



## What's Your Moonshot?

A Podcast Series Where World-Class Healthcare Leaders Seek To Solve Big Problems

### Magellan Health Navigates the Current Moment in Time for Mental Health

#### Transcript

**[00:00:00] Dr. Caroline Carney:** The industry has changed to finally, I think, recognize that it doesn't make sense to think about the head over here and the body over here, but really the holistic view of a person, not only in terms of their behavioral and physical health, but also in the environment in which they live and the environment in which they work and in what kinds of social influences may be contributing to the outcomes of their health.

I think with that change and reduction in stigma and the ability for employers to really look and understand that keeping a healthy employee and a happy employee ultimately means that their business will do better has really created a terrific time for us to get this right.

**[00:01:08] Ken Barrette:** Welcome to A&M's What's Your Moonshot Podcast. I'm Ken Barrette, Managing Director in Alvarez & Marsal's Healthcare Industry Group. I'm joined by my colleague and co-host, Kristina Park, also a Managing Director in the Healthcare Industry Group. It's my pleasure to welcome Dr. Caroline Carney, President of Behavioral Health and Chief Medical Officer of Magellan.

We are very pleased to have her. We've had the opportunity to work with Dr. Carney for the last several years. She is a practicing board-certified internist and board-certified psychiatrist. She has published over 100 peer and non-peer-reviewed publications. She is extremely passionate about integrating medical and psych in the healthcare and serving people with special needs, including persons with severe mental illness, substance abuse, major depressive disorders, and such. We welcome her to the podcast. Dr. Carney, would you like to open with a few words?

**[00:02:19] Dr. Carney:** Absolutely. Thank you so much, Ken and Kristina. It has been my pleasure to work with both of you over the last few years in my roles at Magellan so thank you so much for having me today.

**[00:02:32] Kristina Park:** Maybe to kick it off, as we started thinking about this, we've recognized that over the past several years, there's been a heightened awareness of the need for and focus on mental health. During the pandemic, behavioral health awareness has increased, but the rising demands also to some extent surpassed the supply that our US healthcare system has available to it. Tell us a little bit about your moonshot and how you view this as a mental health moment in time.

**[00:03:04] Dr. Carney:** That's a terrific question. I want to level set about where we were even prior to the pandemic. Prior to the pandemic, we saw already rates in the use of alcohol and related other substances. We saw of course the opioid epidemic which had only begun to level off in 2019, early 2020, before a surge of deaths rose again during the pandemic. We saw an increase in the number of suicides coming into the pandemic, which during the time of the pandemic really translated into a lot more people seeking care for suicidal ideation and for suicide attempts.

The moment coming into this was already present prior to the pandemic and the pandemic just put fuel to a fire that was already present that folks like you and me were already paying attention to and trying to get things into place for. As I look at the industry, I think that the number one concern is access and availability. It's one thing to say you have enough providers, it's another thing to really have providers who are available, especially when only around half of them take any form of insurance, really, leaving people to try to find providers on their own and pay cash for that.

As an industry, we're trying to fix that and to work in many ways with provider community and in changing models of care to be able to provide the availability that folks need. How do you do it? That's a really, really great question and we're solving for that in a couple of ways that I think are most important to talk about today. The first is through collaborative care, the model whereby we can really force multiply the mental health provider, the psychiatrist, by guiding and supporting the work that is done in primary care where most behavioral health conditions present initially.

The second is through our new program called Embrace, which is on the front end to align the right kinds of resources to individuals early in their care journey so that they get the coaching they need, they get financial resources that they need, they get the kinds of inputs that may help them instead of going straight into the behavioral health system and going down a path of care that they may not need. In doing both of those models of care, we firmly believe that we can open up more availability with behavioral healthcare providers for those folks who are suffering from moderate to severe conditions.

**[00:05:59] Ken:** That's wonderful. You've mentioned the rise of primary health and the importance of that when you mentioned collaborative care. Would you like to speak a bit about the changing role of stakeholders, such as on the physician side, primary care physicians, and then also maybe traditional stakeholders such as employers and how they play into someone's health needs when there's a primary diagnosis of behavioral health?

**[00:06:27] Dr. Carney:** Absolutely. I have been a med psych doctor the whole of my career, and I like to joke and say I was doing integrated care before it was cool because there was a point in time where the kind of training and the thought really was around integrated care, especially in the primary care settings. Our primary care providers, whether those are internists, or family doctors, or pediatricians, or OB-GN doctors really see firsthand that their patients are coming in with needs that far surpass what physical complaint they may have and may be fueled by demoralization or social determinants of health or developing depression and anxiety.

