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# An enterprise approach to unify healthcare

UpToDate Point of Care Report

Insights for healthcare leaders on transforming care, unifying teams,  
and driving better outcomes for patients and healthcare organizations.

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**Issue Two**

Mental Health in Primary Care

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# Integrating mental health into primary care: A proactive approach for healthcare leaders

Globally, mental health disorders affect **one in eight** people and are the largest contributors to the non-fatal disease burden in 2019, according to the World Health Organization.<sup>1</sup> As the healthcare industry shifts towards value-based care and patient-focused models, healthcare leaders can help meet these challenges by establishing processes, tools, and systems to empower care teams to address the whole person and reduce long-term costs of care.

Mental healthcare is shifting into the primary care setting. In the United States, **60%** of primary care providers (PCPs) provide mental health services and write **79%** of the prescriptions for antidepressants, despite not being formally trained mental health specialists.<sup>2,3</sup> Strategically integrating routine mental health screenings into primary healthcare with the proper resources, specialists, technology, and operations can help organizations identify health challenges earlier, mitigate costs, alleviate clinician burden, and improve outcomes.<sup>4</sup>

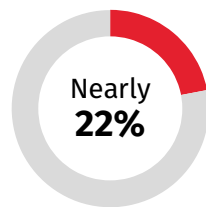
This issue of the UpToDate® Point of Care Report provides insights on the current state of mental health in primary care, how clinical decision support is aiding decision-making, and how a proactive approach from administrators to integrating mental health into primary care can benefit healthcare organizations.



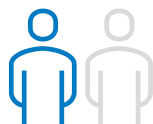
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## Topics in this issue include:

- Understanding health leaders' role in improving access to mental health services.
- Costs of unaddressed mental health and potential returns with strategic investment.
- Promoting an environment conducive to addressing mental health challenges.
- Strategies for health leaders in implementing and addressing mental health in primary care.
- The role of clinical and drug referential content within workflows.



of Americans received mental health treatment in 2022, however over half of those with a mental illness do not receive treatment.



**One in two** Europeans ages 15-24 have unmet mental healthcare needs.





*“Addressing mental health in primary care globally requires advanced and innovative approaches. 16% of the global burden of diseases is attributed to neuropsychiatric disorders, which has doubled in the past 30 years and was worsened by the COVID-19 pandemic. And yet the resources devoted to mental health around the globe – which were already strained – have remained disproportionately small. Health leaders can start making meaningful, systemic changes by supporting their clinical staff at the point of care.”*

**Peter Bonis, MD, Chief Medical Officer,  
Wolters Kluwer Health**





## Standardizing mental health screenings at the point of care

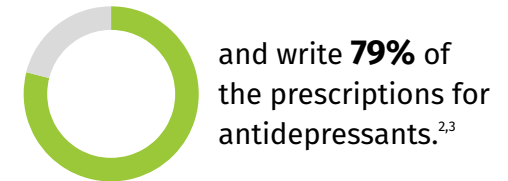
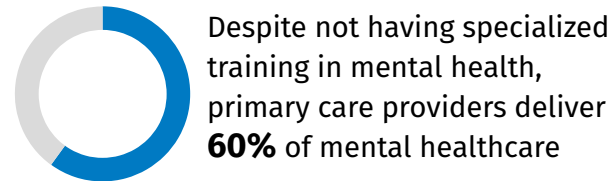
Addressing mental health is a complex, multifaceted challenge – for the health sector, primary care is a key opportunity to identify mental health challenges before they impact long-term outcomes and costs. When patients regularly seek care for annual physicals, services, chronic conditions, and more, clinicians can integrate standardized patient screenings which increases the likelihood of detection and minimizes potential bias.<sup>4</sup>

Incorporating mental health into primary care isn't simply an additional service or add-on requirement – it must be integrated and seen as a key indicator of health and a critical component that impacts outcomes, reduces costs, and improves patient satisfaction. Often, PCPs aren't equipped or trained in this area and are pressed for time with each patient, all while staff burnout challenges continue. It will take an intentional effort from administrators and leaders to support them in providing effective point-of-care screenings and services.

**Point of Care Report:** Issue Two, Mental Health in Primary Care

## Primary care providers are on the front line of mental healthcare

Up to **40%** of patients seen by a PCP or an Advanced Practice Provider (APP) report a mental health concern.<sup>8</sup>



Routine screenings for depression may help minimize health disparities among patients of color who are traditionally underserved and more likely to be misdiagnosed.<sup>4</sup>



UpToDate®

12,000+ **core medical topics available in UpToDate**

2,000+ **topics on mental health and mental illness**

240 **expert psychiatry contributors from 11 countries**

298 **updates made to mental health and psychiatry topics in 2023**

**In 2023, clinicians across the care continuum searched UpToDate for topics on mental health and psychiatry 10.9 million times, including:**

**1.2M** – Generalized anxiety

**430,997** – Children and adolescents mental health conditions

**191,364** – Post-partum topics

**157,907** – Switching antidepressant medications

**123,752** – Antidepressants and side-effects

**51,950** – Screening for depression in adults in primary care

**30,370** – Screening for unhealthy use of alcohol and other drugs in primary care

Physical and mental health are integrated in evidence-based content so both patient education and clinical materials support the whole person health.



