Connected care: Seeing the whole picture for whole-person health

Do you know Sam?

"What are you here for?" a friendly nurse asks.

"I was recently diagnosed with diabetes and was asked to follow up," Sam says.

"Ok, let's get started with a few questions."

As they go through a visit assessment, the nurse gets all the typical information. Medical history. Check. Medications. Check. Vital signs and blood glucose results. Check. The doctor arrives, asks about how Sam is controlling his diabetes through diet, exercise and his medication care plan. Sam says he plans to start using the new health and fitness app the doctor recommended. He thanks her and leaves the office.

Several weeks later, Sam hasn't refilled his diabetes medication, He hasn't entered any new information into the app he began using a couple of weeks ago to record his meals and daily exercise routine. What's happening here?

90%

of health care costs are spent for people with chronic and behavioral health conditions

Optum

Turns out Sam has been struggling with depression for the past year. He can't find the energy or motivation to exercise and go to the grocery store. He eats out frequently, mainly at fast-food restaurants. Especially during COVID-19, he's had difficulty managing his work and family life, and he's experiencing stress in his relationships.

As a result, he's gained weight and lives mainly a sedentary lifestyle and hasn't kept up with his primary care appointments or his regular medications. Sam fears he will never be healthy again or be able to manage his diabetes. He doesn't ask for help due to his feelings of shame about eating poorly and not taking care of his body for many years.

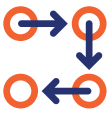
Could Sam's story be different? Were the right questions asked? Even if asked, were there resources to help? The traditional siloed approach to care works for some but not for him.

For Sam, an understanding of his socioeconomic challenges, behavioral health - which includes challenges for both mental health and substance use disorder — and health literacy, along with his physical conditions, would go a long way to keeping him healthy, productive and happier. It would also cost the health system less.

We often know the relationship between social, behavioral and physical health in our own lives. Yet it's more difficult for clinicians, health plans, employers and community organizations to proactively identify and manage the whole picture for any one individual. Every organization and individual participating in the health ecosystem owns a piece of the puzzle. Together, we are called upon to create solutions for a better, more holistic and human-centered health care experience.

Today, a window of opportunity has opened to apply this kind of care delivery innovation, with data enhancements and community partnerships. Here we'll explore:

The elements of a holistic approach



How connected models are delivering new value

New ways leaders can use this cultural moment to expand their capacity for a whole-health approach

Contents

Section 1

Meeting the moment for a whole-health approach

The traditional approach to stem the cost and trauma of disease in this country is evolving. In the past 20 years, chronic disease has grown steadily, and today affects 50% of the U.S. population.[1] At the same time, behavioral health already affects 1 in 5 or 66 million Americans, causing significant and avoidable disability and death.[2] Yet 111 million people live in areas without enough behavioral health professionals.[3] Hospitals and health systems are seeking out new ways to serve those in need of services and support.

These conditions cost us in quality of life, productivity and dollars. The country spends $3.8 trillion dollars in health costs. It's extraordinary that 90% or $3.42 trillion is spent for people with chronic and behavioral health conditions.[4] Mental Health America estimates that as many as 26 million people do not have access to the behavioral health resources and treatment they need. This limits their ability to live whole and productive lives.[5] And even where it is available, the pressures of home, food and personal insecurity too often push health concerns into the background.

Hundreds of millions of Americans are feeling the disconnect in health care

Restoring trust through a whole-health approach

Channeling this momentum for individuals with multiple chronic health conditions requires a holistic approach that links to a connected care team. A holistic approach sees the whole person – recognizing their physical, behavioral, spiritual and social life as one interconnected concept.

Connected care pulls services and support across the full set of environments that sustain the individual. This links health organizations with community resources, the workplace, social and home settings, and cultural and religious centers. Health care does not happen just in the health system. It uses every available resource and becomes part of the fabric of an individual's life.

> Connected care is a way of pulling together all the aspects of what an individual can control or influence and connecting them to the full range of services available for their support. This includes their family, their employer, their community and their health system."

