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GLOBAL HEALTH CONFERENCE & EXHIBITION

Reflections From the Frontlines of Health Innovation: Behavioral Health Forum

A Conversation with HIMSS25 Speakers

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INTRODUCTION

Where behavioral health meets scale, equity, and innovation.

Behavioral health is at an inflection point. The U.S. behavioral health market is projected to grow from $92.2 billion in 2024 to $151.62 billion by 2034, reflecting a compound annual growth rate (CAGR) of 5.1% (Source: Fortune Business Insights). Across the U.S., care systems are being reimagined to meet rising demand, support early intervention, and expand access for traditionally underserved populations. But the path forward isn't one-size-fits-all - it's being shaped by leaders designing smarter infrastructure, more ethical technology, and stronger alignment between behavioral health and the broader care ecosystem.

At the HIMSS25 Behavioral Health Forum, experts explored how health systems can move beyond isolated pilots and toward durable, system-level strategies. They shared what it takes to integrate measurement-informed psychiatric care into population health models, responsibly deploy AI in behavioral health settings, and implement digital tools that meet young people where they are - without compromising clinical oversight, ethical principles, or impact at scale.

Behavioral health is not just advancing - it's being architected with intention.

What emerged was a clear signal: behavioral health is not just advancing - it's being architected with intention. The voices represented here reflect a commitment to building connected, accountable systems that improve outcomes, close equity gaps, and meet people where and when they need care most.
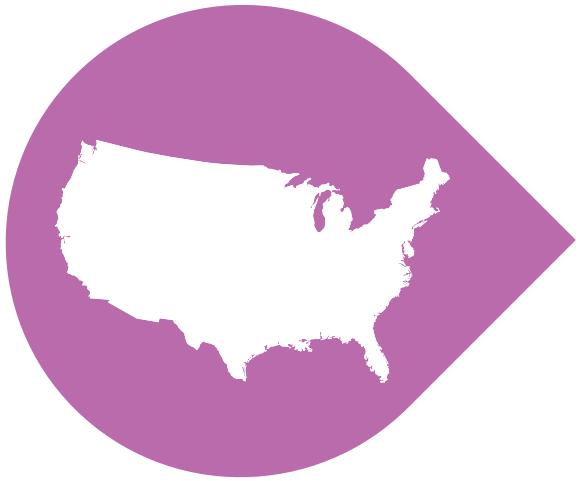
Over 122 million Americans live in mental health workforce shortage areas, with

ONLY 27%

of their behavioral health needs being met.

Source: Mental Health America. (2024). Access to Care Data

REAL-WORLD EXAMPLES
of Behavioral Health Innovation

What's driving real change? Look toward the people doing the work.

Innovation in behavioral health isn't driven by theory - it's built on the realities of implementation. The speakers featured here lead efforts to integrate behavioral care into primary care networks, deploy youth-focused digital tools in clinical settings, and apply ethical frameworks to emerging technologies like AI. Their programs aren't abstract pilots - they serve real patients, in real-time, across complex systems.

From Northwestern Medicine's measurement-based psychiatric care models to startup–health system partnerships and compliance-first AI deployments, these initiatives reflect a shared commitment to relevance, scalability, and patient-centered design. The following responses explore what inspired each speaker's work - and why now is the time to move from vision to execution in behavioral health.

What real-world example or experience inspired your session(s) on behavioral health?

Lisa Rosenthal, MD: Our Collaborative Care Program at Northwestern Medicine covers about 370,000 patients. To make integrated psychiatry programs viable in a population health framework, we need effective and efficient screening models. Population screening requirements pushed us to implement the Collaborative Care Model (CoCM), and we're now looking to technology to help us expand further - more effectively and more equitably.

Nicoletta B. Tessler, Psy.D., MBA: Mental health has been my lifelong passion. What motivates me today is both hope and frustration - hope for the progress we're making, and frustration with how fragmented the system still is. BeMe was designed not to replace traditional care, but to complement it - to fill the vulnerable gaps between levels of care for teens and young adults. The goal has always been to work with health systems, not around them, using innovation as a connective layer rather than a disruptive force.

Ashley Newton: Centerstone aims to be on the leading edge of implementing healthcare technology that we believe can transform the way our industry delivers care or that makes hard work easier for our staff. We've spent the last 18 months creating and implementing an AI strategy that goes beyond just the technology – it encompasses strategies we use to bolster our infrastructure, establishing governance and risk practices that ensure the safe and responsible use of AI, and upskilling our workforce to succeed as we begin using new tools as part of our everyday work. We also aim to "lean on and learn from" each other; sharing our experiences is one way to accomplish that.

