The Mind/Body Continuum

Cost Considerations for Whole Person Health

Mark T. Jansen, MD, Vice President and Chief Medical Officer, Arkansas Blue Cross and Blue Shield
Particia Gibson, MD, Medical Director for Behavioral Health, Arkansas Blue Cross and Blue Shield
Aaron Novotny, PhD, Director, Health Economics, Arkansas Blue Cross and Blue Shield

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Discussion points

- Historical trend to consider mental health disorders in the US as separate and distinct from physical health
- Historical management of mental health disorders
- Recognition of the mind/body continuum. That mental health and physical health are two components of whole person health
- The advent of mental health parity laws
- Economic perils of managing physical health while ignoring mental health

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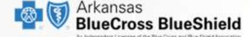
Early management of mental health disorders

Ancient Times

Treatment – exorcisms, prayers, herbal remedies and rituals



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Early management of mental health disorders

From 1500 to 1800, there was renewed interest in the problem and potential medical explanations, but treatments remained crude.

- Restraints
- Bloodletting
- Purging
- Institutionalization

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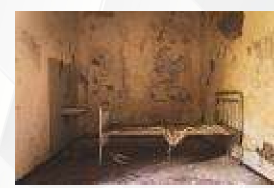
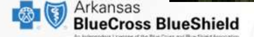
Early management of mental health disorders

Bedlam - a scene of uproar and confusion (Oxford dictionary)

Bedlam Royal Hospital, London





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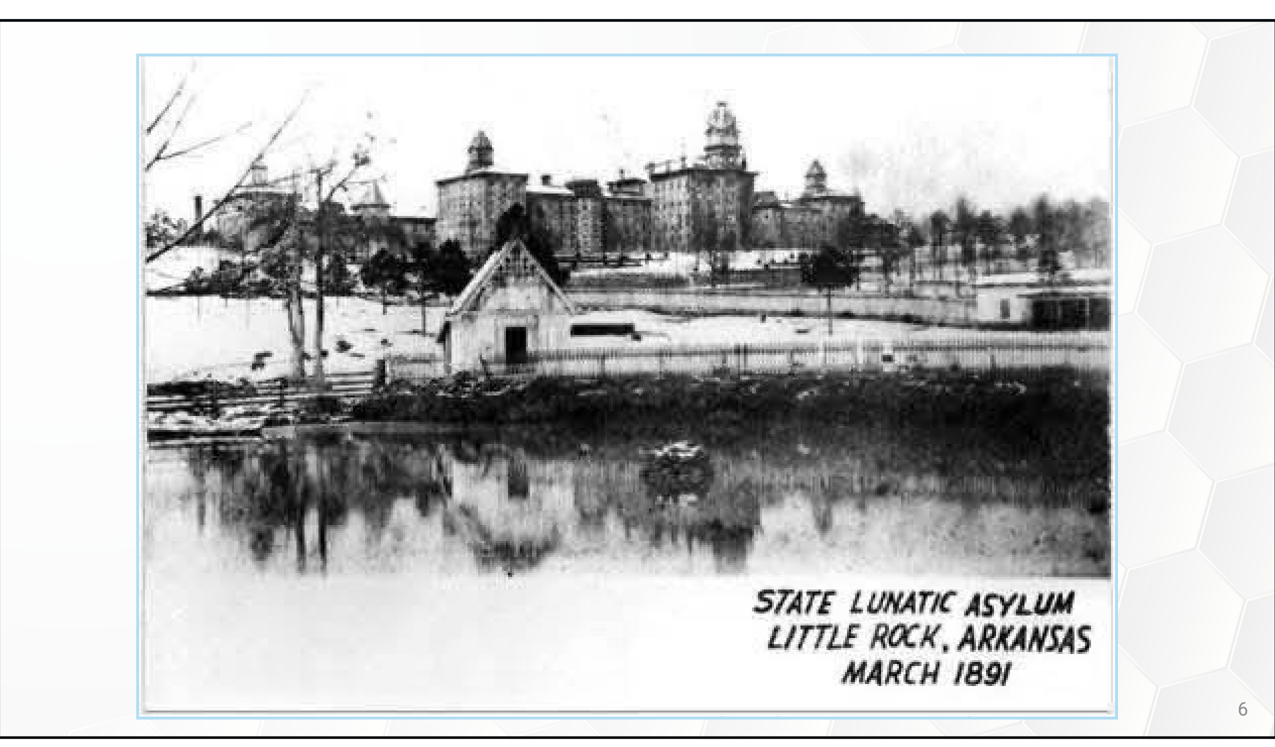

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Early 20th Century management shift toward a biological understanding

- Freudian psychoanalysis
- Electroconvulsive therapy (ETC)
- Lobotomies– surgical removal of the frontal brain (1930s-1950s)
- Institutionalization was still dominant

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Modern understanding and management of mental health disorders

- Understanding of the brain biology and pharmacodynamics has advanced
- Management is multi-faceted (talk therapy, medications), evidence-based and increasingly patient centered
- Diagnostic classifications are far more developed
- Pharmacological treatments are much more refined and targeted to the biochemical disorders promoting disease
- The interaction between psychiatric disorders and substance use disorders is better understood
- Treatment has shifted from inpatient to outpatient

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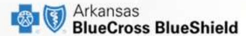
Modern understanding

- Despite all the advancements, there is a tendency to divorce mental health from physical health by society in general
- Until recently, the healthcare industry and the health insurance industry harbored the same segregation
- Recent understanding now appreciates the necessity of viewing health, overall, as having components inclusive of mental and physical



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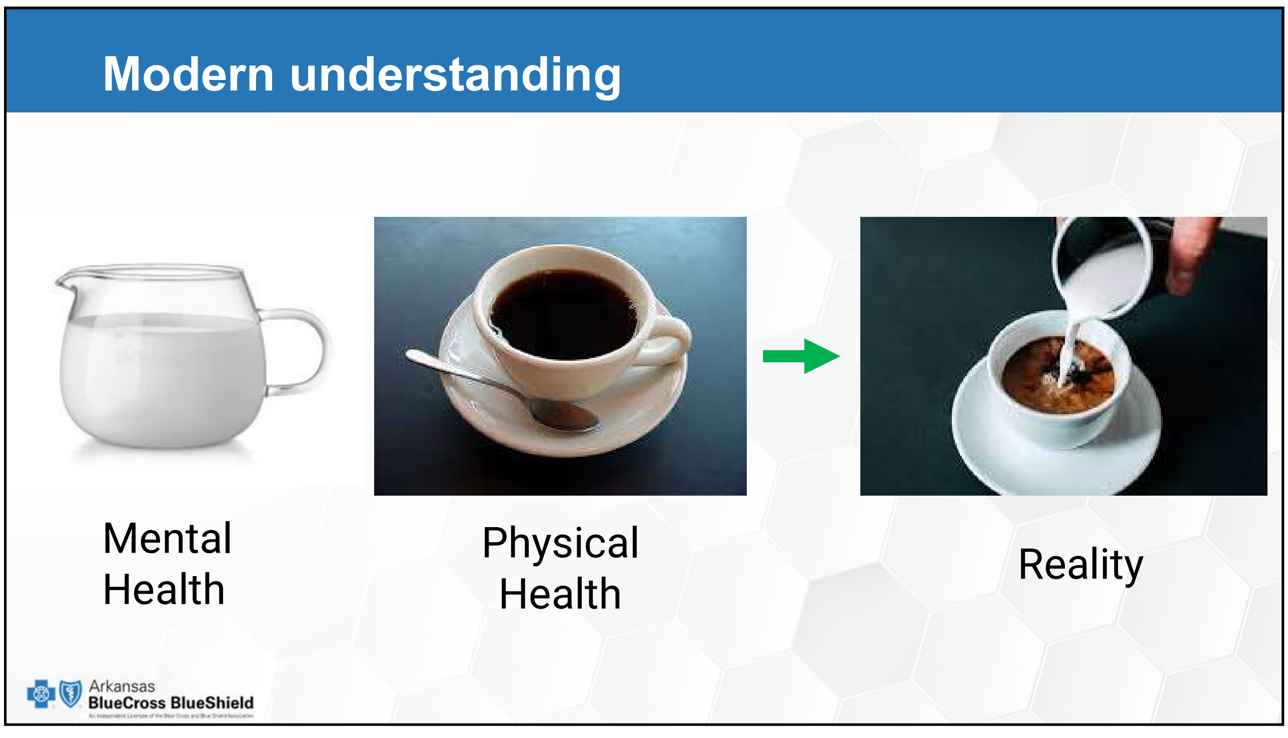
Modern understanding



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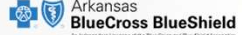
Patricia Gibson, MD

- Mental and substance use disorder rates nationally and in Arkansas, and the increased cost for employers, employees and payers.
- Legal requirements for health plan benefit designs to meet federal requirements for mental health parity
- Current mental health treatment and addressing the lack of access by integrating behavioral health into primary care to improve clinical and financial outcomes.



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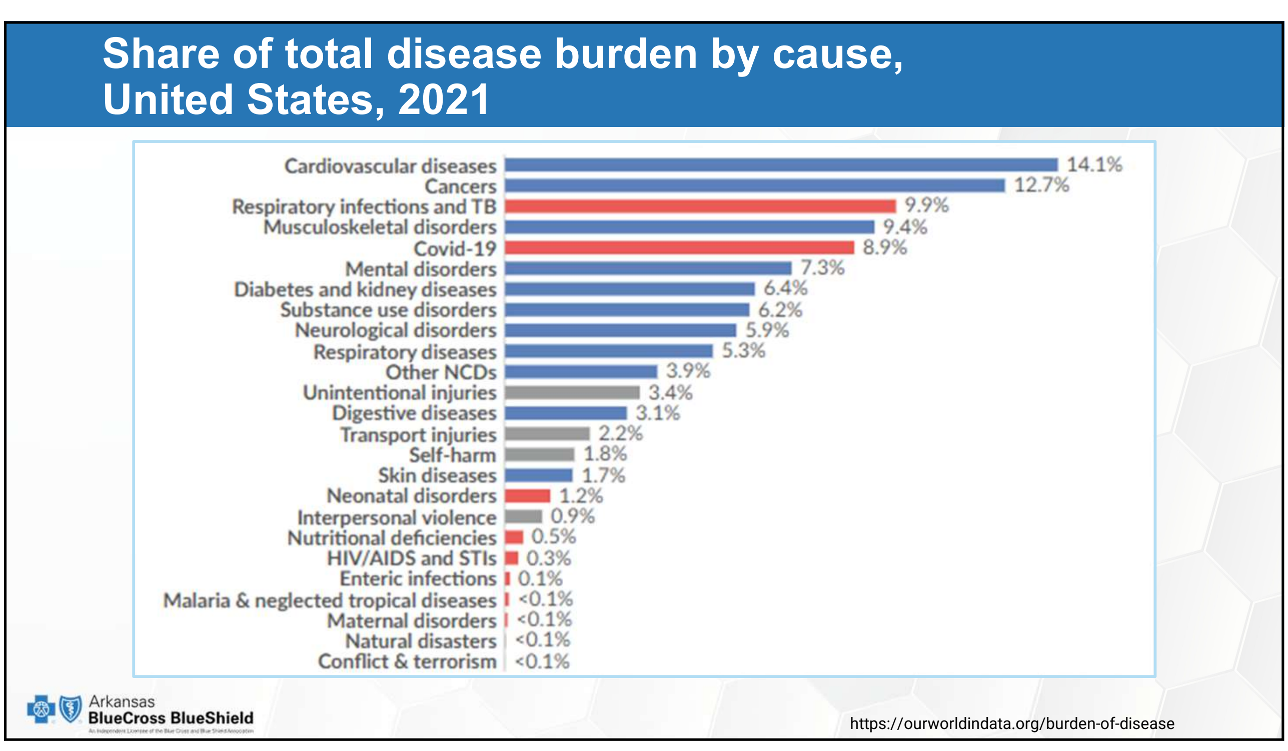
Share of total disease burden by cause, United States, 2021



