

Intelligent Payer: Health's NewFUTURE and Virtual Behavioral Health



Audio Transcript

Host: Hello and welcome to today's webinar "**Intelligent Payer: Health's NewFUTURE and Virtual Behavioral Health.**" Before we get started, I'd like to review a few housekeeping details. Today's webinar is being recorded and an online archive of today's event will be available a few days after the session. If you have trouble seeing the slides at any time during the presentation, please press "F5" to refresh your screen on a PC or "Command R" if you're using a Mac. You may send a question at any time during the presentation by typing it into the Q&A box located on the right side of your screen and pressing enter. And finally, I'd like to remind you of AHIP's antitrust statement located in the handout section at the bottom of your screen, which prohibits us from discussing competitively sensitive information.

We are very fortunate to have with us today Scott Brown, Richard Fu and Teresa de Vries. Scott is a managing

director in Accenture's Health Practice with more than a decade of consulting experience. He is a recognized expert in health and ancillary benefit distribution and is responsible for developing and driving growth strategies focused on healthcare operating models, sales, and distribution. He has authored many studies on issues of importance to healthcare and health insurance executives. Most recently, Scott developed a report on virtual health as an enabler of behavioral health treatment access. Richard Fu is a senior manager in Accenture's Health Practice. He is primarily focused on strategic planning and corporate growth initiatives for clients across the healthcare ecosystem. Richard is a published thought leader on topics in digital health, emerging technology, and industry convergence, including a recent perspective on how healthcare leaders can outmaneuver uncertainty. Teresa de Vries is a consultant in Accenture's Health Practice, focused

on growth and intelligent operations for health insurer clients. She brings almost a decade of experience working on policy and business issues facing the healthcare industry. Teresa holds a Master of Business Administration and a master's in public policy from the University of Minnesota. At this time, I would like to turn the floor over to our speaker.

Richard Fu: Great. Thank you so much. I'm Richard Fu and thank you for attending our webinar today on this very important topic. I'd also like to thank AHIP for this great platform to have this dialogue today. As you all know, the last several months have been truly unprecedented and we are all adjusting to new norms, brought to us by COVID-19 and its significant implications. We are all dealing with these implications in our day-to-day lives. We are suddenly becoming caregivers for moms and dads, as well as perhaps teachers for our kids. Lots of movement in society is also having an impact our beliefs and how we operate as humans. So, as we think ahead to the future of healthcare, we at Accenture believe that the future of the industry is rooted in this future society, which will ultimately become a big component of the conversation we will be driving today.

We believe three key factors are affecting this future. First, industry realities are becoming magnified and exacerbated. As we saw during the height of the pandemic and the uncertainties it has created, a lot of our foundation was rocky. Beds were in short supply, as were ICU capacity, supplies, PPE, you name it. Lots of

media buzz on the challenges that surround our core infrastructure. Second, some evolving human truths are becoming top of mind considerations- things that we never really encountered before on a large scale. Think about yourself as an individual, about having new responsibilities, perhaps cocooning – cocooning in your own home, not going out, not getting the social interactions that are typically needed. We saw new hobbies emerge. Lots of people started to make sourdough bread and become cooks at home. And third, at the same time, we were all questioning authorities, as well as thinking about what the future holds for our own lives. That's leading to mega shifts in the way that we think and the support that we need. And of course, from a business standpoint, significant norms are changing the landscape in terms of how we are successful that we will get into a little bit more.

So, with the new business norms affecting all organizations across these three key areas, in healthcare we are seeing the concept of “persistent distance” taking shape. It's shifting from care as a convenience to care as a necessity. New channels are becoming the preferred methods of receiving and delivering care. We at Accenture recognize that one in three health visits will become virtual in the next three years. Significant uplift has occurred around the advent of virtual care. We saw adoption rates happen almost overnight that we were hoping for for years. Seniors were using virtual care. Lots of myths were being dispelled about virtual care. And there is a new realization of how virtual care can

transform the ways that we as patients interact with the healthcare industry.

