[00:05] **INTRO VOICEOVER:** Welcome to Health Unscripted, brought to you by the Cigna Group, a podcast featuring real, raw conversations with some of the most knowledgeable experts in the healthcare industry.

[00:19] **Amy Ayrault:** Welcome to the Health Unscripted podcast. My name is Amy A. Ralt, and I'm the president of Evernorth's new behavioral health provider practice. I'm also a practicing social worker outside of Baltimore, Maryland. And today I'm thrilled to introduce to you Eva Borden, who's the president of Behavioral Health here at Evernorth. Hi, Eva. Thank you so much for joining us today.

[00:41] **Eva Borden:** Hello, Amy. How are you? Doing?

[00:44] **Amy Ayrault:** Quite well. So excited to have some time with you today talking about mental health, which I know is something we're both really passionate about.

[00:52] **Amy Ayrault:** Can you tell us a little bit about yourself as well as your role here at Evernorth?

[00:55] **Eva Borden:** As you said, my role is the president of Evernorth Behavioral Health. So let's orient a little around what is Evernorth Behavioral Health, ever of the Zal Services arm of the Cigna Group. And our focus is really on how do we make sure that individuals get the right type of behavioral care that they need, that they're able to get that access to care. So let's kind of define a few things first, because sometimes we throw around words that don't actually people don't really know what they mean. So if I just start with what is behavioral health? So behavioral health for me really represents everything from how does someone cope with stress, so emotional well being, resiliency all the way through diagnosable conditions such as anxiety, depression, through autism, substance use disorder, et cetera. So it's kind of that entire spectrum of how does someone get their behavioral health needs met? And so that's really my job, is focusing on making sure people get that care.

[01:58] **Amy Ayrault:** That's great. And as you think about what brought you into the role today, was there something specific about behavioral care that led you to your current position?

[02:10] **Eva Borden:** I think there's a few different things that when I think about what makes me passionate about behavioral health and if I look at my career in a few different phases. So my very first phase in my career was I was an actuary. And that really helps me be passionate about when we think about analytics and measurement and data and bringing this into the behavioral health space, it's so critical because, honestly, it's an underserved space from an analytics point of view. There hasn't been a lot of measurement in this space to date. So for me, a very first starting point is how do we bring measurement and value and think about behavioral health no differently than we would think about evidence based care guidelines as we would in medical. The second part is how do we think about our clients and customers? So another part of my career really focused on meeting with large national clients and understanding their needs. What is it that a benefits leader needs to provide and help this really broad swath of people that they need to take care of, not just their employees, but their dependents, and then all the way down into working on the government business and individual and family plans. So think about the ACA Obamacare type business and what that looks like and how people need care all the way from employers care clear down through government provided. And then the final part is really and I know as a mom, you've experienced this. For me, it's the personal side of I'm a mom of a daughter who has really significant mental health needs. And so we've gone through this really long journey of what does it mean to get care just from a therapy perspective to the multi month journey of going through residential care to ongoing support, and what does that mean, how really hard that journey is and the ups and downs. And so when I think about what brought me to Behavioral Health, it's kind of taking all those passions, the measurement passions, the understanding that there's all different ways that people can come to this space, and then also just that really personal part of I do this because I have a daughter with needs, and I need to make sure that I don't want any other parent who goes through this to get anything less than the best possible experience that they can.

[04:32] **Amy Ayrault:** I think, as you share about your daughter, it just makes me think about how so many more people are in need of and are seeking care these days and may not necessarily know where to turn to for help. I'm really curious if you could share a little bit more around how you view the mental health space and how that's existing right now in the United States.