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https://ourworldindata.org/burden-of-disease

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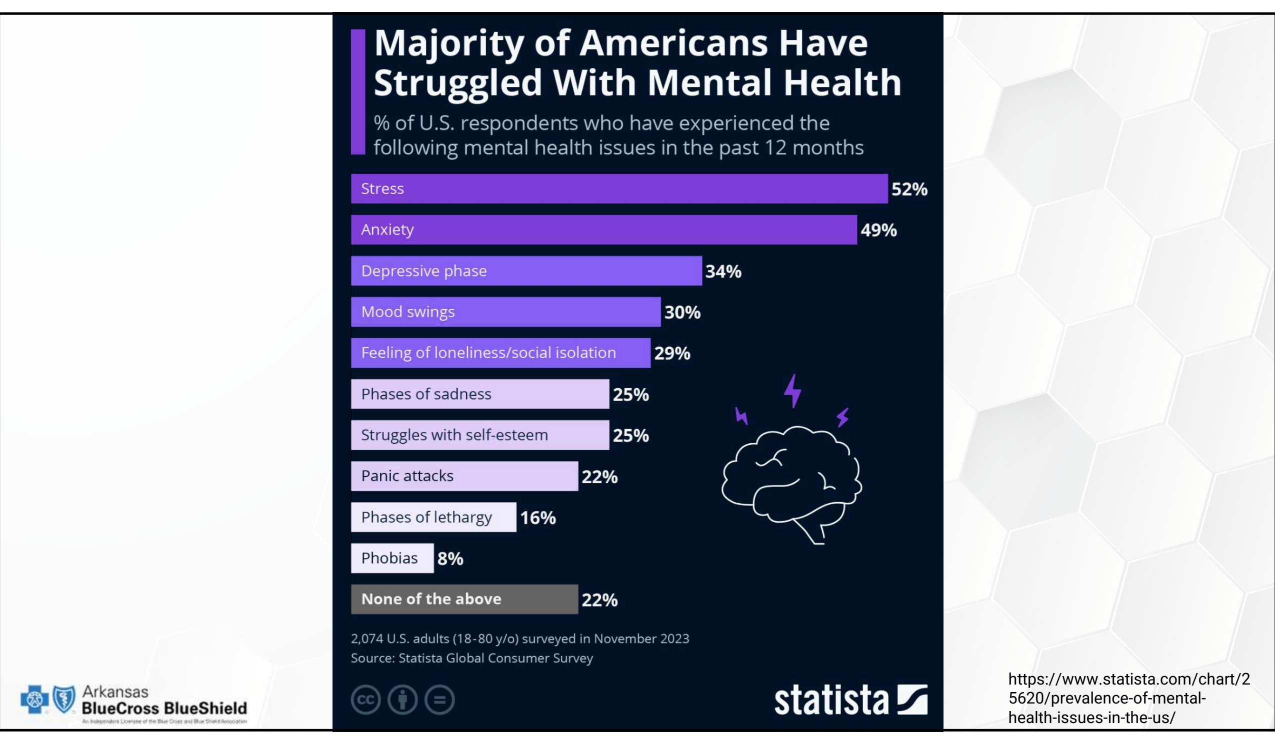

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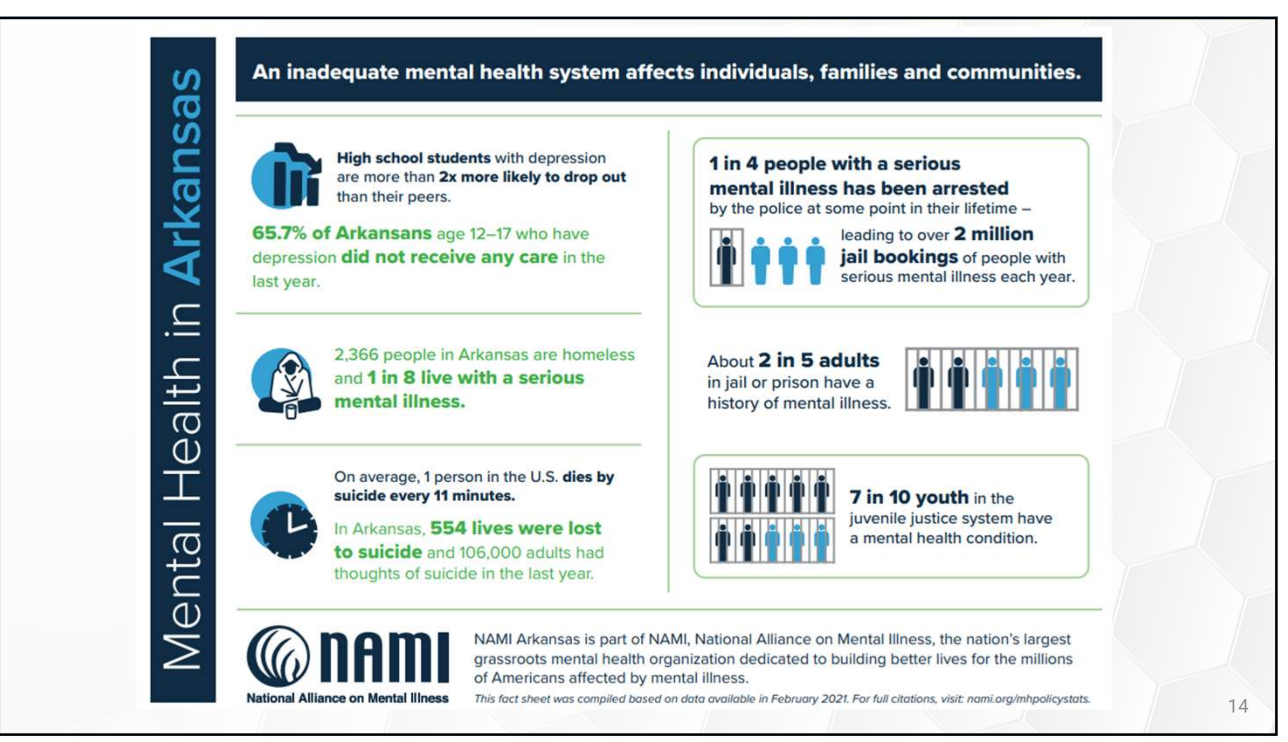

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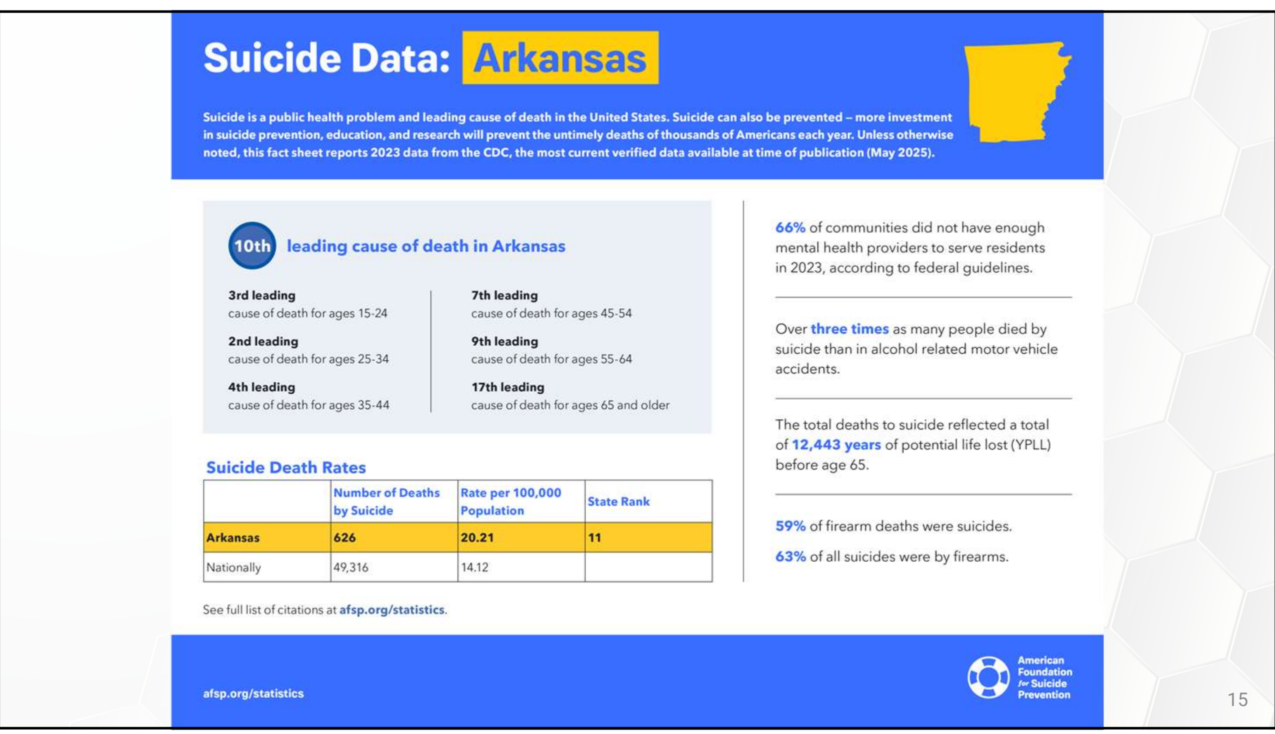

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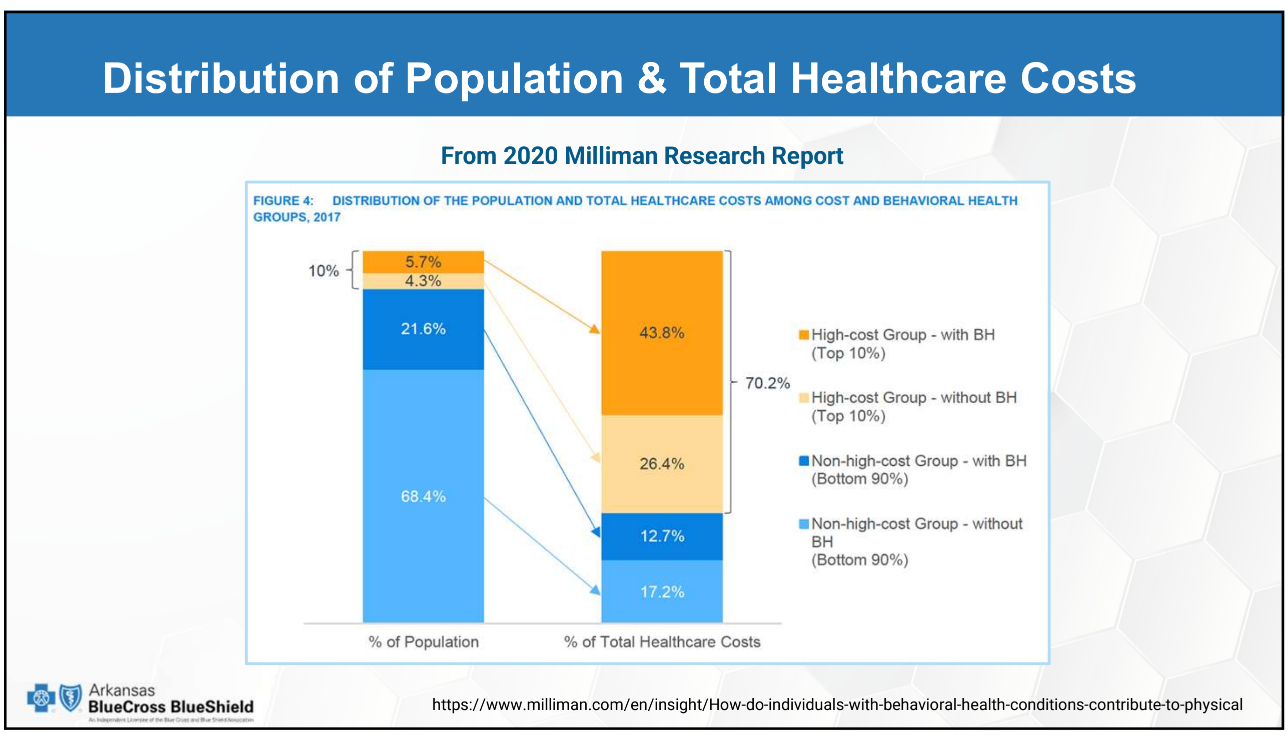

