GuideWell Puts Mental Health at the Forefront to Better Support Employees, Patients and the Broader Community
TRANSCRIPT

[00:00:00] Nick Dewan: For us and for GuideWell, the motto became, there is no health without mental health. Once that motto, and once your CEO says that, and once everybody else says that, that permeates all the functions of the organization. As a health solutions company, it permeates how we look at data, it permeates how we look at solutions, it permeates how we look at contracts with providers.

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[00:00:32] Narrator: Welcome to A&M Healthcare Industry Group's *What's Your Moonshot?* podcast series, where world-class healthcare leaders seek to solve big problems. Listen as we talk to today's health system CEOs about the journey to achieve their moonshots.

[00:00:50] Craig Savage: Welcome to A&M's *What's Your Moonshot?* podcast series. I'm Craig Savage, a managing director in Alvarez and Marsal's Health Industry Group. I lead our health plans and managed care practice. I'm delighted today to be joined by my co-host, Dr. David Shulkin, the ninth secretary of the U.S. Department of Affairs, and an A&M senior advisor. Today, we welcome Dr. Nick Dewan, vice president of behavioral health at GuideWell. Dr. Dewan is a nationally-known physician leader in sports psychiatrist working with amateur, collegiate and professional athletes.

He has developed sports meditation soundtracks, sports mental skills improvement tools, as well as designed and conducted a neurofunctional MRI study on golfers and anxiety. He joined GuideWell in 2020, and has worked on transformative technology innovations, clinician-led initiatives, health services research publication, as well as policy leadership. He has more than 22 peer-reviewed publications, and is the quality and lead editor for three books in information technology. We're excited to have you on the podcast today, and welcome, everyone.

[00:02:14] Nick: It's good to be here with you all.

[00:02:17] David Shulkin: Great to see you, Nick.

[00:02:19] Nick: Same here.

[00:02:20] Craig: Dr. Dewan, your moonshot focuses on mental health, something that has become a critical element of health care today, especially after the onset of the pandemic, and it continues today. It is increasingly important and touches more and more people's lives every single day. Tell us about your moonshot goal, and the efforts you're putting forward to achieve it.

[00:02:43] Nick: Craig, I'm glad you brought that up about the pandemic. Here's a situation where the world hasn't felt that for a century, where the entire world felt an invisible, unpredictable, potentially deadly threat. Everybody felt it. Everybody could relate to it. For us and for GuideWell, the motto became, there is no health without mental health. Once that motto, and once your CEO says that, and once everybody else says that, that permeates all

the functions of the organization. As a health solutions company, it permeates how we look at data.

It permeates how we look at solutions. It permeates how we look at contracts with providers. Today, there is no data. Our moonshot was the principles integration. That means everything we do. Today, there is no data that does not include behavioral health. There is no solution that does not include behavioral health. There is no value-based contract in all of medical care for GuideWell that does not include behavioral health. That's a pretty big thing in healthcare, is to do all of those things.

[00:04:08] David: Nick, knowing your CEO, Pat Geraghty, knowing you, that doesn't really surprise me because, this all comes from leadership. So many managed care companies coming out of the pandemic have looked at behavioral health and looked at the rising costs and the rising utilization of behavioral health, and have sort of seen that as somewhat alarming, and have put policies in place to try to limit access in many ways, not in a deliberate way, but try to make sure the costs are being controlled. Are you saying that that's not the approach at Florida Blue, that you believe that by providing behavioral healthcare, that's the greatest way to add value to your beneficiaries and to your clients?

[00:04:58] Nick: Exactly. We in fact increased access. We promoted access. We removed barriers in say medical environments to all contracts regarding integrated behavioral health. We grew the number of people seeking behavioral health. We sent emails. We sent millions of emails to our members saying, "Here's the number to call. Here's a digital solution you can use. Here's what you can do for your own well-being." We permeated this concept of there's no health without mental health in all our sales, in all our retail centers, in all our marketing materials, in our websites. We really said, "People are hurting. People are suffering. Let's grow our provider network. Let's open the doors to care."

We saw a great jump in people accessing care. We think that's a positive thing. We think getting people to have the courage to say, "I need help," is the right thing to do. We did that not only as a solutions company. We did that through our foundation as well, where we spent over $16 million in multiple communities to raise the awareness. Because, when you looked at the data across the country, 40%, 50%, 60% of the people suffering, and stressed. The doors have to be opened. We had to create new ways of delivering BH. I'm thrilled that we increased our expenditures. We increased. The executives, they all said it's the right thing to do. It's the right thing to do.

[00:06:52] David: I just want to stick on this sort of business point of view, because I think that there's been so much data suggesting that so much of the costs in health care are driven by behavioral issues, and that when you begin to address these behavioral issues in conditions like chronic illness, the costs actually come down. Have you begun to start generating any data to see what this type of philosophy, this type of clinical strategy is doing to the cost of care in the Florida network?

