BEHAVIORAL HEALTH:

Increasing access in today's stressful COVID climate

Unprecedented economic and social pressures caused by the COVID-19 pandemic can be overwhelming. Loss of employment, feelings of isolation, the pressures of juggling a job and caring for children are all taking a toll on people and putting a strain on an already insufficient supply of mental health providers. And access to care can vary significantly due to mental health provider shortages—even in Maryland, D.C. and Northern Virginia.

What CareFirst is doing

- INCREASING MENTAL HEALTH PROVIDER REIMBURSEMENTS by more than $27 million to incentivize them to join our networks
- Building the 'Network in Network' initiative, which improves timely access by INCREASING REIMBURSEMENTS BY 15% for 68 behavioral health practices
- ESTABLISHING A DEDICATED TELEPHONE LINE to help members get appointments
- PLACING behavioral therapists and counselors in primary care practices

But we need more behavioral health providers and here's how policymakers can help

1 Create incentives to train and recruit high quality and diverse behavioral health providers

Nationally, shortages are projected in behavioral health professions because MEDICAL STUDENTS ARE OPTING FOR HIGHER PAYING SPECIALTIES to repay their medical education debt. To promote the growth of the behavioral health workforce, policymakers should:

- ESTABLISH LOAN FORGIVENESS PROGRAMS for students choosing behavioral health specialties
- PROVIDE FUNDING SUPPORT for behavioral health residency programs
- INCENTIVIZE PROVIDERS to practice in provider shortage areas
- SUPPORT PIPELINE PROGRAMS that train linguistically and culturally competent providers to improve behavioral health workforce diversity

we INCREASED mental health provider reimbursements

$27 MILLION

WE ADDED

3,000+

behavioral health providers

TO PPO NETWORK

A 37% increase

WE ADDED NEARLY

4,500

behavioral health providers

TO HMO NETWORK

a 75% increase

2 Bolster innovative care models

The current behavioral health workforce is not large enough to meet the growing needs. POLICYMAKERS SHOULD ENCOURAGE CARE MODELS that integrate behavioral and physical health in primary care to address increased demand, improve health outcomes and enhance patient experience.

3 Continue some current telehealth flexibilities

Certain regulatory flexibilities to expand telehealth services were implemented during the public health emergency and policymakers should consider continuing some of these flexibilities for individuals to access these telehealth services such as teletherapy, if medically necessary. These technology-based interventions can be applied at home or in provider offices to enhance the continuum of care. When considering expanding telehealth to increase access to behavioral health care, POLICYMAKERS SHOULD EVALUATE DIFFERENT TYPES OF TELEHEALTH SERVICES, including telephone calls, based on value, quality, access, cost, comparative effectiveness, and risk of fraud.

4 Fight stigma associated with behavioral health

Most people who live with mental illness or substance disorder have experienced blame or discrimination for their condition. Stigma causes the feeling of shame and prevents people from seeking the help they need. Policymakers should ENCOURAGE OPEN DIALOGUE AND PROMOTE EDUCATION AND OUTREACH about behavioral health conditions. They should also advance equality between physical and mental health.

5 Improve reporting on behavioral health providers

Accurate identification of behavioral health practices and providers has been difficult in CareFirst's service area. To identify these providers and improve access to behavioral healthcare, policymakers should require licensing boards of behavioral health provider specialties TO PUBLICLY REPORT THEIR LICENSED AND PRACTICING BEHAVIORAL HEALTH PROVIDERS in a streamlined and timely manner. This is vital to addressing the shortage of behavioral health providers as well.

MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS)

in CareFirst's jurisdictions:

43 in MARYLAND
34.3% of need met

73 in VIRGINIA
42.5% of need met

10 in the DISTRICT OF COLUMBIA
5.3% of need met

Source: Kaiser Family Foundation
State Health Facts, 2020