– Rhonda Robinson Beale M.D.
SVP Chief Medical Officer
Mental Health Services
UnitedHealth Group

4 tenets set the foundation for this approach

1

Physical and behavioral health are connected — one impacts the other.

2

Social drivers of health, community and family have a profound impact on health engagement.

3

Personal goals motivate behavior more than health goals.

4

Care and support must be able to serve people regardless of their physical location.

People with diabetes are **2 to 3 times more likely** to develop depression[6]

Untreated behavioral health disorders cost the nation more than **$100 billion** annually[7]

Unmet health-related social needs are associated with **more than double** the rate of no-shows to clinic appointments[8]

Health care should become ubiquitous

Innovators today are using these tenets to make adjustments and meet consumers where they are — when they need care — for their full set of needs. The time and place of service is designed to meet individuals at their earliest moment. That's the moment when health care would be beneficial and ideally supports prevention.

Connected care uses data-driven digital tools and community relationships to link information and services. This way, teams can anticipate, care for, and stay with the consumer throughout their journey to better health.

Financial philosophies need to keep pace

It's crucial to match care innovation with the right financial approach. Financial mechanisms that delay access, build an incomplete picture or burden the consumer build mistrust and drive people away from care. People with disabilities and chronic conditions are already stressed. The system shouldn't make it worse by focusing on payment procedures over managing health and engaging the patient.

We should compare the long-term cost of not treating physical and behavioral health conditions against investment in the community, clinical resources and digital solutions that can stop or delay disease progression. This will vary based on populations and geography, but the long view is part of a holistic approach.

C-suite actions to take

CEOs: Set the goal to integrate social, behavioral and physical health. Include a timeline for milestones.

CMOs: Identify your underserved and those who have abandoned the system entirely. Ascertain where chronic condition management is challenged by mental, behavioral health and/or economic difficulties.

CFOs: Calculate the financial impact that unmet social and mental health concerns are having on physical costs and outcomes, especially for vulnerable populations such as veterans, children, the elderly and low-income individuals.

Section 2

Placing the person at the center of their care

Shining a spotlight on goals vs. medical conditions

Taking a holistic approach to care begins with understanding a person's need, or how they perceive their health, and their health care needs. And it's treating more than just the disease.

For instance, a patient may have heart problems, so a provider refers them to a cardiologist. Or, for lung problems, they are sent to a pulmonologist. But holistic care entails diving deeper into their motivation for wellness. Perhaps the person's next goal is to be well enough to attend their adult child's wedding – and what's preventing them from doing that is their heart or lung problems.

Identifying what people care about and how physical and mental health play into it leads to solving their needs from a new perspective, rather than addressing the needs as a pathology due to a particular organ. Using this strategy with patients may help motivate them to make the behavior changes necessary to improve their health.

Considering language and cultural approaches

Another vital way to move beyond traditional care and a pathology-driven approach is to focus on the language used throughout the health care experience. It begins with member intake and the concept is called patient-first language.

For example, is the physician referring to "the diabetic in room 3" or "Mrs. Smith, a person who is experiencing diabetes"? The language that case managers, physicians, the clinical team and leaders use shows their priority – either the patient or the disease and can affect care.[9]

Another component that lends to whole-person care is avoiding language such as "train wreck" or "frequent flyer," for example, when referring to consumers with difficult-to-manage health issues. This is dehumanizing language. Replacing these terms with empathetic and respectful language sets your cultural tone for all discussions and interactions involving consumers.

Thinking about the ways people want you to connect with them can increase engagement and patient satisfaction. Some may prefer text messaging to phone calls. Others may only want to speak with a person versus communicating online or through a patient portal. Social media is another powerful way to communicate with some patient populations. You can use lay language, videos, imagery and more to highlight your messaging in ways that resonate with them.

Examining the holistic bigger picture

Considering a person's full history of physical and behavioral health circumstances is also an important aspect of holistic care. Adverse childhood experiences or trauma in early life has a connection to adult conditions and use of services. Even in different demographic groups, early life stressors are linked to worse health. In short, medical disease may be the result of unaddressed trauma.

