

**ANALYSIS:**

**Senate Bill 178 – behavioral health collaborative care model**

Arkansas Blue Cross and Blue Shield is firmly committed to the proven concept of care coordination and collaboration among primary care providers, medical specialists and other professionals and agencies involved in a person’s total care.

These strategies are absolutely necessary for our “whole person” approach to healthcare and coverage.

Therefore, we believe integrating behavioral health into the primary care setting is an imperative in caring for our members.

In terms of physical health and medical services, we have long held that prevention and early detection often are the best medicine.

Likewise, we believe that early identification of behavioral health issues in the primary care setting – and early intervention – will result in better outcomes for our members and eventually result in cost savings by mitigating the negative influence behavioral health can have on physical health.

This integrated psychiatric collaborative care model is relatively new to Arkansas, but we are beginning to see it grow. Since the onset of the COVID-19 pandemic, behavioral health services among our members have risen dramatically, including in this collaborative model.

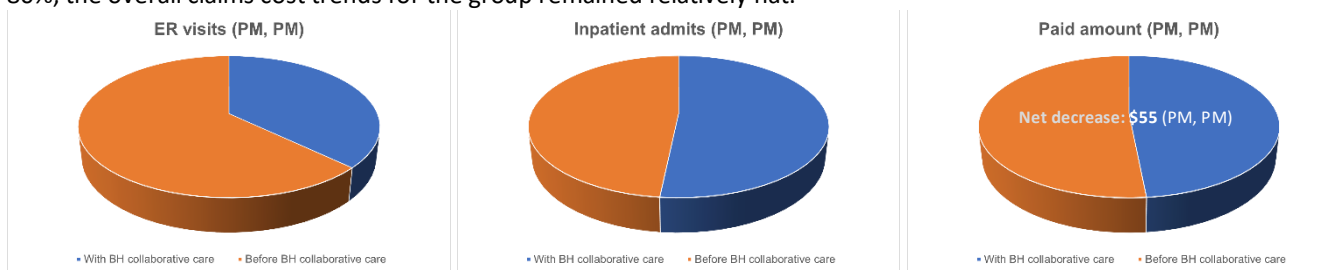
In the past three years alone, utilization and claims payments for services delivered in this type of model has **increased by more than 20-fold**.

Year	2020	2021	2022
<b>Total members</b>	290	433	4,511
<b>Total services</b>	1,001	1,685	21,066
<b>Total paid</b>	<b>\$96,920</b>	<b>\$2,106,340</b>	<b>\$2,031,970</b>

Unfortunately, the surge in utilization and the relative newness and limited adoption of the collaborative behavioral health model makes it difficult to assess what “downstream” cost-containment impact this approach will have. As you can see in the chart above, the total number of claimants in this model (though significantly larger than two years prior) is still fairly small. However, even with the limited data we have, we are already seeing some encouraging signs.

Let’s look at **emergency department utilization**. In 2021 and 2022, we looked at a sample of **334 members** who moved into a collaborative behavioral health model and had at least 23 months of claims history (representing **1,440 claims**). After moving into the collaborative model, emergency department utilization **dropped by nearly half**, resulting in a **savings of about \$205,000**.

It is also worth noting that among this population of 334 members, about **20% of members** had **10 times the rate of utilization** seen in the other 80% of the group. And because of that much higher utilization rate for the 20%, compared with the low utilization of the 80%, the overall claims cost trends for the group remained relatively flat.



**Conclusion: We are very supportive of SB178.** We believe its integrated, collaborative and coordinated approach will benefit the overall health and well-being of our members and likely will ultimately contribute to a reduction in the overall cost of healthcare in Arkansas.