

Trends Driving The 'Next Normal' In Behavioral Health

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"Change is the only constant in life..."

Heraclitus, Greek philosopher



What Is Driving The 'Lasting Impact' Of The Pandemic On The Health & Human Service Landscape?

Rising rate of "disability" in the U.S. – age, obesity, marginal diet, etc.

Customer preference for integrated care – medical, behavioral, social

Digital health adoption in Medicaid and Medicare populations

Increasing dominance of health plans in health care delivery system

"Backward integration" of health plans, increasing their owned service delivery capacity

Acceptance of and preference for virtual primary care

Outsized investment in new companies serving the "complex consumer" market

The creation of new digital behavioral health companies

Entrance of out-of-industry mega-companies in the health and human service space



Driver #1. Rising Rate Of 'Disability' In The U.S

- 9% of under-65 population has a disability
- The effects of 'long COVID' not yet understood
- Disability by diagnosis:
 - 33% Back pain/musculoskeletal pain
 - 19% Behavioral or cognitive disability
 - 10% Heart disease and stroke



Disability and HEALTH



Adults living with disabilities are more likely to

	With Disabilities	Without Disabilities
HAVE OBESITY	38.2%	26.2%
SMOKE	28.2%	13.4%
HAVE HEART DISEASE	11.5%	3.8%
HAVE DIABETES	16.3%	7.2%

Driver #1. Rising Rate Of 'Disability' In The U.S

The percentage of people living with disabilities is highest in the South have some type of disability (1in 4)

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- The effects of 'long COV understood
- Disability by diagnosis:
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The Implications?

- Larger proportion of spending on "disability supports"
- Population with 'disability' getting more attention from payers and health plans
- Population with 'disability' getting more from investor-owned companies



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HAVE HEART DISEAS



HAVE DIABETES

Driver #2 - Preference
For Integrated Care –
Medical, Behavioral,
Social – Driving ValueBased Reimbursement

Integrated care coordination

VBR/APM to align financial incentives

Interoperability at consumer record level

VBR/APM to facilitate flexibility for personalization

Integrated models have demonstrated better consumer outcomes and lower total costs



FFS reimbursement does not permit maximum benefits of integrated care



VBR arrangements without downside financial risk have been found to not deliver "macro" cost savings





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The Implications?

- Less spending specific to 'behavioral health'
- Traditional 'behavioral health therapy' visits replaced by short-term behavioral interventions
- The end of targeted case management replaced to coordinated care programs
- Behavioral health organization market positioning is limited

not permit grated care

costs



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round to not deliver macro" cost savings



Driver #3. Digital Health Adoption Is Not Just Commercial – In Medicaid & **Medicare Populations** Medicare expanding virtual health options



Many state Medicaid plans keeping virtual care options allowed during pandemic



Medicaid and Medicare health plans are expanding their use of consumer treatment tools and digital first behavioral health provider organizations



1 in 4 Medicare patients used telehealth during peak of pandemic, with majority using only telephones



85% of Medicaid beneficiaries have a smartphone



"90% of Medicaid consumers can get all of their mental health and addiction treatment services on-line"



Driver #3. Digita Health Adoption Not Just Comm – In Medicaid & Medicare Popul

The Implications?

- Proportion of service delivered in-clinic faceto-face decreases in favor of virtual services
- Competition for Medicaid and Medicare market share extends beyond traditional 'service areas'
- Medicaid and Medicare market share more susceptible to new digital first investorowned companies
- Advantage goes to the provider organizations with a suite of tech-enabled service in a seamless platform – virtual, text, remote monitoring, etc.

Nany state Medicaid lans keeping virtual are options allowed luring pandemic



plans are expanding it tools and digital organizations



telehealth majority



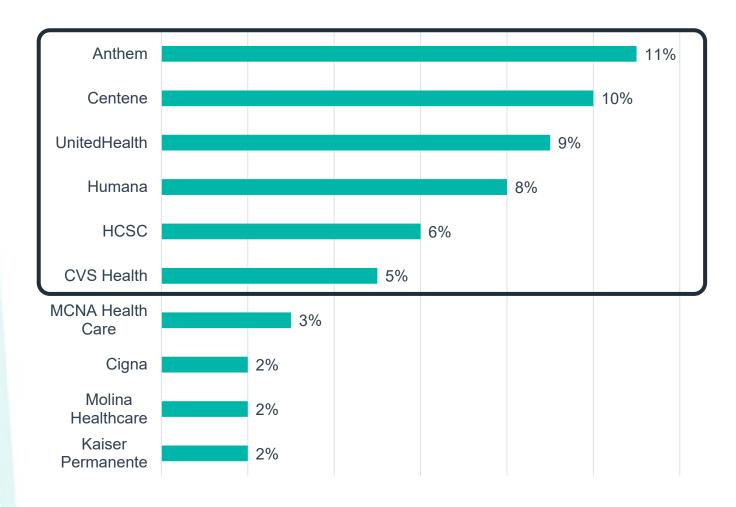
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Driver #4. Increasing Dominance Of Health Plans In Health Care Delivery System