Identifying social determinants of health and health inequity

Much research has been done on the impact of behavioral health, social drivers of health and a person's environment on their health. Housing, food, transportation and other social determinants have been shown to have a major bearing on well-being. We have a system that's set up for people who are sick and for procedures and other treatments that only focus on medical interventions.

> "This changes the perspective of how physicians should converse with their patients. A whole-person approach flips the script, from approaching patients from a medical perspective to approaching them from a behavioral perspective. Rather than 'Let me understand what's wrong with you,' the conversation becomes 'Let me understand what happened to you.'"
>
> **– Rajiv Arya MD, MBA**
> Senior Director
> Strategy and Growth
> Optum Advisory Services

Identifying and addressing health inequities moves the needle for better health outcomes. For example, if an 80-year-old patient cannot drive, setting up several post-operative appointments creates a hardship for the patient. It also may lead to missed appointments or hospital readmission, which could make the patient's health worse.

Ideas for bringing the patient to the center of care

1. Involve the patient in understanding how their treatment plan relates to the achievement of their goals.

2. Aim to alter language and culture to center around humanizing patients.

3. Evaluate how early childhood experiences and potential traumas may have impacted the way a person lives and uses health care, their coping and resiliency mechanisms and their attitude toward care.

4. Identify, capture and address social determinants of health (SDOH) and health inequities using new insights from virtual visits and in-home care.

5. Employ strategies that address physician shortages such as on-demand and remote services.

6. Understand where your consumers go and who they trust in the community and begin to build relationships there.

Section 3

Creating a community of connected care

Building a team that can fully support the individual

Connected care links information, insight, services and the principles of holistic health across a network of diverse partners to drive timely, health-giving actions in any locale. In this approach, payers, providers, employers and the community each have a role to play and a distinct service to perform. But instead of any singular entity "owning the relationship," the collective works together. They have an agreed-upon standard of service and share responsibility for the well-being of the whole person.

People spend significantly more time in their community than in the health system. Health organizations can start collaborating with community organizations to develop human-centered processes that screen for a more holistic set of needs. A connected care team is continually assessing for needs as people move through their community and can guide people to the right resources when they need them.

> "Employers want a benefits manager that can integrate behavioral health data, has a robust behavioral health program, rewards providers who screen for social drivers, and supports community-based resources. Those are differentiators that drive value."
>
> — **Katherine Hobbs Knutson, MD, MPH**
> Chief Health Officer
> Optum Behavioral Health Solutions

Finding your role in the connected care team

- **Everyone** – Identify people in need; share data with appropriate guardrails for privacy; agree to standards of service; promote a culture of whole health
- **Health plans** – Support the infrastructure for SDOH and community supports; expand the behavioral health network; enable support services; build the appropriate incentives into care contracts
- **Providers** – Enhance screening to integrate social, physical and behavioral health considerations; build referral pathways that support holistic health; connect to community organizations; align incentives
- **Employers** – Require a holistic approach from your benefits manager; create a culture that supports behavioral and physical health as equal in importance to other health conditions
- **Community organizations** – Strengthen screening to integrate social, physical and behavioral health considerations; build referral pathways and communication channels to connect to the right providers; embrace the infrastructure of connected care
- **State agencies** – Design policy and programs that support a whole-health approach; help fund and support the infrastructure for connected services; fund support services that address social determinants

Coordinating expertise and insight

The next crucial step is to ensure the right provider network is available – that they can share data and coordinate referral pathways. We know physical and behavioral health conditions are synergistic, and so their care providers and data must be coordinated. One informs the other. These patients often rely on multiple specialists who, too often, don't speak to one another. Payers, government agencies and providers can work together to build a range of capabilities that better serve consumers.

With the growing shortage of health care professionals – particularly in behavioral health – leaders need to take advantage of every community service organization and digital tool to stay connected and supportive in a meaningful way. Digital tools are not only convenient. They are also crucial and cost-effective pathways for keeping consumers engaged and on track.