Community trust is becoming increasingly important. How do we think about that individually? Not necessarily about individual liberties but about the collective good. How do we all make this work together? We are seeing firms rewarded for operating in this realm, enabling and fostering trust among society. We are also seeing companies penalized for certain reactions to COVID-19, and others rewarded for the benefits that they are providing to communities. And finally, the real issue involves the translation into financial dollars. Surge capacity is now a requirement. It no longer only applies to hurricane planning or planning for a natural disaster. Planning for surge requirements every day, all day, will have a huge financial impact both on the health systems on the front lines and on all the support and constituents that surround the healthcare ecosystem as well.

There has also been significant excitement and inspiration. While we face a lot of challenges, this environment has also pushed many issues to the forefront for us to address and tackle. Before we get to the heart of our topic today on behavioral health, I wanted to ask the audience what strategic shifts have you been most inspired by in this new health landscape?

If you exit the full screen, you can answer this question. Based on what you've been saying, there are four options: A) the adoption of virtual health; B) the convergence of industries to solve big challenges; C) the effectiveness of

remote workforce; and D) attention toward behavioral health. I will give folks a moment to respond to the poll. And again, don't forget to exit the full screen mode to select your answer.

Okay. Monica, feel free to finish the poll and we will see what folks said.

Drum roll, please! The top answer was A) the adoption of virtual health, by a hair. Some 31% of you said you are most inspired by the evolution of virtual health and how we've quickly adopted and shifted our focus toward it, which is certainly monumental. The way we think about healthcare in the future was a close second at roughly 29%. This answer, D, attention toward behavioral health, is the topic of today. I think the confluence of both A and D gives us a lot of hope for the future regarding an issue that has been brewing for quite some time – decades and generations, in fact. It is finally getting the attention it needs today. And my colleagues, Scott and Teresa, will talk more about that.

Moving ahead, as we think about the future, I am truly an optimist in that this is the moment where we can enact material changes for the industry and think about reimagining healthcare. What that means is putting society in the middle – it's all about society's future, where we foster a trust-based community and rally around our humanity in terms of health and wellbeing. It's thinking about everything we tried to do in pre-COVID-19 times in terms of social determinants and linkages to the bare necessities that we need, to be able to understand behavioral health. To understand the support people really require and the

services we need to unlock as well as strengthening connectivity between health, government and other authorities. Of course, economic security is required to make sure we are all living well.

Future Care and Future Work are important to enable the future society, to really balance what is required for resiliency. And future of care involves connecting. The ecosystem is no longer thinking about virtual versus physical, it's bringing them together. And again, love how A&D came to fruition because that really is the cornerstone for what needs to happen for an effective healthcare industry of the future. And then of course, Future Work. What I was most inspired by was everyone pitching in during the pandemic. Various companies and individuals rolled up their sleeves and participated, manufacturing PPE like some of the auto manufacturers. You saw individuals creating local innovations, factories making masks. Wherever they could, they demonstrated that type of elasticity of thinking about what work is and how do we work differently. Tomorrow's environment is so essential for enabling this. And of course, your core foundation is still going to be incredibly important to achieve that kind of resiliency, which will increasingly need to be powered by analytics and insights.

We believe behavioral health across this NewFUTURE framework will become the linchpin for realizing what forms the future of our healthcare society, healthcare delivery and its mechanisms, and the future of work, will take.

As we move into the next segment, let's take a quick pause to see we have any specific questions on the NewFUTURE framework, and then dive into behavioral health, which is the linchpin to keep this all together.

In our survey, boomers and the silent generation seem the least receptive to virtual channels. How do you think about reaching this group, especially knowing they are the most vulnerable to infections like COVID-19?

