



Lower Costs, Improved Outcomes, Higher Satisfaction:

evolvedMD's Impact in Primary Care

Executive Summary

The U.S. healthcare system is structurally unequipped to treat patients with co-occurring physical and mental health needs. Decades of fragmented care delivery, misaligned incentives, and silos between physical and behavioral health have led to soaring costs, overwhelmed clinicians, and limited access to care. As a result, primary care has become the de facto treatment setting for behavioral health. But Primary Care Providers (PCPs) are simply not equipped or afforded the time to provide meaningful care without a team-based approach.

evolvedMD's Collaborative Care Model (CoCM) is a clinically effective and financially sustainable solution that addresses these challenges.

PURPOSE	Evaluate evolvedMD's integrated, in-person, and outcomes-based CoCM compared to traditional models and other integrated care programs.
APPROACH	Measure evolvedMD's impact on 1) Risk-based populations with mental illness, including those with comorbid medical conditions; 2) PCP engagement; 3) Total cost of care savings. The study population included 1.3 million patients with Commercial, Medicare, and Medicaid coverage over a two-year period.
RESULTS	<div><div>1 15% LOWER risk adjusted total cost of care.</div><div>2 15% FEWER psychiatric professional visits.</div><div>3 17% STRONGER patient-PCP relationships.</div><div>4 3-4x MORE PCP referrals for onsite CoCM.</div></div>
VALIDATED BY	A leading healthcare actuarial consulting firm.

Antiquated Structure Limits Behavioral Health Care Access and Quality

Here's why:

- **The U.S. spends \$5.6 trillion on healthcare** and is expected to hit \$8.6 trillion by 2033¹. It's estimated that 90% of spend on U.S. healthcare is on patients experiencing chronic physical and mental health conditions².
- **Mental illness is prevalent nationwide** with nearly 60 million adults experiencing a mental illness³. The country recorded its highest number of suicides in 2022⁴.
- **People with chronic physical conditions**, such as heart disease and diabetes, are more likely to have a co-occurring mental health condition⁵.
- **Yet, access to care remains a significant barrier** with 67% of U.S. patients with a behavioral health diagnosis receiving no treatment at all⁶.

However, the healthcare system itself has not, and will not, support meaningful impact given:



- **Behavioral Health Provider Shortages** – Substantial nationwide shortages of mental health professionals⁷ make it difficult for patients to find care in their area.



- **Delayed Treatment** - Long wait times for in-network behavioral health appointments⁸ prevent patients from receiving timely, preventive care. This increases the likelihood of mental health conditions becoming more severe and expensive to treat over time.



- **Shift to Private Pay** – Mental health providers often receive low reimbursements from insurance companies⁹. As a result, many providers are shifting to cash-only arrangements, making it increasingly difficult for individuals with insurance to access affordable care.

Even when behavioral health care is accessible, several barriers exist for delivering cost-effective, high-quality care:

- **Lack of Measurement** - Less than 20% of mental health professionals track quantifiable progress with available tools¹⁰. Without standardized measurement of outcomes, it is difficult to assess how effective interventions are and when to optimize care, often prolonging treatment duration.
- **Misaligned Incentives** – Earning fees for each service rendered, regardless of outcomes. The Fee-for-Service model incentivizes therapists and psychiatrists to build patient panels in specialty care settings and hold onto them indefinitely without clear off-ramps to lower levels of care, such as primary care. This strains capacity, hinders continuity, and limits access to care for new patients.

- **Managing Costs** - Risk-based populations with complex needs drive disproportionate utilization. Patients with comorbid conditions incur excess total cost of care¹¹ when compared to those without behavioral health diagnoses.

PCPs Increase Mental Health Care Access, but Struggle to Fill Treatment Gap

Often a patient's first point of contact in seeking help is their primary care provider. PCPs routinely fill the mental health treatment gap when patients face structural barriers to access care¹². Notably, 58% of patients receive mental health treatment from their PCP, such as prescriptions for antidepressants. For those with serious mental illness, one-third of treatment occurred in primary care settings¹³. Behavioral healthcare provided in the primary care setting is seen as less stigmatizing, with seven in 10 U.S. patients prefer their PCPs ask them about their mental health concerns¹⁴.