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Impact of MH/SUDs on Total Healthcare Costs: Higher Medical Costs for Patients with MH/SUDs

FIGURE 9 EXCERPTS FROM MILLIMAN: AVERAGE ANNUAL HEALTHCARE TREATMENT COSTS (SERVICES AND PRESCRIPTION DRUGS) PER INDIVIDUAL BY BEHAVIORAL HEALTH CATEGORY, 2017 TOTAL POPULATION

BH CATEGORY	INDIVIDUALS		AVERAGE ANNUAL HEALTHCARE COSTS		% OF COSTS FOR BEHAVIORAL HEALTH	COSTS RELATIVE TO "NO BH"
	NUMBER	%	BEHAVIORAL HEALTH	MEDICAL/ SURGICAL		MEDICAL/ SURGICAL
No BH	15,275,323	73%	$0	$3,552	0.0%	1.0x
Any MH	5,317,964	25%	$1,017	$11,204	8.3%	3.2x
Any SUD	908,499	4%	$1,989	$17,807	10.0%	5.0x
Both MH and SUD	492,465	2%	$3,413	$22,189	13.3%	6.2x
Total Population	**21,009,321**	**100%**	**$263**	**$5,669**	**4.4%**	**1.6x**

BH = Behavioral Health condition MH = Mental Health condition SUD = Substance Use Disorder

Source: Davenport S, Gray M, Melek S. "How do individuals with behavioral health conditions contribute to physical and total healthcare spending?" Milliman. Published August 13, 2020. https://www.milliman.com/-/media/milliman/pdfs/articles/millimanhigh-cost-patient-study-2020.ashx

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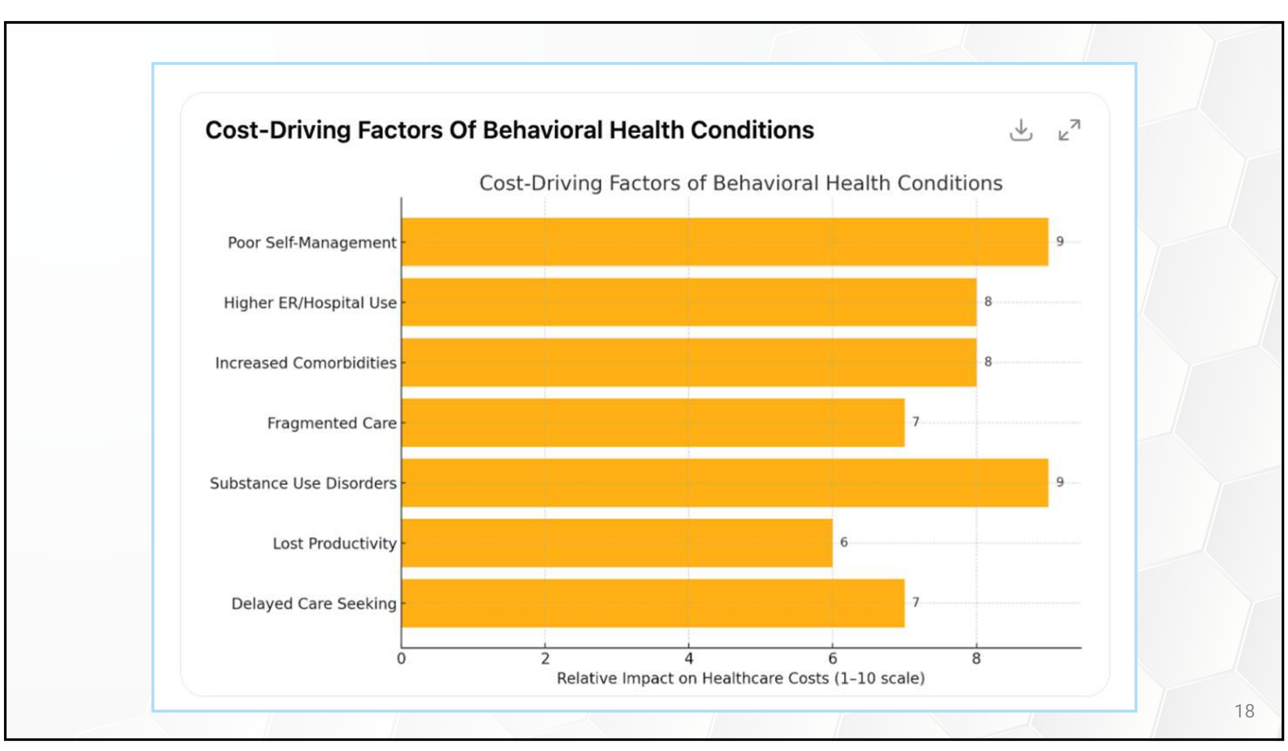

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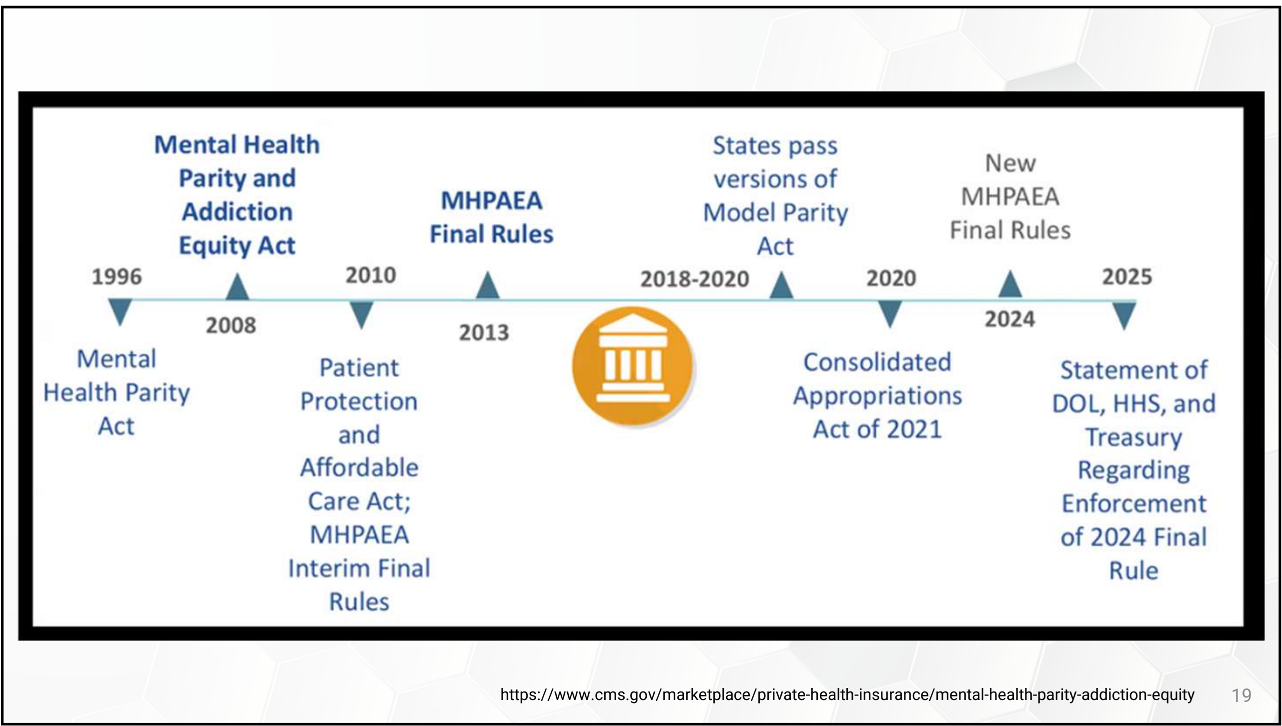

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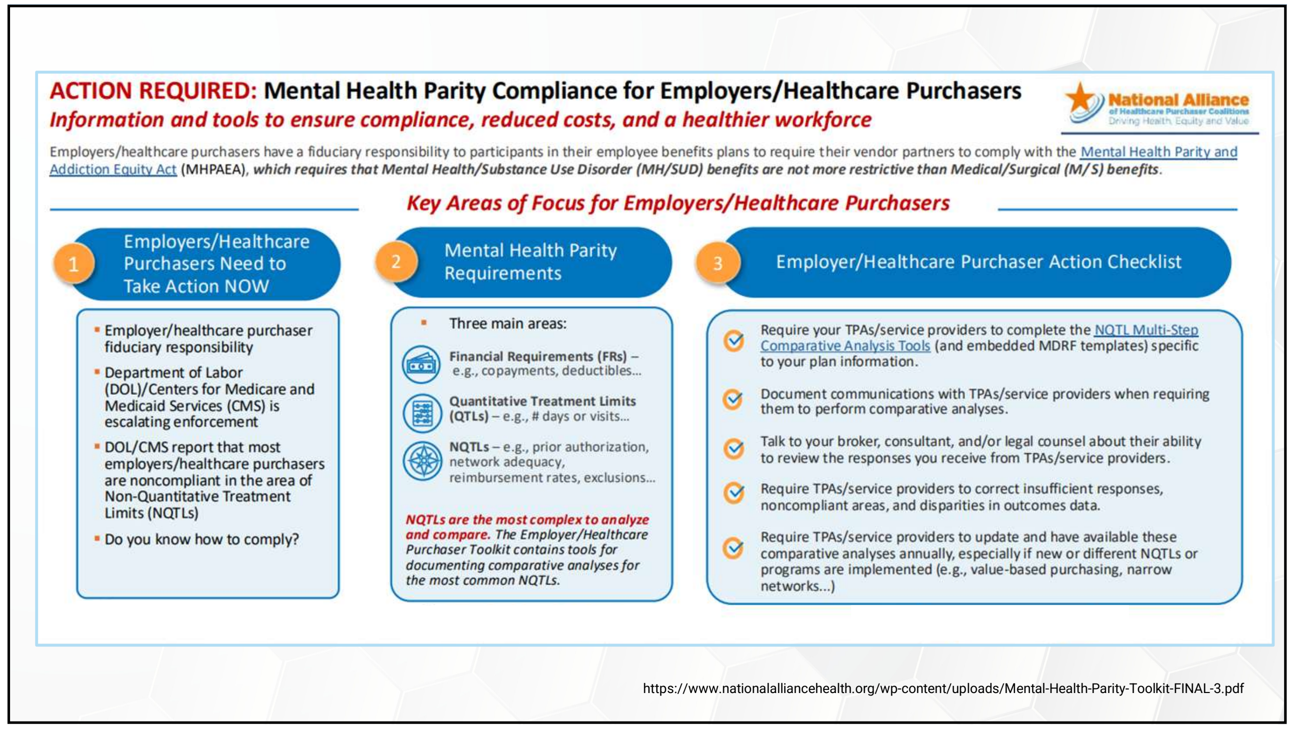

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Coverage alone does not guarantee care

2025 EBRI Employee Mental Health Survey

The most common challenges:

- Lack of awareness (47%)
- Stigma (43%)
- Confidentiality concern (40%)
- Cultural barriers (33%)
- Limited budgets (33%)

Hire. Keep. Benefit.
Attracting and retaining employees is a top priority, and benefits are key.

