



Building Better Provider Networks: The Key to Modernizing Global Mental Healthcare

Executive Summary

The traditional approach to mental healthcare isn't working. Provider burnout and shortages, lack of access for marginalized populations, and rising costs across the board are impacting both physical and mental health.

Fast access to ineffective mental healthcare is costly, and can increase stigma instead of reducing it.

It's time to flip the script and innovate our approach to provider practices and network sustainability.

Network size is no longer king. Patient-provider fit matters.

This white paper addresses the challenges that the mental health industry and those who seek care are up against:

- Access to providers continues to be a barrier globally
- People are getting mental healthcare primarily through emergency departments, which drives up costs
- Rising costs and need for support has led to new solutions that aren't working

We're also addressing what employers and health plans should consider when building or buying a mental health provider network. Provider fit is the foundation, specifically:

- **Precise network access:** how to define what accurate provider availability is and how it should be measured
- **Personalized data-driven matching:** to build therapeutic alliance and meet the needs of underserved populations
- **Proven provider quality:** from hiring and supporting clinicians to tracking quality of care during the entire process

Lastly, we'll outline key questions any buyer should ask their mental health solution, to ensure provider fit is accounted for and prioritized in their network.

Mental health is no longer in the shadows

It's taken years of advocacy and bravery by thousands of individuals to move mental health out of the land of taboo topics and into the public spotlight, highlighting a dire need for societies, institutions, and workplaces to take mental health seriously.

Prior to the global pandemic, nearly 1 billion people had a diagnosable mental health condition, and individuals with severe mental health conditions were dying 10-20 years earlier than the general population.

Then, COVID-19 disrupted life as we knew it, exacerbating an already pervasive and pressing global problem. The World Health Organization has estimated that the pandemic caused a 25-27% increase in depression and anxiety prevalence globally.

With the continued rise in mental health conditions, coupled with increasing awareness and lessening stigma, more people are seeking care—which is a positive development.

However, in many countries, there are limited systems in place for addressing this need, leading to overburdened mental health providers, strained primary care systems, and long wait times for people seeking care.

Access to providers continues to be a barrier

Mental health conditions are the leading cause of disability worldwide, and yet mental health services are still incredibly difficult to access for most people. Globally, as many as 70% of people with mental health struggles receive no treatment.

About half of the world's population lives in countries where there's one psychiatrist for every 200,000 people.
In the United States:

- **6 in 10** practitioners recently reported that they don't have openings for new patients
- **Almost half** say they aren't able to meet demand for treatment
- **About three-quarters** currently have longer waitlists than during the pre-pandemic era
- **160 million** people live in federally designated mental health professional shortage areas

Wait times are similarly long around the world, although there's considerable variance in length:

- In at least seven European Union (EU) countries, the average wait time to see a mental health specialist is one month
- In the U.K., 43% of adults with a mental health condition say that long wait times for treatment led to their symptoms worsening, with 23% waiting 12 weeks or more for an appointment
- In Canada, the average wait time for mental healthcare is 24.4 weeks
- In Slovenia, people wait 2-3 months for a psychiatrist appointment, and the time balloons to 6-9 months for an appointment with a clinical psychologist

- In India, there are fewer than two mental health professionals for every 100,000 people, two psychiatrists for every 250,00 people, and little or no access in rural areas, where 70% of the population lives
- Spain, Italy, Portugal, Greece, and Croatia have fewer than 20 psychologists per 100,000 people

The shortage of mental health specialists and the rising need for care is why many people are seeking out help in primary care and emergency department settings.

Where are people getting mental healthcare?

Frustrated by long wait times, utilization of the top 10 meditation apps in the United States peaked during the first half of 2020, at the height of the COVID-19 pandemic. However, by 2022, utilization of those same apps sharply decreased—by as much as 60%, in some instances. Meanwhile, demand for mental health therapy services continues to remain high.

People are now turning to the healthcare system, but in unexpected ways.

Nearly 60% of individuals are receiving mental health treatment in primary care settings. Emergency room visits for mental health crises have also become increasingly common, among adults and adolescents.

