

DRIVING BUSINESS OUTCOMES
THROUGH SUPERIOR CLINICAL CARE:

Insights into Modern Behavioral Health Care

MDLIVE[®]

An Evernorth Company



Our overall wellbeing is significantly determined by our behavioral health.

With nearly 1 in 5 American adults

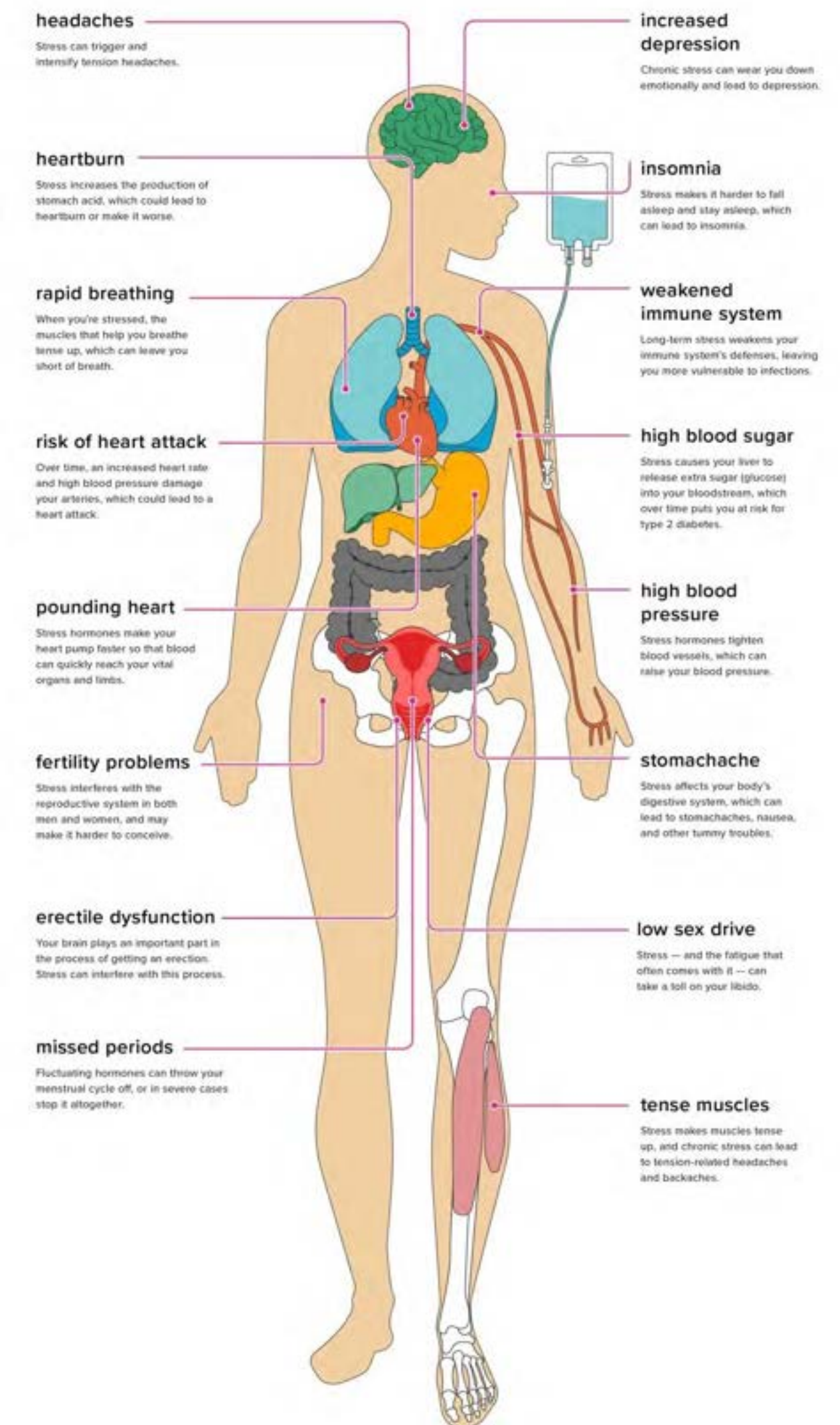
experiencing mental illness in 2019, and more than half not receiving any treatment¹, a mental health crisis in America was well underway before the pandemic. Then Covid-19 forced a prolonged period of change and uncertainty, creating high levels of stress most Americans had never experienced before.

MDLIVE OBSERVED THE SIGNIFICANT EFFECTS OF THIS SHARED TRAUMA TO INCLUDE:

- A greater awareness of the pervasiveness of behavioral health challenges
- An increased openness to talking about mental and emotional needs
- Recognition that physical health and behavioral health are not only independently vital to health, they are intrinsically linked
- The ongoing need to further reduce the stigma and barriers associated with seeking help

To deepen an understanding of these shifts and inform innovation to support superior clinical experiences and outcomes, MDLIVE embarked on multiple, robust qualitative and quantitative research studies in behavioral health throughout 2021. What we learned has enhanced the way we think about what members need and the care we provide.