[04:56] **Eva Borden:** If I kind of break down and think about if I had 100 people sitting in front of us right now. So let's kind of look at what is the need look like, and then how do we match up the need with the overarching industry and availability of care? So when I think about the need, if I kind of go back to some of the CDC, and this is actually pre pandemic is, if you think about it, only about 13 of 100 people are in optimal mental health. So if I equate that to a physical health, these would be the people that are exercising consistently, eating right, and just in really good physical health. About 13 out of those 100 would be in optimal mental health, optimal behavioral health, which leads to of the remaining 87, on the other end of the spectrum, about 25 of them would have a diagnosable mental health condition in any given year. The rest of them are really thinking about how do I manage my stress, my coping skills, just like you would think about from a physical health perspective, could I eat healthier? Could I exercise more? So let's go back down to the 25 who have a diagnosable mental health need, less than half of those folks actually get care. And so Amy, when I really sit down and think about how do we think about mental health in the United States, there's a few different groups of care needs that need to be addressed. Very first, it's those who have care needs and are getting care. How do we make sure that we're raising the bar on them being able to get truly good care? Like back to the measurement, how are we measuring that these folks are getting really good care? The second part is of the folks that have a diagnosable mental health need, how are we thinking about them that aren't getting the care? How do we identify them, how do we prevent them from wandering around lost in the system and actually make sure that we connect them to that care? And then folks who have just need help figuring out how do I manage stress, how do I think about resiliency, how do I improve just my ability to manage, what do we do there? And so that's really when I step back and think about the space, I know there's a lot of talk across the industry relative to availability of providers. And actually my hypothesis is that, yes, there is a need. We have an absolute need for providers. I also think we have a convening problem where from all the providers that are out there, we're not actually able to successfully right now, as a system, as an overarching industry system, measure up the people who have the needs with actually connecting with the providers that are available. So there's as much a convening problem as there is a need problem.

[07:56] **Amy Ayrault:** I would definitely agree with that. I've seen that for years across my private practice barriers that exist in even referring patients from provider to provider. If, for example, I don't have a good match in my own practice and I'm trying to connect that person to another colleague for assistance. So definitely agree on the opportunity around convening providers together. And I'm just curious, eva, we know that there's a gap in terms of people wanting care or seeking care and those that actually get connected based on what you just shared. Do you think that those barriers exist more in certain populations?

[08:39] **Eva Borden:** Definitely. And I think it really depends on at least from what we can see in our own data and we also see industry data. So I'll give you an example from the LGBTQIA population. There's definitely a gap in people who have needs. First of all, there's more significant needs, but then there's also a gap between those needs and those individuals being able to find access. So for example, even according to the CDC, whether it's 15% across the gay lesbian population, 36% across the bisexual population, nearly 40% of the transgender population, so just pulling out one group, you can just really see any time that there is a gap between people who have needs and getting them. I also think there's a challenge, particularly in younger kids or I'd say young adults. I'll kind of group it in the under 26 category, being able to find the care that they need. And so one of the things that I know we've been really focused on is how do we help meet that individual, that child, adolescent, young adult, and getting them, whether it's through virtual care, whether it's through a mix of virtual or in person care, connecting them through new provider groups like Brightline or others, how do we help meet that needs? But then also how do we help meet the need of the parent or the caregiver, the guardian who's with that individual? Because one of the things, and I'd be curious if you saw this in your practice too, is my experience is it's not just the individual that needs help, it's actually that individual plus that entire unit around them. And so unlike other places where it may just be like, oh, I need to treat the patient, if I get the patient the drug, it's fine. In this case, how do you help the individual that has the need and then that entire caregiving unit wrapped around them to have the right coping skills in order to deal with whatever the situation is?

[10:44] **Amy Ayrault:** Absolutely. I've seen that in my practice and my own personal life. When we think about children and adolescents and the impact of mental health concerns that the entire family is facing. I have also seen it in the situation, if you think about a pretty significant medical diagnosis right. Where you have the patient who has perhaps received some not so great news around their

physical health, but then the need for services and the need for mental health care to come and wrap around that family. Because everyone in that family as well as potential friend group, could benefit from that support outside of the particular patient that is facing the issue. So as I think about what you just shared, I'm wondering if you could share a little bit with us about how you think the state of our mental health care system and the access barriers that you've talked about. How do you think that impacts the average worker in the United States and maybe more specifically, the impact that it has on their employers.