Connected care relies on infrastructure to link stakeholders with rich profiles, evidence-based guidelines, referral networks and directories of available services. Good planning and governance ensure everyone has the knowledge, relationships and digital connectivity to guide people toward the best next action.

Compelling action across the ecosystem

In a connected community, digital and live resources are available everywhere to help uncover and address barriers to health. Providers are viewing the most robust data while also conducting a holistic intake. With the right networks, providers can make immediate referrals to other specialists or offer personalized support. Physical and behavioral health are treated together in every environment. Health plans are working together with providers to engage their members in staying well through preventive health and building quality networks to help these individuals along their journey to better health.

Strong, connected community teams can also avert disaster and bolster crisis response. With a connected team, the patient can move from an emergency to a sustained, holistic intervention and back to home or a safe recovery location. In a disconnected system, a patient is too often received by police or in an emergency room setting and then sent out to cope with their illnesses without the necessary health care, financial, social or emotional resources.

C-suite checklist: Capabilities of a connected care team

- ✔ Integrated clinical networks for behavioral and physical health
- ✔ Involved community, faith-based and public service entities
- ✔ Infrastructure to support connectivity across all stakeholders
- ✔ A shared standard of service by all parties
- ✔ Able to operate regardless of the individual's physical location
- ✔ Able to address the full hierarchy of needs
- ✔ Offers financial incentives that reward improved outcomes and lower cost

> "Crisis intervention teams that include first responders, law enforcement, mental health providers and hospital emergency services can reduce the risk to everyone involved in a mental health crisis. It is another tool states are using to build in more support for underserved communities."
>
> **— Craig Savage**
> Senior Vice President
> Global Health Care Leader
> Payer Consulting
> Optum Advisory Services

Section 4

Real-world examples of connected care

evolvedMD: Integrating behavioral health and primary care with same-day service and everyday access

Historically, behavioral health and physical health have been siloed in health care. At evolvedMD, the focus is on breaking down those silos. Erik Osland is co-founder and managing partner at evolvedMD. “We understand that the mind is attached to the body,” Osland says. “And if you don’t take care of the mind, then typically, you’re going to have a difficult time being healthy as an individual. So that’s where integration matters.”

This connected care model starts with primary care. Most patients have established relationships with their primary care providers. During that interaction, they are asked annually about their behavioral health. The provider reviews the screen with the patient and can identify an underlying behavioral health issue.

If the screening indicates that the patient's score is elevated or positive, primary care providers are equipped with a talk track. The provider can walk the patient down the hall, introduce them to the behavioral health manager and start an encounter immediately. Or the patient can come back to the office for their behavioral health needs. This process knocks down barriers around stigma, as patients are much more likely to receive care if it's located within the primary care office.

The team assesses the patient, develops care plans, and makes medication recommendations. In this model, there are no specialty copays involved. The model is designed to allow the patient to be seen by their primary care provider and behavioral health specialists on the same day.

Digital tools give the team greater transparency and clinical cohesiveness. A behavioral health registry helps track a patient's clinical data and performance over time. Then, providers can curate a health journey within the registry. Specific content can be pushed out via a phone app to a patient – such as videos, breathing exercises, self-tracking metrics around depression, anxiety, pain and other conditions. That information becomes real-time data recorded in the health system.

The strategy also allows for a more proactive behavioral health approach. For example, when monitoring results shows the patient is having a behavioral health setback, doctors can respond quickly, before the patient ends up in the hospital or begins coping in unhealthy ways.

Genoa Healthcare: A revolution in holistic health pharmacy

Innovation in health care models is also happening within the pharmacy sphere. Genoa Healthcare is leading the way when it comes to integrating medical and pharmacy care for behavioral and physical health.

Genoa pharmacies are located within community behavioral health centers, similar to clinic settings. The pharmacies are designed to support patients with severe behavioral health challenges or other chronic conditions who need a higher level of daily support for their medications.