THE EFFECTS OF STRESS ON THE BODY

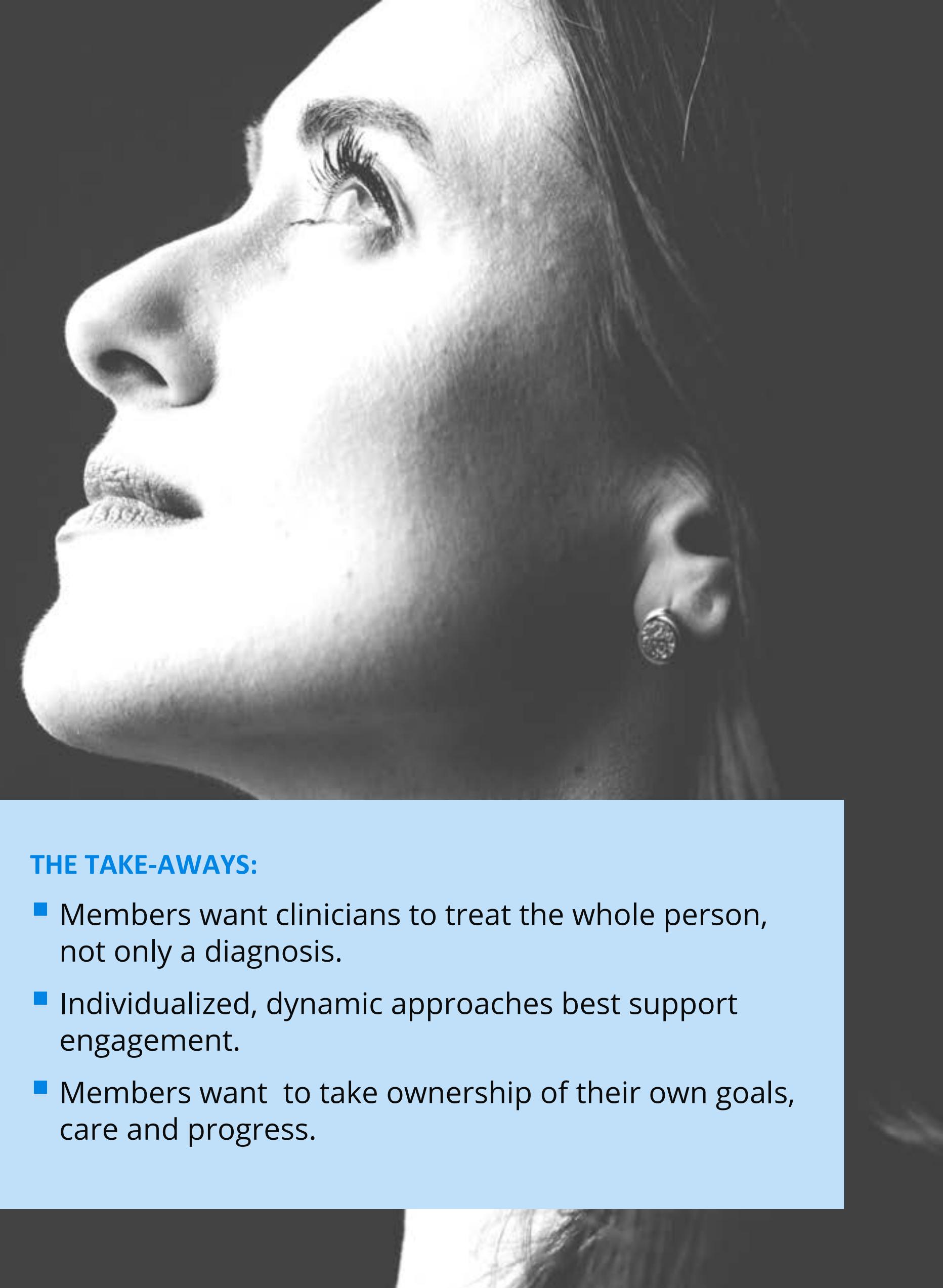


Behavioral health needs are increasingly universal. Effective care must be **highly individualized**.

While today's behavioral health crisis may seem largely driven by a set of "routine" diagnoses including depression and anxiety, no two stories and challenges are the same. A member's desired experience involves being seen, heard, engaged, and cared for based on their deeply personal experiences and needs. This also means providing empowering, adaptive, human-centric care that avoids reducing a patient to a diagnosis.

In fact, 4 in 10 behavioral health patients in their 20s and 30s don't want to be labeled or identified by their condition.

They value their unique multi-dimensionality, even when part of their story is having an anxiety, bi-polar, schizophrenia, depression, or eating disorder diagnosis.



