



November 15, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate Committee on Finance
304 Dirksen Senate Office Building
Washington, DC 20201

The Honorable Mike Crapo
Ranking Member
U.S. Senate Committee on Finance
304 Dirksen Senate Office Building
Washington, DC 20201

Dear Chairman Wyden and Ranking Member Crapo:

Thank you for the opportunity to offer our ideas and insights on improving mental and behavioral health care in the United States. Modern Health is trusted by over 270 company clients, including Pixar, Electronic Arts, and Lyft, who use our personalized mental health care platform to enhance mental wellness for their employees across the spectrum of mental health needs, from clinical to subclinical to preventive needs.

According to a recent CDC survey conducted in 2020¹, 40 percent of U.S. adults reported struggling with mental health or substance use. Depression alone is estimated to cost the American economy \$210 billion annually, with 50 percent of that cost shouldered by employers.² Since the onset of the pandemic, many employers are observing intense employee anxiety while working (parenting and homeschooling) during stay-at-home orders and hybrid working models.

Through our hands-on professional clinical experiences and utilization of decades of peer-reviewed mental health care research,³ we are grateful to share our mental health-related findings and recommendations with the Senate Finance Committee. As you work to advance public policies that address unmet mental health needs, we appreciate the opportunity to participate in your due diligence process.

About Modern Health

Modern Health is a comprehensive mental health platform that uses a stepped care⁴ approach to ensure members receive the right level of support at the right time. By broadening mental health to various health pillars, including emotional, professional, social, physical, and financial

¹ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

² Kessler, R. C. (2012). The Costs of Depression. *Psychiatric Clinics of North America*, 35(1), 1-14. doi: <https://doi.org/10.1016/j.psc.2011.11.005>. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0193953X11001134>

³ Kozlov, E., McDarby, M., Prescott, M., & Altman, M. (2021). Assessing the care modality preferences and predictors for digital mental health treatment seekers in a technology-enabled stepped care delivery system: Cross-sectional study. *JMIR Formative Research*, 5(9). <https://doi.org/10.2196/30162>

⁴ Sagui-Henson, S. J., Corcoran, J. B., Pillai, S., Mattila, L., Swinehart, M., Mathur, S., Adkins Jr., T., & Altman, M. (2021). Stepped care for mental health: Triaging and utilization rates in an employer-sponsored benefits platform [abstract]. *Annals of Behavioral Medicine*, Volume 55, Issue Supplement_1, April 2021, Pages S1–S618. <https://doi.org/10.1093/abm/kaab020>

wellbeing, we aim to reduce the stigma associated with receiving mental health care and drive more preventative engagement. In addition, we use member preferences and clinically validated assessments to offer a personalized combination of mental health resources, including therapy, coaching, group learning, meditations, and self-guided Cognitive Behavioral Therapy programs and courses – all within one platform.

Modern Health is focused on solving the most prominent challenges within mental health, including:

- Lack of access and affordability
- Low engagement due to stigma and friction
- Lack of care innovation beyond 1:1 care
- Fragmented experiences and data

Our model is primed for facilitating value-based care by successfully aligning the goals of improving member experience, measuring and improving clinical outcomes, improving the provider experience, and reducing costs. As a nation, we have made strides in decreasing the stigma of seeking mental health care and increasing the availability and accessibility of mental health providers — whether in-person or virtually. Now, we must take steps to ensure our nation's policies continue to preserve both the incentives for providers to offer their services and for the patients to be able to access the important mental health care they need. Based on our data and analysis, the provisions below are steps the Finance Committee can take to help providers better serve patients both in-person and virtually.

