

**CASE STUDY**

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# Transforming Behavioral Healthcare

Behavioral Health Integration  
with Primary Care

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# Study Background

More than 25% of adults in the US experience some type of behavioral health disorder each year according to the Centers for Disease Control and Prevention.<sup>1</sup> About 70% of behavioral patients have a medical comorbidity. Patients with behavioral and chronic health conditions have higher health costs. For example, patients with untreated depression and chronic illness average \$560 more monthly than those with just chronic disease, according to the American Hospital Association.<sup>1</sup>

With healthcare migrating toward a value based, coordinated care model, providers are attempting to better address the behavioral health needs of their patients.

This field study examined the effectiveness of the aptihealth application, that enables comprehensive patient self-assessment, short term (90-day) bundled tele-behavioral interventions, and coordination among primary care and behavioral providers. The study assessed patient engagement, symptom reduction, utilization of health services, and satisfaction.

**20%**  
of US adults experienced  
mental illness

**5%**  
experienced serious  
mental illness in 2018

1. <https://www.modernhealthcare.com/reports/behavioral-health/#/>

# Our Approach

Thirty-six primary care providers (PCPs) interested in patients receiving better behavioral care and improved care collaboration participated in this study. Using the aptihealth engagement platform, PCPs referred patients for behavioral evaluation. Upon referral, patients received notification inviting them to complete an online self-assessment that yielded a comprehensive psychosocial history, psychiatric symptom and substance abuse profile, overall functioning, and self-rating across 15 domains (aptihealth's proprietary 15 Life Domain Clinical Framework®).

Compared to previous studies, the aptihealth assessment has been shown to capture two-times more information than in-person clinical evaluations.

The PCP determined patients' disposition of returning to PCP for care or for the specialist to ensure the patient connected to a behavioral provider for extended care.

During the study, more than 160 patients were referred to aptihealth. Of patients referred, 74% engaged in aptihealth care, becoming aptihealth members. Most members were between the ages of 20 to 59 years old (4% under 20; 24% between 24-29; 29% between 30-39; 18% between 40-49; 19% between 50-59; 7% over 60 years old). Members were predominantly female (70%).

## STUDY SCOPE:

**36**  
Primary Care Providers

**75,000**  
Covered Patient Lives

From **February 1, 2019**  
to **July 31, 2019**

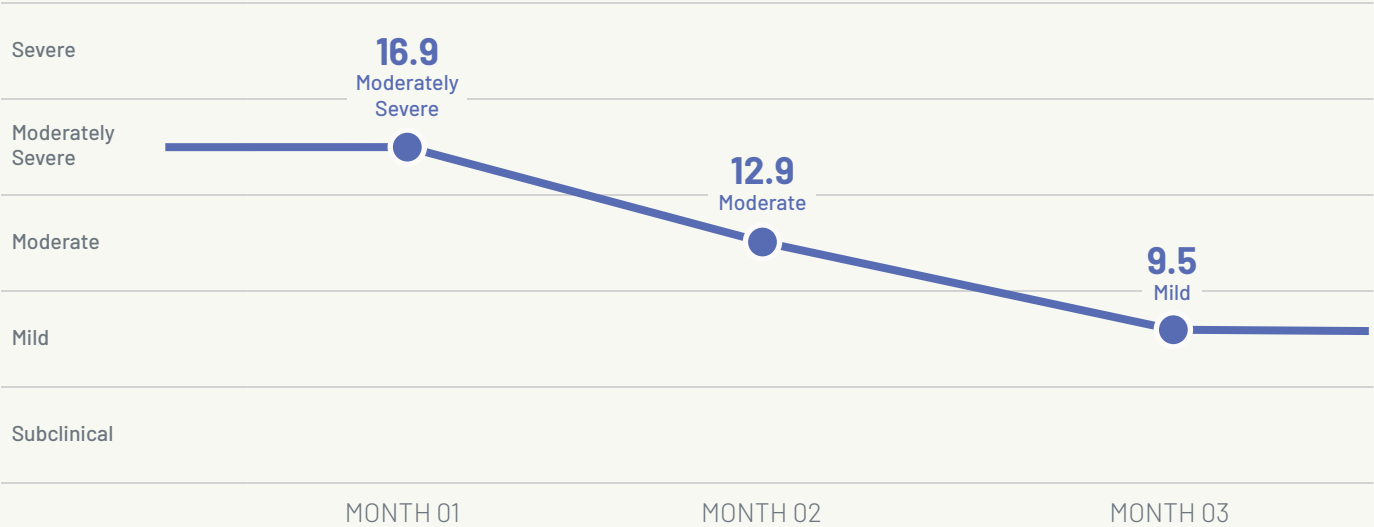
# Our Approach

After the self-assessment was completed, the member participated in a tele-behavioral clinical interview conducted by a behavioral specialist (LCSW). Post evaluation, a summary report was provided to the PCP (Physician Summary Report – PSR) and a brief consultation between the PCP and the specialist was scheduled. This consultation determined

members’ care, including a possible referral to aptihealth tele-behavioral short-term care. Short-term care included individual therapy, crisis support, medication management, and member education/self-management support provided by behavioral specialists and prescribers.