Those primary care providers have really been frontline in this area for also the whole of their careers if you will. The industry has changed to finally, I think, recognize that it doesn't make sense to think about the head over here and the body over here, but really the holistic view of a person, not only in terms of their behavioral and physical health, but also in the environment in which they live and the environment in which they work and in what kinds of social influences may be contributing to the outcomes of their health.

It's like this perfect time of recognition from employers, from practitioners who know that they need the help and support to get this right, and from people in the community as COVID has really helped reduce stigma for all of those people who have had concerns but they haven't sought behavioral health services to finally recognize and say, "It's okay. It's okay if I admit that I have an anxiety problem or that I have depression.

I can go get help for it now because all of the other pieces have started falling in place." I think with that change and reduction in stigma and the ability for employers to really look and

understand that keeping a healthy employee and a happy employee ultimately means that their business will do better has really created a terrific time for us to get this right.

**[00:08:54] Kristina:** That's really interesting, Dr. Carney. I think you raised another really important point around the social determinants of health and some of what COVID has started surfacing in the environment. It's really raised our awareness, not only around the social determinants of health, but also around health disparities and inequity. How do you see the role of mental health delivery changing based on those socioeconomic or equity health needs?

**[00:09:21] Dr. Carney:** I think it starts at the very beginning with asking and assessing. One of the things I learned early on in my career taking care of folks with chronic medical illness, is they weren't going to manage their weight or take their blood sugar readings if they didn't have the very basics to even survive to do what they needed to do to keep themselves going and their families going. You have to look at health in that context. In assessing folks at the very beginning of their healthcare journeys, we find out what it is that they're really dealing with and managing through in order to help get them the healthcare that they need.

Maybe it's that they don't have the health literacy to even understand why it is that say blood pressure is important or why it's important to take your medicine every day. Starting with that education, and then assessing for what those barriers are that prevent them from getting there. Maybe they can't afford the copay on their medication. Maybe they can't drive to the doctor because their transportation is limited or maybe it's because they have young children and can't find child care to do some of the things that they might need to do, like go for a walk or go to the doctor's office, even.

When we understand early on in someone's healthcare journey what they're facing, that will help us do better to ensure that they can not only understand the care, but overcome those barriers to get to the right care. It's a critically important part of that. Then assessing that individual for common conditions like depression, anxiety, and particularly alcohol use and other substance use, which will affect any kind of healthcare outcome. The perfect picture is when we first get to know that individual, developing that rapport with them to understand more of a 360-degree view of what they're facing.

The healthcare industry today doesn't help us do that necessarily because it's short visits, and I'll pop into a minute clinic over here, and I'll see urgent care here, and if things are really bad, I'll go to the emergency department. It's not that consolidated care that I really think the old primary care models were meant to take care of. Getting back to that transparency and trust with the people that we're taking care of and consolidating their information so that all of the folks who are participating and helping them understand what that person is facing and how to help them meet their needs.

**[00:12:18] Ken:** That's great. You mentioned a few themes of the shift in behavioral from really what was routine, episodic, behavioral to more complex, chronic, long-term care needs. When Kristina mentioned, and you were just addressing the physical behavior and socioeconomic factors, what models do you see Magellan developing to meet "the moment in time" that's evolved in our country?

**[00:12:49] Dr. Carney:** Sure. I'd love to talk about two of those models in particular. The first is the collaborative care model. We are collaborating with a company called NeuroFlow to support primary care providers, pain clinic providers, OB-GYN providers, and others in identifying, through making screening easy, behavioral health conditions like depression, anxiety, and alcohol use, and then providing the support to primary care to feed them data back about how their members are doing or to intervene directly with those individuals when we see that their scores are worsening or that something that they indicate in their behavior

looks like they may be heading toward a worse trajectory as opposed to a better trajectory. NeuroFlow's app helps us do that.

It collects data and completes a dashboard that our care managers can look at and help really in real-time follow individuals from everything, from how much activity they're doing every day to whether or not they develop suicidal ideation. That allows us to get back to that member and pull the member and provider closer together. The app in its functionality and the dashboard also really supports the work that primary care is doing because it takes the need for ongoing screening away from them and pushes results to them and it pushes recommendations for care to them.

It also helps make billing for collaborative care codes, which is often challenging, very easy. It rolls it up and basically reports to providers every month what they've done and how they can bill for it for services like Medicare who pays for collaborative care. Collaborative care is a huge area for us because it really is one of those force multipliers that NeuroFlow helps one psychiatrist oversee many, collaborate with rather many primary care providers instead of seeing one patient at a time. We can really force multiply that expertise in behavioral health for folks across the spectrum of need.

The second is our exciting new product called eMbrace. eMbrace, with a capital M in the middle for Magellan, is a product where we're doing front-end screening with our partner Gallup. We are working with Gallup in their Wellbeing at Work product to assess individuals for what their well-being is currently at in a variety of different domains, like their social domain and like their physical health domain, but across seven domains of care.