While critical in meeting mental health treatment needs, PCPs face their own set of challenges:

- **Insufficient Investment** – The U.S. spent less than 5% on primary care in 2022¹⁵. Further, PCP reimbursement for services is a fraction of other medical providers. This curbs potential revenue and prevents PCPs from meeting their patients' evolving needs, including mental health concerns.
- **Limited Capacity** – Many PCPs lack time, specialty training, and adequate resources to effectively manage behavioral health concerns alone¹⁶.
- **Burnout** – PCPs who feel ill-prepared to address mental health concerns are especially susceptible to burnout¹⁷. Further, more than one-third of burnt-out physicians plan to stop seeing patients within three years due to systemic challenges and administrative burden¹⁸. PCP turnover results in \$979 million in excess health care costs¹⁹.
- **Referral Gaps** – Nearly two-thirds of PCPs struggle to find behavioral health clinicians to refer their patients to²⁰.

Although eager to meet their patients' whole health needs, PCPs must shoulder additional clinical and administrative responsibilities against structural and systemic inefficiencies.



New Ways to Receive Care Have Emerged, but with Significant Drawbacks

Large tech companies, mental health startups, and healthcare institutions have introduced various solutions to increase access to mental health care and reduce costs. However, despite a once promising outlook, many have failed to drive meaningful impact at scale.

Backed by payors and investors, virtual mental health care rapidly became the dominant solution during the COVID-19 pandemic. Telehealth visits increased to ~70% in just a few years²¹, but these virtual platforms disproportionately benefited socioeconomically advantaged adults with mild or moderate distress²². Those with serious mental illness and complex medical comorbidities largely were not helped by these solutions.

Some PCPs have tried creating in-office access to behavioral healthcare using a co-located model²³, placing behavioral health providers in medical clinics. However, with no incentive to discharge patients from treatment, onsite behavioral health providers reach their caseload limit, cannot accept new patients even when referred by a PCP, and create little in the way of new access. Little to no interprofessional collaboration between primary care and behavioral health providers also adversely affects quality of care and patient outcomes.

These shortcomings highlight the pressing need for a truly integrated solution within primary care that is highly accessible, data driven, clinically effective, and financially sustainable.

Deliver Measurable Outcomes + Cost Savings with Collaborative Care (CoCM)

To ensure PCP success, primary care teams must integrate behavioral health in their practices to increase access, reduce the total cost of care, and solve structural inefficiencies. The Collaborative Care Model (CoCM), one of the most widely adopted behavioral health integration models²⁴, is proven to increase access to mental health care²⁵ and is clinically validated based on 79 randomized controlled trials²⁶.

While effective, the model does require novel staffing and infrastructure to efficiently care for a population of patients. Primary care practices that have not adopted CoCM cite various concerns related to²⁷:

- **Operational Reporting** – lacking robust reporting that provide visibility into clinical outcomes, financial ROI, and program performance.



- **Workflow Concerns** – adapting existing workflows to account for CoCM and minimize disruption to PCP workflows, such as integrating behavioral health staff into care team, implementing new documentation processes, and operational logistics.
- **Unclear Financial ROI** – predicting financial impact varies considerably depending on CoCM implementation, key factors including onsite or remote care delivery, varying caseload sizes, and symptom severity.

But when primary care leaders leverage a proven third-party behavioral health integration provider, CoCM shows long-term clinical and financial viability.
































evolvedMD's CoCM is the New Gold Standard, Enhancing the AIMS Center's Original Framework

Uniquely, evolvedMD delivers on-site and in-person behavioral health services in outpatient primary and specialty care. Based on the University of Washington’s AIMS Center’s original framework²⁸, and aligning with the RAND Corporation’s brief on transforming mental health care in the U.S.²⁹, evolvedMD enhances CoCM by:

1. Providing in-person behavioral health services directly in primary care.
2. Reducing administrative burden with in-house Care Coordination services.
3. Measuring quantitative outcomes to optimize treatment.