## MEMBER OUTCOMES HISTORY

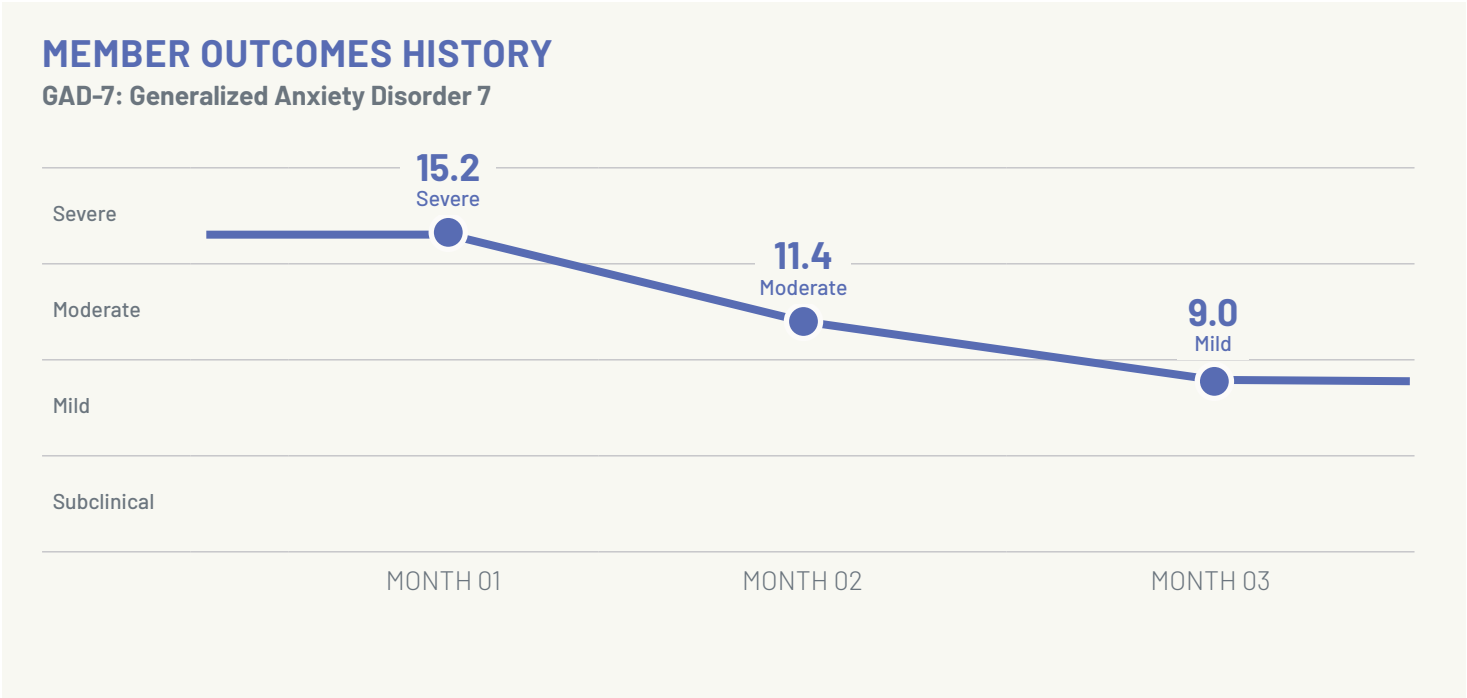
PHQ-9: Patient Health Questionnaire 9



# Our Approach

Collaboration with PCPs included monthly updates regarding symptom severity for depression (PHQ-9) and anxiety (GAD-7), along with monitoring members progress toward care plan goals. At 90 days, members were reassessed. The specialist again conferred

with the PCP to determine members' disposition of returning to PCP for care or for the specialist to ensure the member connected to a behavioral provider for extended care.



# Study Limitations & Implementation Challenges

There are limitations in a non-randomized study with a sample size of less than 200 patients/members (sample size at the time results were calculated). Despite such limitations, the results are compelling. Member engagement, outcomes, and service utilization data all occurred in the predicted trends. This study is among a series of field studies to attempt to replicate findings across a statistically significant population of PCPs and behavioral specialists.

Expected implementation challenges included PCPs and behavioral specialists adjusting to a new approach for consultations and behavioral care delivery.

All providers received training, materials, and ongoing support. Another challenge involved adapting the aptihealth approach across diverse primary care practices. For example, some practices had a care manager while others did not. PCPs varied in terms of level of involvement. Practice differences required minor adjustments, tailoring the approach to make it most user friendly for PCPs.

In contrast to implementation challenges, most members embraced tele-behavioral evaluation and short-term care.

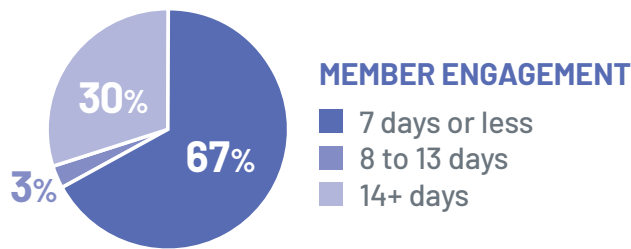
**In contrast to implementation challenges, most members embraced tele-behavioral evaluation and short-term care.**

# The Results

The following results are from a non-randomized field study during the first 3 months.