Genoa's location inside the clinic provides unique support to providers and patients alike:

- **An integrated part of each clinic's care team.** Providers and other clinic staff have direct, in-person access to a pharmacist who knows the needs of their patient population, reducing the risk of medication issues or confusion when providing care.
- **Help developing the right care plan.** Having a pharmacist on the care team helps doctors develop the right care plan for their patients. They can address issues like insurance coverage, drug side effects and complex medicine schedules involving dozens of medications.
- **A pharmacist who knows each patient.** Patients see the same pharmacy team each time they visit the clinic. They build relationships with the pharmacist who gets to know them and their unique needs and challenges.
- **Services designed to make it easy for patients to get and stay on their medications.** Services at Genoa pharmacies include: filling all prescriptions from any doctor, free prescription mailing or delivery, no-cost adherence packaging, help with prior authorizations and administration of medications and immunizations, where allowed by the state.

Genoa's pharmacies also foster relationships with group homes, residential programs and outpatient facilities that may not have an onsite pharmacy but can benefit from their services.

Genoa also offers telephonic Comprehensive Medication Management (CMM), CMM is a longitudinal, holistic approach to patient care management that optimizes a patient's medication therapy. A pharmacist works one to one with a patient to ensure all of their medications are appropriate, effective, not causing harm, and the patient is able to adhere to their regimen. The pharmacist works with the patient and care team to create an individualized care plan to resolve any drug-related problems. Follow-up visits ensure drug-related problems are resolved, and goals of therapy are being met. The result is significant cost savings.

Leaders report the proactive approach to pharmacy care leads to medication adherence rates of around 90%. The model also decreases emergency room visits, hospitalizations, disease severity and death, by keeping people on their medicines.

> "Whether through onsite pharmacy or clinical, telephonic pharmacy services, we know the Genoa model works. Communication and coordination between the pharmacy and the care team provides a better, more seamless patient experience, while increasing medication adherence and reducing total cost of care. We're excited because we know that this work can be done, and that it can have a tremendous impact on some of our communities' most vulnerable populations."
>
> **— Abbie Vogler, PharmD**
> Vice President, Pharmacy Solutions, Genoa Healthcare

Delivering on clinical and financial outcomes, patient satisfaction

To build a clinically and economically sustainable, integrated model, clinics and health systems can examine the marketplace. They can identify and use incentives such as grants or one-time payments or fee-for-service revenue. Osland says this is the future — evolvedMD now has more than 50 sites. Each one is generating enough fee-for-service revenue to support the program into the future.

If you invest in it, patients are going to get better. Providers are going to be happier. Your patient satisfaction is going to go up. And you're going to lower costs in the process.

Abby Vogler, Vice President of Pharmacy Solutions for Genoa Healthcare, says that for their patients, a holistic pharmacy care model set up to treat the whole person makes all the difference. "We've had patients that come in with no shoes on their feet or they haven't had a meal that day, and I hear these stories all the time. The pharmacist sits down with the patient and gives them access to resources outside of pharmacy. A lunch — they buy them a sandwich — little things that just go such a long way for the patient." She says having built-in referral processes that connect back to care case managers closes the loop and ensures patients aren't slipping through the cracks.

Early priorities for a connected care model

1. Determine whether your organization has the internal capacity and expertise to fully integrate care. If not, turn to the market and find an organization that is equipped with the expertise to do so.
2. Verify that you can meaningfully invest in integration and investigate how partners can play a role in integration.
3. Identify which provider will be responsible for leading the program so it will be successful. Establish and treat it like any other service line.
4. Start building the clinical team — including the lead physician, advanced practicing clinicians, licensed behavioral health practitioners and pharmacists — to design the care pathways.
5. Outline the infrastructure needed to gather data, measure and optimize from the results.

Section 5

A holistic bottom line — aligning information, resources and incentives

Connected care needs financial reporting and incentives to match

The financial mechanisms in health care are designed to check for unnecessary care and guide consumers into the most cost-effective programs. But if these payment contracts are not designed to accommodate the whole person, they can delay service delivery. They can impede opportunities to direct people to appropriate social services. Ultimately, this costs employers, payers and consumers more than they would if a holistic approach were in place.