- Medicaid: 72% enrolled in health plans
- **Medicare:** 38% enrolled in heatth plans
- Commercial: 99% enrolled in heathh plans

Market Share Of Largest Health Insurance Companies



Market Share Of Largest Health Insurance Companies

Driver #4. Increasing

Dominance Of Plans In Health Delivery System

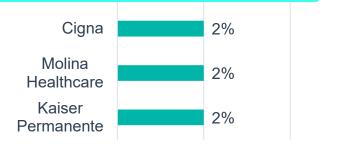
Medicaid: 72% enrolled

Medicare: 38% enrolled

Commercial: 99% enroll plans

The Implications?

- Health plans increasingly control budget decisions – criteria for network membership, 'preferred status', clinical criteria
- End of 'any willing provider'
- Narrow networks increasingly acceptable





The Accelerated Move Away From Fee-For-Service

- The Medicare transformation
- Medicaid VBR requirements
- Employers embrace highperformance networks
- The 'hybrid' advantage in risk contracts
- The shifting definitions of 'value'



Humana to offer Primary Care First model across 48 states



Optum and Merck Collaborate to Advance Value-Based Contracting of Pharmaceuticals

In the last three years, the amount of UnitedHealthcare's care-provider reimbursements tied to value-based care programs has nearly tripled to \$64 billion annually. By the close of 2020, that

Aetna and PA Clinical Network agree to valuebased contract to provide high-quality care, expanded provider network





AmeriHealth Caritas Louisiana Selected To Participate in Primary Care

First



Humana

The Accelerate Move Away From Fee-For-Service

- The Medicare transformation
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The Implications?

- Provider organization competition for market share will be around ability to accept financial risk
- Behavioral health organizations risk displacement by primary care organizations
- The ability to address social support needs (and/or provide social supports) is a differentiating factor for some behavioral health organizations
- More risk-based contracts will shrink the provider network and increase the importance of financial strength

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Driver #5. 'Backward Integration' Of Health Plans, Increasing **Their Owned Service Delivery Capacity**

Health Plans



Payvider Positioning

Backward integration with health plans owning service delivery system - and hiring clinical professionals to provide direct services



New Aetna Health Plan Leverages CVS HealthHUBs, Narrow Networks

Optum expects to add 10,000 physicians this year

Optum in talks to acquire 715-physician group **Massachusetts**

UnitedHealth's Optum Reportedly Strikes Deal for Landmark Health



Cigna health services arm Evernorth completes buy of telehealth vendor MDLive

Humana acquires Onehome to pursue value-based home health strategy



Humana's primary care subsidiary to open 100 centers for seniors by 2023

BCBS of Michigan partnering with provider on 6 primary care clinics









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The Implications?

- Many behavioral health services likely to be provided by health plan-owned subsidiaries (AbleTo owned by Optum, MDLive and Breakthrough Mental Health owned by Cigna, etc.)
- Health plan increasingly 'own' primary care capacity
- Care coordination models will change role of "targeted case management"

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Driver #6.
Acceptance Of &
Growing Preference
For Virtual Primary
Care

UnitedHealthcare launches new virtual primary care offering in 11 states



UnitedHealth launches employer virtual primary care service



Premera Blue Cross launches its first virtual primary care health plan

Texas Virtual Primary Care HMO Created By Community Health Choice & Doctor On Demand

UPMC launches new virtual primary care model



Recuro Health Acquires SupDoc: Expands Digital Care Platform, Enhances Virtual Primary Care and Behavioral Health Solutions

Accolade plans to acquire virtual primary care provider PlushCare in a \$450M stock and cash deal



Truepill Launches Virtual Primary Care Offering

Aetna launching nationwide virtual primary care solution

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UnitedHealth launches employer virtual primary care service

Premera |

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Driver #6. Acceptance Of Growing Prefe For Virtual Prir Care

The Implications?