THE TAKE-AWAYS:

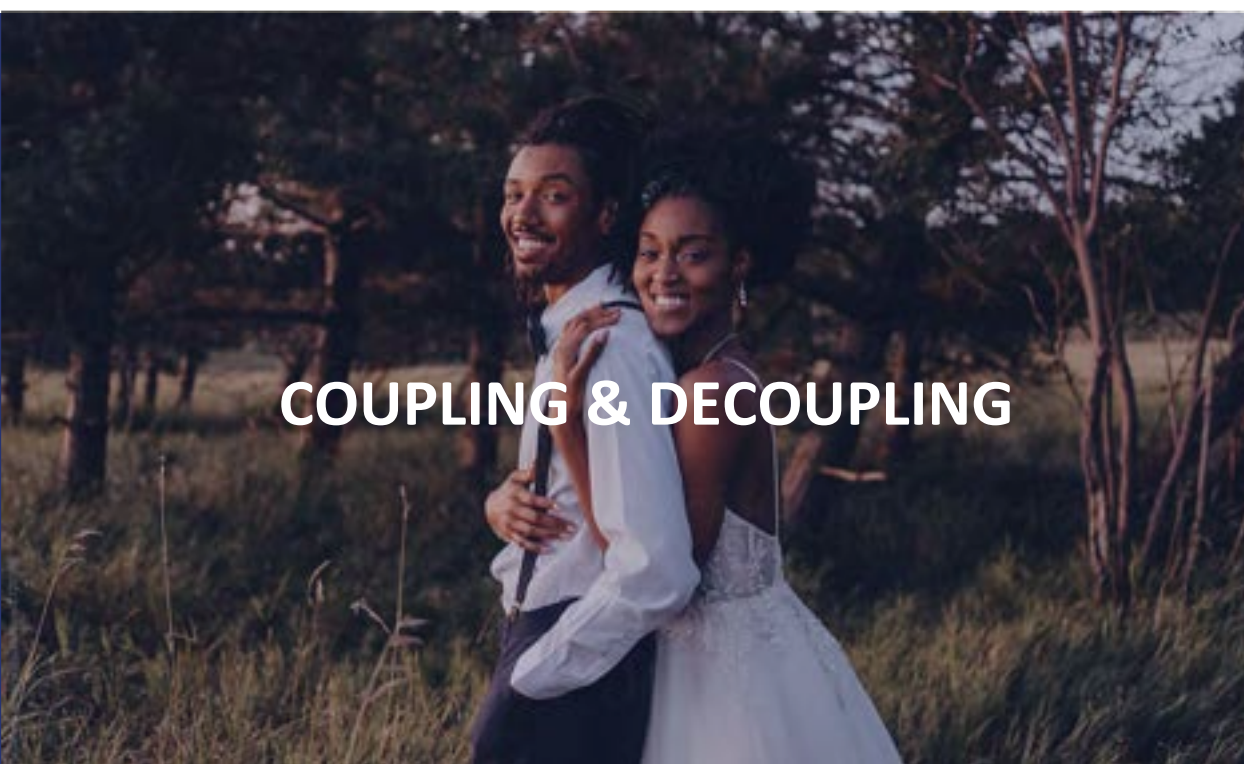
- Members want clinicians to treat the whole person, not only a diagnosis.
- Individualized, dynamic approaches best support engagement.
- Members want to take ownership of their own goals, care and progress.

Common life events most often trigger the need for **behavioral health care**.

From happy life milestones to traumatic, unexpected events, change brings about stress that can be difficult to manage. These shifts reveal moments of acute need for behavioral health care to help mitigate pain and struggles, as well as to fortify strengths.

THE TAKE-AWAYS:

- Changes in a member's personal and professional situation create an opportunity for proactive care.
- Normalizing & humanizing behavioral health care can break down barriers that keep members from seeking help, especially at these common inflection points.