At a glance, evolvedMD’s CoCM yields greater results in several key areas:

Integration Model	Patient Impact	PCP Engagement	Crisis Management	Access to BH Care	APM/VBC Alignment
					
Virtual Collaborative Care					
Co-Located Behavioral Health in Primary Care					
Hospital-Owned Behavioral Health					
Traditional Behavioral Health					

 Meets need
 Sometimes meets need
 Rarely meets need

- **Patient Impact** – Improved clinical outcomes and higher overall satisfaction with services.
- **PCP Engagement** – Increased job satisfaction, reduced burnout, and wraparound support to address patients’ whole health needs.
- **Crisis Management** – Timely interventions to proactively address mental health concerns before they escalate.
- **Access to Care** – Eliminates common barriers to accessing mental health care such as long wait times, referral drop-off, and high out-of-pocket costs.
- **Value-based Care** – Primary care systems manage risk-based populations with measurable financial ROI.

Evidence + Data: evolvedMD's Impact at Scale

A leading healthcare actuarial consulting firm independently evaluated evolvedMD's integrated, in-person, and outcomes-based approach to CoCM. The analysis examined:

Study Population

1.3 million individuals with Commercial, Medicare, and Medicaid coverage in the Phoenix and Tucson metro areas between July 2021 and June 2023. 29.2% of these individuals experienced a psychiatric episode.

Service Utilization

All individuals in the CoCM population had at least one visit to address behavioral health conditions. The study identified and conducted a secondary analysis on a subgroup of individuals with co-occurring physical conditions, the two most prevalent being cardiovascular and diabetes.

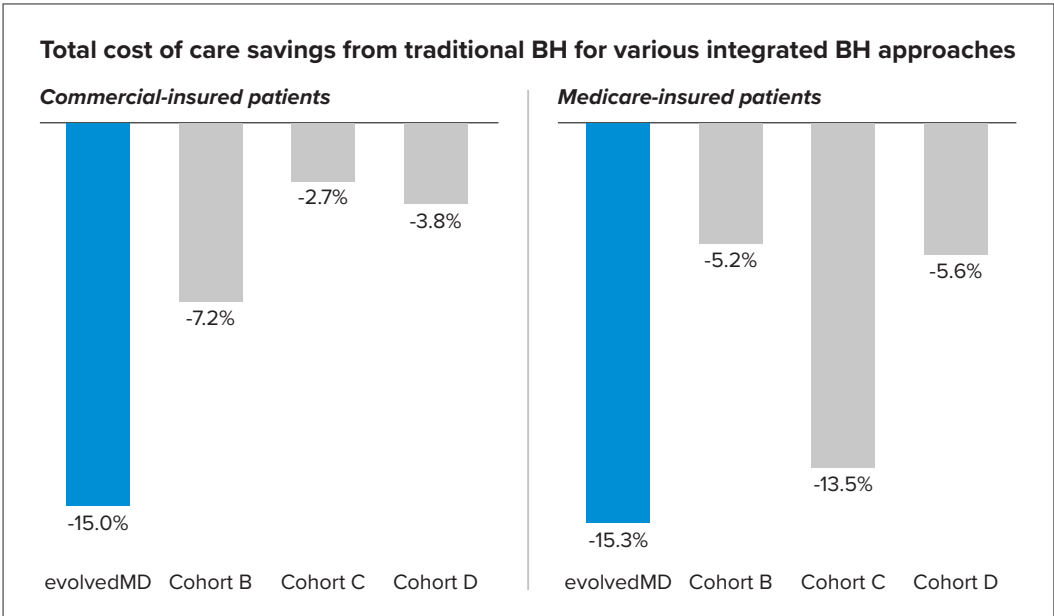
Study Purpose

The analysis compared evolvedMD's CoCM approach to other behavioral health providers in the region, including community-based behavioral health providers and other integrated behavioral health providers (both in-person and virtual).

Overall, evolvedMD's CoCM model outperformed both traditional behavioral health models and other integrated care programs.

Finding #1: 15% Lower Total Cost of Care

Traditional behavioral health models are costly, inefficient, and unsustainable. To evaluate total cost of care savings, the analysis measured the Episode of Care risk score (the expected complexity and cost associated with care) against the final risk-adjusted total cost of care.