Nearly all employers say **attracting and retaining talent is a top priority (99%),** and nearly as many view **health and wellbeing benefits as essential to that effort (96%).** Most feel this strongly—68% strongly agree on the priority and 53% strongly agree on the role of benefits.

https://pathforwardcoalition.org/report/even-with-employer-sponsored-insurance-employees-struggle-to-access-mental-health-care/

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Key findings

2025 EBRI Employee Mental Health Survey

1. **Mental health needs are widespread**
   - 27% of employees reported having a MH condition (or a family member)
   - most commonly in ages 25-54, married, with children
   - most common conditions anxiety (17%), depression (11%) ADHD (8%)
2. **Having coverage is not enough**
   - these employees – 2x as likely to report being unable to get medical care they thought was necessary
   - 33% struggled to get MH services & 32% could not get prescriptions
   - 2x as likely to report doctors not taking insurance as reason for not accessing care
   - Lack of time off & childcare were also factors
3. **High reliance on emergency departments**
   - 62% reported visiting an ER in the past 6 months
   - 50% more likely than their peers to use ER
   - 4x more likely to visit ER four or more times in that period

https://pathforwardcoalition.org/report/even-with-employer-sponsored-insurance-employees-struggle-to-access-mental-health-care/

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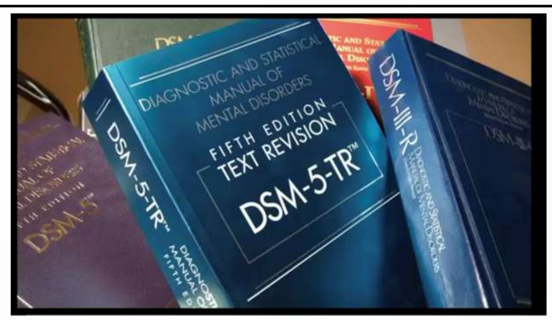

DSM-5-TR

- **297 mental disorders**
- **8 editions since #1 in 1952**

Neurodevelopmental Disorders
Schizophrenia Spectrum and Other Psychotic Disorders
Bipolar and Related Disorders
Depressive Disorders
Anxiety Disorders
Obsessive-Compulsive and Related Disorders
Trauma- and Stressor-Related Disorders
Dissociative Disorders
Somatic Symptom and Related Disorders
Feeding and Eating Disorders
Elimination Disorders
Sleep-Wake Disorders
Sexual Dysfunctions
Gender Dysphoria
Disruptive, Impulse-Control, and Conduct Disorders
Substance-Related and Addictive Disorders
Neurocognitive Disorders
Personality Disorders
Paraphilic Disorders
Other Mental Disorders and Additional Codes
Medication-Induced Movement Disorders and Other Adverse Effects of Medication
Other Conditions That May Be a Focus of Clinical Attention

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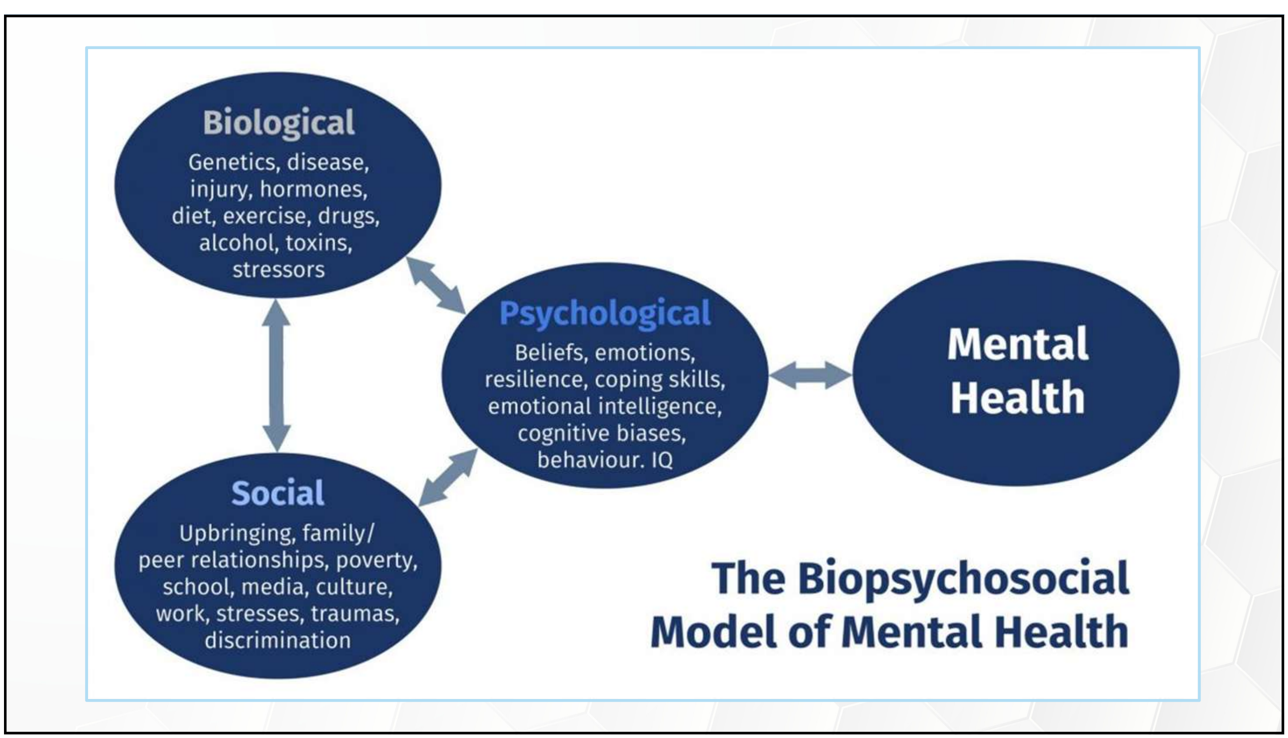

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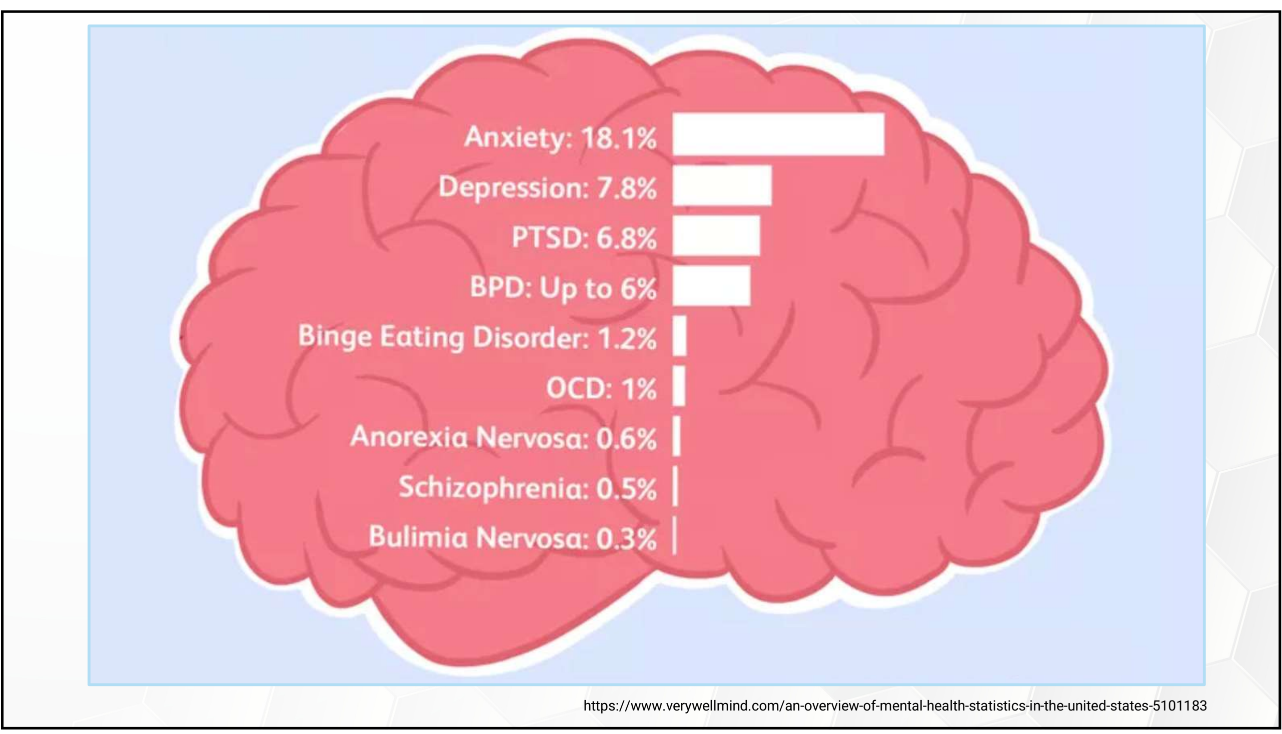

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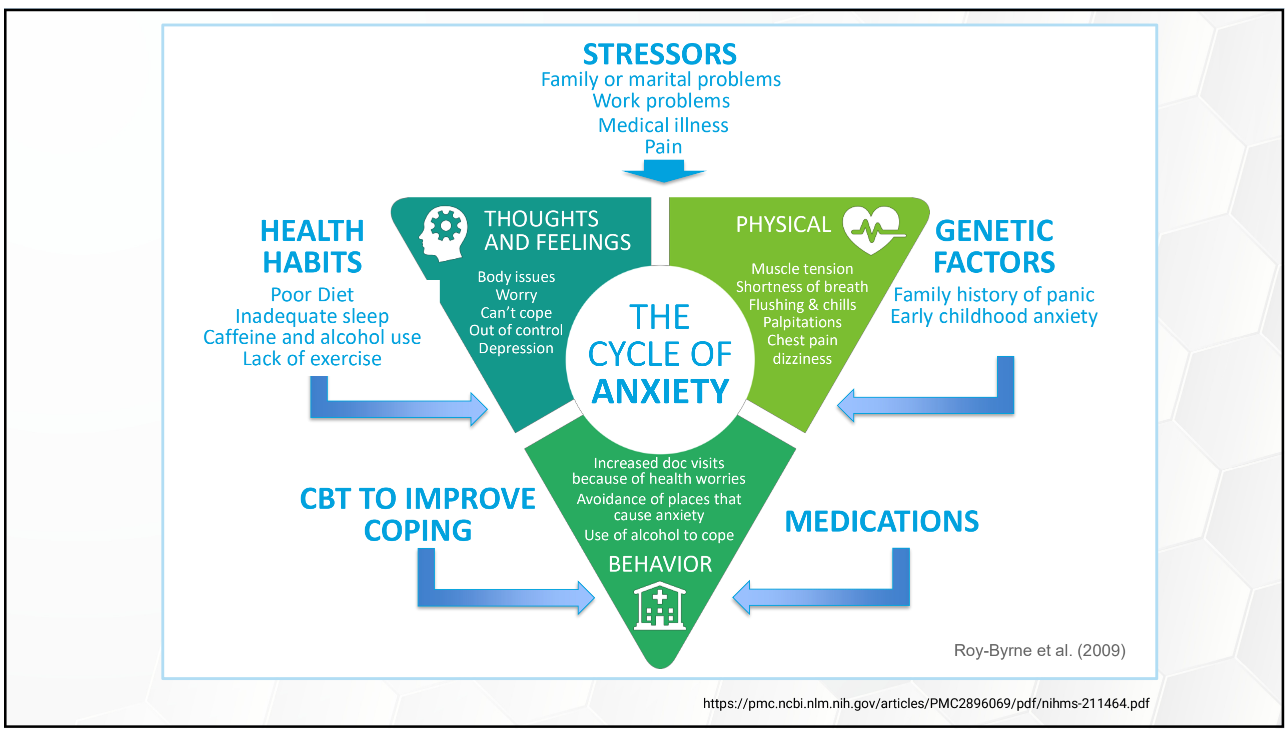