Accenture publishes studies on the consumer adoption of various digital health tools, virtual care and the like every year, and every year we see an uptick in their adoption. In fact, in the last six or seven months, we are seeing a big rise in the adoption of these tools. Today, it's less about are they ready or are they able to: the technologies are at a level of sophistication where they can deliver the goods and using them is easy. For example, Oak Street Health has reported a significant rise in the adoption of virtual technologies. Everyone has been using it. Grandma and grandpa are using zoom more and more for connecting with their grandkids and other family members, which is incredibly important. We're also seeing an increase in the older generations using tools like Venmo, which is something that has historically been more for a millennial or Gen Z population. The CEO of PayPal has said this is their biggest growth area.

Okay. Without further ado, I will hand it off to my colleague, Teresa, to dive deeper into behavioral health and how we see this connecting into the NewFUTURE.

Teresa de Vries: Thanks, Richard. Especially given that tomorrow, the tenth, is World Mental Health Day, it would be great to first ground ourselves in the reality of what's happening in terms of behavioral health issues, which include mental illness. Serious mental illness and substance use disorders affect nearly 58 million adults and almost 8 million youth in this country. It's also worth noting that these stats are actually a little bit old now. We are obviously in the middle of a pandemic, as Richard said. The facts are numerous and many of us have gone through our own bouts of anxiety and depression. Just today, in fact, Kaiser Family Foundation is reporting that one in four older adults are experiencing anxiety or depression and their July tracking poll actually found that over half of all adults were experiencing it, so these numbers are simply staggering. We talk sometimes about how behavioral health is the next curve to flatten, and clearly this is the rising wave. As numbers go up, associated costs, which track along with incidents, also go up, so the associated costs are staggering and go beyond direct spending. These include physicals, health spending, lost workplace productivity, and also crime-related costs. Health systems also feel the impact – just more disproportionately, of course – and they are seeing more disease, more physical care needs, and a higher cost to treat comorbidities in those with behavioral health issues. Additionally, the cost is society wide. More people are expecting their employers to provide coverage or support. Millennials and Gen Z are already leaving roles for mental health reasons, both voluntarily and

involuntarily, so clearly the costs are concerning.

Before we get into the next part, though, we want to pause and ask your opinion on how different stakeholder groups might be experiencing this. Monica, if you want to push our poll out there. The question is, which stakeholder group do you think is best positioned to address the mental health challenge? The answers are A) providers, B) employers, C) health plans, D) life sciences, E) federal or state governments, and F) consumers. Obviously, given that this is such an enormous and multifaceted challenge, no one group will be able to solve for everything, but some may be better positioned than others. Which one do you land on for that? Monica, do you want to close it and see what folks are saying?

Great. So, it looks like the biggest answer is providers: 48% of you are there, 15% are answering employers, 27% health plans. No one says life sciences, and the government and consumers are at 9%. Certainly, providers have a ton of influence in this area. They are on the front lines and able to have those hard conversations with consumers and patients. Health plans also have a place to play here. They have a ton of influence across this ecosystem because even if they are not directly in behavioral health, they influence providers. They have their networks, and sometimes are asked by employers to do specific things. In terms of the ability to influence the demand experience, employers also seem pretty well positioned. But as we will talk about in a second, everyone does have a role to play, so this is an interesting place to start our conversation.

Before we get to solutions, we want to note that the pain points are everywhere. As I said, they go beyond dollars. Everyone is certainly seeing financial costs, but there are other factors as well. We do see access shortages, exacerbated by low reimbursement rates. Health plans and providers also face criticism: consumers expect a lot more and their perceptions are changing. We know already that Medicaid is the largest mental health payer, but we also want to note that the states are also experiencing the effects from all sides. Not just on their strictly healthcare books, but in their state budgets as they have their employer base and they also have incarcerated populations to address.