After individuals complete an assessment that Gallup has created, they will get a score on how they're doing in each of those areas of what makes up our wellbeing. Based on what we see in those results, we can better align individuals with the right kind of coaching or the right kind of downstream treatment, whether that's to a therapist or a individual who can work with them if that individual does need treatment with medications. The eMbrace product by looking holistic at an individual and providing that real-time feedback to say something like, "It looks like you could use help in these areas. Let's link you to the right kind of services to get you that right level of care so we can get you back to that higher level of wellbeing."

Also through serial assessments, we can help individuals get to that right level of well-being over time. We're rolling that product out, starting on April 1st. Super excited that launch is just a couple of weeks away.

**[00:16:59] Kristina:** That's fantastic. It's right around the corner.

**[00:17:01] Dr. Carney:** It is. Yes.

**[00:17:04] Kristina:** That's fantastic, Dr. Carney. You start talking about the role of technology as part of this and some of the tools that you're using and the digital assets that are going to help create the access and availability of care. We also saw, as part of this, the increased use of digital and telehealth services in the care for patients. You talked a little bit about it with the collaborative model and your collaborative model of care, and it's increased like we've never seen before in the market, especially in this short time since COVID. Can you talk to us a little bit more about how your digital strategies play a role in your model of care and how you see that digital strategy continuing to play a role as you mature the tools and as people become more acclimated to use of these tools in addressing mental health conditions?

**[00:17:55] Dr. Carney:** Absolutely. During COVID, during the pandemic, the use of telehealth services just rose like crazy in the hundreds to thousands of percentiles higher



than what it had been prior to the pandemic. That was certainly something that Magellan embraced and allowed all of our providers to bill for teleservices where they couldn't see someone face-to-face. We're still fully committed to doing that and working with partners to provide those services for us. Have expanded our own network to include some of those provider groups that have moved to a more fully digital platform in which to see their members.

I'd have to say that at Magellan, we really believe in high-tech and high-touch care. By saying that, I really want to get people to focus on the fact that the app on your phone does not fully replace care. It really should be about, my common theme here, aligning the right kind of service to what that member needs and meeting that member, that patient, that individual, that consumer where they are to give them the right kinds of services.

Maybe it's the teenager who really would prefer doing everything digitally through text because they don't feel comfortable in a face-to-face visit or they don't feel like they can disclose what they might have in a more anonymous setting, like through say therapy through texting, but that's not good enough for individuals who have moderately severe or severe conditions who do need that high-touch interaction with a provider.

For those individuals, we still are working to have them be seen face-to-face in an office setting if that's where they want to be seen and are comfortable and have providers doing that kind of work or over the television or phone screen or iPad screen, whatever it is that we can interact with them through a provider who is still seeing individuals digitally. We're starting to see the pendulum swing back from mostly digital and back into face-to-face visits and hearing some dissatisfaction in the market about, "I really just want to connect with my provider and not have a text or not have this telephonic visit," "I want to have that ability to really see and interact with my patient in front of me."

Across the board, where we really need to get to as an industry is in meeting people where they are in terms of the kind of technology they're comfortable using or in face-to-face visits. The second part of meeting someone where they are is helping them to align with the provider who makes most sense to them. Perhaps that is to match with a provider who understands your religious or your ethnic background. That kind of connection and understanding can really be made much better and the experience of therapy can be made much better.

Perhaps that's about language and being able to have a provider who is fluent in the language that the patient is fluent in. As part of what we have evolved to at Magellan is expanding that information and creating a better provider match for our members who are coming into care to match to the right kinds of providers that really work for them in the setting that best works for them.

**[00:21:42] Ken:** It's clear that your passion around integrating physical and behavioral health and obviously bringing clinical excellence to one of the largest providers of behavioral health services and solutions in the country comes across. We really appreciate you taking the time to speak directly about your experience, what Magellan is doing, and how the world is changing. A few key thoughts that I think came clear during this discussion is continue to lead by clinical excellence, and evolving the clinical pathways, maximizing and integrating scarce resources, the demand is outstripping the supply, and for people that need the most intensive levels of treatment, the systems are still failing in many parts of our country, and require a degree of intervention and coordination.

Engaging in outreaching of people and having them take an interest in their care at the right place in the right time and how they want to interact to put them on the best course of treatment. Then you spoke about collaborative care through NeuroFlow and also eMbrace

soon to becoming, and how that can better one assess and create the pathway right from the front that's going to lead the person to the greatest success. Kristina, would you add anything in terms of some of the themes we heard? Maybe we can kick it back to Dr. Carney for closing comment.

