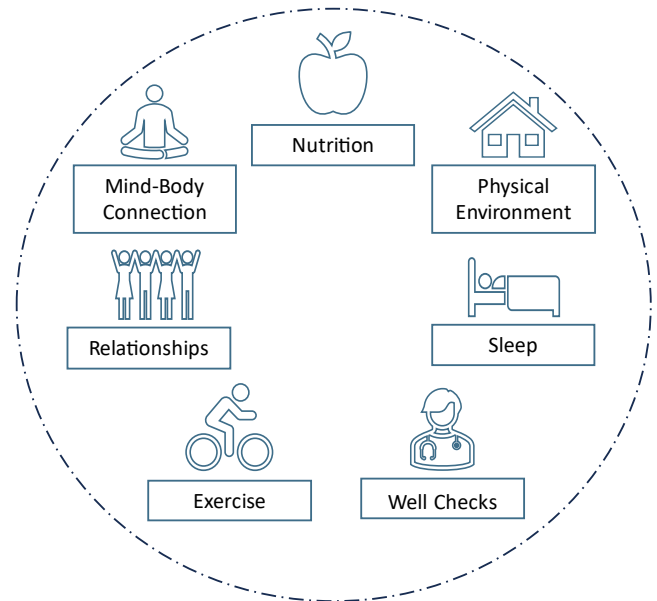


Mental & Physical Health

Recognizing the importance of managing individuals' health holistically via integration of mainstream and alternative care

Historically, health management programs have focused on one chronic disease at a time, often missing opportunities to support a broader set of health care needs related to primary prevention and health promotion. Those same programs had previously largely omitted an expanded focus to include social as well as mental health and emotional needs, via both traditional and non-traditional services. When building any population health programs, factoring in emotional well-being has not only proven to increase outcomes, but it improves the member experience. This article is the first in a series highlighting the evolution of U.S. Healthcare focus from primarily physical health symptomatic interventions to the entire person; and the opportunities that provides for enriched services and programs to improve outcomes.

Healthcare in the U.S. has been defined by interventional medicine (detect a disease, treat a disease). However, over time outcomes have been shown to improve by leveraging integrative medicine – mind, body, and soul - using both western and so-called alternative approaches. For example, typically when someone would be treated for chemotherapy, they would receive treatment in a traditional clinic setting. Today, there is a recognition that taking steps to address the patient's experience with sensory enhancements (music, lighting, aromatherapy) results in a reduction in adverse side effects (nausea, risk of dehydration) and resulting need for hospitalization.



Medicare, often looked to as a harbinger of things to come in the way of health care benefits, is now recognizing the importance of addressing health maintenance support in addition to treatment. This is a great step to engage Seniors as well as other vulnerable populations in their own health and wellness journey by establishing a more holistic view and then designing and applying programs and health benefits with greater impact potential on their overall health and well-being. Over the past several years, Medicare Advantage (MA) plans have been given flexibility to provide **supplemental benefits** – including food, transportation, over-the-counter items and housing supports – to meet the growing needs of members with complex chronic conditions. When a health plan is at financial risk with Medicare Advantage, offering these lower cost benefits can improve overall cost of care and better quality of life. It stands to reason that in a similar vein, providing benefits that take into account the mind-body connection, via what have up until now been considered

“non-traditional” approaches, could follow along as the next logical step to further improve outcomes and overall population well-being.



Making the Case for Supplemental Benefits that encompass a broader spectrum of traditional and alternative therapies

There is a growing recognition of the value in offering and providing support for services that might have previously been lumped into the category of “alternative medicine.” Services like massage and light therapy, herbal supplements, biofeedback via home monitoring devices (on one’s phone or smart watch), acupuncture, and meditation/breathing exercises.

Some of these alternative therapies have largely existed in the realm of holistic medicine and often applied to metaphysical and not necessarily the medical conditions that are the domain of traditional medicine. This divide is slowly but consistently changing, with a greater interest in opportunities to address both physical and mental health via an integration of traditional and non-traditional approaches.

