

# Executive Summary

## Who We Are

The California Health Care Coalition (CHCC) is a membership organization comprised of labor-management health and welfare trusts (i.e., purchasers) representing approximately one million workers and their families (i.e., plan members). CHCC member health plans serve diverse workforces, occupations, and industries, including agriculture, construction, education, and health care across California.

## Our Aims

CHCC members recognized a growing unmet need for effective, timely behavioral health services among our health plan members. With support from the Patient-Centered Outcomes Research Institute (PCORI), we developed an initiative to improve mental health care by incorporating Patient-Centered Outcomes Research (PCOR) and Comparative Effectiveness Research (CER) more intentionally in our role as health care purchasers.

The Patient-Centered Outcomes Research Institute (PCORI) is an independent, nonprofit research funding organization established by Congress in 2010. It seeks to empower patients and others with actionable information about their health and health care choices by funding patient-centered research, research infrastructure, and engagement in and dissemination of research findings.

## Disclaimer

The statements and views expressed in this report are solely the responsibility of the authors and CHCC and do not necessarily represent the views of the Patient-Centered Outcomes Research, Institute (PCORI), its Board of Governors or Methodology Committee.

## Our Project

We wanted to expand our ability to engage with patient-centered outcomes research (PCOR) and comparative effectiveness research (CER) and the role

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of research methods in evaluating benefits of health care interventions. We chose to focus on behavioral health PCOR/CER and related interventions because access to and appropriateness and effectiveness of behavioral health care are high priorities for CHCC members. As health care *purchasers* we make decisions to design, organize, procure and administer health benefits for a defined population of workers and their families.

We also wanted to draft a framework to help purchasers incorporate PCOR/CER more deliberately in their decisions, functions, and responsibilities as purchasers, and improve the care and health outcomes of the workers and families we serve.

## Methods

Using member focus groups and in-depth member interviews, we identified key issues, including access barriers, lack of integrated care, behavioral health workforce diversity and preparedness, and need for effective prevention strategies. In-depth interviews were conducted to gather details on health plan design, structure and organization and how they may affect access, care delivery, and care experience.

By engaging with PCOR/CER research, subject matter experts and leading practitioners, CHCC identified



interventions with a promising evidence base, potential to be adopted in the medium term, and relevant to the needs of CHCC members:

- Primary care and behavioral health integration
- Cognitive behavioral therapy for a range of behavioral health conditions
- Tele-behavioral health as an effective mode of care delivery
- Peer support workers to improve access and engagement for targeted conditions
- Mindfulness based programs for prevention, self-care, and management of targeted conditions
- A cautious approach to emerging drug therapies like ketamine compared to existing therapies

A brief description of each intervention is included in the report. We also developed a framework for purchasers to consider as they strive to improve mental health benefits. The framework prioritizes the following strategies and approaches:

- A data-driven, population health orientation to health benefit strategy
- A holistic, integrated approach to benefit design, administration, and member engagement
- Engagement by senior leaders from employer and labor organizations to support culture change and end stigma around mental health conditions
- Collaboration with other purchasers to create new opportunities and amplify purchaser voices with clinical leaders in delivery systems, insurers and other entities
- Bring data, evidence, and creativity to the full range of purchaser tools, authorities, decisions, and responsibilities

The framework reflects support from a range of experts and practitioners who generously shared their time, expertise, and perspectives with us. **A full list of acknowledgments can be found at the end of the report.**

## GLOSSARY OF TERMS

**PURCHASERS:** organizations that buy health care services and benefits on behalf of a population. In this report, we use purchaser to refer to the organizations and persons who are the ultimate payers. Jointly sponsored employer-union health benefits funds are purchasers.

**PLAN MEMBERS:** plan members are the participants enrolled in the plan(s) sponsored by the labor-management health benefits funds.

**THIRD-PARTY ADMINISTRATORS:** organizations that perform administrative functions for an employer health benefits plan or employer-union sponsored plan. Insurance companies often serve as TPAs for such plans.