Strengthening Workforce

In the current behavioral health landscape, the dominant care delivery model can be described as "one path to therapy" with the idea that a person with mental health needs should be directed to 1:1 care with a therapist. This current delivery model assumes all individuals presenting with mental health stress or symptoms need 1:1 care with a licensed clinician and assumes these individuals want this type of care. This model leads to and reinforces a supply shortage for licensed clinicians. As we explain further below, to address this problem, we urge the committee to explore policies that would incentivize the utilization of scalable treatment models, such as evidence-based coaching. This could include the **development of a wellness tax credit that encourages more employers to adopt employer-sponsored mental health stepped care programs and platforms.**

At Modern Health, we believe the current therapy-focused care delivery model not only fails to meet the growing need for mental health services but also reinforces some of the challenges. First, one challenge with the current model is that it is partly responsible for a worldwide treatment gap wherein only a fraction of people with mental health needs actually get treatment. This model is not scalable, given the shortages of licensed clinical professionals and with 40 percent of U.S. adults who report struggling with their mental health. Second, the traditional model of 1:1 care is economically unsustainable. Licensed behavioral health clinicians are not incentivized to join health insurance networks with low reimbursement rates, and this results in high out-of-network utilization, long wait times, and higher cost shares.

Compounding these challenges, the dominant model of care results in a mismatched allocation of resources by offering one treatment plan option equal to therapy when individuals do not always have a clinical need or preference for therapy. The alternative and more sustainable

model is our stepped care approach which we have designed to achieve better health outcomes at lower costs for more people. In a stepped care model, everyone who seeks care completes a clinically validated assessment and is subsequently offered care options tailored to his or her level of need. Additionally, our model takes personal preference into account, which research has demonstrated produces higher levels of engagement and better clinical outcomes. Stepped care can also be cost-effective to the extent the most effective type of care is not always 1:1 therapy, or 1:1 care with the highest cost provider.

Modern Health's stepped care model is one way to address workforce shortages. Given the shortage of providers in the United States, there is a need to find sustainable solutions to increasing mental health access at scale. Matching individuals to the right level of care based on their clinical need reserves licensed therapists for those who would benefit most from 1:1 therapy, thus expanding provider capacity.

The mildest level of care, which we identify as "green" is designed for prevention. Our intermediate level of care, or "yellow," addresses sub-clinical and moderate clinical needs. Depending on that level of need, and preferences, we may recommend coaching or digital resources. And our most intensive level of care, or "red," is the highest clinical need. Our members in the "green" and "yellow" may receive a recommendation to work with a coach. We work with coaches accredited by the International Coaching Federation and take additional steps to ensure they are trained and offer only evidenced-based approaches.

When we consider the goal categories self-selected by members with the care level recommended to such members, we see compelling alignment as a validation of our assessment. For example, while stress and anxiety are the overall most requested goal category, 80 percent of members in the "red" select this category as a preferred area of focus compared to only 46 percent of members in the "green." Conversely, less clinical topics are most requested by members in the "green," followed by those in "yellow." We are focused on creating a product that is easy for our members to engage with and we often prioritize our efforts around these metrics.

The effectiveness of evidence-based coaching, also delivered through Modern Health's stepped care model, is one critical solution to workforce shortages for licensed clinicians. Such coaches can expand the pool of providers equipped to provide effective mental health services to more people at a lower cost. Our recent research⁵ on the effectiveness of evidence-based coaching suggests low-intensity interventions are effective in treating depression and mental health needs while increasing access to care, even when those interventions are not delivered by therapists. At Modern Health, we pair members with certified coaches trained in evidenced-based approaches when needs do not surpass a clinically diagnosable threshold, while members who do have a clinical need will be paired with licensed therapists. In our research, we used a retrospective cohort design to analyze quality improvement data with 530 Modern Health members who used evidence-based coaching services and did not have a clinical need for therapy at baseline as indicated by World Health Organization (WHO)-5, Patient Health Questionnaire and General Anxiety Disorder scores. Members who began treatment with elevated depressive-related symptoms experienced an average wellbeing increase of 10 points from baseline to follow-up, with 47 percent reporting clinical recovery (score changed from below the WHO-5 cutoff to above the cutoff). Participants who completed 4+ coaching visits

⁵ Sagui-Henson, S. J., Prescott, M. R., Corcoran, J. B., Pillai, S., Mattila, L., Swinehart, M., Mathur, S., Adkins Jr., T., & Altman, M. (2021). Effectiveness of evidence-based coaching delivered through an employer-sponsored mental health benefits platform. *Telemedicine and e-health*. Online ahead of print. <https://doi.org/10.1089/tmj.2020.0555>

also experienced significant improvements in wellbeing, with an average increase of 5.72 points on the WHO-5.

