

Behavioral Health: Clinical Value

Employers are becoming increasingly aware of the needed for prevention as a means to mitigating the crisis where 18+% of GDP is dedicated to healthcare costs. In essence, with self-funding of healthcare, employers are actually insurers and their expenditures are making them uncompetitive in a global economy.

With the provider side of the industry dominated by a fee-for-service (FFS) model, system and network provider CEOs can place an emphasis on occupancy and referrals between disciplines. Relative to mental health, some such CEOs can focus on in-patient (residential) care and repetitive services such as methadone treatment in order to save lives.

In the past several years, some large employers (aka insurers) are asking for behavioral health services as a means of prevention. In response to such requests, several leaders are rebranding their focus of FFS activities as being behavioral health.

Redefining Behavioral Health

Following several discoveries that started in 2005, William McFaul has used MCFIP, Inc. to focus on modifying how people think as a means of preventing unnecessary and preventable healthcare expenses. He and his colleague Michael Miller; Ph.D. recognized the fact that excitatory brain chemistry (neurohormones) that included aldosterone (fear/anxiety) and adrenaline (annoyance/anger) can, in excess, result in many physiological consequences.

Using aldosterone as an example, studies have proven aldosteronism is a major factor for life threatening illnesses. ¹ Levels of aldosterone (hyper

¹ <https://www.mcfip.net/upload/Aldosteronism%20Overview%20x.pdf>

or hypo) can create distinctly different but still life threatening physical outcomes; all being the result of one's thought processes (behavior).

Switching to adrenaline, McFaul and Miller have recognized a parallel crisis exists with hyper or hypo levels of that neurohormone. Addison's disease is the clinical designation for hyperadrenalism and its hypo iteration is Cushing's disease.

It is critical to note that investigation of the impacts from hyper levels of aldosterone or adrenaline can result in excessive instances of cardiometabolic disease.

Summary

As outlined in this overview, from the aspect of healthcare expense reduction, employers and formal healthcare insurance companies must ensure an emphasis is placed on behavioral health (focusing on how people think) in order to prevent the need for FFS care that feeds/fuels the objectives of some system and network provider CEOs.

The website www.MCFIP.net provides interested individuals with a tab for behavioral health. The contents in the tab are provided to initiate Q&A sessions with insurers/large employers concerning options for the transitioning to **behavioral health**.