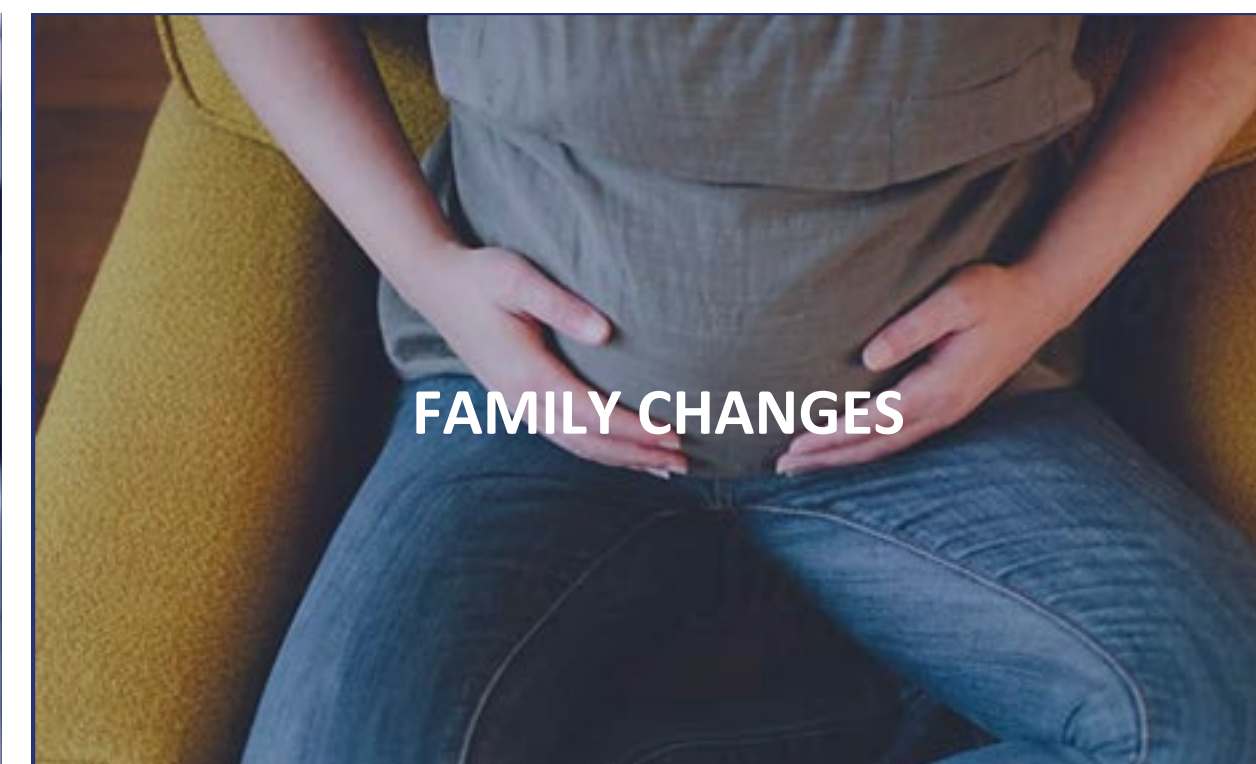
COUPLING & DECOUPLING

The primary reason (48%) that individuals seek out mental health care: new relationships, marriages, divorces, and separations.



CAREER/JOB SHIFTS

Approximately 31% of individuals in care today have sought help as a direct result of job-related stress.



FAMILY CHANGES

Approximately 26% of current patients chose to pursue therapy/treatment because of a new baby, a pregnancy loss or complication, or coping with an illness in the family.



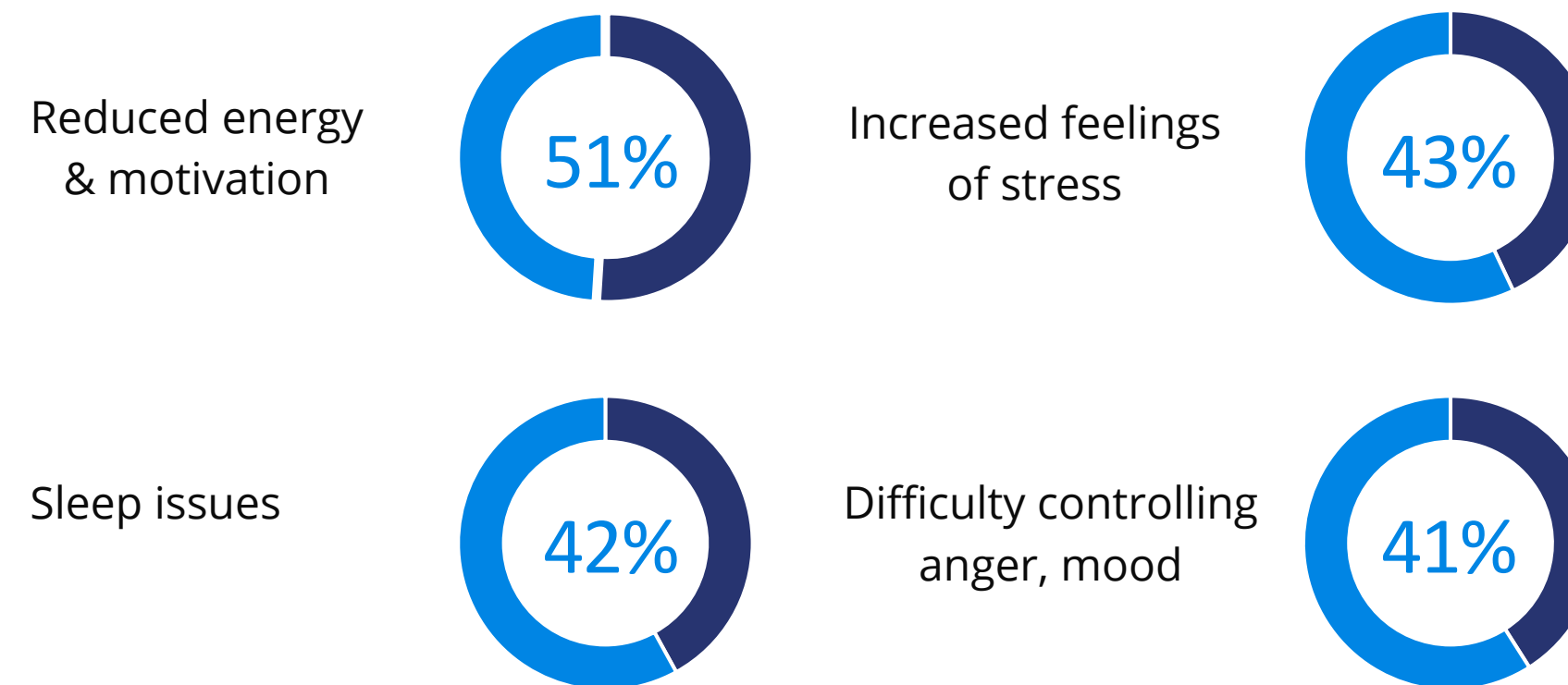
GRIEF & LOSS

Nearly half – 43% seek out care due to grief. Often related to the death of someone close, loss is also experienced as a result of a failed relationship, dashed career hopes, and diminished family stability.