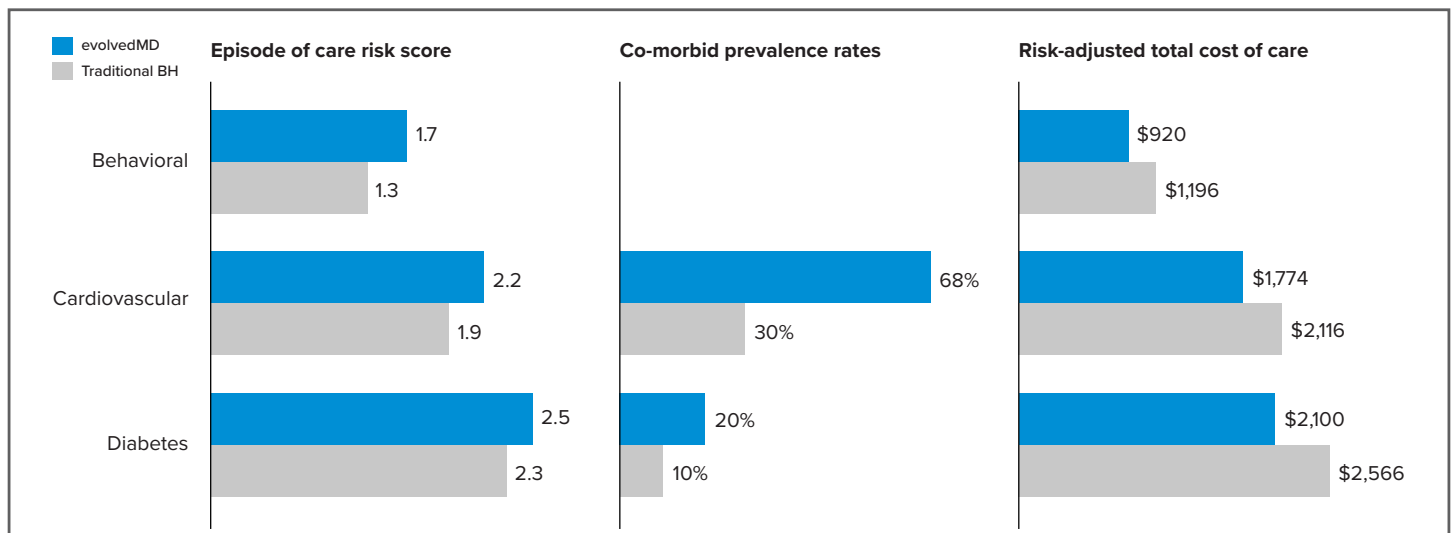


Cohort B: an Arizona-based multi-specialty provider group that operates physical health and traditional behavioral health services.

Cohort C: a virtual CoCM provider that operates nationally.

Cohort D: a Phoenix provider group that operates its own virtual-focused CoCM program

Results: Patients treated by evolvedMD showed a significantly lower total cost of care compared to those treated in traditional models and other integrated care programs. These total costs of care savings are especially notable considering a secondary analysis showed that the cohort of patients treated by evolvedMD had more medical comorbidities than the comparison groups.



For Commercial populations:

- 15% lower total cost of care than the market average
- 11% lower total cost of care than behavioral health competitors

For Medicare Fee-for-Service (FFS) populations:

- 22% lower total cost of care than the market average
- 15% lower total cost of care than behavioral health competitors

Why it matters: evolvedMD's CoCM model delivers significant total cost of care savings when treating patients, even when patients have significantly more medical co-morbidities.