**[00:23:21] Kristina:** Thank you so much. It's really put an important focus on the need for, going back to what you said originally, the access and availability of these services and the collaborative care models that are so needed. It's put a spotlight on the need to be able to address this and it feels like it truly has been a moment in time, probably exacerbated through COVID and the pandemic, but really how Magellan Health has stepped up to that and made the necessary decisions and motion and movement to be able to address this opportunity and to really take care of its members is a critical part of our healthcare delivery system. Thank you very much, and thanks for taking the time today.

**[00:24:12] Dr. Carney:** Absolutely. I am so fortunate to have worked with both of you and to have had this opportunity. If I could really reiterate one thing it is that no single point solution is going to solve this. We need to think about it as a holistic solution and where those point solutions helps support that better whole-person treatment for an individual who has needs, whether it's in the behavioral health area or the physical health area, but most commonly for all of us where those overlap. Being able to create that environment of care is really where we have evolved. Thank you so much for letting me share that message.

**[00:24:58] Ken:** Dr. Carney, thank you so much for your passion, your empathy, your clinical, and just excellent executive leadership. We appreciate you spending time sharing some of your thoughts today. Thank you.

**[00:25:32] Ken:** Listening to Dr. Carney, Kristina, you and I have been in and around Magellan Health through the better part of a decade-plus and have seen the evolution of what was really routine behavioral, utilization, network management, and strategies to make sure that behavioral health was delivered in the most cost-efficient manner to really a shift to specialization in the behavioral space. Also, knowing that you can't bring other types of healthcare into the behavioral.

The behavioral's got to be brought into the primary healthcare care model. I think the other thing that just speaks out when you listen to someone like Dr. Carney is bringing clinical excellence back into the comprehensive care model that starts to blend out traditional managed care, let's call it payer principles, with physician delivery principles with the systematic here that exists in certain regions of our country and starting to blur the lines and really start to think about the person at the center of that and what's going to work in the system that's going to deliver the best possible outcome, the best possible engagement for that individual's health needs.

It's clear that there's some strong leadership and points of view on how that needs to happen and orchestrated that came across in Dr. Carney's discussion.

**[00:27:11] Kristina:** The fine point that Dr. Carney makes, I agree with you Ken, and the point around in truly integrating these services that we can no longer just think about a person's care in a siloed perspective around just their physical and medical needs, and then over in another space deal with some of the behavioral needs, and then in another space, deal with some of the social determinants of health. What I really liked about what she had to say is how they're thinking through that whole-person care model and bringing it all together so that we are treating a whole person from the very start, which was the other thing she said.

We need to get to these people and really start engaging people in their care delivery at the forefront when they need it as opposed to after the fact when situations occur and issues arise. It's more of a preventative and doing the right thing right at the forefront of their care and engaging them in a meaningful way up there to understand what that whole-person care really looks like. Amazing work that's going on at Magellan. It has been a privilege to work with them for the better part of the last decade, to see how they've been able to evolve that model and really meet the needs of their members.

**[00:28:28] Ken:** The other interesting thing that was touched on is the limitations of technology. During COVID, so much of the mental health space went to a teledelivery, telemedicine model. We're seeing significant advantages of being able to bring behavioral virtual care. We're seeing technology as an enabler, but I thought Dr. Carney made a good point of, it is an enabler, there's limitations to the technology. At some point, it's got to fit into an outreach and engagement model that brings together the primary, the behavioral, and even the pharma care.

Just the importance in certain behavioral conditions of making sure that the medication treatment is calibrated so that the person can live the fullest life. I think it's interesting as we start seeing the flip side of all the technology innovations and things in behavioral health and how far they get taken before they also have to wrap into more traditional models of medicine and care delivery. Then, obviously, all the spectrum of care delivery from lighter touch models all the way up through telehealth to in-office to still the need for acute care facilities and inpatient psych treatment centers. Really fascinating to hear her perspective as they think through how that care coordination and those models truly get executed.

**[00:30:11] Kristina:** And are enabled. I think as you start layering in the generational aspect of this and how people are engaging, like you said, with their healthcare and what does that mean for, like as Dr. Carney said, the teenager, and how are they going to engage and how do they outreach for services and look for services? We get them directed to the right place versus, like she mentioned, on the medic care side, how could that play out and how is that going to enable the system to be able to better serve and better provide care to our elderly as well? Will be really interesting over the years to come.

**[00:30:52] Ken:** Well, we really appreciated having Dr. Carney on this podcast representing a tremendous crossover of physician leadership in a traditional setting that's driving innovation and ways that different parts of the system can be activated for the benefit of someone's care quality and outcomes and doing it in a cost-efficient manner. Really appreciated her time.

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