As the Senate Finance Committee explores options to minimize workforce shortages, we urge the committee to explore policies that would incentivize the utilization of scalable treatment models, such as evidence-based coaching. This could include the **development of a wellness tax credit that encourages more employers to adopt employer-sponsored mental health stepped care programs and platforms.**

Historically, lawmakers on both sides of the political aisle support the benefits of employer-sponsored wellness programs in large part due to their impact on employee retention, satisfaction, and health care costs. Several years ago, a bipartisan group of senators introduced the *Healthy Workforce Act*⁶, which was supported by both the Commonwealth Fund and the U.S. Chamber of Commerce. The legislation:

- Provides a tax incentive for employers to add disease management and wellness programs to their benefits packages
- Called for a tax credit of 50 percent of the cost of a qualified employer health promotion program, up to \$200 per employee for the first 200 employees and \$100 per employee thereafter
- Made employers whose employees access wellness programs through their health plan eligible to deduct the corresponding portion of their premiums

This is just one example of a policy initiative the Committee could pursue that would change the landscape on how care can be delivered to minimize workforce shortages and address unmet health care needs.

Another example of a policy the Committee could pursue is reduction of clinician burnout as a public health initiative. Burnout is an emerging condition that adversely affects the performance of healthcare workers. Reports⁷ have found that healthcare workers have significant levels of self-reported anxiety, depression and even symptoms of post traumatic stress disorder. Given the national shortage of clinicians who work long hours and who may have the additional burden of financial stress & student loan debt, funding for evidence-based initiatives to educate, manage and treat burnout among clinicians should be considered.

Increasing Integration, Coordination, and Access to Care

With regard to federal payment policies that would best support care integration, value-based alternative payment models for integrated care such as shared savings or capitation models are paradigms that should be further expanded. This, however, will need appropriate administrative resources to implement, such as infrastructure, performance measures, and dedicated human capital to train, track and monitor.

Digital platforms are positioned well to address access to care and to provide the continuum of behavioral health services. Modern Health was founded on the belief that everyone should have access to sustainable mental health care. By offering a comprehensive set of mental health

⁶ <https://www.congress.gov/bill/111th-congress/senate-bill/803/text>

⁷ Buselli R, Corsi M, Veltri A, et al. Mental health of Health Care Workers (HCWs): a review of organizational interventions put in place by local institutions to cope with new psychosocial challenges resulting from COVID-19. *Psychiatry Res.* 2021;299:113847. doi:10.1016/j.psychres.2021.113847

resources, Modern Health can support a broader set of members and demographics across the spectrum with the care aligned with need. Modern Health's integrated, stepped care model that fosters multiple care modalities also is uniquely positioned to improve engagement⁸.

Health care policies and reimbursement models for digital solutions should cover research-backed digital solutions that align with evidence-based outcomes. Assessing an individual's need and connecting them to the right level of care is critical to the success in treating behavioral health needs, as well as critical to the success of delivering cost-effective digital care. Evidence-based self-guided CBT (cognitive behavioral therapy) interventions like digital courses and mindfulness meditations allow members to integrate and practice these skills in their daily lives. Additionally, self-guided CBT interventions are preventative and proactive versus reactive and crisis driven. Self-guided digital CBT interventions also have been shown to reduce and manage symptoms of depression, anxiety, stress, panic attacks and sleep.⁹