## A global call to integrate mental health into primary care

The drive to incorporate mental health into primary care is being reinforced with concrete policies and investments. The European Union has announced a European Mental Health Capacity Building Initiative that includes promoting mental health in communities with a special focus on promotion, prevention, early intervention, addressing stigma, and ensuring the social inclusion of people living with mental health challenges.<sup>9</sup> In 2025, the US government's Center for Medicare & Medicaid Services (CMS) will require providers to take steps to improve access to behavioral healthcare services for Medicare Advantage plan enrollees.<sup>10</sup>

Additionally, the World Health Organization's Comprehensive Mental Health Action Plan calls for 80% of member countries to have integrated mental healthcare into primary care by 2030.<sup>11</sup> It also calls for the health sector to support mental health with four key roles:<sup>1</sup>

1. **Provide care** – Equitable and rights-based services, regardless of age, gender, socioeconomic status, race, ethnicity, disability, or sexual orientation.
2. **Promote and prevent** – Advocate for mental health services, build awareness and understanding, end stigmas, and lessen the need for treatment and recovery services.
3. **Work in partnership** – Partner with stakeholders across government, society, and the private sector to support inclusive systems for individuals living with mental health conditions.
4. **Support related initiatives** – Advocate for and help address structural risks and protective factors influencing mental health.

Health leaders have an opportunity to address mental health systemically, supporting populations of patients, improving clinician experiences, and addressing costs of care.

## Current barriers to supporting mental health in primary care:



**Systemic factors**



Too few providers and inadequate training for pharmacotherapy



Lack of time for personal conversations



**Clinician factors**



"Subjective" diagnoses



Visits focus on medical problems, comfort level



**Patient factors**



Stigma prevent seeking care

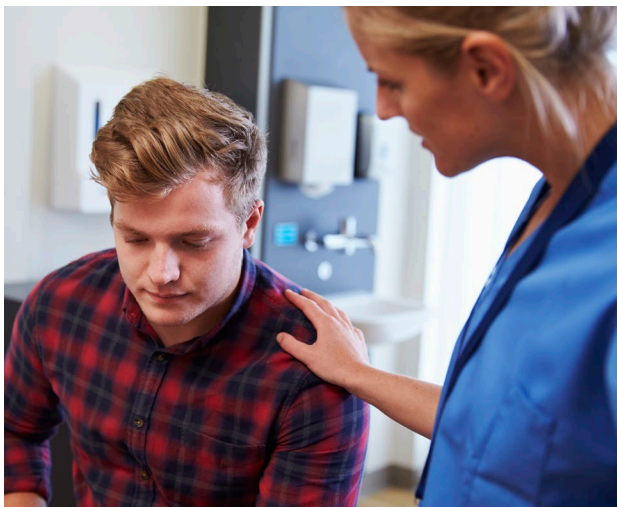


Incomplete understanding of conditions

# Investing in addressing mental health in primary care can yield dividends

Integrating mental health screenings and services into primary care is no small task. Investment is needed at every level – from staff training to evidence-based technology to organizational structures.

However, research is demonstrating a clear return on investment for addressing mental health. Patients with mental health disorders or illnesses are correlated with higher medical costs and chronic medical conditions – with investments in mental health those costs and outcomes may improve.<sup>1</sup> Even when implementing care systems like the Collaborative Care Model (CoCM) that can be cost-intensive to start, the results can have large-scale savings for health systems and the opportunity to reimburse for mental health services.<sup>12</sup>



Point of Care Report: Issue Two, Mental Health in Primary Care

## Unaddressed mental health challenges create direct costs on health systems and patient care

- Patients with major depression have **50% to 100%** greater medical costs than non-depressed patients.<sup>13</sup>
- **51%** of people with mental health disorders also have a chronic medical condition.<sup>14</sup>
- Patients with a severe mental illness are at a **4.2%** higher risk for 30-day hospital readmission.<sup>15</sup>
- **\$708M** – annual direct healthcare costs impacting more than 430,000 Indiana residents with untreated mental illness.<sup>16</sup>

Direct medical costs are **149% higher** for people with unrecognized symptoms of depression.<sup>17</sup>

### No Depression

\$4,194

### Self-Reported

\$7,564

### Unrecognized

\$10,463

## Mental health prevention can pay off



Across 36 countries, every US \$1 invested in scaling up treatment for depression and anxiety **leads to a return of US \$4** in better health and ability to work.<sup>18</sup>