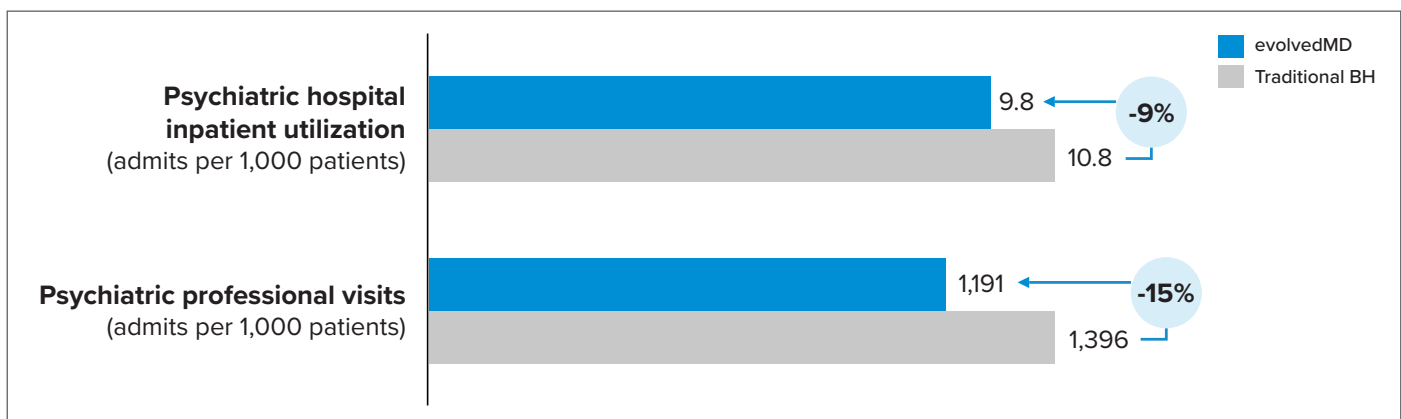


Finding #2: 15% Fewer Psychiatric Professional Visits

Patients with behavioral health conditions require accessible, timely, and high-quality care. However, traditional models often rely on community referrals that may result in delayed access to care and costly interventions like psychiatric hospitalization.

The analysis examined the number of primary care visits against psychiatric professional visits and psychiatric hospital inpatient utilization.

Results: evolvedMD's CoCM model addressed mental health concerns earlier and faster within the primary care setting, significantly decreasing the need for admitting patients into inpatient psychiatric care. Additionally, evolvedMD strengthens continuity of care for patients with behavioral health conditions, especially for risk-based populations with comorbid conditions such as cardiovascular and diabetes.



With a competitive edge in average length of stay, the analysis showed:

- **Decreased Psychiatric Utilization** - 9% fewer admits to inpatient psychiatric hospitals and 15% fewer psychiatric professional visits compared to traditional behavioral health models.
- **Better Symptom Management** - With more PCP visits and decreased psychiatric utilization, patients received timely, coordinated care that reduced the need for escalating treatment outside of the primary care setting.
- **More Efficient, Effective Care** - Lower risk-adjusted total cost for complex and comorbid patients.

Why it matters: evolvedMD's CoCM ensures timely interventions that enhance symptom management, significantly reduces referral volume, promotes engagement in the primary care setting, and improves continuity of care without interruption or costly psychiatric visits.

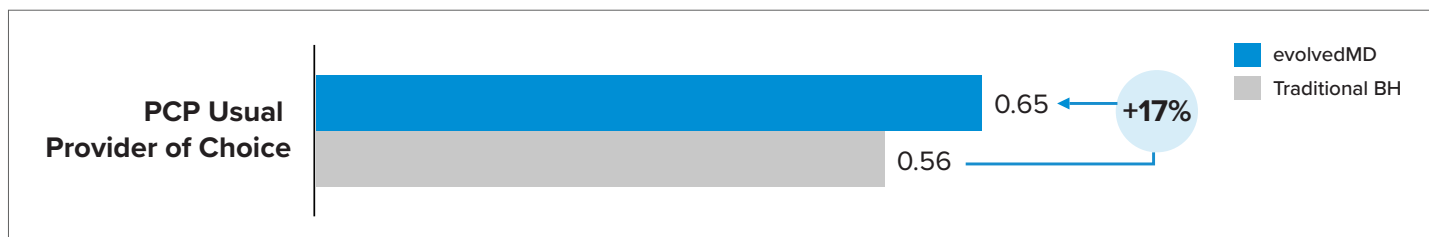
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Finding #3: Strengthened PCP-Patient Relationships Drive Satisfaction

Without onsite behavioral health professionals to manage treatment, PCPs often shoulder the burden of additional clinical responsibility alone. This contributes to PCP burnout which leads to poor quality of care, decreased patient satisfaction, and strained PCP-patient relationships.

The analysis examined two metrics: Usual Provider of Choice, indicating the strength of the Patient-PCP relationship and the extent to which a PCP meets their needs. It also examined Proportion of Episodes Managed by PCP, showcasing the PCP's ability to operate at the top of their license and retain their patients.



Results: evolvedMD's model scored higher values on both metrics, indicating stronger PCP-patient alignment, increased patient satisfaction, and higher PCP competence.