> 66 *The goal has always been to work with health systems, not around them, using innovation as a connective layer rather than a disruptive force."*
> *– Nicoletta B. Tessler*

Lessons You Can Apply Now:
KEY TAKEAWAYS FROM HIMSS25

Advancing behavioral health isn't just about innovation - it's about execution. At HIMSS25, speakers reinforced that success depends on how well behavioral health is integrated into clinical practice, organizational priorities, and patient experiences. Moving beyond awareness, leaders must design models that work in the real world: scalable, ethical, measurable, and aligned with the broader goals of health systems.

The insights that follow offer candid lessons on what it takes to shift behavioral health from aspiration to essential infrastructure—and why precision, persistence, and partnership matter at every step.

What is one main takeaway that you hope audiences walk away with about behavioral health?

Lisa Rosenthal, MD: Stigma exists not just for our patients, but for ourselves and our treatments. Psychiatric treatments, including medications and therapy, are not perfect but are often just as measurably effective as treatments for other chronic diseases. The term "behavioral health" is a misleading attempt to euphemize a group of illnesses that our patients are not culpable for having. All health is behavioral, and no health is behavioral.

Nicoletta B. Tessler, Psy.D., MBA: Mental health is not a trend. It's a necessity. This is a moment to double down - not step back.

Ashley Newton: Behavioral health comes with its own unique challenges, many of which are longstanding, however we are committed to providing the very best care to our patients. Part of that happens by leveraging what we know from research along with what we know from decades of experience. Today's emerging technology excites me because it offers a range of solutions, we've not had access to prior to now; I hope my peers challenge their organizations to think boldly about the opportunities to shape our future.

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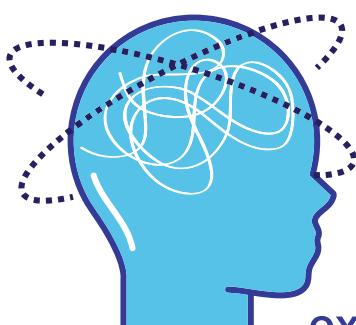
75%
of U.S. adults expressed a desire for their primary care providers to address mental health during routine checkups.

Source: Axios. (2024, November 21). Most adults want docs to ask about mental health.

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CHARTING THE NEXT CHAPTER
for Behavioral Health

The future of behavioral health demands more than expanding access - it requires building systems designed for lasting impact. At HIMSS25, leaders pointed to a future where behavioral health is embedded across every stage of care delivery, powered by stronger digital infrastructure, earlier intervention, and policies that treat behavioral health with the same urgency and investment as physical health.

Looking ahead, the focus is on transformation at scale: creating models that are equitable, personalized, and sustainable. These speakers offer a glimpse into what that future could look like - and the steps needed to get there.

What do you see for the future of behavioral health?

Lisa Rosenthal, MD: My hope is that we will treat psychiatric symptoms like all other vital signs. Distress of all types - but particularly symptoms of depression and anxiety - are associated with poor health outcomes across the board. The future of psychiatry will hopefully include our ability to determine whether treating these symptoms can improve morbidity and mortality on a large scale.

Nicoletta B. Tessler, Psy.D., MBA: I feel so inspired by the future state of behavioral healthcare. There are so many brilliant minds working on industry-shaping initiatives, and our "withness" has unlocked unlimited potential. I believe we will shift the paradigm from seeing mental health as a static vertical to a dynamic vehicle that touches every part of a health system. The moment is now - with entrepreneurial leaders and stakeholder groups finally coming together to solve legacy pain points like scalability, personalization, and access.

Ashley Newton: My hope is that our industry incorporates AI and other promising technologies to advance the science of care in ways that help people get better faster, and in ways that strengthen and support our workforce.

By 2026,
NEARLY 60%
of U.S. primary care practices are expected to integrate behavioral health services directly into patient care workflows.

Source: American Medical Association. (2024).
Behavioral Health Integration: Trends and Insights Report.

> **"** *We will shift the paradigm from seeing mental health as a static vertical to a dynamic vehicle that touches every part of a health system"*
> *– Nicoletta B. Tessler*

SESSION SPOTLIGHTS

Each HIMSS25 session offered a practical, often hard-won look at what it takes to move behavioral health innovation from concept to reality. From integrating psychiatric care into population health models to operationalizing youth-focused digital tools and governing AI responsibly in clinical settings, these conversations revealed what's working - and what still needs to evolve.

These insights from our speakers highlight key lessons from the frontlines of behavioral health transformation.

Lisa Rosenthal, MD

Where do you see the most potential - and the most risk - in using tech and digital innovation to close care gaps?