Employers that invest in a high-quality mental health solution for employees **save \$2,300** per person for health plan spend.<sup>19</sup>

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## Mental health remains a challenge in the wake of COVID-19

The state of mental health dramatically changed with the onset of the global **COVID-19 pandemic** in early 2020. While the severity of the virus has lessened over time, many people still live with grief and mental health repercussions from extended lockdown periods, isolation, death and sickness among family and friends, and feelings of time and opportunities lost. A 2024 US Census Bureau survey shows the percentage of people experiencing depression or anxiety is twice as high as pre-pandemic levels, and a USA Today report indicated mental health drug prescriptions remain at twice the usage from before 2020.<sup>20,21</sup>

Additionally, as more research is conducted on patients experiencing extended **“long-COVID”** conditions, their mental health needs to be considered. Patients with long-COVID have been associated with increased conditions related to mental health such as fatigue, depression, anxiety, psychosis, post-traumatic stress disorder, and cognitive impairment.<sup>22</sup>

Some experts suggest the way forward is to go beyond biomedical models of diagnosis and treatment, focusing on personalized care and acknowledging social environments.<sup>23</sup> That approach combined with addressing long-COVID mental health challenges can be helpful ways to support patient populations still reeling from the disease.



2024 US Census Bureau:  
People experiencing  
depression or anxiety is **2X**  
from pre-pandemic levels.<sup>20</sup>





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## Supporting clinical teams with their own COVID burnout challenges

When building systemic approaches to mental health with patients, administrators should be mindful of the impact of COVID on the clinical teams themselves and the potential effect on patient care. The pandemic exacerbated existing feelings of burnout among clinicians and care teams; many suffered from the virus themselves and may have long-COVID symptoms.<sup>24,22</sup>

Additionally, some clinicians are experiencing what one health system psychiatrist calls “pandemic-informed burnout” which highlights newer, more specific conditions like the amount of death and illness witnessed, the dangers encountered at work and in returning home, and an increase in violence among patients.<sup>25</sup> If clinicians are having a challenging time in their daily work due to pandemic-related trauma, that can impact how they handle patients, especially those with mental health challenges.

Understanding where clinical teams are at with their mental health and burnout is key to putting together a plan to support their needs.

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## COVID-19 burnout and mental health challenges are prevalent among global healthcare workers



World Health Organization reports:

**23-26%** of healthcare workers had symptoms of anxiety

**20-37%** experienced depressive symptoms<sup>26</sup>



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A 2023 survey of US healthcare workers indicated **28.7%** intended to leave their job, with nurses at the highest rate (**41%**).<sup>27</sup>



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*“When you help a physician, you also help 1,000 patients.”<sup>25</sup>*

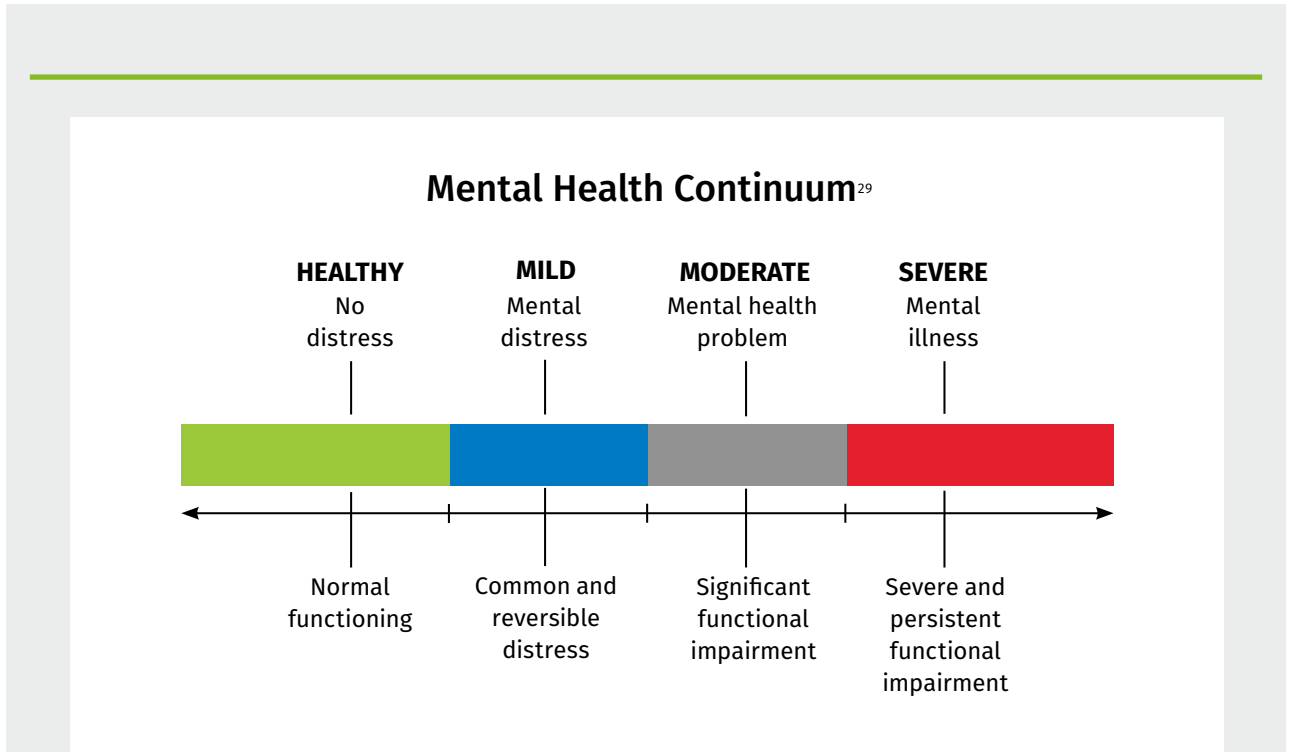
**Dr. Gerard Clancy, MD, Senior Associate Dean of External Affairs,  
Carver College of Medicine, University of Iowa**