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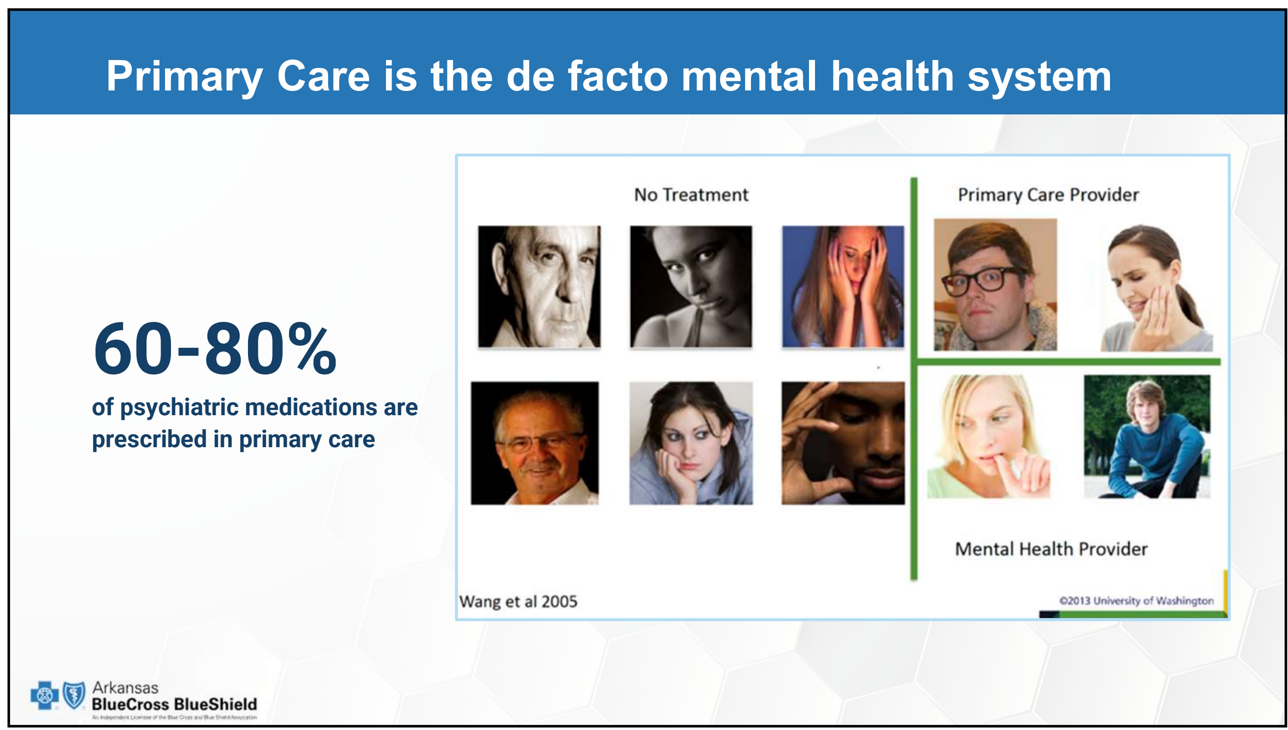

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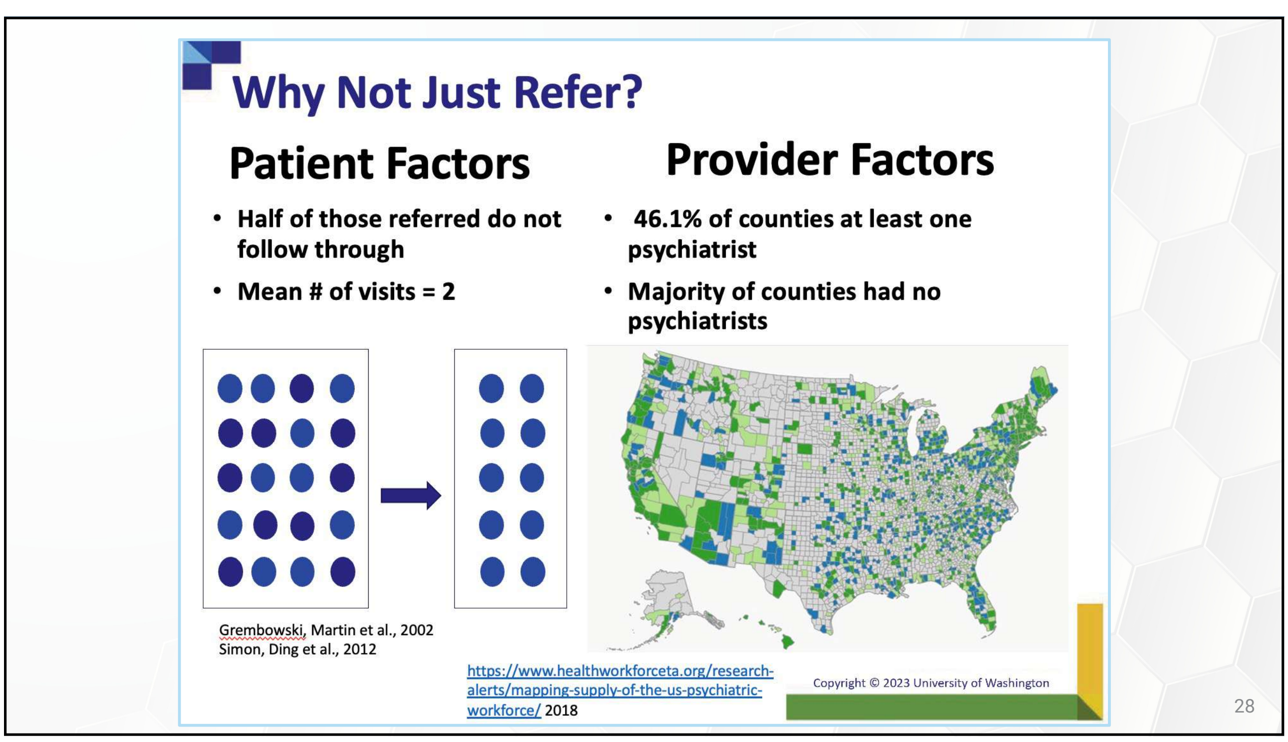

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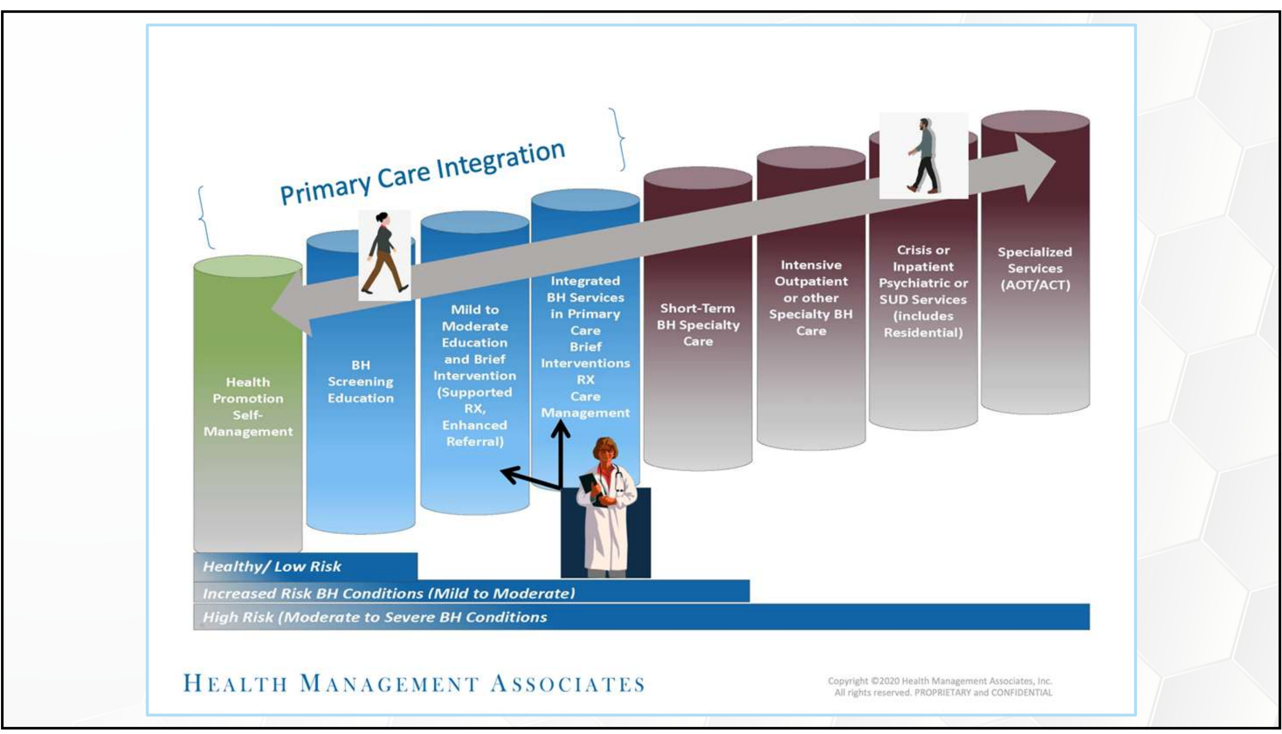

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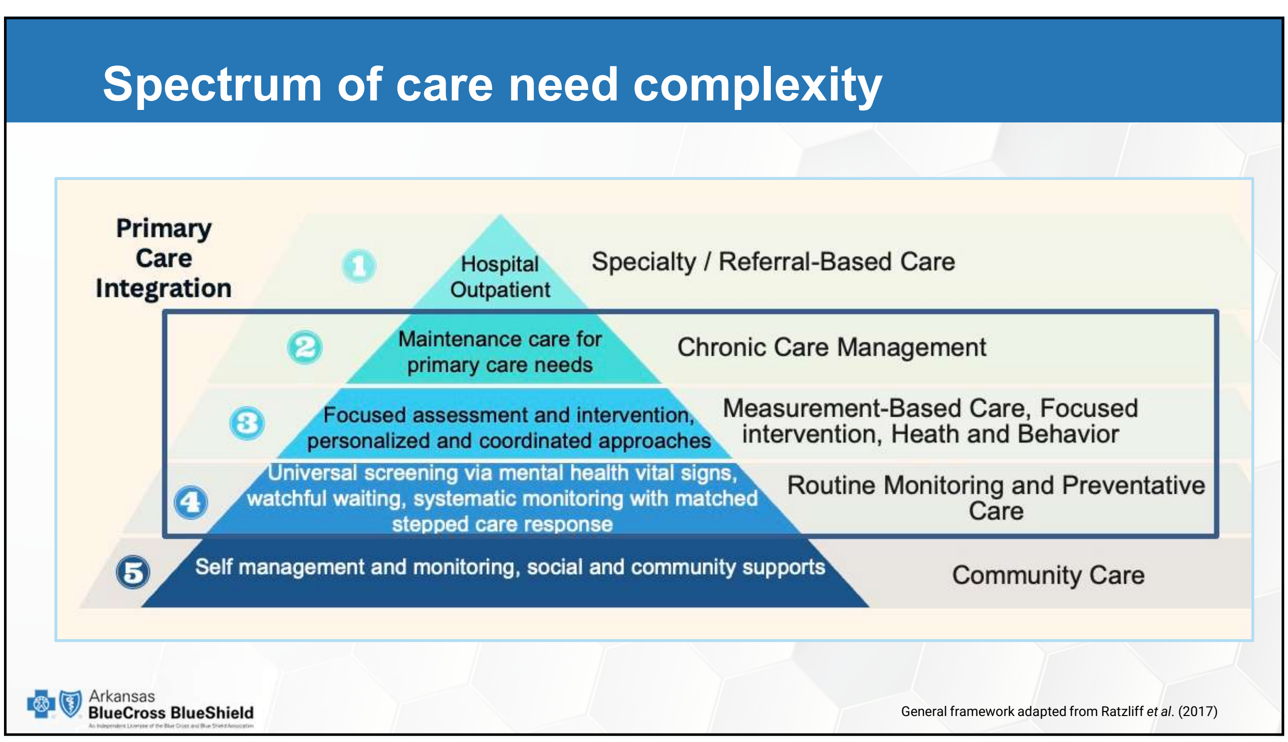
Spectrum of care need complexity