Health care organizations interested in adding **supplemental benefits** to their standard benefit offerings (as referenced earlier) have approached doing so via identifying, stratifying, and ranking populations at health risk for disease complications, excessive resource utilization or total medical cost. In theory, this same approach could be applied to the prospect of integrating traditional and alternative services. It can also be used to extend reach beyond chronic disease and conditions, to include mental health and its association with risk of ensuring chronic illness.

In a previous article [Expanding Data Sources for Identification of Risk](#) we reveal a data-driven approach for identifying individual health-related risk factors that transverse the full spectrum of lifestyle, social and environmental impacts.



Acupuncture



Breathe: Sleep & Meditation App



Herbal Supplements



HRV4Biofeedback App



Light Therapy Lamp



Massage Therapy



Reflect Orb biofeedback device



Making the Case for the Mind-Body Connection - A growing epidemic of mental health concerns and its impact on overall well-being

In the United States alone, it is estimated that approximately 46% of all adults will experience mental illness during their lifetime, but a growing disparity persists between the numbers of people who are living with a mental illness and those who have access to services and treatment.

In 2019, 20.6% of US adults were diagnosed with a mental illness, less than half of whom received any mental health services. In that same year, incidence of serious mental illness (e.g., those that significantly impair an individual’s ability to carry out day to day activity) was a growing statistic. The fastest growing segments were among those 18-24 years of age, as well as within the pediatric population. (Integrating Physical and Mental Healthcare: facilitators and barriers to success 2021)

Individuals suffering from mental illness face many challenges associated with navigating a complex and often fragmented health care system and suffer a higher proportion of serious adverse outcomes (including death) from co-morbid physical health conditions. Integrating mental and physical health care for individuals with mental health concerns as a pre-emptive strategy to reduce risk of chronic illness is an emerging trend with the aim of improving outcomes proactively.

There is heightened awareness that individuals' health risk burden is exacerbated by the fact that mental disorders increase the risk for chronic physical disorders, namely cardiovascular disease, obesity, diabetes, which are not only highly co-morbid but also mutually reinforcing.

There is also an economic, as well as a health-related, impact that should attract attention. Absenteeism, productivity, and other workplace impacts. The past decade has seen the emergence of the use of lifestyle-based programs for management of mental disorders. These have been primarily in the areas of diet quality, physical activity, substance use cessation and sleep quality, emphasizing that lifestyle approaches should form the foundation of treatment for mood disorders, in much the same way as they do for specific chronic conditions.



Designing Lifestyle Interventions for holistic health and wellness – what we can learn from disease management programs

In order to move from recognition of intrinsic value to integration of full spectrum health management (mental and physical health incorporating non-traditional approaches), a clear understanding of how to proceed in translating current evidence into clinical care protocols is needed. Looking to programs with the most established evidence in the field of physical health, where lifestyle interventions have been a core component, offers useful insights into the most efficient and effective way to proceed.

Diabetes prevention as an intervention model due to its acknowledged success at the population level in reducing the incidence of diabetes in high-risk groups provides a good example. It stands to reason that the application of lifestyle interventions (akin to those successfully deployed for the prevention of type 2 diabetes) are likely to be effective in reducing physical health risk in individuals with mental health disorders. There are many common pathways that frequently co-exist that are germane for self-management and prevention.

Subsequent articles in this series will also delve further into the mind-body connection and lend support to combining physical, mental, and emotional health care that will lead to improved outcomes and help address the growing epidemic of mental health needs and uneven access – less fragmentation across the health care system, and acknowledgement of alternative approaches.

Last, this series will explore addressing specific “sub-populations” (e.g., pediatric, and other in need groups that may be harder to “find” via traditional means of identification not always high utilizers and/or high cost), and different ways in which provider organizations and payers can develop outreach and programming that integrates all this.

References

2021. *Integrating Physical and Mental Healthcare: facilitators and barriers to success*. The Journal of Medicine Access.