With regard to improving and ensuring equitable access to and quality of care for minority populations and geographically underserved communities, the Committee should work to enhance flexibility and remove barriers to provision of telehealth mental health services, including across state lines. Continuing to modernize and expand telehealth policies is a critical first step. Telehealth hubs in outpatient practices allow access to a more diverse network of providers. Our experience as a national mental health platform has shown that expanding the diversity within provider networks is directly correlated with decreasing stigma and increasing patient autonomy in choosing care that resonates with the individual and overall satisfaction. While there are gaps in the supply of providers who represent various dimensions of diversity (BIPOC, LGBTQ) compared to the increasing demand, access to a broader pool through telehealth better aligns with the needs of underserved populations. Vetting provider networks, screening for specialization, and ensuring providers are regularly trained in cultural humility, culturally centered care and clinical approaches will continue to be critical in any in-person or telehealth environment.

The Committee should permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites. The Committee should also give the Secretary of Health and Human Services the permanent authority to waive telehealth restrictions beyond the COVID-19 public health emergency.

Concluding Summary

Even before the pandemic, our nation was facing a mental health crisis. Regardless of race, ethnicity, gender, religion, sexual orientation, education, or income, mental health disorders do not discriminate. The problem is now so pervasive in the United States that 44 million adults — or about one of every five — have a mental health disorder. While many employers have stepped up to provide support for their employees, a recent study⁹ conducted by Forrester Consulting and Modern Health has revealed that employers looking forward to a post-pandemic

⁸ Kozlov, E., McDarby, M., Prescott, M., & Altman, M. (2021). Assessing the care modality preferences and predictors for digital mental health treatment seekers in a technology-enabled stepped care delivery system: Cross-sectional study. *JMIR Formative Research*, 5(9). <https://doi.org/10.2196/30162>

⁹ Karyotaki E, Riper H, Twisk J, Hoogendoorn A, Kleiboer A, Mira A, Mackinnon A, Meyer B, Botella C, Littlewood E, Andersson G, Christensen H, Klein JP, Schröder J, Bretón-López J, Scheider J, Griffiths K, Farrer L, Huibers MJ, Phillips R, Gilbody S, Moritz S, Berger T, Pop V, Spek V, Cuijpers P. Efficacy of Self-guided Internet-Based Cognitive Behavioral Therapy in the Treatment of Depressive Symptoms: A Meta-analysis of Individual Participant Data. *JAMA Psychiatry*. 2017 Apr 1;74(4):351-359. doi: 10.1001/jamapsychiatry.2017.0044. PMID: 28241179.

world are considering cutting back mental health benefits while employees want to keep them. According to the study, 89 percent of C-suite and HR leaders acknowledge the importance of providing employees with mental health support, but 60 percent intend to revert back to their pre-pandemic mental health strategy. Furthermore, 80 percent of C-suite leaders and 73 percent of human resource leaders believe that employees expect too much mental health support from their employers. As our analysis shows, pre-pandemic norms were failing to meet the mental health needs of employees and pandemic-related stress, burnout, anxiety, and depression will likely be systemic and a growing concern.

According to a 2016 study¹⁰ conducted by the World Health Organization, for every \$1 employers invest in scaled-up treatment of common mental disorders, there was a return of \$4 in improved health and productivity. As the Senate Committee on Finance considers evidence-based solutions to enhance behavioral health care, we urge the Committee to advance solutions that incentivize employers to adopt mental health benefits for their employees. As detailed above, the Committee should include provisions in forthcoming legislation that:

- 1. Help scale the methods by which mental health care is delivered, which includes the utilization of evidence-based coaching**
- 2. Structure payment reimbursement models for digital solutions that reward value-based and validated outcomes**
- 3. Enhance digital health flexibility by removing barriers to provisions of services through telehealth technologies**

Thank you again for the opportunity to provide comments on this important issue. We are available to expand and further engage on any of our comments that might assist the Committee in its legislative work.

Sincerely,

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VP of Clinical Strategy & Research | Modern Health

¹⁰ <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/mental-health-in-the-workplace>