Whether it's fee-for-service, a value-based arrangement or full delegated risk, it cannot truly deliver savings without a holistic approach supported by connected care.

> "Payers have a unique perspective to analyze data and share their projections for members facing chronic conditions and mental health concerns — including people who don't even access the system. Sharing these learnings can help providers to develop new care pathways. And payers can design incentives for teams to collaborate and cooperate."
>
> **— Mark DeRubeis**
> CEO, Premier Medical Associates

A holistic financial approach to data anticipates and reduces risk

The evidence on the impact of social determinants is overwhelming. SDOH-related Z codes are one mechanism to improve referrals, implement interventions and support quality measures. The expectation from the Centers for Medicare and Medicaid Services (CMS) is that Z codes can help build insight that prompts the activities to reduce emergency room visits and hospital readmissions.

This is a good start. In the future, natural language processing and AI-driven tools need to be able to include SDOH data and behavioral health predictors as they build medical records and claim information. Tools like these predict a patient's acuity, assess their risk and determine the length of stay. If this data is incomplete, then so are the recommendations, authorizations and payments.

One challenge for hospitals is the primary DRG assignment. In a holistic health approach, people cannot be reduced to a primary DRG code. If payers and providers can document more completely, they could capture the full spectrum of physical and behavioral health concerns and develop a more accurate risk score.

The traditional solution for this issue is through ad hoc conversations between providers and payers in a discussion over medical necessity. Patients can wait in anguish while these discussions ensue. Innovators have team members embedded in primary care, emergency departments and community shelters to speed discussions and improve guidance.

In the future, the connections between physical health, behavioral health and social determinants can be modeled into evidence-based guidelines and automated authorizations for service. Health organizations that find ways to build a complete financial risk picture will be able to rationalize more flexibility in assigning the resources that will have the most clinical and financial impact.

Hospitals can begin to account for mental health issues during the discharge process too. This can determine if patients will attend post-op appointments, engage postoperative treatments or fully understand potential side effects. It can assess the risk of future emergency visits or avoidable readmissions."

— Kurt Hopfensperger MD, JD
Vice President, Medical Solutions, Optum Market Solutions Group

For a whole-health approach to be fully embraced by providers, payments need to reflect not just the cost of services, but the value achieved by addressing behavioral and physical health concerns together

Holistic payment arrangements and incentives

Currently, many programs don't adequately cover mental and behavioral health services, or reward transitions that succeed by including social determinants. Understanding a person's full set of needs or risk is one thing. But care providers and consumers need to know that the holistic set of recommendations will not bring new cost burdens to their door. And payers need to be able to track, measure and report performance on a whole-health approach to support their investments.

Reimbursement and supporting legislation for mental and behavioral health is still evolving — as is reimbursement for telehealth visits, remote monitoring and in-home care. For a whole-health approach to be fully embraced by providers, payments need to reflect not just the cost of services, but also the value achieved by addressing behavioral and physical health concerns together.

Providers with strong payer relationships — that are effective at addressing social determinants and mental or behavioral health — are poised to accept delegated risk and earn the upside of successfully serving people holistically.

6 actions financial leaders can take

1. Calculate the cost of undertreated physical and behavioral health in populations with health and social vulnerability.
2. Estimate the cost of the infrastructure and digital technologies that increase access by extending physical, mental and behavioral health services outside of traditional care environments.
3. Sponsor education and training that explores the cost and quality impact of holistic health.
4. Revise risk models to factor the long-term savings of addressing mental and behavioral health.
5. Support a further shift to value, allowing physicians the time, resources and data they need to address a person's physical, behavioral health and social needs.
6. Invest in the partnerships that are ready to share risk and are proven to meet the holistic health needs of the most vulnerable populations.

