



mhca's e-Newsletter

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## **A Proposal for Prepositional Change**

*A Guest Article from HMA Vice President of Client Solutions Joshua Rubin*

Americans are a generous people. We provide a tremendous amount of care to people who need it. Through Medicare and Medicaid, Americans invest over 1.5 trillion dollars every year on healthcare, covering the costs of over 6 billion claims...and that doesn't count the 12+ billion dollars spent on the mental health (MH) and substance use disorder (SUD) block grants. On top of our healthcare spend, we invest nearly \$70 billion a year on housing, and another \$1.4 trillion on economic security programs. We spend over 37% of our gross domestic product (GDP) on public health and social spending, the ninth highest rate among the Organization for Economic Cooperation and Development (OECD) countries, trailing only western European social democracies on that measure.

Unfortunately, despite the size of the investment, our outcomes are lousy. Our life expectancy is just over 76 years, which puts us 25th among the OECD countries...eight years behind Japan and trailing not just the social democracies of western Europe, but also the OECD average and much poorer countries like Croatia and Estonia. Our suicide rate continues to climb steadily and our overdose death rate continues to skyrocket; over 108,000 Americans lost their lives to overdose in 2022, leaving gaping holes in their families and their communities. More than 650,000 of our neighbors don't have a home to sleep in, almost 600,000 kids are in foster care, and over 32.5 million Americans lack health

insurance. Over 15% of Americans live below 125% of the federal poverty level.

What we're doing clearly isn't working well enough.

If the problem was a lack of spending, the solution would be simple, but \$3 trillion is a lot of money. Now, to be clear, I'm not suggesting we shouldn't spend more...we should...but spending more won't lead to better outcomes unless we spend our money smarter. So, to help us make better use of the dollars we invest in supporting our neighbors, we need to shift our focus from providing care **to** people, to taking care **of** people.

It's a small linguistic shift, but the implications for how we purchase services, how we operate our agencies, how we supervise our staff, and how we provide services to our communities are profound. We all have someone in our lives (child, parent, partner) we take care of and/or who takes care of us, so we all know what it means to take care of someone. It's personal, not generic. The way I take care of my daughter is different from the way I take care of my son, my wife, or my parents. When we take care of someone, we do it holistically, compassionately, and with attention to their unique personality and needs.

Providing care to people is different. We deal with one problem or another, but not the person as a whole. We offer them what we offer for them to take or leave. We expect them to manage their own care. We expect them to come to us. When we provide care to people, it's to address a specific issue, which forces us to deal with them as bundles of symptoms, not as people.

I know that lots of behavioral health providers have worked hard to integrate your services and to integrate your services into the rest of the safety net delivery system so that you can serve your clients holistically. But even those providers can find ways to take better care of their clients by ensuring that their services are customized, consolidated, compassionate, and provided with concierge customer service. If you do, you'll get better outcomes for your clients, create a competitive advantage against technology companies that just provide care to people, address your workforce challenges by offering your staff more effective frameworks within which to work, and enable your success in alternative payment models.

Become (or help to create) a comprehensive, coordinated, integrated, easily accessible, flexible, and client-driven organization...and you'll really be taking care of people.

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Joshua Rubin provides consultation, strategic planning, analysis, and technical assistance to health care purchasers, providers, platforms, and regulators with a special focus on behavioral health, intellectual and developmental disabilities, and child welfare service providers. He is a popular presenter at **mhca** and recently led a session on the future of community behavioral health at our Summer Conference in Providence, Rhode Island. If you'd like to view the video recording of his session, or any of

our conference sessions, they are available to all **mhca** members online at: <https://mhca.com/presentations-videos-2024-providence>.



## Questions on new medication trends in behavioral health?

Join Genoa's webinar on Oct. 9 at 12 p.m. CT

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