

A NEW STANDARD OF CARE FOR OUTPATIENT BEHAVIORAL HEALTH:

A Data-Driven Model That Improves Timely Access And Outcomes While Impacting Total Cost Of Care

WHITE PAPER

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Executive Summary

Although access to behavioral health care has been a priority for years, many providers still struggle with long wait times, fragmented care, and limited outcome measurement and tracking. [Brightways Counseling Group](#) offers a unique, scalable outpatient behavioral health model – offering both in-person and telehealth services - that improves timely access and outcomes while impacting total cost of care drivers. Through same-week access and front-loaded treatment, measurement-informed care (MIC) using PHQ-9 depression scores, integrated psychiatry, and close coordination with primary care and other community partners, Brightways' model produces impressive recovery trajectories. Outcome data demonstrates substantial reductions in depression symptoms, with 88% of clients graduating from treatment in under one year. By focusing on graduation, Brightways' model opens up additional capacity for new clients. This model provides a framework for providers, payers, and policymakers seeking to measure and improve outpatient behavioral health access and outcomes, implement value-based payment arrangements, and impact total cost of care.

The Challenge

Timely and equitable access to high-quality behavioral health care remains a critical barrier with median wait times often exceeding 6–8 weeks and many providers not accepting new clients at all.^{1,2,3} While national telehealth companies often tout expanded behavioral health access, many people still prefer in-person care with local, trusted providers.⁴ Furthermore, national telehealth providers rarely coordinate with primary care, creating silos of clinical information that cannot be leveraged to improve quality or reduce healthcare costs. Additionally, outcome measurement in behavioral health remains nonexistent or inconsistent, leaving limited data available to evaluate treatment effectiveness.^{5,6,7}

Health plans are increasingly prioritizing approaches that improve quality while managing total cost of care, yet the scarcity of standardized measures and reliable outcome data for behavioral health care remains a significant barrier to implementing value-based payment arrangements.^{8,9}

Depression is a powerful driver of increased healthcare utilization and cost, particularly among individuals with moderate to severe symptoms^{10,11} and/or comorbid chronic health conditions.^{12,13,14} Research shows that total cost of care rises and falls in parallel with symptom severity—escalating as depression worsens and declining as symptoms improve.¹⁵

In terms of treatment effectiveness, available literature shows six-month depression remission rates (PHQ-9 <5) in real-world programs commonly range from ~16% to ~40%, depending on baseline severity and model.^{16,17}

Impact of Depression on Healthcare Costs

Individual-Level Impact



Adults with depression cost **\$16,800** more per year, on average

Cost sensitivity to clinical change



Worsening depression symptoms increase costs by **25–48%**

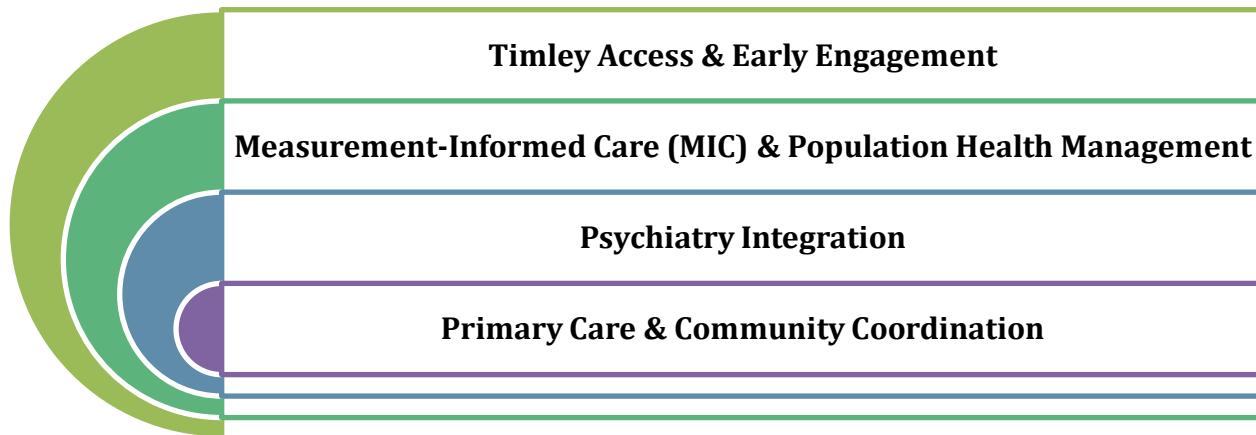


Depression improvement reduces costs by **\$41** per member per month

Meanwhile, primary care providers (PCP) regularly carry the burden of initial screening, prescribing, and ongoing management, often with little-to-no communication with external behavioral health providers.^{18,19} **The result: delayed and fragmented care, and persistently high medical spending linked to untreated or under-treated depression.**

The Solution

Brightways' Four Core Drivers Impacting Outcomes & Total Cost of Care



1. Timely Access and Early Engagement

Brightways' model produces better results by activating the *Legacy Effect*: when clients get enhanced services sooner, they get better faster because:

- Willingness to engage in treatment is greatest in the beginning
- Motivation increases when clients experience early symptom reduction

Data from 2023 – June 2025 shows **88%** of Brightways' clients graduated from treatment within 1 year, with a median of 11 treatment sessions (N=3,735).