# Understanding mental health as a spectrum of experiences and presentations

When building systems and training to implement mental health, processes and trainings need to be established so care teams can understand the nuances of mental health and what to identify for potential follow-up. It can be easy to rely on clinical or symptomatic issues – especially when they are trying to keep up with patient load.

Training clinicians to view mental health as a continuum can be helpful in provider-patient relationships and is associated with lower stigma and more effective interventions.<sup>28</sup> Patient experiences and mental health presentations may change from day to day, depending on the circumstances. Administrators need to support clinicians and provide resources that help them screen and detect different symptoms depending on how the patient is presenting.



## Understanding mental health vs. mental illness<sup>30,31</sup>



- Spectrum of mental and emotional wellbeing
- Changes over time
- Patient may present without symptoms but have other challenging days
- Goals: Increase mental well-being and mental health, empower individuals



- Medical, scientific understanding of disorders like depression, post-traumatic stress disorder, and manic depression
- Treated with psychotherapy or medications
- Goals: Reduce incidence, prevalence, or seriousness of symptoms, problems, disorders

**World Health Organization:**  
Some examples of risks and protective factors for mental health

	 <b>Individual</b>	 <b>Family and Community</b>	 <b>Structural</b>
 <b>Protective Factors: Mental health enhancers</b>	<ul style="list-style-type: none"> <li>• Genetic factors</li> <li>• Social and emotional skills</li> <li>• Sense of self-worth</li> <li>• Good physical health and activity</li> </ul>	<ul style="list-style-type: none"> <li>• Good perinatal nutrition and parenting</li> <li>• Physical security and safety</li> <li>• Green spaces</li> <li>• Positive social networks</li> </ul>	<ul style="list-style-type: none"> <li>• Economic security</li> <li>• Access to infrastructure and services</li> <li>• Social justice and integration</li> <li>• Social and gender equality</li> </ul>
 <b>Risks: Undermine mental health</b>	<ul style="list-style-type: none"> <li>• Genetic factors</li> <li>• Low education</li> <li>• Unhealthy diet</li> <li>• Body dissatisfaction</li> <li>• Alcohol and drug use</li> </ul>	<ul style="list-style-type: none"> <li>• Job strain or loss</li> <li>• Intimate partner or parental violence</li> <li>• Abuse and neglect</li> <li>• Ethnic minority</li> <li>• War veteran</li> </ul>	<ul style="list-style-type: none"> <li>• Climate crisis</li> <li>• Poor quality infrastructure and services</li> <li>• Injustice, discrimination</li> <li>• Gender, social economic inequalities</li> </ul>

## Putting mental health into context: Identifying social drivers of health

Another element of training to incorporate is the importance of social drivers for both individual patients and greater populations serviced by the healthcare organization. As PCPs assess the mental health of their patients, they must recognize that there is no one-size-fits-all approach. Some populations may require more specific screenings, such as elderly and adolescent patients and individuals with cancer.<sup>4</sup>

The WHO identifies social determinants of mental health as “spheres of influence”, which involve the interplay between an individual’s psychological and biological factors, their immediate surroundings, and structural factors within the broader sociocultural, geopolitical, and environmental surroundings.<sup>1</sup> These factors are divided into “protective” and “risk” factors, which can either enhance or undermine mental health and can help determine if additional steps are needed to improve mental wellness. For health leaders, understanding the structural risks of a population can help with strategies and planning, especially in underserved communities.