[11:55] **Eva Borden:** It's interesting because they think about so this kind of goes back to the human side and I'll just use myself as an example. If I have a physical cold, if I have a sniffle or something like that, I can by and large keep working so I can show up in front of my computer. I mean, things to work from home. I can show up in front of my computer and not be coughing on anyone else, but I can still work. I think about using my daughter as an example. If my daughter's having a bad day. My ability to really think and be there and make good decisions is just oftentimes compromised. And it's really interesting how you could experience or see if I'm coughing or sniffling or my nose is off or whatever, and I can still show up and people say, oh, I'm so sorry you're sick. Oh, please take care of yourself. People don't always see that if my daughter's having a bad day, people don't know unless I tell them they don't know. I look okay, I sound okay. But in the background, my whole mental state is compromised because I'm worrying about making sure she's okay. And so even when I fast forward and think about from an employer perspective, it's really easy to dismiss and say, oh gosh, it's the adolescents. They're not my employees. They're the ones who are facing the biggest challenges. They're not the ones at least my employee is showing up at work. And I think oftentimes we neglect the fact that to the extent that your employee has any connections in their own private life, whether it be their own parents, whether it be their children, when that mental health of your loved ones is compromised, that actually has a direct impact from an employer point of view. And so really keeping this broader mindset around, it's really easy to look at the data and see the diagnosed patient. It's a lot harder to look at it and see this broader scope of what that looks like and means. And then I think also for employers, it's how do we help them be prepared to help their employees? So how do we equip our employers to be able to say, okay, from an employee perspective, how do you normalize the conversation about mental health? How do we normalize being able to say, yeah, my child is struggling? And it's just like someone would say to me, oh, Eva, you're sick. Take care of yourself, that we normalize the conversation of do you need help? Are you okay? And being able to identify that, I also think for employers, how do we make sure when we help employers help their people, then how they can help their own customers? And so it's just this kind of trickle down from a benefit of when we are able to better have a conversation, normalize the conversation. If someone finds a need, take all of the work off of that individual to get the right type of support. That's one of the things I think we can do at Evernote Behavioral Health, is really show up for employers. So that way whether it's the benefits leader who finds out that someone needs help, whether it's that own individual figuring out that they need help, whether it's them identifying that someone in their family needs help, being able to take that burden and give insight into how do you go through and address that need and how do you show up and actually get those needs met? You brought up something that was really important and I think oftentimes gets missed. We can often say, oh, this connection between medical and behavioral. And, I mean, we know that drugs are often prescribed in a way to treat behavioral health needs, but you brought up the medical. I would love to know from your perspective, whether it's in your own practice or in the practice that you're in the process of building out, how are you thinking about actually tackling that connection between medical and behavioral needs differently?

[15:56] **Amy Ayrault:** Sure, absolutely. I think about it in multiple different ways. But as I think about the fact that some individuals may only show up at their primary care provider's office once a year, and that's the one physician that they see, I think about the critical importance of those primary care physicians being able to assess for behavioral health concerns. And to go back to your earlier point, even not so much. Just, hey, from a PCP's perspective, what portion of my population might have diagnosable, depression, anxiety, or any other behavioral health condition? But more assessing for life stress? Low acuity concerns really taking an inventory of not just how is this person who happens to have diabetes? What does their A one C look like, but how is this individual functioning in their life? And I think, from my perspective, one of the biggest barriers to that assessment actually being completed, or I don't even want to call it an assessment that conversation happening within perhaps that annual physician visit. I think the biggest barrier is really, what is that primary care physician going to do with Amy A. Ralt? If Amy identifies a concern, whether that be overwhelming life stressors, depression, whatever it may be. And as I think about my own practice and the practice we

are currently scaling, one of the goals I have that I feel very passionate about is being that go to behavioral health provider practice for physicians, right? So you can eliminate that concern of, well, what happens if Amy shares this information with me and I don't know how to help her? So that is one of my greatest passions. I appreciate you asking me that question, Eva, because we have to make it a lot simpler, not only for patients, prospective patients, to get into care when they're seeking behavioral health care, but also for medical physicians to support conversations around mental health, but also make it a lot easier for them to connect people into the right care should a need arise.