For adults, emergency department (ED) visits due to mental health steadily increased over the past decade, and by 2019, ED visits for mental health were the seventh most common primary diagnosis in an emergency room setting.

For adolescents, mental health visits to the ED have increased by 8% annually, with increasing revisits within six months. In 1982, there were 250 emergency room visits by suicidal adolescents. By 2010, the number had increased to 3,000. By 2022, it was 8,000.

Only about 20% of children with emotional, behavioral, or mental health disorders receive care from a specialized mental healthcare provider. Both adult and pediatric mental health is increasingly becoming the domain of pediatric primary care doctors, who are not mental health specialists.

The need for access to specialized mental healthcare providers cannot be overstated.

Mental health anchors the whole person

Many health plans are looking toward emphasizing whole-person health approaches. These are focused on a larger, more contextual picture of a person's health, instead of one organ or symptom.

With this perspective in mind, behavioral health services have become a major focus for health plans, and for good reason. A recent meta-analysis showed that the presence of a mental health condition such as depression, anxiety, bipolar disorder, and schizophrenia are linked with as many as two out of three physical health conditions.

For example, the presence of mental health conditions increases the risk of chronic physical illnesses like obesity or diabetes. Up to one in seven people with schizophrenia or bipolar disorder are reported to have obesity and/or diabetes. In the case of depression, it is closer to one in five.

Addressing mental health as part of the larger mosaic of overall health is the direction many health plans and workplace benefit programs are heading.

Rising costs and need have led to new solutions

The pandemic forced conversations about mental health and access to care into the mainstream. People sought mental healthcare in unprecedented numbers, straining an already underfunded and understaffed sector.

As a result, health insurance premiums and health costs in the U.S. have risen higher than inflation and wage growth over the past decade. According to a 2022 Mercer survey of employer-sponsored health plans, in 2023, employers expect health benefit costs to rise again, at around 5.6% on average.

Hundreds of new behavioral health solutions have emerged during this timeframe, challenging traditional in-person care models in an attempt to solve issues of long wait times, rising costs, and inefficient care.

New solutions haven't necessarily worked

Although new behavioral health solutions have emerged amid a burgeoning market, an investment in quality solutions that align with people's needs has simply not happened at large scales.

Many mental health solutions have focused on building huge provider networks as the end-all solution to meeting member needs. Issues with long wait times, inefficient care, a gated approach to therapy, and ghost networks perpetuate a dynamic where people aren't able to actually see a provider, or when they do, treatment isn't effective.

When treatment isn't effective, individuals bounce between multiple providers, driving up health spend. Or, they walk away from care altogether, without receiving help.

One survey showed that adults with private insurance, who received both speciality mental health services and medical care, are significantly more likely to rate their mental health network as inadequate, compared to their medical network.

Historically, mental health solution buyers haven't had visibility into the shortcomings of traditional provider networks for a couple of reasons:

1. In the past, the magnitude of stigma around mental health challenges was higher, and people were less likely to speak up about their experiences with mental health treatment.
2. In some cases, health plans weren't required to offer mental health benefits.

With mental health stigma on the decline (but certainly not erased), people are more vocal about their challenges with getting access to a quality provider. At the same time, it's important to recognize that access is not the only marker of a quality provider network. Effectiveness of treatment is also key.

Provider fit is the foundation

The mental healthcare industry is learning in real time. There's nuance and complexity within the idea of building provider networks that individuals are able to access in a timely manner, while also getting their specific mental health needs met.

What does it take to build a provider network capable of delivering quality care globally? **Here's a look at the formula:**

1. **Precise network access**
2. **Personalized data-driven matching**
3. **Proven provider quality**

For the best mental health outcomes, individuals need fast, reliable access to a provider network and can be matched with an ideal provider. In other words, access, provider-patient matching, and provider effectiveness are intertwining pieces of the provider fit puzzle.

The strength of a provider network provides the foundation for an individual's mental health journey, and should be built with meticulous attention to the needs of the population accessing it.

Precise network access

Solving the access issue

At a baseline, it is critical for a buyer to choose a solution that offers enough providers globally for their member population.

