

Innovations in Behavioral Health: Psychedelic Medicine: Old Compounds, New Beginnings

Psychedelic Medicine: A New Specialty

Recent statistics report over 9 million U.S. adults suffer from post-traumatic stress disorder (PTSD), while nearly 18 million adults are diagnosed with depression. Though the audience to benefit from treatments is vast, standard therapies and antidepressant medications have left substantial gaps; thirty-three percent of the population diagnosed with PTSD or depression are resistant to current treatments.

The potential for psychedelic compounds to address these issues has been the subject of research for decades, although it was interrupted in the 1960s and 70s amid drug abuse concerns. Since the early 1990s, however, there has been a revival of human psychedelic research. Recent studies analyzing compounds such as psilocybin, ketamine, and 3,4-methylenedioxymethamphetamine (MDMA) have displayed promising results, indicating that psychedelics in conjunction with traditional therapies are efficacious modalities in the treatment of individuals with PTSD and depression. According to panelist Dr. John Krystal, Chair and Chief of Psychiatry at Yale-New Haven Hospital, “the effectiveness of these new medications in terms of rapidity and the magnitude” have surpassed expectations.

Dr. Krystal shared promising statistics, displaying the relapse rate among patients who had undergone ketamine-assisted therapy, compared with those following standard antidepressant treatment; after six months, the relapse rate was 25% among ketamine-assisted psychotherapy patients, compared with 75% among those under standard treatments, though repeat dosing was needed to maintain results. Similarly, studies on psilocybin which, like ketamine, can regrow synaptic connections in the brain, have been shown to be more efficacious in Phase II trials than traditional antidepressant drugs. MDMA has also been found to be highly effective in Phase III trials among patients with severe PTSD.

To understand the overlapping issues impacting the future of behavioral psychiatry, NEHI hosted a Webinar on July 14th titled Innovations in Behavioral Health: Psychedelic Medicine: Old Compounds, New Beginnings. Panelists representing academia and industry discussed a multitude of issues, assuming continued progress on establishing efficacy and obtaining FDA approval. They referenced the logistics of applying new care models (as the duration of activity varies significantly across different compounds), and the challenge of referring appropriate populations (i.e., individuals <18 years) to these treatments. They converged, however, in highlighting cost and coverage for treatments, recruiting and training an appropriate workforce, and ongoing efforts to de-stigmatize psychedelic compounds and mental health more broadly.

Cost and Coverage

Ketamine-assisted psychotherapy treatments, presently the only FDA-approved drug-assisted psychotherapy, are largely paid out-of-pocket, which places these therapies out of reach for many individuals. According to Joseph del Moral, Co-Founder and Chief Executive Officer of Field Trip, a full course of treatment (14 visits including screenings, ketamine dosing sessions, integration therapy, and evaluations), may exceed \$5,000. Health plan reimbursement for drug-assisted psychotherapy is, therefore, arguably the largest issue facing broader medicinal use of psychedelics. Joy Sun Cooper, Head of Commercialization Patient Access at MAPS Public Benefit Corporation clarified that mere coverage of the drugs is not enough. Reimbursement must account for the necessary collaboration among various providers and pharmaceutical suppliers to establish patient access to this integrated form of care.

Though individual treatment costs are daunting at face-value, a recent study on the cost-effectiveness of MDMA-assisted therapy reported that health plans are likely to begin saving money within the first three years of coverage; savings were projected to be as high as \$103 million when covering 1,000 PTSD patients over 30 years. Additional cost-effectiveness data will be a key component in the pursuit to attain health plan buy-in and coverage.

Workforce

Reimbursement will clearly affect equitable access to these novel therapies. In addition, it is imperative that service providers reflect the communities they serve, which requires affirmative steps to expand workforce diversity. MAPS has begun this work, having established a health equity fund to support people of color and members of the LGBTQ+ community becoming treatment providers. In general, however, there is a shortage of well-trained therapists who are equipped to deliver the drug-assisted psychotherapies currently available. As additional psychedelic treatments approach FDA approval, workforce challenges will affect access more significantly.

De-stigmatization

The stigma behind once-criminalized psychedelics is yet another concern. Dr. Neil Leibowitz, Chief Medical Officer of Beacon Health Options, argued that it is too early to think about health plan reimbursement; instead, he believes the stigma associated with mental illness, especially psychedelics, is a “hidden barrier” that impedes potential large-scale adoption. Dr. Krystal added that this stigma exists even within the field of psychiatry. Dr. Leibowitz suggested reframing the field as “interventional psychiatry;” offering specialty medical training may incite acceptance. Though strides to combat the stigma associated with mental and behavioral health were made during the COVID-19 pandemic, it is clear that another round of de-stigmatization is necessary.

There is still a way to go before drug-assisted psychotherapies are mature enough to be affordable and viable treatment options among the general public. In addition to new studies on treatment efficacy, further insight and collaboration within the field are needed. NEHI will continue working with relevant stakeholder groups to explore this topic and work toward the expansion of equitable access to effective mental health care.

Additional Resources

- [Ketamine: A Paradigm Shift for Depression Research and Treatment](#) from Neuron
- [Psilocybin induces rapid and persistent growth of dendritic spines in frontal cortex in vivo](#) from Neuron
- [Psychotherapy-supported MDMA treatment for PTSD](#) from the Department of Psychiatry at Yale School of Medicine
- [Putting the MD back into MDMA](#) from Nature Medicine
- [Psychedelic drugs: neurobiology and potential for treatment of psychiatric disorders](#) from Nature Reviews Neuroscience

About NEHI

NEHI is a national nonprofit, nonpartisan organization composed of stakeholders from across all key sectors of health and health care. Its mission is to advance innovations that improve health, enhance the quality of health care, and achieve greater value for the money spent.

NEHI consults with its broad membership, and conducts independent, objective research and convenings, to accelerate these innovations and bring about changes within health care and in public policy.



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