Accenture has been looking at this through four intertwined themes. First, social stigma obviously hampers the acknowledgement of issues and the impulse to seek appropriate treatment. That's still out there despite all the progress that we've made recently. Second, affordability, as we keep coming back to. Consumer costs are rising and even with coverage, care is often very expensive. Third, limited access due to the provider shortage. I've been talking about narrow networks and low reimbursement rates. Patients right now are facing an average 25 days wait time to even get into see a provider for the first time. Fourth, poor care coordination also hampers performance. Behavioral health care remains unaligned or not well integrated with physical health care. All these factors lead to only 43% of adults receiving treatment. That is what we really want to focus on because it creates so much potential for reaching patients.

Before we kick off again, we have another penny for your thoughts. The question this time is, given that so many folks are not receiving treatment, what virtual platform do you think would be most popular for behavioral health interventions? A is on-demand video, B is web chat, C is individual with voice only, D is individual with voice and video, E is a group with your voice only and F is a group with your voice and video. So asynchronous and synchronous options group and in-person, what do you think is going to be the most popular as folks think about going down a virtual path to get the access they need? Especially after the COVID-19 pandemic hit, maybe there's more receptivity, since people are used to being in front of their computers more. It obviously also depends on the individual. Monica, do you want to publish?

Great. So, we landed pretty strongly on thinking that folks want the individual voice and video. Some 67% of you are there and the rest of the answers are receiving only little consideration. The next most popular answer, with 15%, was on-demand video. Web chat and group voice only each received 6% and individual voice only received 3%. So, the individual voice and video is by far the winner here with this question. It will be interesting to see how that shakes out as people get more comfortable with virtual care.

We haven't been thinking about the virtual care question and how we might be making a big difference with it in the behavioral health space. The challenges we see from our clients and the questions we are asking today prompted Accenture to study virtual care to shatter

some barriers. Our point of view is informed by a survey, which we launched in May of this year, after COVID-19 was in full swing. We got over 3,400 responses age 13 and older. And I want to note that we didn't just study average consumers. We specifically looked at those who self-reported that they have ever been diagnosed or experienced symptoms relating to behavioral health conditions. We asked about their treatment over the last three years, as well as their willingness to participate in a behavioral health intervention virtually in the future. We asked about the same six treatment options we just gave to you and got their answers and their priorities so that we can think about how we can best use virtual care to shatter barriers. I will pause here just to ask for any questions before we get into the heart of our study.

One question: in the areas where lockdowns have been lifted, are we seeing virtual care continue? Are people going back to virtual visits?

That's a great question. I don't have that right now, but we can look into it. Another great question is that COVID-19 has obviously brought virtual health to the forefront of the industry. However, it has left many provider organizations vulnerable. Do you see any barriers to providers making a significant investment in virtual health given the financial impacts of COVID-19?

I might leave this for Scott to answer, but our study is talking about what consumers are hoping to see in terms of how those investments can be made. Accenture is definitely here to help, and we are thinking that virtual is the best

way to go. Okay. I will hand it over to Scott now to get into our study.

Scott Brown: Good afternoon, everyone, and happy Friday. It's Groundhog Day, I guess, over again, another Friday, during these interesting times. But let's reflect a little bit back to what my colleagues, Richard and Theresa, were sharing, and rewind to the beginning of COVID-19. The source of this study takes us back to April through the end of May, just as things like COVID-19 were having an impact, along with rising unemployment rates, social unrest, and people stuck indoors with their families, which has become the new norm. So, behavioral health is obviously not a new issue. One of our hypotheses is we started to see both the acceleration and growth of virtual care visits. It seemed a no brainer to have virtual health options in behavioral health. They offer an easier transition to treatment.

And so, as Teresa mentioned, we did this consumer survey. We wanted to make sure that we got both the range of individuals that were diagnosed across the gamut in terms of conditions. We also wanted to make sure we had a broad range of ages, as you will see over the next couple of slides. Points are our consumers ranged in age from 13 plus. They came from multiple races and ethnicities, as this is behavioral health and in particular is an area that affects different individuals differently, as well as different income levels, and urban and rural environments. We also included those coming from multiple types of insurance, whether employer-based, individual, Medicare, or Medicaid.