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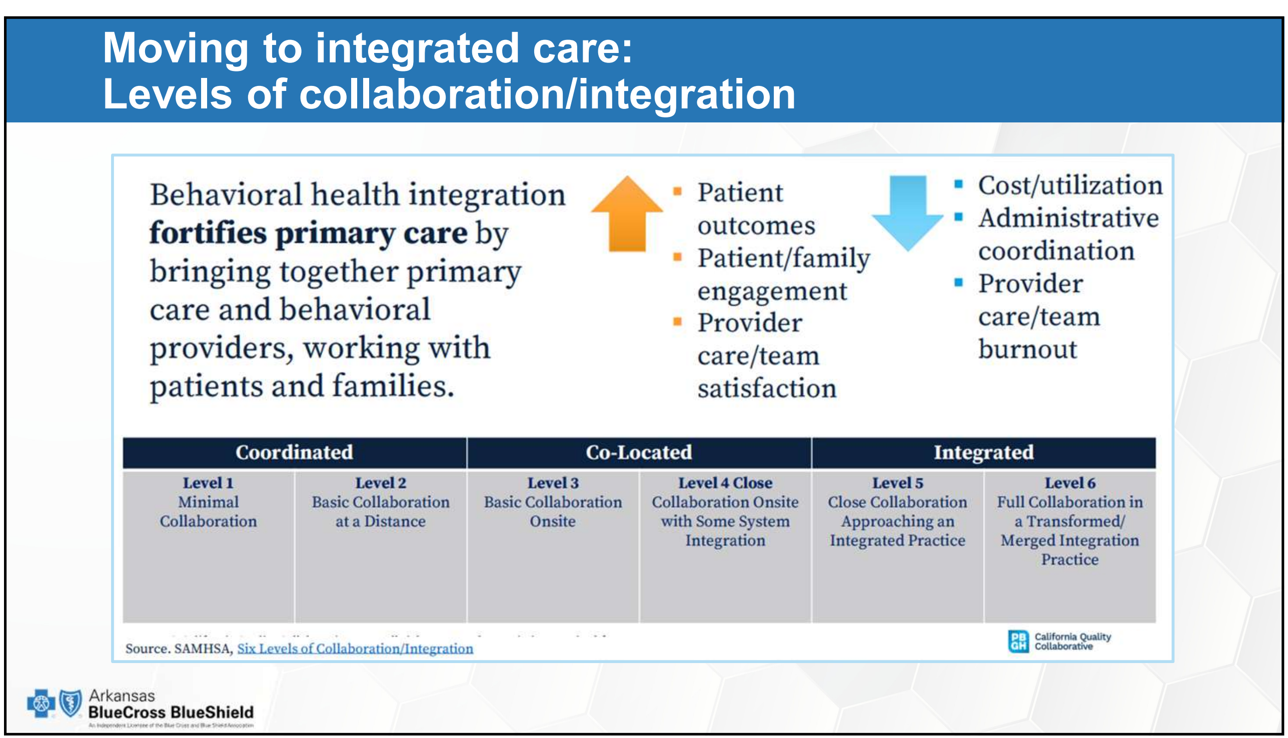

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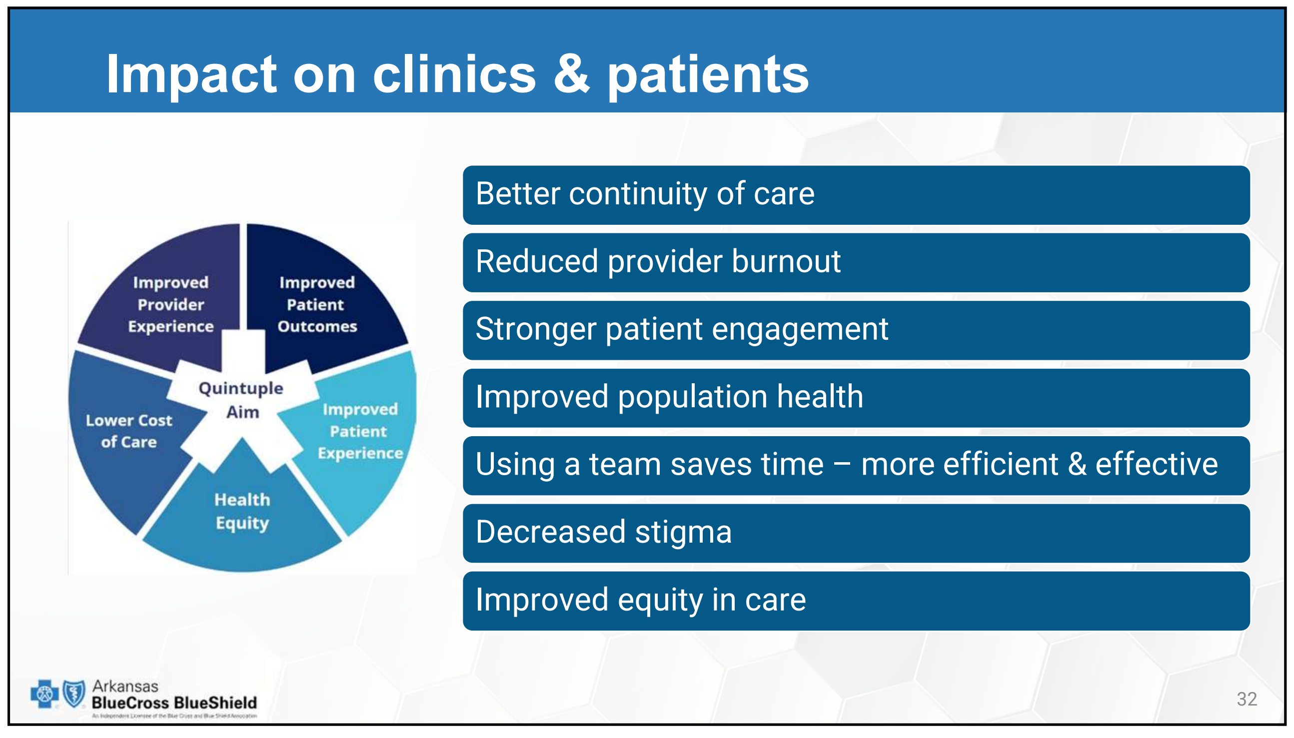

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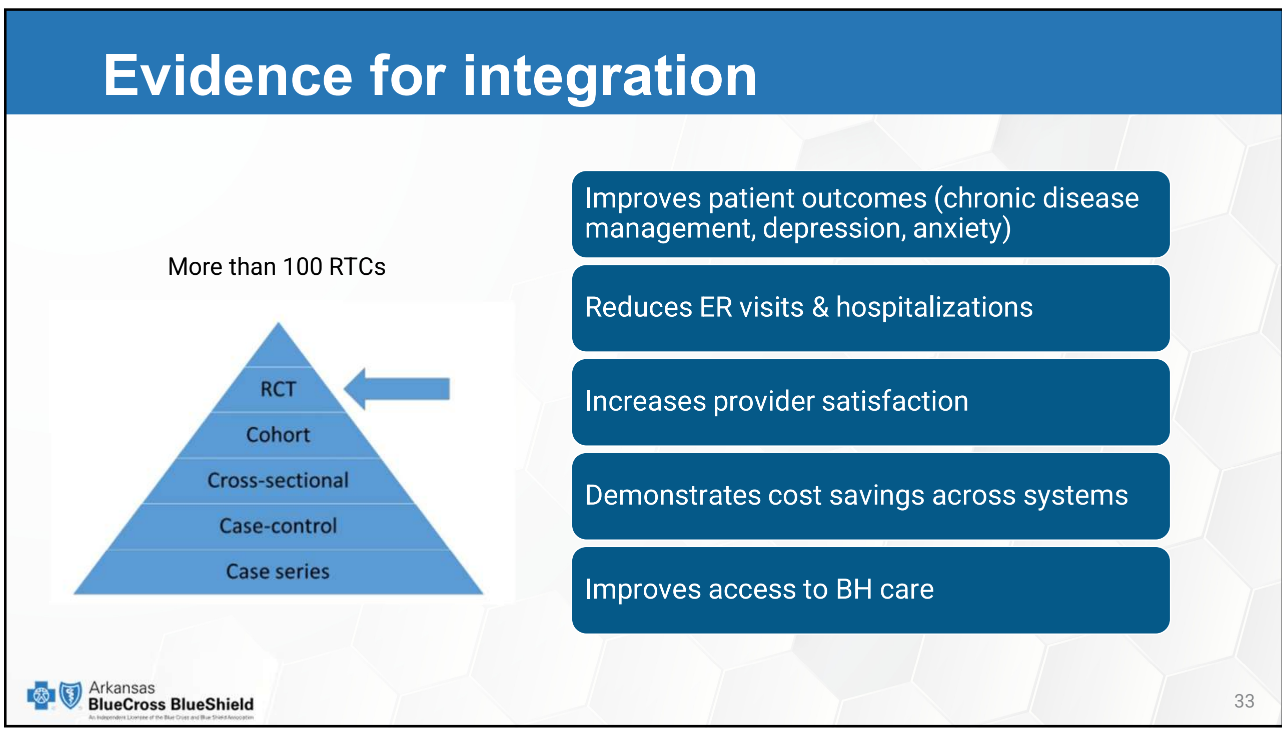

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Aaron Novotny, PhD

- Research: the financial impact of a mental health disorder on the overall cost of care for an individual
- The financial consequences to the system of being unaware of the existence of a mental health disorder in a member
- The positive fiscal impact of recognizing mental health disorders in individuals in an insured population and moving them to effective management as soon as possible

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Who do we see first?