> "If you have the care model in place, but not the financing to cover mental health cost or SDOH investments, you won't do well. If you adopt risk too quickly and don't have holistic care models in place, you won't succeed either. CFOs need to chart the path with their health and community partners on what upfront investments are needed to sustain a long-term, strategic approach to whole-person health."
>
> **— Clare Wirth**
> Director
> Value-Based
> Care Research
> Advisory Board

Closing

Inspired health

Where to start

1. **Support your employees.** An easy place to start is with your own employee base. Build a culture for a whole-health approach. Increase awareness and build sensitivity to language. Recognize that your employees have underserved or unmet behavioral health concerns and may also be facing hardship at home.
2. **Admit the level of need.** Leaders can assume that almost every patient who walks through their door has unseen or undermet needs. We've been living in crisis for the past few years and everyone — employees, members and patients — should know the full set of resources that are available to guide them forward. Education around resources and recognizing inequity is another way to shift your culture.
3. **Start the conversations.** Continue the discussion and build the relationships in your organization, your system and your community. This will help you map new strategic partnerships, network strategies, clinical interventions and referral pathways and will build the financial incentives that make it sustainable.

> "Talk to people or let people in the community talk to you. Listen to what their experiences are, because it's the nuances of their living, their adjustments to their environment, their solutions that they've come up with currently that helps you to really understand where they are at and what they need."
>
> **— Rhonda Robinson Beale, MD**
> SVP Chief Medical Officer, Mental Health Services, UnitedHealth Group

Trust and need inspire action

There is no doubt that making moves toward a whole-health approach has its challenges. But the rewards of connected care are inspiring. Consumers who trust that they will not be abandoned can focus on the personal life goals that inspire health engagement.

Providers are inspired if they can be rewarded for investing in patient relationships and achieving the goals that brought them to medicine in the first place. Employers will be relieved of the excessive burdens of underserved behavioral health in their employee base and communities can double the impact of their advocacy and investment. Individuals win when they're fully recognized and cared for more completely. Everyone succeeds when we advance our industry's focus on collectively coming together to address quality and reduce cost.

Sources

[1] Holman HR. The relation of the chronic disease epidemic to the health care crisis. ACR Open Rheumatol. February 2020. Accessed March 2022.

[2] National Institute of Mental Health. Mental health. Last updated January 2022. Accessed April 2022.

[3] Weiner S. Addressing the escalating psychiatrist shortage. Association of American Medical Colleges. February 12, 2018. Accessed April 2022.

[4] National Center for Chronic Disease Prevention and Health Promotion. Health and economic costs of chronic diseases. Last review April 2022. Accessed April 2022.

[5] Mental Health America. Access to care ranking 2020. Accessed April 2022.

[6] Fernandez G. The intersection of mental health and chronic disease. Johns Hopkins Bloomberg School of Public Health. December 16, 2021. Accessed April 2022.

[7] National Alliance on Mental Illness. About mental illness. 2020. Accessed April 2022.

[8] Optum. A CMO toolkit. July 2021. Accessed April 2022

[9] Drachenberg J. Patient-first language can affect patient care. Relias Media. September 29, 2021. Accessed May 2022.

Contributing experts

Craig Savage
Senior Vice President, Global Health Care Leader, Payer Consulting, Optum Advisory Services

Kurt Hopfensperger, MD, JD
Vice President, Medical Solutions, Optum Market Solutions Group

Rajiv Arya, MD, MBA
Senior Director, Strategy and Growth, Optum Advisory Services

Rhonda Robinson Beale, MD
SVP, Chief Medical Officer, Mental Health Services, UnitedHealth Group

Erik Osland
Co-Founder and Managing Partner, evolvedMD

Abbie Vogler, PharmD
Vice President, Pharmacy Solutions, Genoa Healthcare

Mark DeRubeis
CEO, Premier Medical Associates

Clare Wirth
Director, Value-Based Care Research, Advisory Board

Katherine Hobbs Knutson, MD, MPH
Chief Health Officer, Optum Behavioral Health Solutions

Optum

optum.com