[00:07:26] Nick: Actually, we've started that process in multiple areas. We have in the range of solutions we've deployed, whether it's a care management solution, when we assign behavioral health care managers to cohorts of members, we notice an incremental difference, a material difference in the savings. When we give patients access to self-management solutions, we see monetary changes. We may see increased outpatient care, which is fine, but we see reductions in ER use and medical hospitalizations. We do the same thing with people with cancer, people with heart disease, mothers with postpartum depression.

Sometimes, we may not save tons of dollars, but we've helped people live better lives for the same money, let's say, we would have spent say on two ER visits, we spend on 20

outpatient visits. Was that life better? Although the money was the same? Absolutely, that life was better. We look at it both ways. Yes, of course, savings are important. We have to make healthcare more affordable, we have to make it more efficient, but, can we-- Pat Geraghty, and I'm glad you brought up his name, can we be a force for good in society?

Can we move the needle in terms of people's lives? Can we help them flourish? When we do that, everybody benefits, us, the employer, the customer, the citizen, society is improved because of that.

[00:09:15] Craig: Picking up on that point, Dr. Duan, you're really talking about something that not a lot of organizations are thinking about or even addressing, the ability to really support their employees to create a company culture that reduces the stigma around mental health, and actually increases the acceptance of mental health as there's no health without mental health. How are you thinking about mental health in terms of its contribution to the quality of care and outcomes? How is that really impacting the way you think about outcomes and quality of care? Can you talk more about that?

[00:09:54] Nick: Sure. All right, let me address both those things, the employee aspect and the outcomes and quality aspect. From an employee aspect, we have something called a community group within our company called the Mental Health Collaborative. They drive, they help support our strategy, they help us have conversations internally. Now, and we have forums, we just had a forum a few days ago about how to deal with stress and crisis, and the CEO's involved, the chief HR person is involved. As an employee, the stigma is busted.

Now, in terms of quality and outcomes, now this is a passion of mine because I've been doing measurement of outcomes for over three decades, all right? We have a system now where our partner, Lucid, where for certain members that use that service, we can track what is your suffering when you enter treatment? What is your anxiety? What is your depression? What is your functioning? What is your wellbeing? Three months later, six months later, nine months later, are you better off? Now, we do that not only in our network, we do that in our care management processes. We do that in our digital solutions. Here's the great part, Craig, we have provider partners that have committed to do this with us.

We have provider partners that said, "You know what?" I'm going back to that, there is no health without mental health. If you went to a primary care doctor and got treated for hypertension, and if you didn't get your blood pressure taken for eight months, and treatment got changed, how would you know you're better? You cannot have, you cannot have care today in behavioral health unless you know where you're headed. That's outcomes monitoring, and that feeds into quality. Now, quality is also about, and Dr. Shulkin is like the expert, I think, in the world in this area.

I'm hesitant to even say anything about quality with him in the room, but it's not only outcomes, it's who delivers, and how it's done. We look at all three aspects, but I'm a real fan of knowing, are we getting the right results? Because behavioral health has been focused on, are we doing the right thing, and maybe not measuring, are we getting the right results? We're emphasizing, are we measuring and getting the right results?

[00:12:32] Craig: Fantastic.

[00:12:36] David: I think, Nick, to be able to implement your vision, and you're clearly doing it, this takes a lot of work to be able to integrate behavioral healthcare and physical healthcare. It really is a culture change in many organizations, but there are workforce issues, do you have enough behavioral healthcare staff to do it? There are data issues because, as you know, physical and behavioral health have been data-siloed for long

periods of time. Then they're just really overcoming the issue of thinking about care this way, and the provider education. How have you gone about changing all the systems that you have to do, and impacting the culture of the organization?

[00:13:26] Nick: Okay, those three things. Let me start with the provider, what I would call hurdle, breaking through that hurdle. The good news is, we met with over 6,000 practices in the past few years, and we asked them, 6,000 practices. We said, "Are you ready to do something about behavioral health? Because we're ready to do something about it." The majority of people said, "Absolutely. I want you to make it easier for me to refer my patient. I want to make it easier for me to hire somebody." Having those conversations, because, let's go back to what you started with, was, here we are in the greatest stress that the world has ever seen where everybody got it. Everybody got what mental health.

Then they came to us and said, "We're ready to tackle it, because our patients are saying this." They were ready. Then what we had to do was remove the data barriers. I think the new laws that got passed by the federal government say there can be sharing, with appropriate consent. I think some of the barriers in terms of data sharing were removed. That allows you to have some data interoperability. Not ideal, but some. You had a readiness of the medical community and the behavioral health community. You had some policy restrictions and barriers removed so you could do better technology, what we call interoperability, but now the workforce issue.

Here's how we're dealing with that. I think in the industry, there are six different ways people are dealing with. Number one, when you do integrated primary care and use collaborative care, you basically allow a primary care practice to be able to treat 200 people, and you get occasional advice from the expert. That, say, psychiatrist, instead of having a two-month delay, it's gone, because you're supporting that primary care practice. That's number one. I think the new policy to expand who can belong in certain health plan environments, whether it's social workers, whether it's psychologists, counselors, even peers. Okay? Coaches. I think that's an expansion.