[18:14] **Eva Borden:** As you mentioned, the life stressors, it reminds me of a story of this patient that we had where this individual happened to be she was in the third trimester of a pregnancy, and they had some pretty significant concerns around whether or not she needed bed rest, et cetera. And so we ended up getting in contact with her because she wasn't taking her bed rest as we spent time getting to know and understand her situation more. It was in this case, it actually wasn't care provided through an employer. It was through an individual plan. And she said, yeah, I can't take bed rest because I don't have any disability coverage. If I take bed rest, I don't have a paycheck. And if I take bed rest, I have two other children, one of them who has very significant ADHD. I can't afford his meds, and so I ration his meds just enough so he has them while he's at school. But that makes for a really stressful weekend. And I'm currently living with my grandmother and she's not supportive of me having this baby. And so she's told me if I choose to have this baby, then I won't be allowed to live with her anymore. And so when you think about those, I mean, this is a pretty extreme example, but when you start putting together those life stressors, we worked with her to be able to say, okay, how can we make sure that your son has his medication? So he has stability emotionally all of the time, and not just at the school days. And how can we help make sure that, for example, for this mom, you don't need to wonder about the stress of if you don't have a place to live, let's make sure that we get something lined up for you because having a newborn, you can't just go anywhere. And then how do we make sure we meet some of these basic needs that you're going to have once this newborn comes? And it was just a really fascinating not fascinating, it was sad, but also enlightening relative to how do you think about the life stressors, the physical health of here you are someone who is late in their pregnancy trying to manage that? Connected with how are they doing emotionally? Connected with what are those life stressors in need that this individual goes through and really being able to show up.

[20:44] **Amy Ayrault:** Across all of that? Absolutely. I think that's a perfect example of the different stressors and the different decisions we're all making day to day. Right. And what's critically important to us, where do we want to invest our time and resources and then in the end, how we prioritize our own health and needs based on everything we're juggling. I'm thinking specifically around how there can be multiple barriers to folks accessing care, but let's think about the individuals that need care and want care. One of the things I've found really interesting over the last year or so is reading some of the research that Evernorth has done. And it has really clearly stated that often people don't get the care they need because they can't find the right provider for them. And I'm just wondering if you could share your thoughts on why does this seem so hard for so many people?

[21:41] **Eva Borden:** Well, as you talk about how hard it is to find care. I think one of the things we have to step back on is say, what is that journey that find care journey look like? So you as a provider would know oftentimes people are coming to you. It's not that they've gone through one or two months worth of wondering whether or not they need help. There's oftentimes this really significant multi year journey before someone even goes through and is able to say, hey, I think I need some care. So everything from I think I can manage it on my own, to I'm not really sure if I can manage it, to getting some basic information and questioning, to just especially for someone if they've tried something and it didn't work right away, really circling back through in this spiral of this isn't for me. I don't know if I can get help. I don't know where to go. And or they may show up in a provider's office, in a PCPs or a doctor's office and use words like, I'm just really tired. I don't feel like myself. Things just don't seem the right way. And whether or not that doctor is equipped or even knows how to get them into behavioral therapy is what protracts this journey. And so if I kind of step back and say, we spent a lot of time talking about the negatives of long times between when people might think they have a need to being able to get it to people not necessarily getting the care they need, that 50% not getting it.

[23:14] **Eva Borden:** So kind of let's talk a little bit about flipping the script on well, what are the positives? If I think about we as a company stand for we want to improve the health and vitality of