When embedding behavioral health professionals into their care team, PCPs enjoyed:

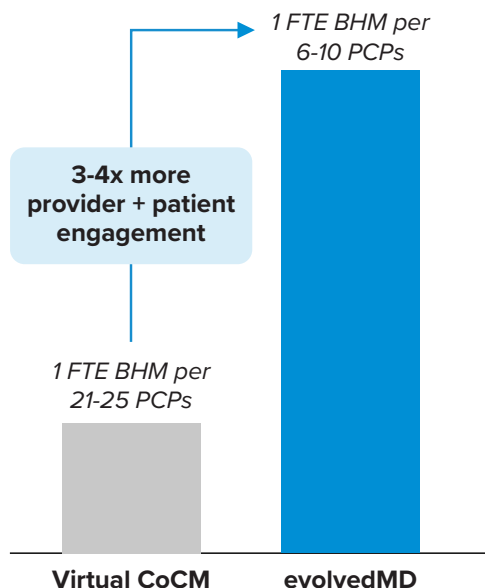
- **Stronger PCP-Patient Relationships** - evolvedMD's model reflects deeper trust, more consistent services, and higher-quality care. PCPs reported improved collaboration, better patient retention, and the ability to perform near the top of their license.
- **Improved Patient Satisfaction** - Better outcomes and greater confidence in care mean PCPs enjoy stronger relationships with their patients and more consistent engagement.

Why it matters: evolvedMD's CoCM model uses a team-based approach that fosters stronger PCP-patient relationships and higher patient satisfaction, enabling PCPs to focus on physical health and deliver more consistent, comprehensive care.

Finding #4: 3-4x More Provider + Patient Engagement

Provider engagement can improve clinical outcomes, streamline operational efficiency, and increase cost of care savings. But without consistent support from behavioral health expertise, especially in-person, both PCP engagement and patient care suffer.

The analysis evaluated how embedding evolvedMD's behavioral health resources onsite in primary care settings affects provider and patient engagement.



Results: PCPs with on-site support are three-to-four times more likely to engage behavioral health services compared to virtual.

Why it matters: With evolvedMD's onsite and in-person approach, PCPs have immediate access to behavioral health resources to refer their patients for timely intervention. This helps PCPs and their care teams provide preventive care before mental health conditions become too severe and costly to treat in primary care.

Deliver What Your Patients and Providers Deserve: Integrated, Team-based, and Outcomes-driven Care

evolvedMD delivers a clinically effective and financially sustainable solution that benefits patients, providers, and health systems alike:

- **The New Gold Standard** – An integrated, team-based, outcomes-driven approach that brings behavioral health directly into primary care.
- **Best-in-Class Care** – evolvedMD's CoCM outperforms traditional models and other integrated care programs with measurable, evidence-based care.
- **Proven Outcomes** - Primary care partners report significant improvements in patient outcomes, seamless collaboration between primary and behavioral health teams, and reduced burden on PCPs.

If you are exploring ways to integrate behavioral health in your practice, we can share data tailored to your practice and help you take the next step toward integrated, in-person, and outcomes-based care. Contact Kim Ho, VP of Sales at kho@evolvedmd.com to get started.

***Ready to
take the next step?***

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“Having behavioral health specialists onsite at all of our primary care locations has helped us positively impact thousands of patients’ lives. Integrating behavioral health has also helped us further our commitment to maintaining our staff’s overall happiness in the workplace so they can consistently deliver high-quality patient care.”

Dr. Tiffany Pankow, MD

VP Chief of Caregiver Wellness and Patient Experience

HONORHEALTH®

“If they’re able to be motivated and take the steps they need to control their diabetes and their other chronic conditions, then I am able to do my job better. They’re more willing to follow my recommendations and my guidelines, and we’re all going to reach our ultimate goal of managing their conditions as well as we can.”

Dr. Eric Limkemann, DO

Medical Director, Evernorth Care Group

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About evolvedMD

Launched in 2017, evolvedMD is a leading provider of Collaborative Care and among the fastest growing behavioral health companies in the United States. evolvedMD’s unique model places master’s level behavioral health clinicians onsite and embedded within primary care. Both outcomes driven and economically viable, evolvedMD’s approach offers a better way to integrate behavioral health.

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