBH services received quicker access to care, attended more sessions, and were more likely to step-up their care to specialty mental health services than patients who did not receive PCBH. The studies that assessed changes in patient symptoms/ functioning and patient satisfaction tended to find positive results, however these studies were small and lacked comparison groups.[29] Evidence suggests that PCBH leads to decreased symptoms and improved functioning, however the methodological quality of this research is weak[30].

A substantial body of evidence for Collaborative Care has emerged since its development at the University of Washington in the 1990s. Beginning with the seminal IMPACT Trial published in 2002, more than 90 randomized controlled trials and several meta-analyses have shown the Collaborative Care model (CoCM) to be more effective than usual care for patients with depression, anxiety, and other behavioral health conditions. CoCM is also shown to be highly effective in treating co-morbid mental health and physical conditions such as cancer, diabetes, and HIV[31]. Evidence also strongly supports the effectiveness of remote CoCM. Despite offsite mental health care teams of behavioral health specialists and psychiatric caseload consultants, higher rates of treatment adherence were identified in the remote collaborative care program when compared to treatment as usual, suggesting that technology-assisted interventions may help rural primary care teams in the management of depressive patients. Future cost-effectiveness studies of remote collaborative care programs are needed[32].

In summary, though we can be confident that PCBH and CoCM improves access to care and some process-focused care outcomes, we await the widespread adoption of health care system efficiency measures such as reductions in preventable emergency

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[28] Melek, SP, Norris DT, Paulus, J. et al. (2018). Potential economic impact of integrated medical-behavioral healthcare. Retrieved from: https://www.milliman.com/en/insight/potential-economic-impact-of-integrated-medical-behavioral-healthcare-updated-projections

[29] Possemato K, Johnson EM, Beehler GP, et al. (2018). Patient outcomes associated with primary care behavioral health services: A systematic review. Gen Hosp Psychiatry. 53:1-11.

[30] Possemato K, Johnson EM, Beehler GP, et al. (2018). Patient outcomes associated with primary care behavioral health services: A systematic review. Gen Hosp Psychiatry. 53:1-11.

[31] AIMS Center, University of Washington. Evidence Base for CoCM. Retrieved from: https://aims.uw.edu/collaborative-care/evidence-base-cocm

[32] Rojas, G., Guajardo, V., Martínez, P., Castro, A., Fritsch, R., Moessner, M., & Bauer, S. (2018). A remote collaborative care program for patients with depression living in rural areas: Open-label trial. Journal of medical Internet research, 20(4), e158.

department visits and readmissions applied to outcome-based research. These measures should then be linked to nonfinancial and financial incentives (both upside and downside) under value-based payment arrangements.

Improved Patient Experience and Provider Wellbeing

Patients with depression and anxiety treated in a collaborative care model have higher levels of patient satisfaction with mental health treatment. Within integrated care settings, PCP's report higher satisfaction with integrated care programs as opposed to enhanced referral systems. Primary care providers predominantly identify improved communication between treatment providers, better coordination of care, and decreased stigma for patients as the most significantly improved aspects of care influenced by integrated behavioral health service delivery models[33]. Additional care team members identified feeling comfortable and satisfied with integrated service delivery, valuing integrated behavioral services, and indicating strong recommendation that other PCPs integrate behavioral health services into their facilities[34]. The impact of this team-based approach is seen across patients, teams, and individual providers.

IV. Next Steps / Overcoming Adoption Challenges

Wider adoption of integrated behavioral health treatment models is necessary to accomplish the quadruple aim: enhancing patient experience, improving population health, reducing costs, and improving the work life of health care teams. Specifically, systems must strategically focus on tackling existing barriers to the effective implementation of evidence-based integrated behavioral health delivery models.

Access

An estimated 37% of the United States population live in mental health professional shortage areas; an additional 6,398 mental health providers are necessary to fill these shortage gaps[35].

Integrated behavioral health delivery models ensure a population level approach to MH/SUD care, resulting in appropriate risk stratification and treatment intervention based on the motivation and acuity of the patient. Digital solutions are an imperative component of delivering integrated behavioral health services at scale. Digitally

[33] Gallo, JJ, Zubritsky, C, Maxwell, J, et al. (2004). Primary care clinicians evaluate integrated and referral models of behavioral health care for older adults: results from a multisite effectiveness trial (PRISM-e). Annals of family medicine, 2(4), 305–309.
[34] Ede, V, Okafor, M, Kinuthia, et al. (2015). An examination of perceptions in integrated care practice. Community Mental Health Journal, 51(8), 949–961.
[35] USA Facts. (2021). Over one-third of Americans live in areas lacking mental health professionals. Retrieved from: https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-health-professionals/

augmented behavioral health integration efficiently enables care teams to treat patients' mental health needs while navigating the right care to be provided to the right patient; these solutions create a person-centered environment that supports shared clinical decision making and improved health outcomes[36]. This combination of high-tech and high-touch interventions based on stratification of need ensures at-risk providers and payers can adequately serve populations.