- Eliminates 'place' as a criteria for service
- Moves service delivery to tech-enabled consumer assessment tools
- Referrals to behavioral health will be dependent on relationships and/or marketing to virtual primary care organizations

Care HMO Created
Choice & Doctor

iry care model



Expands Digital Care Platform,

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Truepil

Truepill Launches Virtual Primary Care Offering

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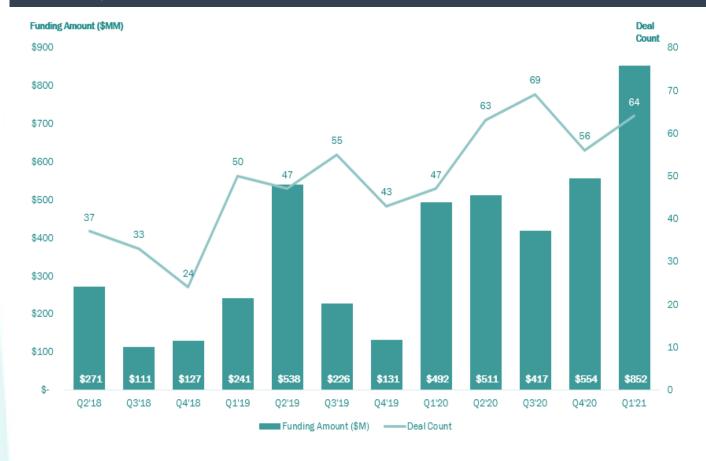


Driver #7. Outsized Investment In New Companies Serving The 'Complex Consumer' Market

Majority of behavioral health funding went to three types of solutions—

- Digital treatment
- Digital therapeutics
- Non-clinical behavioral health "adjacent" apps

Quarterly Global Mental Health Investment & Deal Count, Q218 – Q121



\$852 million invested in behavioral health programs in 1Q

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Quarterly Global Mental Health Investment & Deal Count, Q218 – Q121



- The rise of competitive organizations with few constraints on investments for growth
- Focus on revenue and market share not margins
- Market positioning of emerging organizations focused on performance metrics and cost
- Payer and health plan confusion about capabilities



\$852 billion invested in behavioral health programs in 1Q

Driver #8. The Creation Of New 'Digital First' Behavioral Health Companies

























mindstrong



talkspace

The Implications?

Appeal to both health plans and consumers is 'on demand' services

- Erosion of non-SMI market share likely among provider organizations with on-site services
- Competition for workforce and distortion of Behavioral He the clinical professional labor market – among these organizations
 - Extension of digital models into SMI and complex consumer market happening





















Driver #8. The

Creation Of No

'Digital First'

Companies

Driver #9. Entrance Of Out-Of-Industry Mega-Companies In The Health & Human Service Space

Amazon Launches Amazon Pharmacy for Medications

Amazon opens 4 more primary care c with Crossover Health

Amazon's telehealth arm quietly expands to 21 more states

Amazon Alexa Virtual Assistant Now Supporting HIPAA-Compliant Services





Amazon has signed up multiple companies to its telehealth service

Amazon Acquires Health Navigator For Pilot Employee Health Care Program, Amazon Care

CVS Health Boosts Chronic Disease Management Access at HealthHUBs

CVS HealthHUBs To Pilot Behavioral Health Services In 34 Locations

Walmart Health executives announced that by the end of 2021, the company planned to have at least 22 in-person clinics across Arkansas, Florida, Georgia, and Illinois

Oak Street Health To Open Primary Care Clinics At Three Walmart Stores In Dallas-Fort Worth Area

Walmart Health Opens Two Primary Care Clinics at Retail Supercenters in Chicago with Plans to Open Seven Florida Location

Walmart Health files plans to expand virtual care into 16 more states

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CV M

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The Implications?

- CVS Bought Minute Clinics and converting them to HealthHubs – some locations adding behavioral health, chronic disease management, and infusion/dialysis services
- Walmart Adding health care suite to their retail centers – virtual care, pharmacy, eyeglasses, health clinics, behavioral health services
- Amazon purchased care coordination, mail order pharmacy, and virtual care companies; Alexa HIPAA compliant, opening first on-site health clinics

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The Footprint?