We also created a baseline on the current state of behavioral health. As Teresa was mentioning, only 43% of individuals are actually receiving treatment on an annual basis. Not surprisingly, the majority of those individuals, prior to this year, were receiving all of their services in person, as you see of the 55%, the greater majority. Now, again, this survey was also conducted post COVID-19. So, we also found that 38% of individuals had some form of treatment or some sort of exposure to virtual health. But as you can see, some voice, some video, a very low uptick across the board for things like group therapy and an even lower uptick, in other virtual channels like diagnostics, and digital therapeutics.

As we pivoted and thought in terms of current state to future state, we wanted to test this idea of latent demand. At an aggregate, we identified six channels. Obviously, there are numerous other channels that we could have looked at, but when we examined these six – on-demand videos, web chat, various forms of individual voice, voice and video group, group therapy and video – we found that at an aggregated level, 81% of individuals said they would engage in at least one of these channels. Now again, 66 million people on an annual basis are affected by behavioral health conditions. That means these virtual channels have the potential to handle somewhere around 53 million individuals, if everything worked perfectly. That's a significant increase in options today. When we asked you the same question, I think everyone said individual voice and video, perhaps

because we're all zooming these days and starting to miss the sight of each other. However, in our study, the number one actual channel was web chat, so 63% of individuals said web chat, and that they would definitely or probably engage in a web chat. The close second was Individual at 59%, in a group was still 50%.

Overall, while respondents preferred voices to video, it was very minor difference, 59% versus 56% of the individual side and 50% versus 45% for group. Teresa also talked about the shortage of behavioral health specialists, therapists, psychiatrists, etc. About 50% of people would be willing to engage in group channels. So, across all of these, it's less about which one is the right channel. I think it's more about having multiple channels to engage patients and how virtual services can help to address some of the other issues that Teresa mentioned, like social stigmas. As a follow-up to the question of channel preference, for individuals, we were interested in those who said they would engage in the channel; we wanted to know why. And so probably not surprisingly, the top answers were, "I don't have to leave the house," "It's convenient," and "I can be anonymous," which is really important, particularly among individuals who feel the social stigma of having a behavioral health condition. On the flip side, the main reason people would not engage in a virtual channel is that many still prefer face-to-face meetings. Then there are open questions of effectiveness and trust of treatment.

In the survey, we also examined things specifically in terms of age demographics. This was the first survey in which our Accenture Health practice ever surveyed adolescents, who make up the majority, about 50%, of individuals with behavioral health conditions. The onset of this issue usually starts during adolescence, so we thought it was important not just to look at the adult population, but to also gain a better understanding of what's happening among adolescents.

Millennials, who now make up the majority of our workforce, had the highest preference levels for engaging via a virtual channel. A close second is Gen Z. What's also interesting when comparing adolescents with Gen Xers is that adolescents actually match their parents' preferences now. A small side note: when you survey adolescents, you also have to have their parents on the phone. So, who knows how much of that was influenced in the survey or not? The last thing I'll note is while the glass half empty naysayers may say, "Wow, baby boomers and the silent generation, that's a low level of interest and engagement." I would flip it and say that's a material opportunity. I'm particularly thinking about individuals who may or may not be able to leave their homes at this time, maybe in nursing homes. It is a great opportunity to engage in those channels.

A couple other factors, as I mentioned earlier, when we looked at factors that drove engagement or willingness to engage, beyond age, location was second. We found that individuals in more urban populations tended to show

more willingness to engage in a virtual channel than those in rural areas. We also found that many individuals have multiple behavioral health conditions, including anxiety, depression, schizophrenia, PTSD, and others. We discovered that the greater the number of conditions an individual had, the more willing they were in engaging with some of these channels.

We found African Americans and Hispanics had the greatest level of interest and willingness to engage with virtual channels. This is particularly important because they often are the least treated populations. Overall, 43% of individuals on average receive treatment for behavioral health conditions, but that number is actually in the 30-percentile range for the African American and Hispanic populations, which indicates an even greater opportunity. Other variables that have less of an influence include income and types of insurance, among others.