This doesn't just mean giving employees access to a list of providers. It's important to ensure that individuals are actually able to get an appointment with a provider who is accepting new patients, has the specialty that suits their needs, and has matching availability.

Here are two things to look for in a provider network to ensure a mental health solution can help members access the care they need quickly:

- Can the network prove a low average time to first and third appointment? Many solutions have a low average time to first appointment with high wait times for a third appointment. This is the best indicator of network capacity—much more than the size of a network.
- Can the network demonstrate that these averages have remained sustainable over time?

Once you've solved for access, it's critical to evaluate the quality of the provider network your workforce will be leaning on for support.

Personalized data-driven matching

The importance of therapeutic alliance

One of the most important aspects of matching an individual with the ideal provider is creating the conditions for therapeutic alliance. Therapeutic alliance is a measure of the patient and provider's mutual engagement in the work of therapy, and the number one predictor of therapeutic outcomes.

Research has shown that it's even more predictive than the type of therapy utilized, driving 45-50% of outcomes.

How is the therapeutic alliance formed? There are three characteristics:

- 1. The provider and patient agree on goals**
- 2. The provider and patient agree on therapy type**
- 3. Strength of the relationship between a patient and therapist**

Mental health treatment is, in some ways, filled with gray areas that are often complex and nuanced. Researchers and practitioners are still searching for ways to get the best treatment outcomes. But the importance of therapeutic alliance is one area where treatment effectiveness is crystal clear.

Mental health solutions must deploy tools for getting provider-patient fit right the first time, so they're able to build a relationship, keep the patient engaged in care with the same provider, and experience better mental health outcomes.

If an individual is matched with a provider who isn't a good fit, they may not click with the provider, thereby failing to form a relationship and increasing the likelihood of leaving care. For someone living through mental health challenges, that's a negative and high risk outcome.

How to build therapeutic alliance

There are new tools and technologies to address the imprecision of using a large provider network for a population and hoping for the best.

Advances in machine learning allow mental health solutions to improve treatment outcomes, by designing an algorithmic program that can identify new patterns and insights from large data sets—which wouldn't be visible with traditional data analysis. Those patterns and insights can be used to match people with the provider suitable for their unique mental health needs.

To utilize data and machine learning for better mental health treatment outcomes, there needs to be an initial benchmark. Clinical scales are the benchmarking tools clinicians and researchers use to measure mental health symptoms.

For example, an individual seeking help with a mental health condition fills out a set of standard clinical questions when entering care to provide information about their symptoms. That's the first data source.

When matching a member with the ideal provider, it's also important to take into account factors such as:

- Type of treatment the member is looking for
- Member demographics
- The provider's cultural competency
- Social determinants of health
- The availability of the provider
- Member preferences like gender and similar lived experience

This data can be run through machine learning models, which are able to match the member with the best provider for their needs. As new data is collected, it can be continuously added to the models for refinement.

Meeting the needs of underrepresented populations

Health equity is another important component of using data-driven matching for mental healthcare solutions. When looking at the needs of a member population, underrepresented groups are often overlooked.

Many marginalized communities have lived experiences that include violence and discrimination, in various forms. Systemic inequities contribute to disparities in access to mental healthcare, resulting in stats like these:

- Only one in three Black Americans receive needed mental health support
- There is growing evidence that the mental health services available to LGBTQ+ individuals are often scarce, inadequate, and stigmatizing
- More than a third of veterans struggle to get access to mental health services

If a marginalized group only represents 10% of a population (i.e. an employee group), then a generic provider network is likely not going to be suitable for that population.

A provider network has to be diverse for a member to have choices. Simply scrolling through thousands of providers, none of which have the cultural competency to treat someone from a marginalized population, isn't the optimal solution.

With the precision of data-driven matching, and by composing a provider network that's diverse enough to suit a member's needs, a buyer can ensure there aren't gaps for underrepresented populations who may have unique challenges or needs.

A mental health solution should be able to:

- Track the diversity of the providers in the network, in both demographics and specialty
- Have visibility into the provider's specialities, gender, and pronouns, so there's a better chance of connection with the person seeking care
- When someone has the courage to ask for help with a mental health challenge, facing a lack of understanding or discrimination from the very provider who is supposed to help them is one of the worst possible outcomes.