Signs of stress are a primary catalyst to seeking behavioral health help.

When a member experiences a disruptive life event, a behavioral health issue can take root or be exacerbated. Often, the individual – or their friends and family - begin to notice signs of physical and emotional distress which prompts reaching out for help. But primary care doctors and other medical providers play a role here, too. Nearly 1 in 4 current and past behavioral health users sought care because of influence from their medical doctors.

WHAT DRIVES INDIVIDUALS TO SEEK OUT BEHAVIORAL HEALTH CARE?



COORDINATING CARE ACROSS HCPS CAN HELP CLOSE THE GAP BETWEEN THE DESIRED AND ACTUAL CARE EXPERIENCE



“ (I want my) providers to communicate with each other and complete reviews of goals, objectives and accomplishments
 – Male 39

Patients place high importance on their medical and behavioral healthcare providers working together as a connected care team, communicating with each other to collaboratively optimize outcomes.

THE TAKE-AWAYS:

- Coordinated care across medical and behavioral health creates efficiency, more comprehensive treatment, and better outcomes.
- PCP relationships specifically create value by identifying potential risks and needs even sooner than a patient may notice them, then directing the patient to an appropriate level of care based on an assessment of the big picture.

When it comes to **engagement**, members want options that support **overall wellbeing**.

Individuals turn to behavioral health professionals because they want to feel hopeful and optimistic, gain skills to self-manage issues, and break through what's holding them back. And most aren't relying solely on this outside perspective. There are professionally-led behavioral healthcare moments that require facilitation and expertise, as well as complementary, DIY activities that together can create a regular drumbeat of activity.

1/2

Nearly half of Millennials already use self-guided exercises and meditation as part of therapy

1/3

and more than one-third of Gen Z journal as part of an overall wellness practice

It is increasingly expected that professional care enroll whole-person techniques like meditation, journaling, exercise, and good nutrition. In fact, 71% of current and prior patients want supportive features like these that help maintain and boost progress between sessions.



THE TAKE-AWAYS:

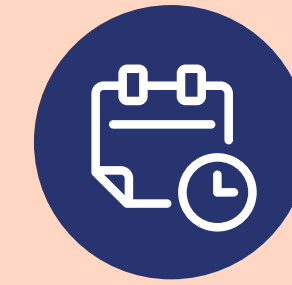
- Offering new and fresh ways of thinking and doing that complement behaviors outside of sessions help provide well rounded care.
- Supporting the whole person is vital to building a long-term path to feeling well.

Most individuals who seek help believe a **solid relationship** with their provider is **essential**.

Members come to the behavioral healthcare realm with beliefs and expectations of what effective care looks like. **Fewer than 1 in 5** come with the goal of efficiently targeting a specific issue, even fewer come primarily to manage a particular crisis or obtain a prescription. Nearly half perceive an on-going partnership with a provider that matches their needs will best serve them.

THE TAKE-AWAYS:

- Offering a portfolio of services, with varying degrees of engagement, will meet the needs of most members.
- A broad network of providers offers members more choice and empowers them to find the right fit.
- Honoring the relationship between patient and provider will enable better outcomes.



Relationship Seekers

Motivated by overall emotional well-being, learning about themselves to manage their own progress, developing a deep, committed relationship with a therapist for improvement.

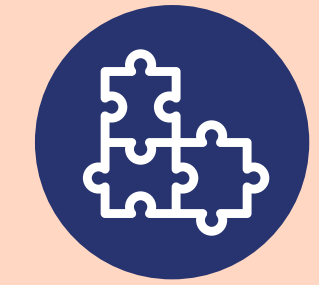
43% of current, prior, and potential BH users



Episodic Crisis Managers

Desire help in moments of despair and crises.

16% of current, prior, and potential BH users, skewing toward those who have never sought out care.



Acute Problem Solvers

Focused on working through a specific on-going issue with clear outcomes and coping strategies to apply day to day.

18% of current, prior, and potential BH users



Medication-Centric

Primarily seeking access to medication as primary vehicle to relief and management.

8% of current, prior, and potential BH users

15% of current, prior, and potential BH users were unsure of their primary motivation.

But getting started is **hard**.

Other than cost, concern related to navigating the world of behavioral health is the #1 barrier to seeking treatment once an individual perceives they may benefit from it. Too often, the cognitive and emotional resources to push through the complexities and unknowns are simply too much.

KEY ROADBLOCKS AMONG THOSE WHO NEED BEHAVIORAL HEALTHCARE BUT ARE NOT CURRENTLY RECEIVING TREATMENT:

32%

"I'm worried it will be too expensive."