To leverage the Legacy Effect, Brightways provides direct online scheduling, rapid triage and engagement, and minimal administrative friction—ensuring new clients are seen within 1–2 weeks, before crises escalate and medical utilization potentially increases. By seeing clients **early and often**, with a focus on **graduation and empowerment** rather than dependency, Brightways creates **additional access capacity**. In other words, the efficiency of the front door of access is directly correlated with successful transitions through the back door of graduation. Graduation is initiated when clients indicate readiness to conclude care, at which point a step-down referral is coordinated with their primary care provider, including a process to quickly get clients back into treatment if symptoms reemerge.

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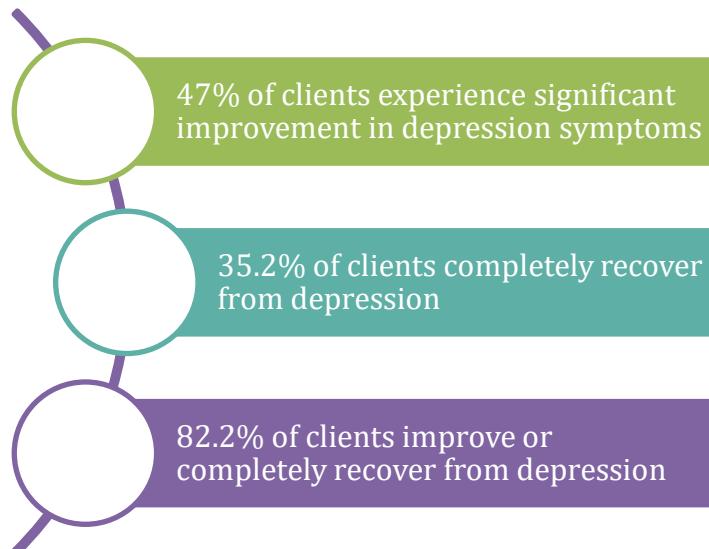
2. Measurement-Informed Care and Population Health Management

Studies show that Measurement-Informed Care (MIC, a.k.a. Measurement-Based Care) is associated with up to a 75% increase in remission rates for depression compared to standard treatment lacking regular symptom assessment.^{20,21,22} Despite ample evidence of superior outcomes, MIC has not been widely adopted in most behavioral health care settings²³ and the dearth of standardized measures and reliable data prevents health plans from implementing value-based payment arrangements that could incentivize and reward quality and outcomes.^{24,25}

At Brightways, each client completes a PHQ-9 depression measure at intake and at quarterly intervals. The PHQ-9 functions as both a validated screening tool and a reliable outcome measure, making it essential for identifying depression and tracking symptom improvement over time. Brightways' clinicians use PHQ-9 data to proactively adjust treatment, coordinating with the in-house psychiatry team and clients' PCPs to refine treatment plans as needed. At the population level, Brightways generates quarterly reports to identify clients who have been in treatment for one year or more. Clinicians then meet with their assigned clinical consultant (supervisor) to review treatment plans, assess progress, and determine if adjustments to treatment are needed.

Among Brightways' clients with a baseline and graduation PHQ-9 score documented from 2023 - June 2025, 47% show ≥50% reduction in PHQ-9 scores (depression response) and 35.2% have a PHQ-9 score <5 at graduation (depression remission) (n=358). On average, clients have a 7.76-point decrease in PHQ-9 scores. In total, 82.2% of clients improve or completely recover from depression.

In 2025 Brightways implemented an organization-wide initiative to enhance Measurement-Informed Care and increase frequency of PHQ-9 measurement, with the goal to document baseline and graduation scores on at least 90% of all clients.



3. Psychiatry Integration

Evidence shows that combining psychotherapy with medication leads to faster and more complete remission of depression than with each treatment alone.²⁶ By embedding psychiatry within its outpatient model, Brightways reduces costly fragmentation that typically occurs when medication management and therapy are siloed. The psychiatry team at Brightways works closely with therapists to ensure that medication decisions are **timely, data-informed, and coordinated** with each client's therapeutic progress, improving both clinical outcomes and impacting total cost of care drivers.