Here's one last thing in terms of the survey and our findings. When we take a step back and look at things on an aggregated basis, when an individual faces one of these challenges, whether it's mental illness or substance abuse, what are the top factors that need to be true for them to engage in virtual health treatments? The number one factor that I think Teresa mentioned very early on is cost. Cost is still a top factor. The ability to have virtual services that are at a lower cost point is incredibly important. Many individuals can't afford treatment or may not have the right insurance coverage. Now, assuming we can get

past the cost element, which is a big if, the user experience is next. To be effective, the program has to provide a positive user experience and it has to be convenient to keep people coming back.

I know there was a comment earlier around seniors. The top factor for seniors was trust, so cost wasn't an issue. It wasn't about convenience and experience. It was about can I trust the person that I'm communicating with? So, for seniors looking for trust, how do you engage virtually to provide the same level of trust or the same person on an ongoing basis while maintaining convenience or capacity?

There are lots of opportunities here. As we take a step back and look at virtual solutions, our premise on how and where to start really boils down to how many of the 43% can we move the needle on? That has an opportunity to save the system \$2.4 billion annually in medical cost savings, but to get there, what do we have to get right? We've got to make sure, regardless of the channel, to continue to focus on how we control personal costs, so can we make the services cheaper. Here's another interesting example, maybe not in the virtual space, but an interesting model that came out recently. Walmart is offering behavioral health services for a dollar a minute. This is thinking out beyond the traditional norms of how you drive cheaper costs for individuals. Also, this remains a fairly nuanced front and stakeholders continue to make investments and orbit around this experience. So how do I create a service that people want to come back for? How

do I create a service that is not just six different channels? There may be times when text is the right channel for you to interact with; a different time in which you need to get on the phone with someone; a different time in which you need to talk to someone in person. Consequently, we need to think through the multichannel experience and how that comes together, and then lastly, there is such an overlap in the integration between physical and mental health, the back and forth between the two. The more we can create solutions that more tightly link that together, or create a whole person approach to care, to connect the dots between physical and mental challenges, is going to be critically important.

What's exciting is the continued investments in these areas. This isn't a new issue, but there has been significant focus on this situation. It feels as though a many of our clients and others are all working to figure out how we create a better experience and address many issues that have been around for decades.

So, I think at this stage, we will probably take some questions. Richard or Teresa, do we have any questions out there?

Scott Brown: There was a very quick question that I will answer about the sample size of the survey, specific in the geographic regions. It was a little bit under 3,500 individuals, ages 13 plus in the US. Again, we had statistically significant coverage across each of those age segments, as well as multiple population groups.

Richard, I see a question here for you that comes back from the beginning of our discussion. Are you able to share data on the growth of virtual care? What percentage of those visits from the last six months are being conducted virtually compared to the previous six months and are there any unique differences from states that have been in lockdown versus others that have lifted restrictions?

Richard Fu: Yeah, absolutely. It's a good question. In terms of the new insights we are seeing and the latest report, there is actually a plateau, and this is tied to another conversation earlier about certain locations where the lockdowns are being lifted and people are moving closer and closer to normalcy. We are seeing some of those in-person visits coming to fruition. So, the short answer is that we are happy to follow up with the data and pass it along to you all, but at the same time, that's something that's quickly evolving. For example, in April, we were seeing that 70% of ambulatory visits were held virtually. And then we've seen sort of a drop-off or plateau to the roughly 30% number around the July 4th timeframe. Okay, more to come. I'm eager to see what it is in the next few months.

Teresa de Vries: We have a question on what if post-public health emergency state licensure flexibility is lifted. What do you see as the impact on the continued rise in behavioral health telehealth use?

Scott Brown: I think there's a great opportunity for a continued rise in

behavioral health telehealth use, regardless of state licensure, flexibilities – there's no way to go but up, I guess. So, I think there's a great opportunity for continued growth, regardless of licensure, flexibilities.