## Considerations for specific patient populations

For organizations servicing diverse patient populations, an increased awareness of their unique factors can help teams build empathy, account for it within strategies, and more readily identify mental health challenges.<sup>32</sup>

### The impact of racism

Health systems working with racially diverse populations should have an intersectional understanding of the impact systemic racism can have on mental and physical health. Racism causes trauma which can lead to a number of symptoms, including increased levels of anxiety, irregular sleeping patterns, lower self-esteem, chronic stress, and substance use disorder.<sup>33</sup> New research is also showing the physical impact of structural racism and discrimination on brain circuits arising from constant vigilance of threats, prejudice, and violence.<sup>34</sup> Addressing mental health in primary care can help mitigate long-term challenges of health inequities and provider mistrust.

### Supporting perinatal and post-partum patients

Mental health struggles among women and people who give birth are common, both during pregnancy and postpartum, highlighting the need for routine screenings for depression, anxiety, and post-traumatic stress disorder (PTSD) using established tools like the 10-item Edinburgh Postnatal Depression Scale.<sup>35</sup>

The WHO calls for maternal mental health to be integrated into general care such as women's health, maternal and pediatric care, and reproductive care and services.<sup>36</sup> Within the clinic, the spectrum of mental health can be useful for these patients - a parent may have a positive mental health presentation in a care setting, but clinicians should assess for mental health symptoms or experiences regardless. Supporting clinicians across care services for women and new parents is crucial to help flag mental health challenges in time for proper interventions.



Searches within UpToDate in 2023 on post-partum mental health topics: **191,364**

- **1 in 8** US women with a recent live birth have experienced symptoms of postpartum depression.<sup>37</sup>
- **Over 50%** of postpartum depression cases in women of color in the US go unreported.<sup>38</sup>
- Globally, mental health disorders impact **10%** of pregnant women and **13%** of women who have just given birth.<sup>39</sup>



## Equipping care teams with resources for transgender and nonbinary patients

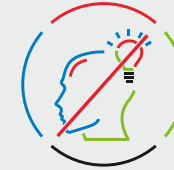
As society and evidence evolves, health systems and clinicians must be prepared and informed to meet new questions and health challenges. A 2022 Pew Research Center found that **1.6%** of US adults identified as transgender or nonbinary, and among adults younger than 30 – who may be more open to embracing these identities – this percentage rose to **5.1%**, indicating a generational shift in gender identity care.<sup>40</sup>

Transgender individuals have more symptoms of depression and anxiety as well as higher rates of suicidal ideation, and a 2011 survey by the National Center for Transgender Equality (NCTE) found **41%** of transgender and gender-diverse population respondents reported attempting suicide compared to **1.6%** of the general population.<sup>41,42</sup> Despite these challenges, research is showing that gender-affirmation experiences are inversely associated with depression, anxiety, and stress symptoms.<sup>41</sup>

However, interactions with providers remain as barriers to care. The NCTE survey found **28%** of respondents postponed medical care due to discrimination, and they faced serious hurdles to access including refusal of care and a lack of provider knowledge. Since research and clinical recommendations on treatments and processes to address gender dysphoria are constantly changing, health leaders can prepare clinicians to have conversations with patients by arming them with the latest clinical information and research to conduct the proper screenings and treatments, as well as training in the proper approaches given the higher percentages of mental health challenges.<sup>43</sup>

**201,924** - number of searches in UpToDate on transgender topics in 2023, a **10.5% YOY increase**.

## Barriers to care for transgender patients:



**Lack of provider knowledge – 50%**



**Discrimination – 28%**

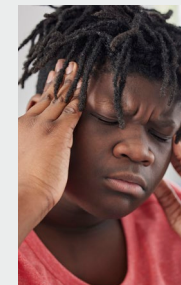


**Harassment and violence in medical settings – 28%**



**Refusal of care – 19%**

– 2011 Survey by National Center for Transgender Equality



**Gender affirmation experiences are inversely associated with depressive, anxiety, and stress symptoms.**

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# Administrator strategies for integrating mental health in primary care



# Collaborative care models can serve as a structure to provide mental health services

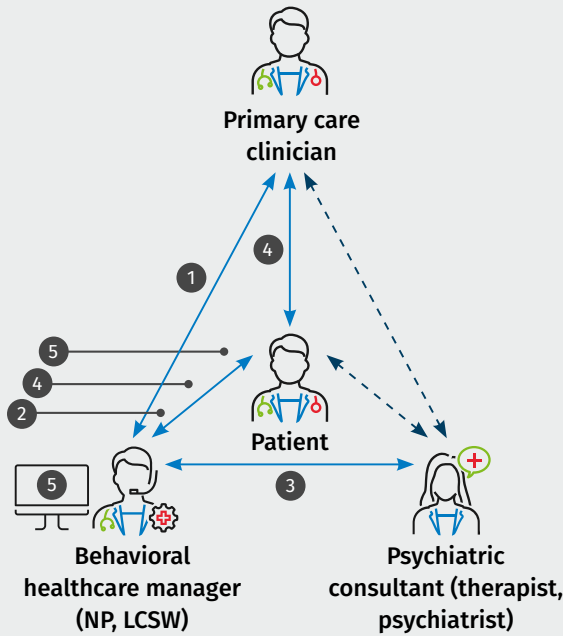
When integrating mental health into primary care, one challenge is identifying the operational structure that allows for supportive, efficient assessment with the clear opportunity to quantify and reimburse for mental health services. The Collaborative Care Model (CoCM) centers around the patient experience and proactively brings a psychologist into the care team. Within this model, the patient receives aligned care from a primary care clinician, a behavioral healthcare manager, and a psychiatric consultant all working together on referrals, evaluations, treatment plans, implementations, and monitoring. This approach enhances the patient experience, can reduce nonadherence and healthcare costs, and enables an administrative process for reimbursements and analytics.<sup>44</sup>