28%

"I would have no idea where to even start."

18%

"There are too many options and I'm not sure which ones to use."

THE TAKE-AWAYS:

- Connecting those who need help with more affordable, yet still robust care can address the primary barrier.
- Mitigating perceived risk and vulnerability is critical to member comfort and engagement.
- Making it simple and intuitive to navigate the path to the right care, confirming affordability, and matching fit are essential upfront.

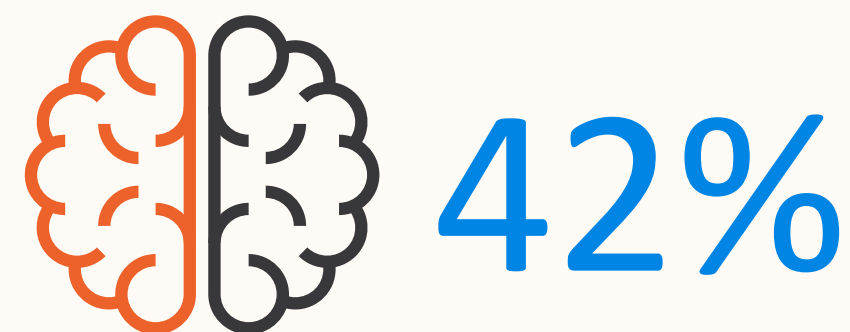


As they embark on their journey, members can be **confused by the differences** in providers' qualifications, training, and skills.

THE OVERLAP ACROSS DOMAINS OF PSYCHIATRIST, PSYCHOLOGIST, THERAPIST, COUNSELOR, COACH, CLINICAL SOCIAL WORKER, AND PSYCHIATRIC NURSE PRACTITIONER IS CONFUSING, EVEN TO THOSE SCHOOLED AND EXPERIENCED IN USING BEHAVIORAL HEALTH CARE.



1 in 4 of those currently using mental healthcare still say they only have 'some' level of understanding of what psychiatrist/psychologist/therapist role is.



And when it comes to 'coach' – 42% of those currently receiving care either only have 'some' understanding OR not really clear at all.

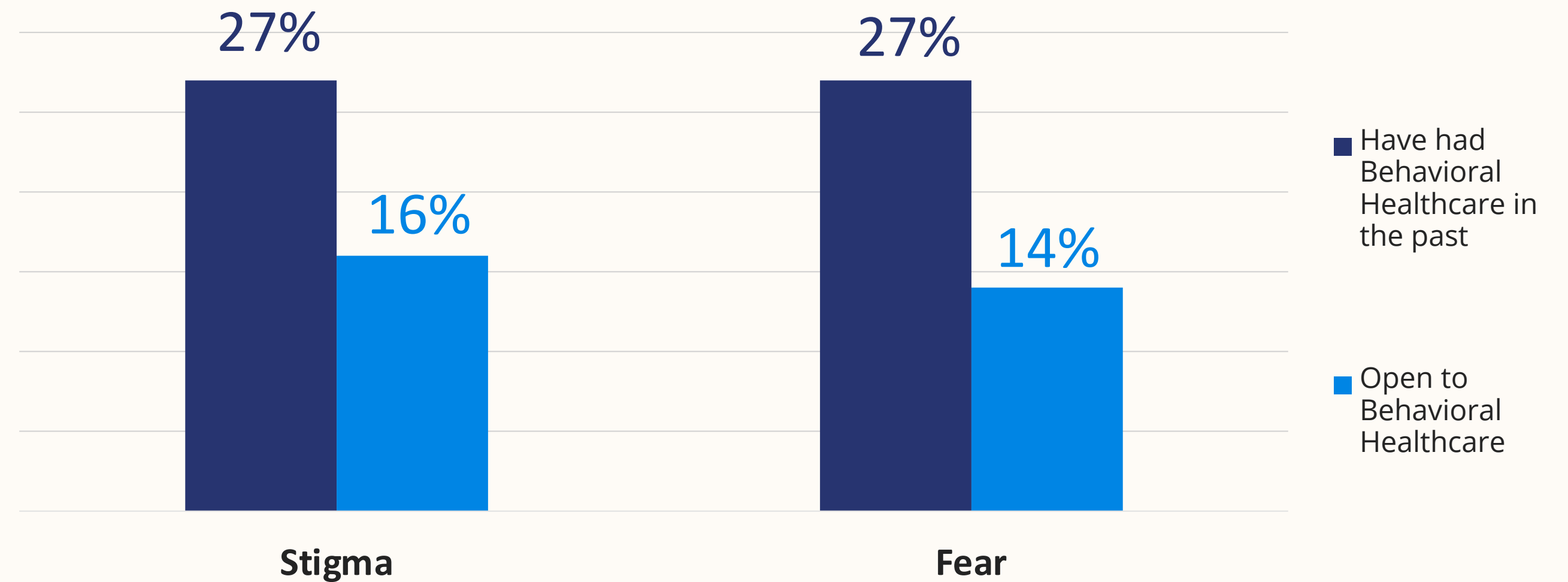
“I don’t really know how my needs fit into the picture. Do I need a psychologist? A psychiatrist? Something else? A coach? I don’t really understand the space. We haven’t been taught or told how to navigate it.”