Teresa de Vries: Scott, there was a question earlier that I promised you would touch on about barriers to providers making a significant investment in virtual health, especially given the financial impact of COVID-19. Do you want to comment there?

Scott Brown: I think each part of the answer to that also depends upon the provider strategy and whether they are a risk-bearing entity or not. I know one of the questions you asked earlier, which was, who is best positioned to make the greatest impact? While the logical answer, which I agree with, is the provider, the realities in terms of positioning and the ability to influence investments is that we are seeing more of those investments coming through the payer space. We think that for a couple of reasons. Employers weren't paying attention, but if you look at employers and specifically the benefit buyers who often influence a lot of the investments in the insurance markets, they are demanding broader behavioral health solutions. I talked about some of the M&A things. If you were to look at United Health Group and Optum Acquiring, or at some of the press releases from CVS Health and their discussions on the importance of behavioral health, and also benefit designs around that, the payers are very much being pressured from all sides to

figure this out. What's more, they have the ability to not just impact or influence one provider but many in their networks. Thus, we are seeing greater investments coming through the payer side than necessarily from the providers.

Richard Fu: I will also chime in with an additional perspective. I think providers believe this is a very important issue, and we are seeing some providers going so far as to integrate it into their care and think about how it can be part of the primary care framework, or part of their primary care strategy, thinking about holistic care. But at the end of the day, I think that question focuses on the vulnerabilities and the financial impact. And certainly, for providers it is definitely top of mind. Is there a business case, or can we each frankly afford it, which is a very difficult discussion for a lot of our health system clients.

Teresa de Vries: Got it. You mentioned Walmart and you mentioned some other sort of promising practices out there. Do you see any other stakeholder groups coming to this table or do you see any promising partnerships you might want to highlight or comment on?

Scott Brown: Good question. There are so many, if you were to go out and look at all the startups in the space, the collaborations that are happening in some of those are being driven directly from providers. We talked to a vendor yesterday, Quartet Health, which is an example that is focused on care integration, there is also Talkspace and numerous platforms out there. And so, I think we're going to continue to see a lot

of new partnerships emerge across the stakeholders – payers and providers – but there are a lot of digital health investments happening. It's pretty exciting to see. I anticipate some continued M&A as well, because just taking a step back, I feel like when we look at our clients, many of them tend to be very focused on one piece of the pie. We've yet to see someone stitch it together across the entire experience: network, administrative capabilities, care coordination, as well as some of the digital engagement. I think whoever pulls all this together in a seamless experience will be among the winners. And I think we will also create some uniqueness in terms of them tying into the medical side and physical health.

Teresa de Vries: Great. We have one more question on the adolescent cohort. You mentioned that they were part of our survey. Their parents had to be on the phone, but we are also seeing the rising wave of a number of folks who are suffering from these conditions. Can you comment a little bit on adolescents and how Accenture is turning to that cohort as well?

Scott Brown: Yeah, that's a great segue. That segment, as I mentioned, is about 50% of adolescents, or 50% of individuals that have a condition, and those conditions emerged by the age of 14. You can just think of the cascading effect or impact downstream, so it's important. Maybe even to reflect on my own teenage years, it's challenging when you have an adult on the phone with you or someone in the room with you. Right? And so, there are opportunities that

behavioral health can help to address, things like being anonymous, achieving greater convenience, or being more discreet. We want to address these issues early and upfront. I mean, the volume of suicides in the US every year is devastating. So, opportunities to engage with individuals regardless of channel is vital, and finding effective ways to engage with them during the early stages of their illness would be great.

Teresa de Vries: Great, so I think that brings us to the end of the questions for today. Thanks so much for joining us.

Host: Thank you. And at this time, we are going to thank our speakers. Thank you for that great presentation and for sharing your thoughts and thank you to our audience for participating in today's webinar. This concludes today's presentation. Thank you again. Enjoy the rest of the day.