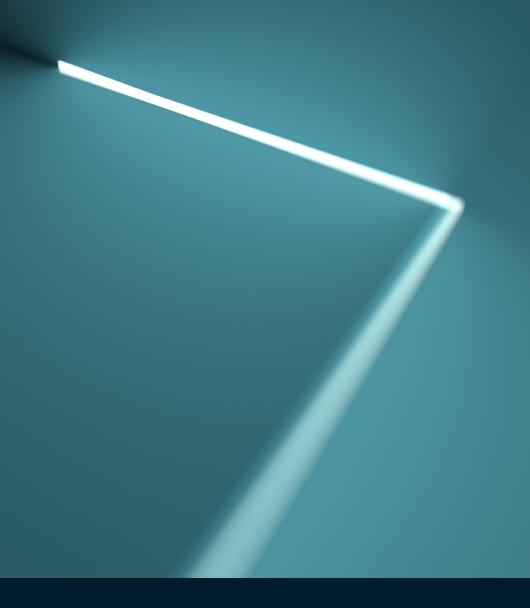


Katie Hayes Rachel Rothschild MPH Voytech Sudol MBA



## Widespread Mental Health Provider Shortages Demand Innovative Options



## Bridging the gap of provider shortages with prescription digital therapeutics (PDTs)

More individuals are seeking treatment for mental illness-a demand that increased nearly 20% from 2019 to 2021. Yet, as demand for mental health treatment continues to rise, the healthcare system is facing challenges in meeting current and future needs. The United States has enough psychiatrists to meet only 26% of the country's needs, and this shortfall is expected to continue.1 Communities that are geographically isolated and economically or medically vulnerable are tracked through the Health Resources & Services Administration (HRSA), an organization that designates certain areas as having a shortage of health professionals.<sup>2</sup> This designation, Healthcare Provider Shortage Area (HPSA), can refer to geographic areas, populations, or facilities that have a shortage of primary, dental, and mental health care providers.3 Areas are identified as HPSAs based on factors such as the population-to-provider ratio, the percentage of the population below 100% of the federal poverty level, and the travel time to the nearest source of care.4

According to HRSA data, more than 150 million people live in areas with an identified mental health care provider shortage. This chronic shortage is expected to continue, and in fact, by the end of 2024, the country will be short between 14,280 and 31,109 psychiatrists, with psychologists and social workers also overextended.<sup>5</sup> The growth of the US population, the strain on mental health exacerbated by the pandemic, and the scarcity of residency slots to train psychiatrists have all fueled the shortage. Retirement strain may also be a contributing factor, with more than 60% of psychiatrists aged 55 or older.6

When patients can connect with mental health services, they face extensive waiting lists, with some waiting 3 to 6 months or longer before seeing a provider. This has been especially prevalent in northern California with Kaiser Permanente facilities, where 2000 mental health clinicians went on strike, citing concerns about workload. low morale, and substandard patient care due to long wait times.7

A few states have intervened to expand access to mental health services in consideration of the provider shortages; New Mexico, Idaho, Louisiana, Illinois, and lowa eased barriers to allow clinical psychologists to also prescribe medications. However, as of mid-2022, there were just 222 active prescribing psychologists across the United States. States typically impose academic, clinical experience, and examination requirements for prescribing privileges. The other 45 states with complete bans on this practice instead permit primary care providers, general surgeons, and others to prescribe psychotropic medications, regardless of their limited expertise in the mental health field. Consequently, in addition to lacking timely access to mental health clinicians. patients are at risk of receiving medications that may not be appropriate for their individual needs.8

Individuals in rural areas may face mental health care deserts. One American Hospital Association report noted that 3.6 million people in the United States cannot access medical care due to a lack of transportation. This, combined with limited paid time off or childcare support, can leave rural residents simply without care.9

Despite small-scale efforts to address the mental health care provider shortage, more widespread, alternative options to care are needed. Prescription digital

therapeutics (PDTs) are software-based treatments authorized by the US Food and Drug Administration (FDA) that address the behavioral dimensions of many diseases and conditions and represent one such solution to mitigating provider shortages and reducing economic impact. Several PDTs have been authorized by the FDA to treat the behavioral dimensions of substance abuse disorders, attention-deficit disorder, chronic insomnia, irritable bowel syndrome, and post-traumatic stress disorder.<sup>10</sup> Other disease states for which new PDTs are currently under clinical development include acute and chronic pain, asthma, cancers, depression, diabetes, migraine, multiple sclerosis, and schizophrenia.11-14

With their proven clinical benefit, PDTs are rigorously evaluated by the FDA for regulatory approval.<sup>15</sup> FDA-authorized PDTs show clear safety and efficacy within clinical trials and work in parallel with existing therapies. Outside of clinical trials, the realworld benefits are considerable; patient engagement with PDTs can lead to less concern with the social stigma of seeking mental health services, reduced hospital care utilization, and higher treatment satisfaction. Also, geographic barriers are reduced as providers and patients connect remotely.

PDTs can offer an immediate solution to address provider shortage concerns, alleviate patient access issues, and provide cost-effective solutions for both patients and payers. The growing mental health crisis demands urgency from providers and payers to accelerate the adoption of PDTs so that patients receive the necessary treatment.

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