## Case study: Using the collaborative care model to address perinatal depression

When compared to standard treatment, a case study with CoCM addressing perinatal depression among the Medicaid population was more effective in:<sup>44</sup>

- Guiding patients to remission
- Reducing the severity of depression
- Enhancing patient and provider satisfaction
- Reducing medical and pharmaceutical household spending for the first year following childbirth (\$36,049 vs \$29,448)

## The Collaborative Care Model



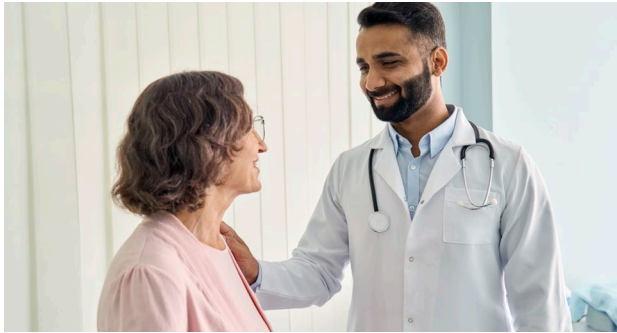
- 1 Referral
- 2 Evaluation
- 3 Treatment plan
- 4 Implementation
- 5 Monitoring, support, communication

— Frequent interaction    - - - Less frequent interaction



## Key principles for collaborative care models

1. Patient-centered care team – collaborative, shared care plans that incorporate patient goals
2. Population-based care – Patients are tracked in a registry
3. Measurement-based treatment to target – Treatment plans articulate goals, routine measurement, adjustments made to plans if needed
4. Evidence-based care – prioritizing evidence-based tools with the latest information
5. Accountable care – Providers are reimbursed for quality of care and outcomes<sup>45</sup>



## Integrating empathy into care models

Improving access to mental health services in primary care settings requires more than just good intentions; it demands a thoughtful approach that addresses the needs of both clinicians and patients. One of the most effective strategies is fostering a **stigma-free and empathetic care environment**. This not only encourages patients to feel safe and comfortable discussing their challenges but also ensures that clinicians are prepared to provide comprehensive, compassionate care.

## Creating a culture of empathetic listening

Clinical interactions can impact a patient's adherence to a mental care plan. If clinicians are feeling stressed and burnt out, this can impact their ability to act empathetically toward patients. Creating a culture of clinical empathy and active listening among clinicians can support better patient relationships and help build trust. Approaching a conversation without an agenda, having an agile approach to responding to patients, and adding verbal tactics like "yes, and..." or using "could" instead of "should" can help deepen empathetic listening.<sup>46</sup>

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## Inclusive patient materials for improved plan adherence

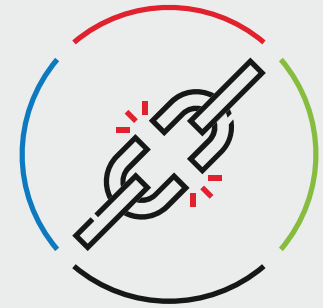
When patients leave the care setting, many times they're on their own to adhere to care plans. Providing accessible educational materials with inclusive language and diverse representation can help patients feel seen and included in their health journey. Empathetic patient content includes:<sup>47</sup>

- Diversity in images and voice among different groups, especially in racial and ethnic backgrounds
- Accessible formats and preferred delivery methods
- Creates warmth and connection
- Clarifies complex health conditions and softens the scariness



### A 2023 US survey on patient perspectives found:<sup>49</sup>

- 1 in 5** US adults struggle to understand key healthcare concepts.
- 49%** said they don't feel listened to by their health provider.
- 67%** said their health would improve if they worked with a provider they trusted.
- 54%** say they would feel more comfortable seeing a healthcare provider who shares their background.



