

Population Health NEWS

Thought Leaders' Corner

Q. What Role Should Behavioral Health Play in Population Health Management?

Despite multiple attempts to legislate “parity” between behavioral health and medical benefits, until recently we have been largely unsuccessful in fully integrating the two disciplines. Our fragmented networks of care, the medical orientation benefit plans and even the social stigma associated with behavioral health diagnoses have contributed barriers to this lack of care integration.

Fortunately, clinicians and healthcare executives are finally recognizing the critical role behavioral health conditions play in determining the overall health status of patients and the costs for caring for these individuals. Simple factors, such as medication adherence and healthy eating, are greatly impacted by patients’ comprehension abilities and willingness to engage in their own health improvement. For example, a report by the Medicaid and CHIP Payment Commission found that about 20% of Medicaid beneficiaries have a behavioral health diagnosis, yet account for 48% of Medicaid spending.¹

In order for the integration of behavioral and medical health to be effective, two things must occur. First, all of a patient’s healthcare needs—physical and behavioral—must be identified as early as possible regardless of how or why a patient enters the healthcare system. Second, we must be prepared to apply the core principles of patient-centered care across all practice settings, including effective care coordination support in navigating the system.

Many innovative provider systems are making great progress in these integration efforts using effective screening mechanisms and integrated health homes. But much more needs to be done.

¹“Behavioral Health in the Medicaid Program—People, Use, and Expenditures.” MACPAC. June 2015.



Henry W. Osowski
Cofounder and Managing Director
Strategic Health Group LLC
Burbank, Calif.