those we serve. Vitality being this expression of showing up as the best version of ourselves. So what are we doing to help shorten these gaps, shorten these wait times, shorten these other pieces and actually solve this problem we've been talking about? I think there's a few really important pieces when it goes to getting someone to care. First of all, it's being able to identify them early. And I think there's an onus that we have on not letting the individual wallow around in the system and not know where to go, but our being able to say, did you know that you have resources available? I mean, we have a lot of the information that's able to say, if someone's getting a behavioral health drug, how can we take that information and help? Say, did you know you have other resources available? There's other sets of data and analytics we have in play, particularly. I mean, Amy, you said it the medical combination of when people have certain medical conditions, how are we identifying that they have a potential behavioral health need and then help them know? You can get help with managing this stress. You can get help with support, support for you and support for those loved ones around you. The next part is when you think about how we're thinking about getting people access to care. One of the most important things that we have is we have licensed clinicians that are available 24 7365 licensed clinicians that if you have a need, they're here, and you don't have to call and get an appointment. You can literally call in and talk to someone immediately, which is really important for when people are going through something. Sometimes you need someone to guide you, and it could be a short half hour conversation is all you need, or they can really understand if you need longer ongoing care, we can actually guide you to that care. That means you can get it virtually. You could get it through either a digital component, through telehealth, or in person. There's also another part, and this is really with those individuals who have more significant needs. So, like I said, the journey I had with my daughter, that's not a one and done. It isn't something where you go and just see one specialist. It was multiple months with multiple specialists. And so in this case, we actually had a licensed clinician who went through this entire journey with us. And actually, she was the one person who understood the entire journey more than anyone else. She was really the only individual who had gone through this with my daughter. Her dad and me went through this entire journey with us. And that was incredibly helpful because you often don't know what good care looks like. But having someone who's an expert who can help us get there really is important.

[26:23] **Amy Ayrault:** What really stuck out to me, Mary Eva, is just we often talk about access to mental health care. We talk about availability of appointments. But what you just shared about the the 24/7 availability of a licensed clinician, that's just there, that really struck me in terms of importance. Because when when I think about the years of practice, when I think about the professional lives of my closest clinical colleagues, we talk often about how the voicemails, the emails for initial appointments, they tend to come in at two or 304:00 in the morning, right when folks are in bed, not able to sleep, about to be faced with another day and get to the point where they're willing and able to reach out. And so as you share about that, as a service that's offered, that's really exciting to me, because folks may have those really difficult nights, and by the time they get out of bed at six or seven, they've moved past it and another day has gone by as we near the end of our time together today. Eva, if you think about the next handful of years, what are some of the biggest trends in the space that we all should be keeping our eyes out for?

[27:43] **Eva Borden:** I firmly believe we're going to continue to see an advancement in the data and analytics space. I also believe we're going to continue to see a connection in that convening between when someone has a need, how we find the right provider, that it's not just about finding any provider, but what is that right provider? What does that match look like? And I think we'll continue to see refinement in that match space. I also think we're going to continue to see the way that care is today is going to evolve. So I think in the next three to five years, we're going to continue to see ongoing digital connections, whether it be augmentation with digital therapeutics, whether it be other ways that an individual can connect with his or her provider. I also think there's going to be connections that happen more readily across the medical space. This whole concept of medical and behavioral operating separately, I think we're going to continue to see them convene. So I'm excited by the level of investment that's coming in here. And I do think we're going to continue to see it evolve. I would say for us personally, just even as a part of Ever North behavioral health, apart from just focusing on health and vitality, we're an access company. We're really focused on getting people to the care they need, understanding what does that entire spectrum of care need to look like, from I need help coping with stress, to I need help dealing with depression and anxiety, to more significant autism, eating disorder, substance use. We're an access company. That's what we're focused on. So how do we shorten the time from when someone has a need, we see they have a need to getting them into care and proving that that care actually delivered true value to that individual, to their employer and just

financially, overall. So that's a few of the things that I think that are coming that I really say anchor back to our whole mission of what we're about.

[29:49] **Amy Ayrault:** That's great, eva, thank you. Very exciting for me personally to also have the chance to come alongside you and your team and help solve the problem right that we're facing across the industry today. And it's been an absolute pleasure spending time with you, learning more about you, learning more about how Evernorth is looking to support individuals across the country. And you have given us a great deal of great information to think about. And that really brings us to the end of this episode of Health Unscripted. And we thank you all so much for tuning in.

[30:32] **OUTRO VOICEOVER:** Thank you for listening to this episode of Health Unscripted, brought to you by The Cigna Group. If you enjoyed today's show, please take a moment to subscribe wherever you get your podcast.