BEHAVIORAL HEALTH CARE CLIENT

THE TAKE-AWAYS:

- Creating clarity and transparency regarding roles and important differences, as well as expectations, from the first moment of engagement will build trust and confidence.
- PCPs can play a critical role in helping members navigate the right treatment path for them.

Fear and stigma are barriers to care, even among those with **prior experience** with behavioral health care.



- Perceived social stigma
- Suggests weakness, softness
- Suggests someone lacks self-sufficiency

- Don't want to risk unraveling by revisiting painful memories
- Afraid of what will happen if my privacy is breached

THE TAKE-AWAYS:

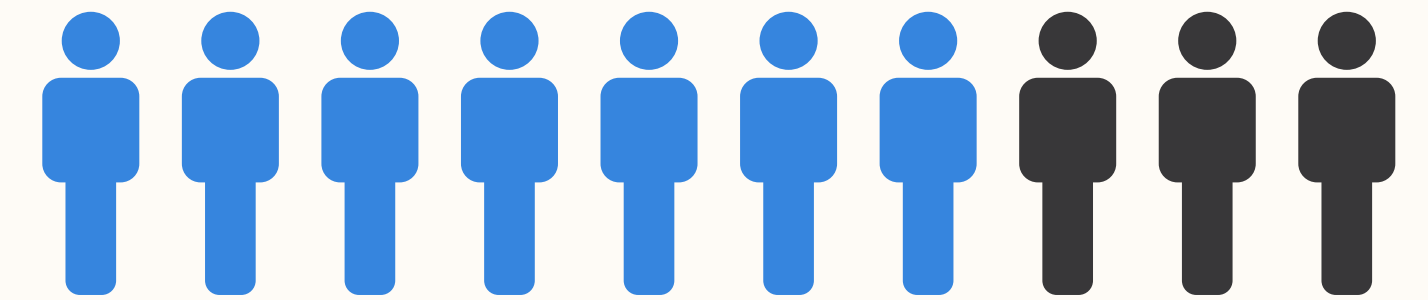
- Members need the behavioral health care process to be confidential and secure.
- Framing behavioral health care as an indicator of strength, not weakness, diminishes stigma.

Members want **multi-modalities** with text offered as a secondary form of engagement.



Consistent with the predominant desire to build a solid, one-on-one relationship with their behavioral health care provider, most individuals interested in therapy would use text as a back-up to other, more personal modes of connection, including web- and phone-based platforms. As for those open to texting, most would prefer to leverage it as an additional avenue of engagement with their primary provider.

Only 3 in 10 are interested in text as a primary modality for BH care



The remaining 7 in 10 prefer to not use text or for supplemental and emergency use only.

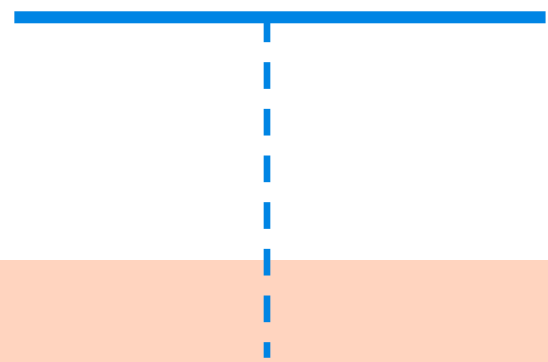
THE TAKE-AWAYS:

- Text is a lower priority feature and patients see it as a supplement, not a direct substitute for talk therapy.
- Members would ideally have the freedom to pick and choose their preferred modalities, from video to text and even in-person, giving them the control of how and when they engage.

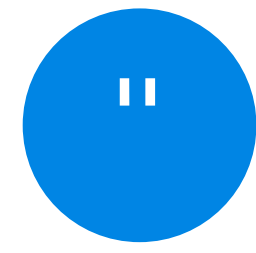
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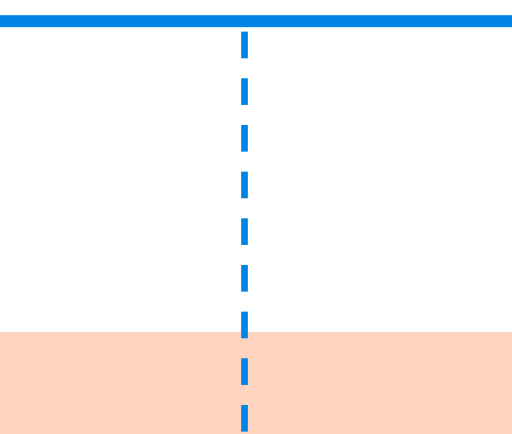
Reduce the shame and stigma of seeking professional help.



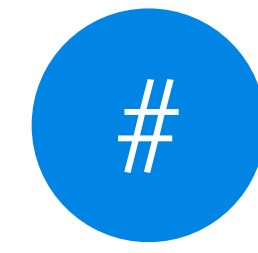
Normalize behavioral health care, framing it as essential to long-term, holistic wellness.