Competency

To ensure a competent and qualified workforce, behavioral health integration must become a core pillar of medical and behavioral health education. Beyond medical education, it is essential to increase combined medical-psychiatric residency programs that emphasize the bi-directional impact of physical and mental and behavioral health conditions and prepare primary care physicians and psychiatrists to collaborate in, and practice, holistic medicine[37].

Addressing Health Disparities

Various elements of integrated care, such as improved access and addressing socio-cultural needs of the population, suggest that integrated care may help reduce health disparities and increase mental health equity. However, evidence of the effectiveness of integrated care in reducing disparities is limited. Critical components to consider when implementing integrated care programs to address health disparities include cultural and linguistic competence, a diverse workforce, social determinants of health, and following emerging best practices. Successful programs also gather input from the communities they serve, patients and family members, and integrated care experts[38].

Best Practice and Quality Standards

Population health practices must be trained, supported, and incentivized to universally incorporate best-practice guidelines of measurement-based care into their practice. Utilization of validated assessments for common mental health disorders, including the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) are critical to measuring, assessing, and tracking patient outcomes over time and tailoring interventions based on evidence and data[39].

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[36] Brooks, A, Philip, A. (2022). Clinical burnout and the impact of digital behavioral health solutions. Retrieved from: https://f.hubspotusercontent20.net/hubfs/5158979/Clinical%20Burnout%20White%20Paper.pdf

[37] American Medical Association. (2022). Accelerating and enhancing behavioral health integration through digitally enabled care. Retrieved from: https://www.ama-assn.org/system/files/bhi-return-on-health-report.pdf

[38] Sanchez, K., Ybarra, R., Chapa, T., Martinez, O.N. (2016). Eliminating Behavioral Health Disparities and Improving Outcomes for Racial and Ethnic Minority Populations. Psychiatr Serv. 67(1):13-5. doi: 10.1176/appi.ps.201400581.

[39] American Medical Association. (2022). Accelerating and enhancing behavioral health integration through digitally enabled care. Retrieved from: https://www.ama-assn.org/system/files/bhi-return-on-health-report.pdf

Across population health systems, payers and health plans, and policymakers there lacks an established and consistently applied standard of behavioral health patient outcomes and integrated system efficiency measures necessary to establish best-practices and standardization across integrated behavioral health settings. To be successful in a value-based care environment, deployment of a comprehensive population health management framework is essential. Quality population health management frameworks must include: (1) universal assessment and risk stratification at a regular cadence, (2) tailored interventions that address physical, behavioral and social needs, and (3) ongoing evaluation of outcomes to further tailor and improve upon services[40]. The focus on BH outcome measures, as opposed to traditional process measures, will result in improved quality outcomes and efficiency of care. Stakeholders across these systems must align on these measures and develop sustainable implementation and expansion processes that encourage holistic integrated care.

Financial Sustainability

Medicare, some commercial, and Medicaid payers provide reimbursement for psychiatric collaborative care and integrated therapy services through CPT billing codes[41]. However, establishing integrated care programs within population health organizations is both timely and expensive. Funding opportunities must support the up-front personnel and infrastructure costs associated with developing integrated behavioral health delivery models. Payers must then ensure that payment for integrated behavioral health services, across direct service and care management delivery models, are universally covered across private and public payers, and that those payments are fair and in parity with their medical counterparts. Accurate measurement of the risk of a population, including social determinants of health, and subsequent risk adjustment for rate setting is key to be sure care delivery is properly funded in any value-based payment including capitated, bundled payment or episode payment structures.

[40] Population Health Alliance. (2022). Understanding Population Health. Retrieved from: https://populationhealthalliance.org/research/understanding-population-health/

[41] American Psychological Association. (2022). Getting paid in the collaborative care model. Retrieved from: https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid

V. Conclusion

Integration of behavioral health treatment into physical medicine settings offers a clear opportunity to directly address the quadruple aim: enhanced patient experience, improved population health, reduced healthcare costs, and improved workforce experience. For population health organizations to successfully integrate these programs there must be: (1) alignment on best-practices, (2) identification of diagnoses responsive to integrated care, and (3) strategic cooperation across healthcare segments to ensure the highest quality of care that is aligned with agreed upon outcome measures for success. Digital health solutions that augment direct clinical care provide an opportunity to implement and expand these programs at scale, allowing patients to access the type of care they desire when they desire it, and ultimately decluttering a system of inappropriate and unnecessary referrals. Together, digitally supported integrated behavioral health increases access to behavioral health specialty care for those most in need and most likely to utilize it.

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