Furthermore, by offering psychiatry through telehealth, Brightways reduces access barriers for clients who would otherwise struggle with the travel and time demands of twice-weekly appointments for therapy and medication management. Short, 20-minute virtual medication-management visits are easier to attend, enhancing therapeutic engagement and reducing access barriers. By optimizing psychiatry access and medication adjustments, Brightways accelerates recovery, shortens the duration of depressive episodes, and prevents crisis events that can lead to high-cost utilization (Emergency Department visits, hospitalizations, medical comorbidity flare-ups). Furthermore, the psychiatry team collaborates closely with PCPs to transition medication management as appropriate—minimizing fragmentation, improving continuity, and impacting total cost of care drivers.

Brightways' integrated psychiatry structure allows for:

| | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Faster stabilization of depressive symptoms | Immediate access to psychiatric evaluation and initiation of medication—within days rather than weeks |
| More effective medication adjustments | Guided by PHQ-9 data, therapy progress notes, and real-time feedback from clinicians and clients |
| Increased treatment engagement and reduced drop-out rates | Smoother transitions between therapy and medication management without the friction of multiple systems, appointments, or waiting lists |
| Enhanced safety & clinical oversight | Particularly for clients with complex presentations, comorbidities, or suicidality |

4. Primary Care & Community Coordination

Rather than operating in isolation, Brightways' model centers on **seamless collaboration with primary care providers** (PCP) in the community, who are viewed as key customers and partners in advancing coordinated, whole-person care and managing total cost of care.

Close coordination with primary care enables earlier identification and intervention for behavioral health needs, particularly for individuals presenting with comorbid medical conditions such as diabetes, cardiovascular disease, or chronic pain — conditions strongly associated with depression and **2-3X higher total cost of care**.^{12, 13, 14} When behavioral health clinicians and PCPs share information in real time, clients receive faster adjustments to both medical and psychiatric treatment plans, which can lead to **fewer crises, lower ED utilization, and reduced hospitalizations**.

Brightways invests in two key roles that significantly strengthen its ability to partner with primary care and the broader community: The *Director of Community Care and Growth* and *Integrated Care Specialists*.

The *Director of Community Care and Growth* is a non-billable, value-added leadership role with a profound impact in the communities Brightways serves. Combining deep understanding of behavioral health systems, community engagement, and organizational strategy, this role brings both operational insight and relational expertise. The Director removes access barriers, improves efficiency, and supports sustainable growth by building strategic partnerships with healthcare providers, schools, nonprofits, and civic leaders to strengthen referral pathways and expand access to care.

Integrated Care Specialists are a non-billable, value-added resource who report to the *Director of Community Care and Growth*. They are tasked with maintaining open lines of communication with all the local primary care offices, including robust closed-loop referral pathways, sharing progress updates and coordinating medications, and facilitating step-up/step-down transitions of care. This **medically-informed approach to whole-person care** prioritizes safety by reducing fragmentation and ensuring that warning signs—such as suicidal ideation, medication side effects, or clinical deterioration—are identified early and managed collaboratively with PCPs. Close coordination with primary care and other community partners also helps identify and address any social needs barriers, ensuring clients are connected with timely support and resources that further protect their safety and stability.

Impact on Outcomes and Total Cost of Care

Total Cost of Care

- Quicker depression improvement translates directly into real-time reductions in total cost of care via a measurable decline in unnecessary and costly medical utilization.

Clinical

- Rapid access, data-guided care, integrated psychiatry, and close coordination with primary care leads to improved safety, faster depression improvement, and higher remission rates.

Operational

- Greater operational efficiency and faster access with direct scheduling, fewer no-shows, data-driven population health oversight, and expanded capacity to serve new clients.

Population Health & Systems Improvement

- Reliable outcome tracking strengthens payer partnerships and supports the shift toward value-based payment. By keeping both doors open—the front door of timely access and the back door of successful treatment completion—outpatient behavioral health expands sustainable, community-level access to effective care.

Policy and Partnership Implications

For payers and policymakers, this model represents a clear blueprint for addressing persistent gaps in access, quality, and coordination. Brightways demonstrates that high-value outpatient behavioral health is possible when population health strategies are integrated with community partnerships. With closed-loop referrals, rapid access and early engagement, Measurement-Informed Care, integrated psychiatry, and robust collaboration with primary care and other community partners, Brightways provides seamless, medically informed whole-person care.

Brightways' model underscores a critical policy gap: many of the roles that enable efficiencies that drive down total cost of care and improve outcomes - access management and strategic coordination of care – are not typically reimbursed by health plans.

Value-based payment models that support this new standard of care - and reward measurable outcomes and total cost of care impact - are essential to sustaining this level of performance and driving broader adoption across the behavioral health ecosystem.

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