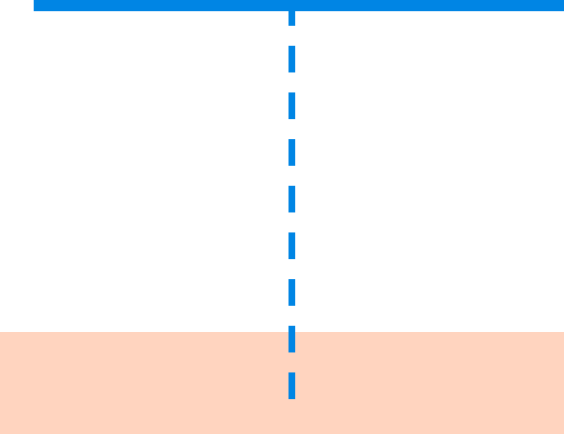
Make it easier to get started, confidently.



De-risk initiation by simplifying benefit navigation, seamlessly integrating referral capabilities between primary care and BH providers, protecting privacy, and helping members decipher between the different types of providers to find a good match for their unique needs.



See me as a whole person, not only a diagnosis.

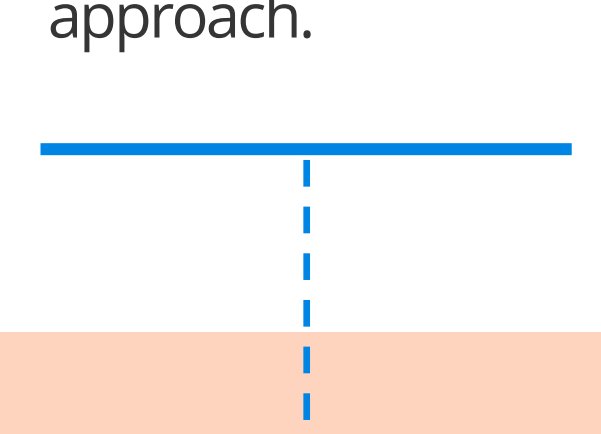


Always take a human-centric approach, putting the person and the therapist-patient relationship at the center of treatment, while enabling members to take ownership of their own journey.

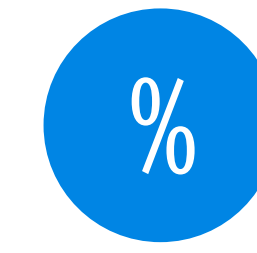
Avoid clinical terminology and labels in member outreach, leverage relatable life event triggers.



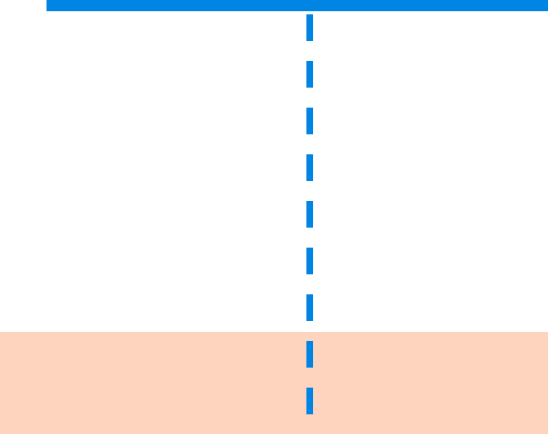
Tailor my care based on my life events and mindset, not a one-size-fits-all approach.



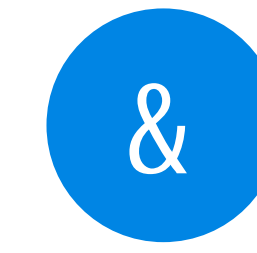
Invest in clinicians especially qualified in telehealth, each with a track record of creating custom plans that skillfully and compassionately meet members where they are.



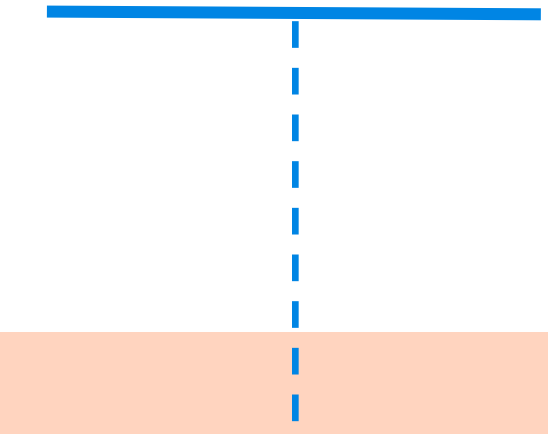
Let me engage in the ways that best fit my needs.



To ensure members get the care they need on their terms, prioritize a core behavioral health care proposition that is strong therapeutically, and also offers a mix of modalities.



Help me know when we're making progress.



Design to support personalized benchmarks from the start, openly and collaboratively tracking progress at key milestones, actively driving toward the desired outcomes of optimism and hope.

Thank You.

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