Proven provider quality

Hiring quality providers

A crucial step in building a best-in-class provider network is hiring quality providers. **During the recruitment and selection process, it's essential for the mental health solution building the provider network to:**

- Conduct live interviews instead of simply using a pass review of the applications
- Assess for bedside manner, commitment to evidence based practices, measurement based care, and level of cultural competency during the live interview
- Evaluate whether the provider utilizes clinically validated methodologies
- Assess provider willingness to participate in a pay-for-performance system based on patient outcomes, not patient volume.

Everything stems from this process. To build a provider network that can actually meet the individual mental health needs of its member population, the right providers have to be in place. That requires doing the work up front to make sure the right providers are being hired.

Supporting clinicians

Mental health providers may feel like they're practicing in a vacuum, alone in their private practice, without the support of a community network. After hiring top clinicians, a mental health solution needs to ensure those providers are met with support, community, and opportunities for professional growth.

That support may entail:

- Offering a cross-licensure program
- Opportunities for providers to give feedback that's listened to and incorporated so they feel like they're a respected resource
- Peer consultation hours
- Case conferences
- One-on-one clinical case consultations with a provider lead
- Providing an electronic health record (EHR) to facilitate the prep, hosting, documentation, and billing for a patient interaction
- Collaboration with other care team members
- Providing tools for tracking patient progress over time, and the ability to update treatment plans in real time
- Offering part-time, full-time, and contracted positions.

An effective mental health solution puts providers in a position to succeed and build strong relationships with their clients, therefore creating better mental health outcomes.

Tracking quality of care during the entire process

It's impossible to know what's working or not working for an individual, without tracking care throughout the entire mental health journey.

How does a mental health solution track care? By establishing baseline goals and symptoms and then tracking progress against those over time. If an individual isn't getting better once they are in care, it's better to change course sooner, rather than later.

Mental healthcare should be adaptable, and able to adjust if the course of care isn't doing anything for the individual.

Here's what to look for:

- Regular check-ins throughout the course of care, using validated screening tools
- The ability to show measurable treatment outcomes, which can be deidentified and reported back to the provider, member, employer, or health plan
- Incentives for providers whose patients experience the best mental health outcomes

Once a mental health solution has created the conditions for therapeutic alliance, and employs tools to track progress over the course of care, it can also solve for member access by looking at more granular detail—not just the size of a network.

At this point in the process, a diverse and high-quality mental health provider network has been set up, those providers are well supported, the individual has been matched with an ideal provider using data-driven matching, and treatment data is being tracked across care.

The mental health solution has also verified that members are able to access appointments. There's one last question: how does the individual feel about their experiences with a provider?

Member feedback

Collecting feedback about clinical outcomes is important, but there's another critical source of feedback regarding how a member feels about their provider. In other words, asking members, "What does the experience of receiving care feel like to you?"

This is how a mental health solution can understand what's working for a member and what's not, at regular intervals.

Here's three criteria to look for:

- Does the member like their provider?
- Is there a way to get regular feedback about the member's sessions?
- Do members feel like their provider understands them?

Again, these questions should be asked because therapeutic alliance is at the heart of building a provider network able to meet the specific needs of its member population.

Getting provider networks right improves ROI

Provider fit is a major driver of clinical and financial savings for employers and health plans. When a company, organization, or health plan is searching for the right mental healthcare partner with a high-quality provider network, it's important to seek evidence of clinical improvement and financial savings.

Most mental health solutions track improvements in health-related behaviors without simultaneously tracking spending on care. Keeping track of ROI provides information about whether the program is sustainable.

When evaluating ROI, some questions to ask include:

- Are members, in need of care, utilizing your provider network? How is this assessed?
- What percentage of the member population report reliable improvement/ recovery?
How many sessions did this take?

For employers, an additional set of questions to ask includes:

- Are there proven financial results? Is the cost of care delivery included in the savings analysis?
- Is the mental health solution increasing productivity and reducing the number of missed work days?
- Is the mental health solution helping to attract and keep top talent?