- Most members present with a physical health condition *before* they present with a mental health condition
- Of members that present with both:
    - people with a diagnosed physical condition usually are diagnosed with a mental health conditions **11 months later**
    - People that have a mental health condition diagnosed first tend to have a physical health condition diagnosed **3 months later**

68% experience a Physical Health Condition before a Mental Health Condition

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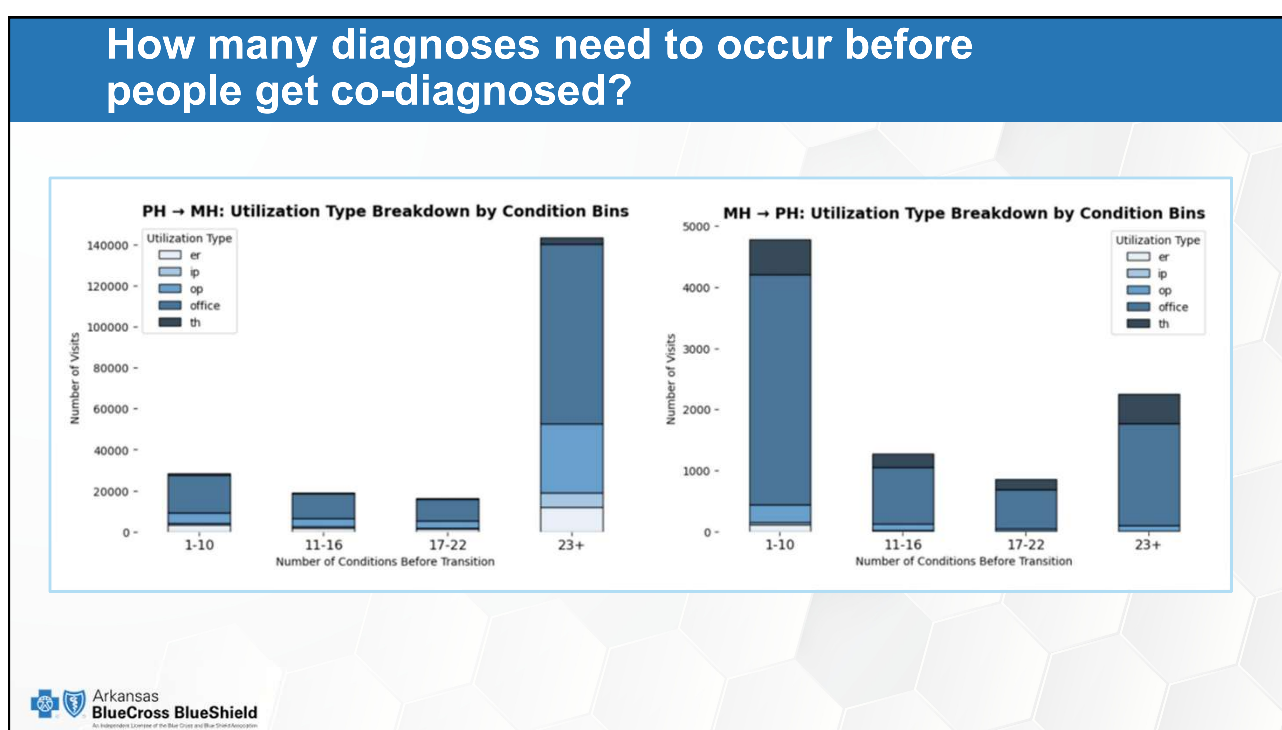

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Looking at the Arkansas population over 5 years...

- Behavioral health conditions present for 46.1% of the population at some point in timeframe, ranging from:
  - Anxiety, Stress, PTSD
  - Substance Use Disorder
  - Depression
- Most frequent physical health condition is hypertension, with a presentation rate of 28.1% followed by:
  - Obesity – 25.9%
  - Diabetes – 10.4%

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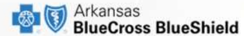
What are the most frequent co-diagnosed conditions (within 1 month)?

- For Behavioral Health
  - Abnormal test results (that can indicate advanced disease)
  - MSK problems
  - Endocrine and nutritional problems
  - Respiratory problems
- For Hypertension
  - Endocrine and nutritional problems
  - Abnormal test results (that can indicate advanced disease)
  - MSK problems
  - Mental Health problems



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BH and MH conditions combine to create costs ...

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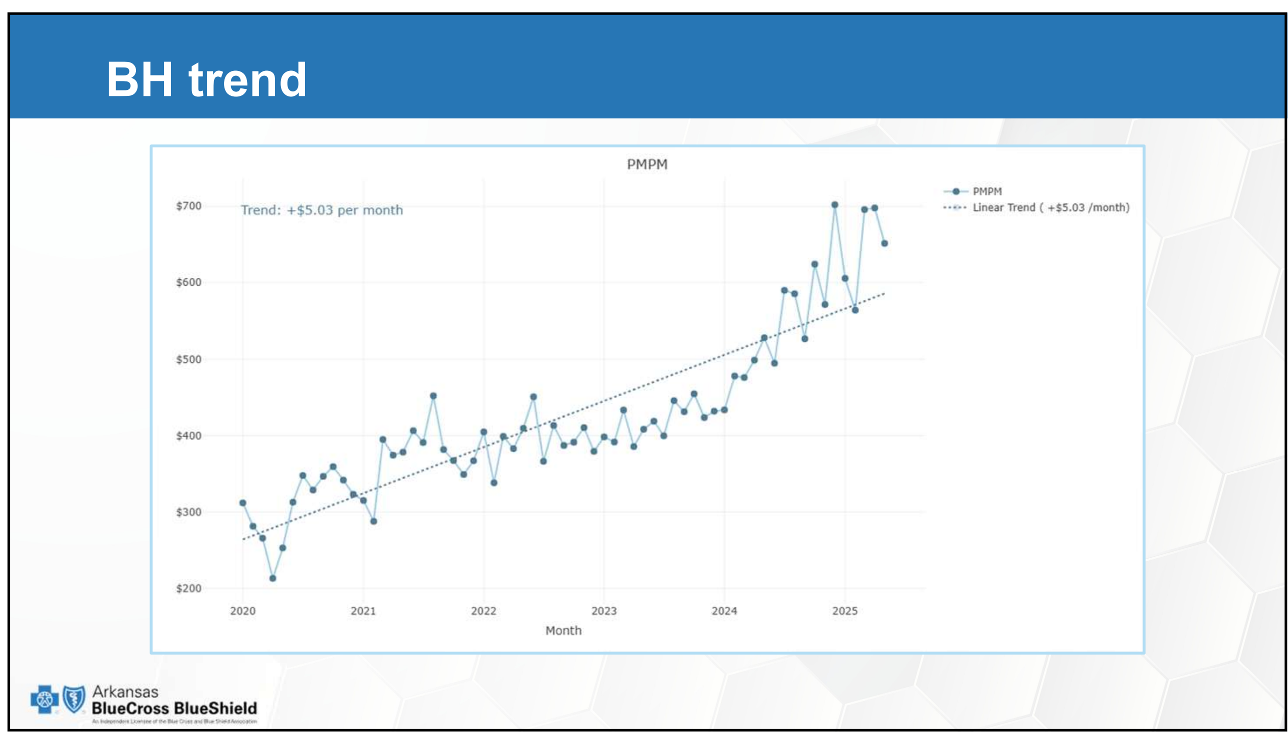

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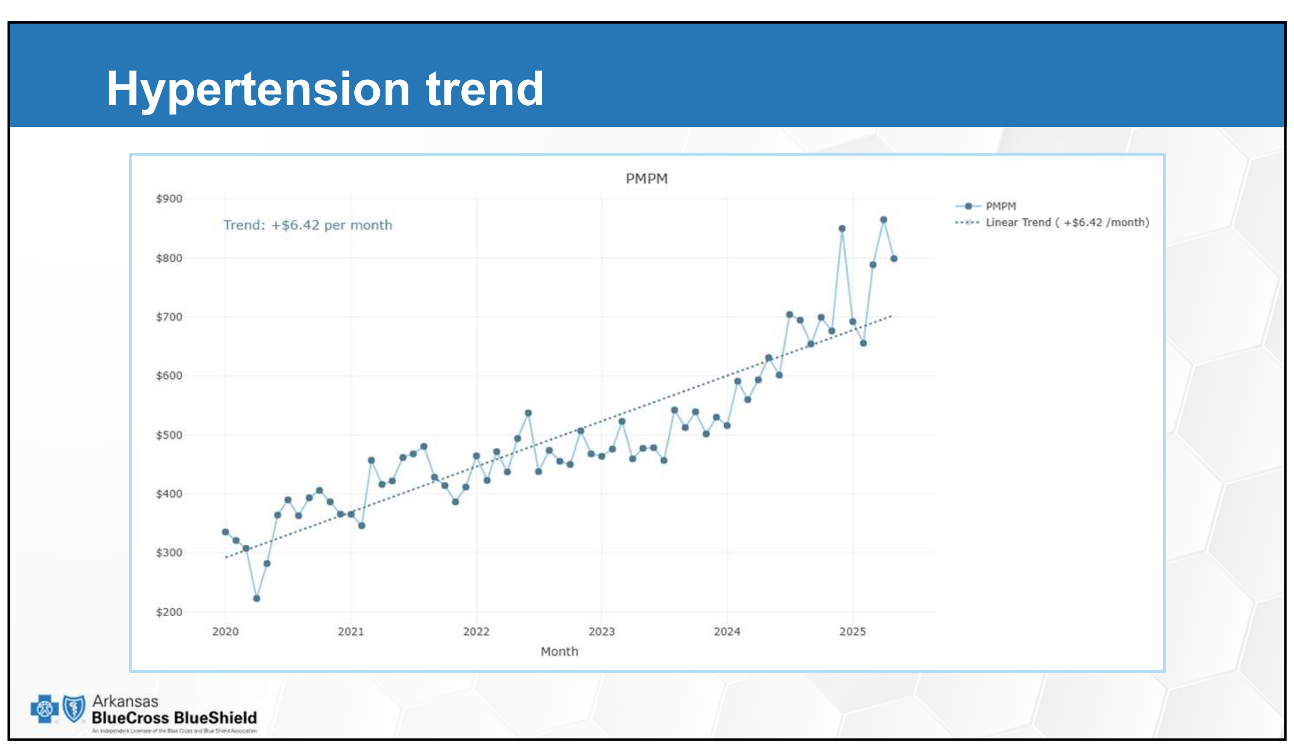

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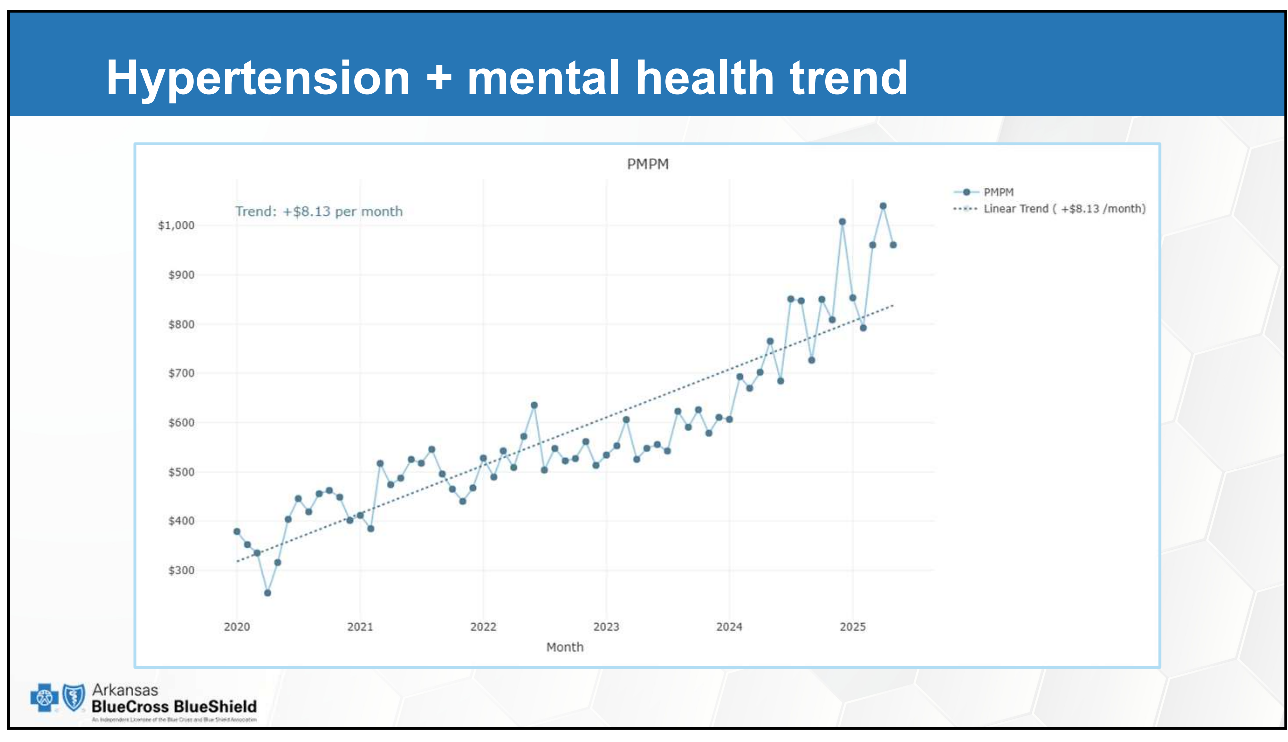