## Tip for stigma-free communication about mental health

The CDC highlights a few key tips for discussing mental health whether an administrator is among fellow healthcare workers or for clinicians meeting with individual patients.<sup>48</sup>

- ① Discuss mental health in a straightforward way
- ② Lead by example
- ③ Use respectful and first-person language
- ④ Avoid reinforcing the idea that a stigma exists



## As the healthcare environment evolves, equip teams with the right solutions

To address barriers to improving mental health among patient populations, administrators need technology solutions that can efficiently align care teams and mental health recommendations. These solutions need to do the following:

- Make the best use of available mental health providers
- Connect PCPs across teams with the knowledge needed to address questions and decrease stigma
- Increase efficiencies without losing empathy or consideration for patient needs
- Support patients so they can better understand their conditions and any recommended medications

### Clinical and drug referential content within workflows

Clinical decision support (CDS) is a broad category, but expert, referential medical and drug content is the foundation for any clinical decision-making. Clinicians need robust, trusted content that is clearly presented, expertly updated regularly, and easy to use to make the best decisions for patients. When they have access to the latest research care recommendations like gender dysmorphia, postpartum symptoms, drug interactions and side effects, and behavioral screenings in primary care, they can make more informed decisions and are better equipped to help patients and other members of the care team.<sup>35,50</sup>

Additionally, when information solutions are directly integrated into EHRs, clinicians can easily access expert information at the point of care and provide patient-friendly resources on mental health and mental illness, as well as medication information, to improve adherence and support away from the clinic.

### Engaging, evidence-based patient content and outreach

Patient education and outreach materials should be diverse and representative of the patient population to create a meaningful connection and encourage action. The information also needs to be grounded in the latest information and aligned with the same information clinicians are using to make an assessment or diagnosis.

Administrators can also leverage outreach technology at scale to check in on patients and remind them of upcoming appointments or medication adherence. Interactive outreach has been shown to improve the likelihood of attending follow-up appointments, reduce avoidable emergency department visits, and lower 30-day readmission rates.<sup>51</sup>

When paired together with the same expert foundation, equipping aligned CDS and patient engagement materials can help administrators make an impact on patient populations experiencing mental health challenges.





### Clinical decision support

- Trusted expert content and recommendations from the latest research, clearly presented, with mental health insights integrated into clinical topics
- Visually helpful tables and algorithms
- Provides enhanced, interactive pathways for patient-specific guidance on diagnosis or treatment



### Referential Drug Content

- Expert drug and medication information aligned with the latest care recommendations
- Clear drug information and visual charts on polypharmacy, side effects, and complex interactions for safe prescribing



### Patient Engagement

- Effective patient engagement goes beyond conditions to support cultural differences, age, sex, education, and more
- Leads to improved treatment and medication adherence, patient comprehension, higher satisfaction, and health outcomes<sup>47</sup>



### Telehealth and virtual care resources

- Access to mental health for patients in rural areas or with lower mobility
- Distribution of patient education materials through virtual care services and health plan portals

## Solutions for administrators to address mental health

Administrators face numerous challenges when addressing mental health in healthcare settings. Having the right solutions can provide a comprehensive support system designed to enhance clinical decision-making, offer trusted expert guidance, and provide practical tools for patient engagement and care. These measures are aimed at improving the overall quality of mental healthcare through evidence-based insights, user-friendly resources, and interactive pathways for diagnosis and treatment.

*“At UpToDate, we seek to answer clinicians’ questions at the point of care. Knowledge can increase confidence, and confidence can decrease stress and, hopefully, decrease burnout.”*

**Rebecca F. Connor, MD, Senior Director,  
Clinical Content, Editorial for UpToDate,  
Wolters Kluwer Health**

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# Start integrating mental healthcare into primary services

Addressing mental health challenges among patient populations is an opportunity to make meaningful impacts on outcomes, costs, care quality, and patient experiences. For administrators, implementing mental healthcare into primary care starts with equipping care teams with aligned resources that provide the same information across clinical, drug, and behavioral specialist teams. Ensuring care teams have the latest evidence-based information on mental health topics, drug information dosing, and aligned patient educational materials across teams can start impacting daily interactions and improve knowledge.

## CDS for a shifting care delivery landscape

For over 30 years, clinicians around the world have relied on the evidence-based clinical content in UpToDate to make the best possible decisions for their patients – even when the evidence isn't clear.

Learn about how the UpToDate Enterprise suite of solutions can support your efforts to address the mental health needs of your patients.