## IMPROVED BEHAVIORAL CONSULTATION ACCESS & MEMBER ENGAGEMENT

67% of members completed the self-assessment, had a clinical interview, and a summary report delivered back to the PCP in less than 7 days. 33% of members took longer to complete the process. These members appeared more impaired, had history of greater difficulty engaging in care, and had a higher rate of medical care utilization. These members received more outreach support. In addition, **~75% of members referred to short-term care were retained for the 90 days.**

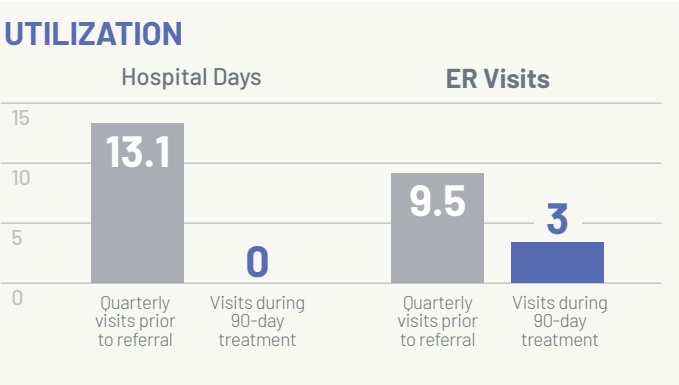


## SYMPTOM REDUCTION

Depression severity as per the PHQ-9 lessened from 16.9, moderately severe depression in month 1, to 9.5 mild depression in month 3. This is a decrease of 44%. Anxiety severity as per the GAD-7 lessened from 15.2, in month 1, to 9 mild anxiety in month 3. This is a decrease of 41%.

## REDUCED UTILIZATION OF HEALTH SERVICES

About 25% of members in the study were considered high users of services. Members who were admitted an average of 13 days per quarter prior to referral experienced no admissions during the 90-day treatment. Members who had an average of 9.5 emergency department (ED) visits per quarter prior to referral, had only 3 ED visits during the 90-day treatment.



# Satisfaction Quotes

“

Accessing treatment via my computer is great. There is no way I would (or could) go to an office for this.

APTIHEALTH MEMBER

”

“

aptihealth allows patients easy timely access to treatment, including medication management, that they otherwise would have to wait much longer for.

PCP

”

“

aptihealth has benefited our patients tremendously! It is easy for the provider and the patient to access behavioral care.

CARE MANAGER

”



# Study Implications

The study results support that the aptihealth “patient-centered engagement platform” expedites PCP referrals, access to telebehavioral consultations and care, collaboration with PCP, high engagement rates in short-term care, and symptom reduction consistent with decreased health services utilization. The findings support that aptihealth reduces the fragmentation and cost of current care delivery.

aptihealth’s technology empowering tele-behavioral care and teamwork between PCPs and behavioral specialists is aligned with a patient “Care Management Approach.” It offers a financially sustainable alternative to hiring behavioral specialist(s), developing care protocols, and enhancing medical EMRs. It also offers **broader care and a greater collaborative approach** than the “Collaborative Care Model” which is limited to offering psychiatric consultation/education.

This technology maximizes efficient care delivery thus reducing the impact of a behavioral professional shortage which is not directly addressed solely by “Case Management Models.”

Finally, technology that facilitates innovative, effective care approaches combined with the potential of applying artificial intelligence and sophisticated statistical analysis to patient demographic, treatment process, and outcome data will significantly transform medical-behavioral care in the future.

**The findings support that aptihealth reduces the fragmentation and cost of current care delivery.**

## **METRICS**

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# What About Numbers

**68%**

reduction  
in emergency  
room visits

**2/3**

patients completed  
assessment process  
within 5 days

**81%**

90-day care  
retention

**44%**

decrease in  
symptom severity

**100%**

reduction in  
hospitalizations

**89%**

increase in member  
satisfaction

# About Us

aptihealth, inc. is a behavioral health engagement company that seamlessly integrates physical and behavioral healthcare. Our platform connects medical providers, behavioral health specialists, and patients/members with our proprietary screening, assessment, and treatment management protocols to get and keep members healthier faster. aptihealth's structured therapy programs are centered on its proprietary 15 Life Domain Clinical Framework® that efficiently provides collaborative care teams with the most thorough understanding of a member's behavioral health needs.

*The aptihealth platform* connects patients/members and their care teams with licensed behavioral health specialists who provide 90-day and extended care therapy via an easy-to-use consumer friendly digital experience.

*The aptihealth program* is evidence-based and designed to get individuals into therapy faster and clinically proven to improve both behavioral and medical outcomes while lowering overall cost. At the time of this study, aptihealth's investors included Hudson River Capital Holdings, KASA Investments, and Timber IV.

## FOR MORE INFORMATION, CONTACT:

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