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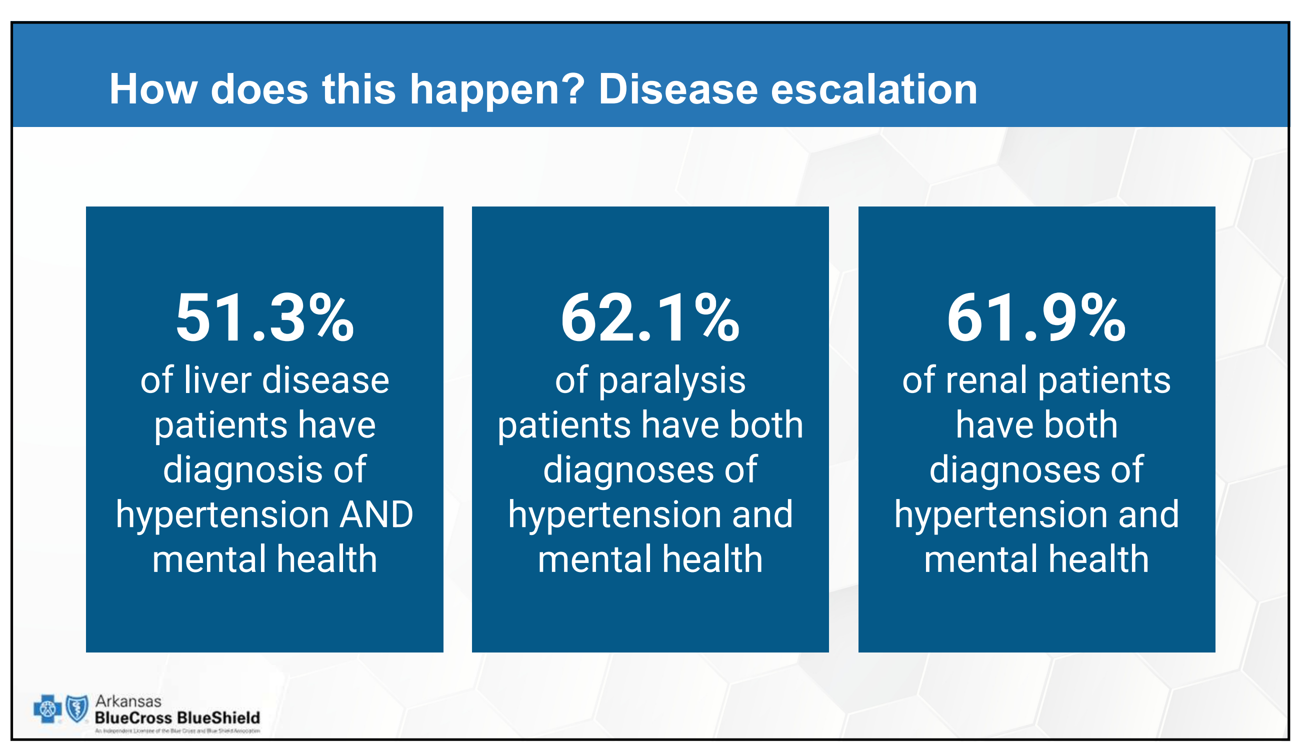

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Addressing the problem isn't so simple ...

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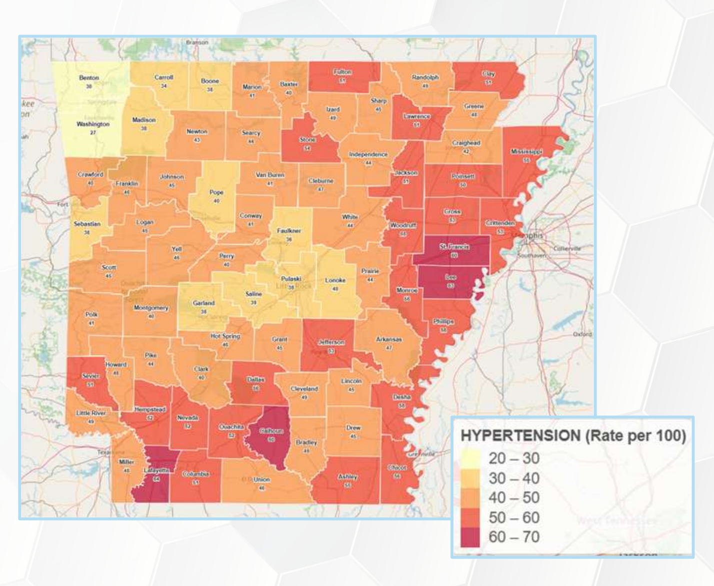
Where do we see high prevalence of BH AND hypertension?

- Less populated areas have higher rates of co-diagnosis creating difficulty reaching these populations to help
- Moreover, these members suffer from barriers to access such as
  - Transportation difficulties (56.1%)
  - Rural locations (42.1%)
  - Socioeconomic struggle (57%)



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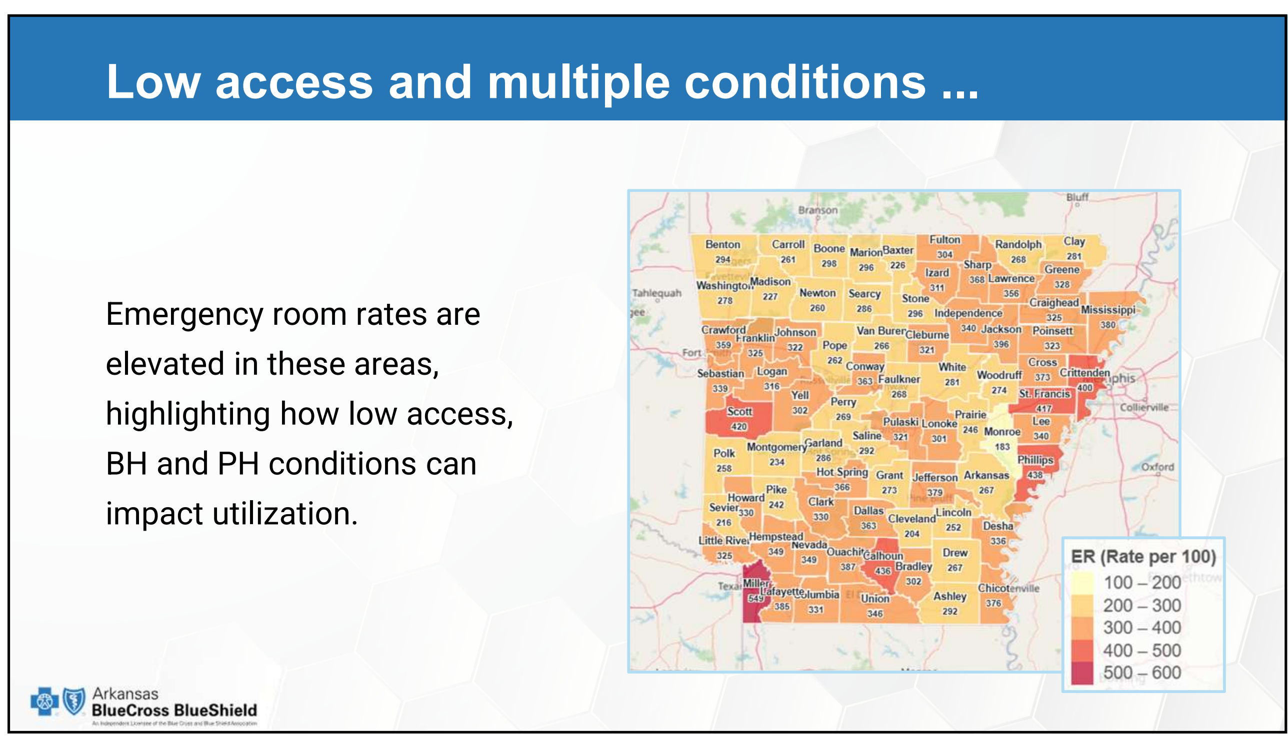

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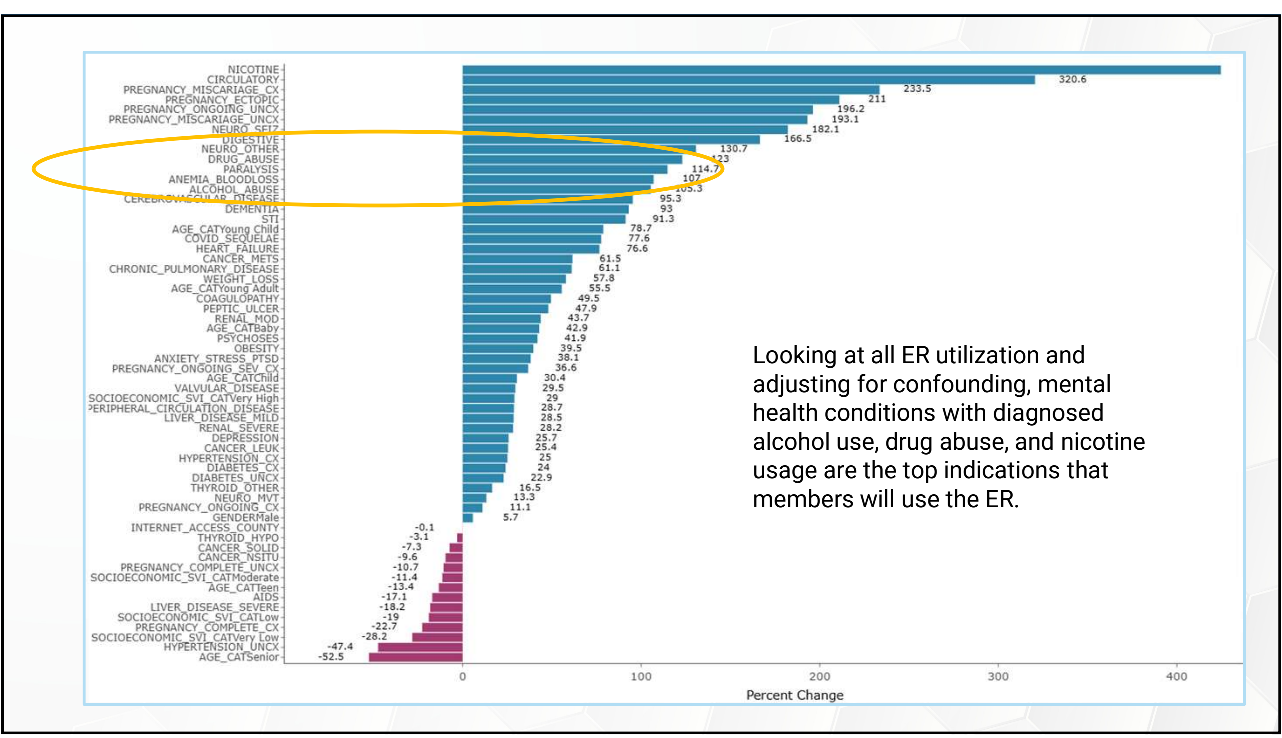

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Treating mental health separately from physical health ...

- It's a no-win situation
- Members may present PH or MH first, but they (ultimately) arrive at the same place over time
- PH and MH influence each other, and this is not a bad thing

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Questions/Comments

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