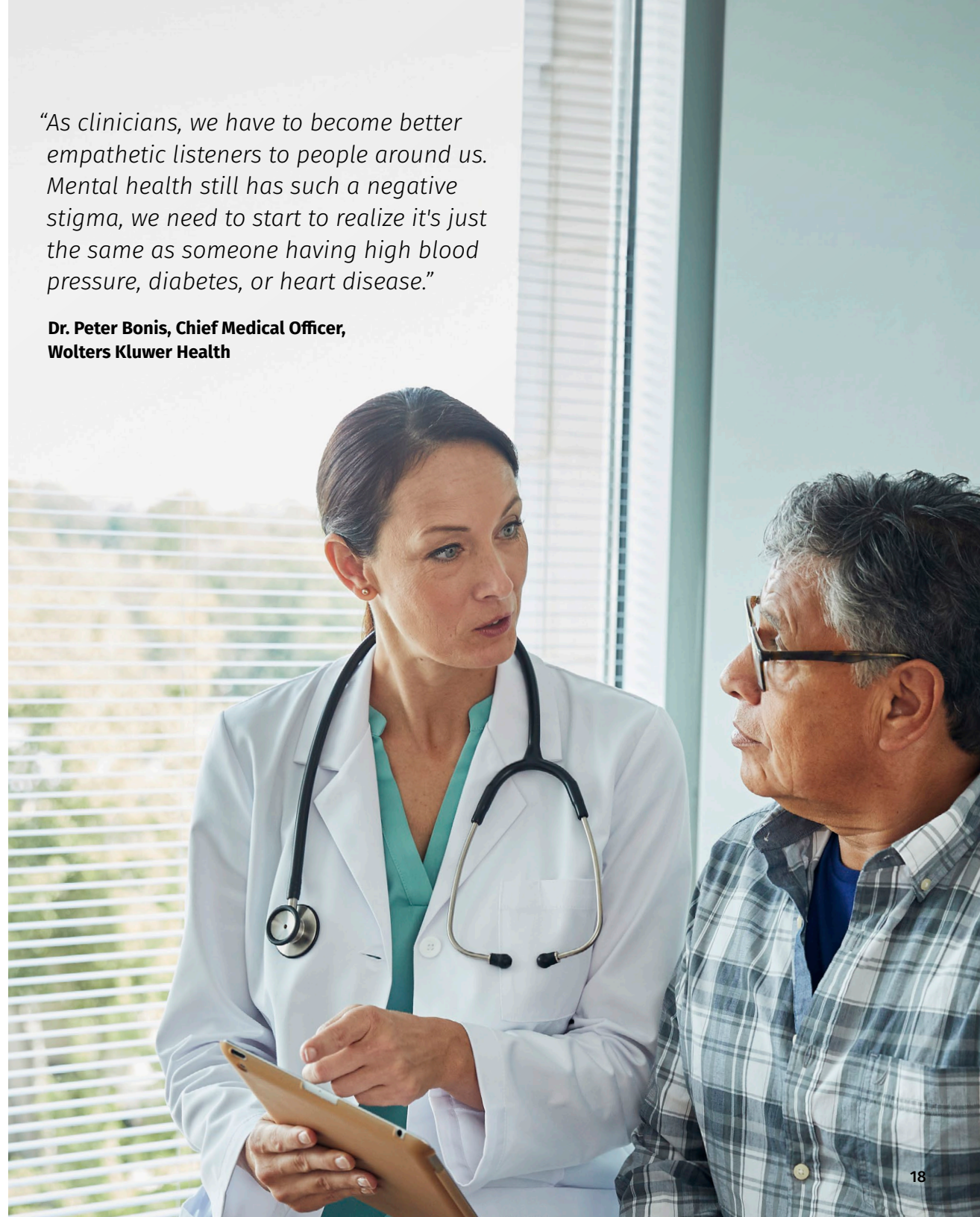
**Learn more at**

[wolterskluwer.com/en/solutions/uptodate](https://wolterskluwer.com/en/solutions/uptodate)



*“As clinicians, we have to become better empathetic listeners to people around us. Mental health still has such a negative stigma, we need to start to realize it's just the same as someone having high blood pressure, diabetes, or heart disease.”*

**Dr. Peter Bonis, Chief Medical Officer,  
Wolters Kluwer Health**



# Unified solutions to achieve what matters most

Improving health outcomes requires a holistic, strategic approach to wellness that includes the entire care journey beyond individual patient visits. The UpToDate Point of Care Report series provides healthcare leaders with valuable insights to manage critical, systemic issues such as clinical burnout, staffing shortages, health equity, and clinical workflows across the enterprise. To address these issues and create a culture of patient trust and safety, having a collaborative approach involving all stakeholders, including administrators and frontline staff is necessary.

Join UpToDate in our mission to transform care, unify teams, and drive better outcomes for patients and healthcare organizations.

## UpToDate®

Global leader for evidence-based clinical decision support

More than **2 million** healthcare providers in more than **190 countries**

## UpToDate® Patient Engagement

Scalable interactive programs that motivate patients to take action and participate in their health

More than **44 million** patient interactions



## Medi-Span®

Drug data embedded into workflow to reduce drug prescribing errors

**70%** of top-grossing pharmacy benefit managers, Electronic Patient Record (EPR) vendors and payers

## UpToDate® Lexidrug™

Referential drug therapy information that improves decision making

More than **2,500** hospitals and health systems, and **43,000** retail pharmacies globally

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## Contact your account manager or our UpToDate sales team

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