Population screening is essential, and I like to call it the "magic sauce" of healthcare equity in psychiatry. We don't rely on patients to tell us they have hypertension. We don't rely on healthcare providers' assumptions to diagnose hypertension. We need effectively implemented population screening to identify all patients who need treatment.

Some risks include bias being built into technological solutions. For example—who gets screened? If we focus only on primary care, we miss vulnerable people who may not have access. Not all organizations have access to excellent technology. And we must avoid over-identifying psychiatric illness; not all dysphoria is a major depressive disorder. Screening must be smart, not overwhelming.

Of the recent U.S, state or federal policies impacting behavioral health integration, which do you believe has the strongest potential to shift the system - and what's still missing?

Parity is an exciting idea. Why would we value the treatment of cancer over the treatment of major depressive disorder? Both deserve treatment. All deserve treatment. But achieving true parity will require more than legislation— it will take cultural change across systems.

Nicoletta B. Tessler, Psy.D., MBA

What factors are most critical when evaluating digital mental health solutions for youth populations within large psychiatric health systems?

The most crucial factor is knowing what needs to be solved - and knowing the health system's pain points. There are too many metrics available not to be clear on priorities. Whether it's outpatient utilization, HBIPS rates, patient access, staff injuries, or clinical outcomes, the health system's challenges must come first, not your solution.

Can you share strategies that proved effective in your experience integrating digital tools across clinical and operational workflows?

Several things helped:

- Develop a workgroup between the start-up and hospital teams to work through launch preparation efficiently but thoroughly.

- Spend time understanding what matters to local hospital staff, not just corporate stakeholders—their championship is essential.

- Set frequent huddles to iterate and refine the collaboration from the outset.

- Remain unwavering in using data to demonstrate meaningful impact and identify areas needing development.

> **" Achieving true parity will require more than legislation—it will take cultural change across systems."**
> **– Lisa Rosenthal, MD**

Developing robust governance structures is crucial when integrating AI into behavioral health settings. What strategies has Centerstone employed to ensure ethical and effective AI deployment?

We began our AI journey with a commitment to using technology in safe and responsible ways. Our first policy established that we view AI as a tool to help us perform better as humans versus serving as a replacement for clinical judgement, offered several guideposts as to how we will and will not utilize AI in our system, created a framework for our AI Governance Committee, and summarized a set of best practices based on what we know today. It is a living document that we update as new regulations, research findings, and organizational practices emerge.

Integrating AI within a values-driven organization presents unique challenges. How does Centerstone ensure that AI tools align with its core ethical and organizational principles?

We formalized our approach to using AI through our policy and ensured that we incorporated research and best practices that promote patient safety, a just and safe workplace culture, and quality of care. We've also engaged frontline staff throughout the implementation of new technologies as a way to understand their experience and how the tools impact their daily work, and then used that feedback loop to inform our decisions moving forward.

Compliance with regulations is a key concern in behavioral healthcare. How does Centerstone navigate the regulatory landscape when implementing AI tools, and what lessons have been learned in maintaining compliance?

In addition to existing regulations, our AI Governance Committee is responsible for becoming familiar with the various sets of guidelines and best practices that exist today and promoting those across our organization. We actively collaborate with others (e.g., healthcare organizations, researchers, regulators, technologists, etc.) to learn how they are navigating ethical questions where there is no regulation to guide the organization's behavior. Inviting various perspectives helps us think through our position and the best path forward.

Integrated behavioral health models in primary care have been shown to REDUCE EMERGENCY DEPARTMENT VISITS by up to 23% and INCREASE FOLLOW-UP CARE ENGAGEMENT by nearly 50%.

Source: National Council for Mental Wellbeing. (2021). *Behavioral Health Integration: A Snapshot of the Landscape and Key Considerations*.

CONCLUSION

Where Behavioral Health is Headed Aand What It Will Take to Get There

If one theme emerged from HIMSS25's Behavioral Health Forum discussions, it's this: lasting change won't come from bold ideas alone - it will come from building trust, measuring impact, and aligning innovation with the realities of care delivery.

Across every session in the Forum, speakers reinforced that behavioral health isn't a silo or a sidecar - it's essential to the health of patients and the systems that serve them. Whether advancing population-based screening, scaling digital youth tools, or embedding AI responsibly, the future belongs to those willing to rewire how care is designed, delivered, and governed.

That future continues at HIMSS26, where the behavioral health conversation will deepen around equity, integration, and innovation that puts people first. From policy to practice, we will continue to convene the leaders building behavioral health systems that are proactive, accountable, and truly connected to the full continuum of care.

Save the date for HIMSS26
March 9-12, 2026 | Las Vegas, NV