For us, one of the greatest thing I think we did, and we did this as an employer, is we worked with our friends at Harvard to talk about this concept of community-initiated care where everybody wants to do good for their friends, their family, their neighbors, their loved ones, but do they really know how to have those what I would call initial conversations? How do you create that social cohesion? I think for us, it's building the entire layers of community workforce, not only from what I would say the most experienced and the most long-term trained, and scaling that using technology, but also taking advantage of coaching, peers, and community at large.

That's what we're doing. We do that with our grants around the state. We do that internally as employers. I do think that we are addressing the workforce issues temporarily. I hope in the next 10 years we'll have a much bigger workforce. In the meantime, we're using everything we can to close the gap.

[00:17:10] Craig: Fantastic.

[00:17:12] David: Nick, there are probably a lot of people that are going to listen to this podcast that are going to say, "I wish that I was in the type of situation that GuideWell is." A lot of people probably very much believe in what you're saying. What advice would you give your peers, those that are heading up behavioral health care programs in the managed care environment?

[00:17:38] Nick: All right. Number one, have your philosophy right. Embrace with a level of conviction that there is no health without mental health. That is, once you have that

conviction in your heart, that's number one. Number two though, what is your North Star? For us, there's a famous saying with, I think Yogi Berra said this, "If you don't know where you're going, you're going to probably end up someplace else."

Okay, that's that famous saying with Yogi. What we did, we said, "Well, if there is no health without mental health, then mental well-being is our North Star. A hopeful, positive, emotional state that where there's a sense of meaning and purpose in life and satisfaction relationships and the ability to deal with stressors, and you commit to measuring." We've done that. We've defined well-being, and nobody in the past half century has defined it. We've defined it. We want everybody to embrace our definition, and we're measuring it now.

Okay, so have your North Star, define your North Star, measure your North Star, and then, leverage technology in every conceivable way to scale human potential. I know I could spend hours talking about technology, I could spend a lot of time talking about AI, and I think that is a major part of our future. But if we don't include and immerse ourselves in how data works, in how technology works, we will not scale human potential. It's not only the human potential of the workforce, it's the human potential of the people you're serving.

That, I think you approach it that way. Then from there, ideas flow, but what are the four things we can do? For us it was, we have this broad spectrum behavioral health. We have people with severe mental illness. We have people with anxiety and depression. We have people that are just stressed and hurting. We have young. We have middle age. We have old age. We have moms, how do we serve a population, and how do we serve every conceivable need in that population? I guess I said four things. I said those four things. That's how I think anybody getting into this business, everybody knows access, quality, affordability, convenience, take care of your workforce, those are like accepted.

I think down in gritty, you're going to have to solve the problem. You got to go have those major functions. That's my advice to people. I'm just, as you can tell, I'm very passionate about this. I enjoy what I do. I enjoy being with GuideWell. I enjoy being a culture that, when your values are courage and imagination, you get to dream. You get to dream, David. Not only do you get to dream, you get to solve. That difference between dreaming and solving, that's a great sort of adventure to be on.

[00:21:09] Craig: First of all, thank you, Dr. Dewan. This has been amazing. No health without mental health, that is something that I think could become a national wellness campaign. I absolutely love it. The discussion around establishing a North Star, leveraging data, leveraging technology, and it cascading down from the top. I think that enough can't be said about a CEO's agenda being tied to this, whether it's a healthcare company, or whether it's a technology company. The overall health of your employees, I do believe starts with mental health. I've really enjoyed the conversation today. Thank you.

[00:21:52] Nick: Thank you for having me. Thank you for allowing me to share all these thoughts with you today.

[00:21:58] David: I think that this is really an amazing moonshot, and something that we hope that you're going to inspire others around the country. This is really something that I think the insurance company started a long time ago, decades ago, by separating out with carve-outs. Now there's the time to integrate it back in together. That's exactly what you're doing. We're going to be watching and rooting for you along the way, but we expect great things, Nick.

[00:22:32] Nick: Let me end with this. Although in the past there were these carve-outs, okay, I think now, even with separate companies, it's really an integrated partnership. No matter where you go, you could have a separate BH sort of specialty organization, but it's

got to go be tightly integrated. I think we've done that. I think it's important for the audience to know that those integrations are critical, not only with the medical side, but with the behavioral health specialty company side. Really, that integration is just critical.

[00:23:08] David: I'm glad you clarified that, because I think that's an important point. It really is the vision to the top, and then you can put the pieces together in a number of different ways. Thanks again for spending the time with us on *What's Your Moonshot?* I always appreciate having a chance to catch up with you.

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[00:23:35] Narrator: Alvarez & Marsal. Leadership. Action. Results.

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ABOUT ALVAREZ & MARSAL
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