Giving members access to a mental healthcare solution that optimizes clinical improvement drives down costs on total health spend, while also providing care that actually works. This delivers financial ROI and improves your members' mental health.

The goal for mental healthcare solutions is to help members feel better, faster. Until now, mental health solutions simply haven't had the cohesive healthcare data platforms or the tools to generate the high-quality data required to get matching right.

This has made it more likely that a member bounces back and forth between multiple providers, trying to find something that works, or worse—giving up and not receiving the needed care. These drop-outs from care are one of the largest barriers to achieving consistent ROI for a mental health program.

Wrapping it up

How a mental health solution demonstrates provider fit

When looking for a mental health solution, it's essential for buyers to ask how they're able to demonstrate provider fit, which will ultimately drive therapeutic alliance and ROI.

Here are questions that buyers can ask:

ACCESS

- Does the mental healthcare partner have enough providers in the network to give members a choice?
- Can the network prove a low average time to first and third appointment?
- Can the network demonstrate that these averages have remained sustainable over time?

QUALITY

- What is the interview process for selecting providers? Are live interviews included?
- How does the provider network monitor and ensure patient progress and improvements?
How do they get reliable data?
- Does the mental healthcare partner use a provider pay-for-performance system?
Is the system based on patient outcomes and not patient volume?

DATA-DRIVEN MATCHING

- How does the mental health care partner effectively create the conditions for an ideal provider-patient pair?
What claims substantiate the matching?

It is possible to implement a mental health solution for a given population that does more than just check a box. It raises the bar, creating the conditions for better clinical outcomes, with less spent on overall health.

A provider network built for any population

Spring Health's provider network offers enrolled members thousands of hours of appointment availability per week, with the member able to book an in-person or virtual session within two days, on average.

Our providers specialize in numerous mental health conditions and care for a range of patients, ranging from children to adults, and couples to veterans. Providers go through a 7-step vetting process and unlike other mental health clinicians, everyone receives a live interview. Globally, enhanced by our global partnership, our provider network can offer services in over 100 languages in over 200 countries.

Here's a snapshot of what it's like to access a provider with Spring Health:

- An employee or health plan member reaches out for help, and accesses the Spring Health member portal. It only takes a few minutes to set up their account and take a short, online assessment.
- In a few minutes, they're able to book their first appointment with a therapist—who they've chosen from a diverse provider network—within two days.
- During the booking process, the member sees a list of providers, complete with the therapist's specialty, pronouns, gender, and particular areas of expertise—for example, if they have experience working with trauma, LGBTQ+ individuals, or even parents or veterans.

We use data-driven matching—via machine learning algorithms—to determine the best provider fit, while also taking into account the individual's preferences.

Members also have direct access to the provider's availability within the Spring Health platform, and can see all of a therapist's upcoming time slots, which are updated in real time.

Our personalized approach drives real results

Spring Health's Provider Fit Formula

Precise Network Access <hr/> <p>Do we have enough available providers in our network to ensure member choice?</p>	Personalized Data-Driven Matching <hr/> <p>Can we effectively match the right providers to a member every time?</p>	Proven Provider Quality <hr/> <p>How does investing in our network translate to better member outcomes?</p>
<2 days Average time to first and third appointment ¹	9.4/10 Average provider rating	8 weeks Faster recovery time than those who seek traditional care ²

Spring Health providers confidently participate in the first pay-for-performance system in mental healthcare based on patient outcomes. **Candela** monitors the care members receive, supports provider professional growth, and reduces health care costs through faster recovery times.

- **Incentives** for top-performing providers.
- **Monthly provider reports** with network-wide scoring along clinical and operational metrics.
- **Consistent provider improvement** through coaching and training.



We believe that taking the time to diligently compose a provider network that's optimal for a given population is worth the effort. Getting people into care and keeping them engaged with the right provider creates better treatment outcomes and savings for health plans and employers.

Everyone benefits when people feel their best.

Request a demo to experience the proven mental health solution for employers and health plans that changes lives and drives business results, everywhere.

springhealth.com

Thank you