15,320 new health service locations

- \triangleright CVS 9,967 locations
- ➤ Walmart 4,743 locations
- Amazon 610 locations (110) warehouse locations and 500 Whole Foods locations)

amazon

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Emerging Developments With Behavioral Health Market Impact

Pandemic behavioral health prevalence unlikely to translate directly to paid demand

Tech drivers – workforce issues, assumptions of financial risk, and integrated care

Most specialty provider organizations are not able to deliver 'hybrid' services

From federal relief/stimulus bills, provider organizations are cash rich now – but have negative and/or declining margins

Most pandemic-related rules and support funding will dwindle by April 2022 – causing a shift to a more competitive market – driving need for 'strategic overhaul'

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What We Know About The "Next Normal" Landscape

- 1. "Integrated" care coordination models preferred
- 2. Virtual therapies become the norm and 'hybrid' models become dominant
 - What can be done by telehealth or by new technologies? What needs to be done "face to face"? In clinic? In home?
 - The rise of hybrid service bundles
 - Home-based/virtual primary care model
- 3. Facility-based services transition to 'hybrid' and bundled
 - Home-based/virtual addiction treatment
 - Home-based/virtual long-term care
 - Hospital at home and SNF at home
- 4. New competition from existing (and new) health and human service organizations both traditional and virtual
- 5. New competition with health plans as "payviders"
- 6. Price sensitivity + risk-based reimbursement

The Result Of These Market Changes?

- Many traditional services have declining demand
- Many traditional services have declining price points
- New consumer and health plan service expectations
- Changing reimbursement with declining price points and service bundling
- New technology investments may be required to remain competitive



For Provider
Organizations,
The Opportunities
Are Many...
But Require New
Business Models

- 1. Programs to manage the care of consumers with complex needs integrated 'whole person' care coordination (medical, behavioral, social), risk-based, leverage new technologies
- 2. Primary care services for consumers with complex needs
- 3. Home-based services
- 4. Targeted social supports programs
- 5. "In lieu of" services offering alternatives to traditional residential and inpatient care

Advantage goes to any organization with "better" performance and cost data....



How To Decide? How To Get From Here To There?

- Three building blocks of the path to the next normal...
- Not 'one and done' fluid landscape demand frequent course corrections
- Need to design organizational 'resilience' for frequent shifts

The Performance Measurement-Strategy Link

Organizational Performance Measurement

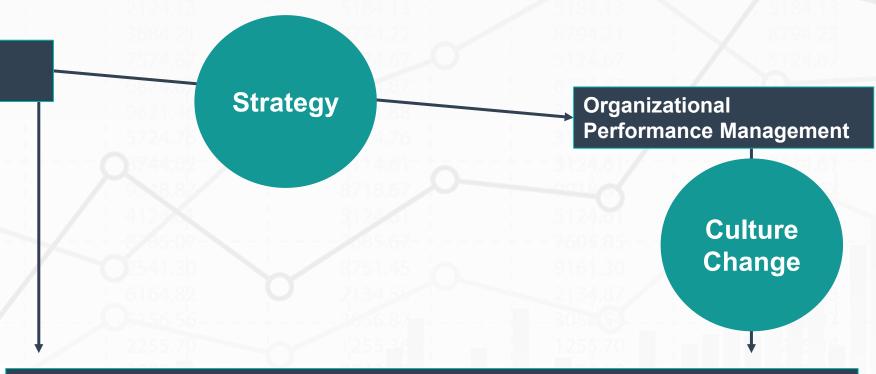
Payer/Health Plan Contract Performance

Access Measures — Price, Time to Appointment, Convenience, Etc.

Consumer Experience

Clinical & Service Performance

Revenue, Margins, & Financial Sustainability



Strategic Initiatives

- Development of integrated care approaches and programs
- Improved managed care functionality with optimized revenue cycle management
- Improved consumer access and engagement
- Service line development, diversification, and new revenue streams
- New technology investments
- Contracts and systems for value-based reimbursement
- Margin improvement with operational process reengineering and unit cost management



Framework To Accelerate New Service Line Development

1. Create a market intelligence system to track customer wants and competitive gaps

6. Tend to considerations for launch planning

2. Develop a standard service line development process

5. Partner with specialists

3. Create a crossfunctional development team

4. Add fresh perspectives to the team



Building The Sustainable Organization For The "Next Normal"

Metrics driven

Productivity focused

Leverage and optimization of technology

Strong process controls for quality and replicability

Specialization and "top of skillset" work

Growth for economies of scale

Ongoing market intelligence on customers and competitors

Real-time internal performance data

Market responsive, nimble strategy/portfolio and processes

Diversified revenue stream

Financial stability and cash reserves

Collaborative culture across management silos

Resilience



Efficiency



"The greatest danger in times of turbulence is not the turbulence – it is to act with yesterday's logic."

Peter Drucker

Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 550,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.

