Scaling Psychedelic Therapies in the Health System

PERCEPTIONS, ATTITUDES, AND BARRIERS RELATED TO PSYCHEDELIC THERAPY IMPLEMENTATION: A SURVEY OF HEALTH PROFESSIONALS

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Key Findings

A survey of 20 providers revealed key insights into their readiness and attitudes toward offering future psychedelic therapies (PTs). Among the key findings:

1. **Cash-Pay Dominance:** Most providers rely on cash-pay models for PT, with little expectation of future insurance reimbursement. This raises concerns about access and equity.
2. **Strong Interest in PT Expansion:** Two-thirds plan to expand PT services and half expect to offer new psychedelic treatments within six months of FDA approval.
3. **Early Adoption Likely:** Ketamine providers are positioned to be early adopters of PT, given their existing clinical infrastructure.
4. **Mission-Driven, Not Profit-Driven:** Providers cite a commitment to patient care as the primary motivator, rather than financial incentives.
5. **Barriers to Adoption:** Financial risks, legal uncertainties, and concerns over adverse patient reactions are the main deterrents.
6. **Regulatory Requirements (REMS):** Anticipated risk evaluation and mitigation strategies are not seen as major obstacles.

Note: Findings are based on a small sample, skewed toward ketamine-focused, cash-pay, and smaller providers, and may not represent the broader future psychedelic provider landscape.

Introduction

Mental health treatments, and brain-health innovations broadly, are at an inflection point. Decades of stagnant treatment innovation in the mental health system are now being overtaken by an era of rapid introduction of new types of therapies—transcranial magnetic stimulation (TMS), pain reprocessing therapy, eye movement desensitization and reprocessing (EMDR), and psychedelic therapies (PTs) are just some of the nascent treatment modalities to gain traction. While many of these treatments are not exactly 'new' (i.e. psychedelic therapies have been used for millennia by indigenous people, and TMS has been in use since the 1980s), they are new to the medicalized health system and newly recognized as mainstream treatment options as they are deployed at scale.

Of these emerging treatments, PTs have gained momentum and interest in recent years. The FDA has granted breakthrough therapy status to both classical psychedelic compounds (psilocybin, LSD) as well as non-classical psychedelics (MDMA). Investors have poured billions of dollars into PT development and hundreds of startup firms have formed.[1] Clinical value, significant capital allocation, regulatory openness, and public interest have grown dramatically over recent years. While the recent FDA rejection of MDMA-assisted therapy in August 2024 (calling for a repeat Phase 3 trial) poses setbacks, this is most likely a temporary obstacle rather than a dead-end for the long-term development of PTs.

For PTs to be successful in the health system, there are myriad real-world factors to consider—clinical outcomes, equitable access, cost effectiveness, patient safety, cultural acceptance, and provider adoption. Optimizing for these real-world dynamics is critical for success at scale.

This research focuses on healthcare practitioners who will be among the gatekeepers for PT delivery in the health system. Beliefs, perceptions, and attitudes of psychiatrists, primary care providers, and many other types of healthcare practitioners will affect, and perhaps determine, scaling success for PTs. The conditions that will foster widespread adoption across stakeholders remain to be determined. Understanding and fostering these conditions, where possible, will be critical for acceptance by both providers and payers. Without this acceptance, PT access will be limited. To gain insight into provider attitudes towards PTs, BrainFutures sponsored a survey to investigate critical decision points pertaining to PT adoption. The purpose of the survey was to understand the attitudes, barriers, and facilitators for providers as they consider adoption of PTs into their practice.

Methods

SURVEY DESIGN

The study survey consisted of a questionnaire conducted through live interviews over the telephone or asynchronously via Google Forms. Survey data was collected across multiple information categories, including: organization details, clinical outcomes and measurements, openness to PT adoption, beliefs on efficacy, regulatory environment billing/insurance reimbursement, and barriers to PT implementation. Survey responses were captured in both quantitative and qualitative formats. The survey questions are shown in Appendix A.

STUDY SAMPLE

Surveys were completed between March 12, 2024, and April 16, 2024. Sites were selected based on a convenience sample and recruited based on emails to professional listservs, postings on social media, and direct outreach to clinicians at practices that met inclusion criteria. A total of 80 sites were initially contacted for the study and 20 sites completed the survey. 15 (75 percent) took the survey via real-time synchronous interview and 5 (25 percent) answered the survey asynchronously. Surveyed participants represented practice sites from 15 different states. Both small and large clinical practices, across different medical disciplines, were included in survey outreach. The survey team gathered information from one respondent for each of the 20 sites.

DATA ANALYSIS

Descriptive statistics were calculated for survey responses and included the number of participants and relative percentage of the study sample. Coding was used to assign categories to unstructured free text responses to be used in subsequent data analysis. For example, one question asked was: "What are the reasons to potentially NOT integrate psychedelics into your practice?" A survey respondent response of: "If this does not allow us to make money, we do not have unlimited funds and will eventually bankrupt" was coded as 'financial concerns.' Other example codes for this specific question were: 'malpractice coverage/legal reasons', 'adverse reactions or bad patient experiences', 'training costs/resources', 'not sure of reasons to integrate psychedelics', and no response.

KETAMINE PROVIDER SUB-ANALYSIS

Sample surveyed sites were divided into two subgroups for analysis—providers currently practicing with ketamine (including esketamine), and those who aren't. This was done to understand if perceptions and attitudes differed between those sites with experience using the only legally available psychedelic drug and those sites that are contemplating adopting PTs but have no experience to date.

Results

CLINICAL SITE DETAILS OF SURVEY RESPONDENTS

Of 80 sites in the intended sample, 20 practices completed the survey. 70 percent of the survey participants were practicing health professionals at the practice location, and the other 30 percent were executive management; 50 percent of the sites had fewer than 100 annual patients and 30 percent were using a ketamine-based compound in their current practice (Table 1).

TABLE 1. CHARACTERISTICS OF SURVEY PARTICIPANTS

CHARACTERISTICS	N	%
Role of survey participant		
Executive / management	6	30%
Practicing provider	14	70%
Number of patients annually		
0–99	10	50%
100–199	3	15%
200–299	2	10%
300–399	1	5%
400–499	1	5%
500+	3	15%
Number of providers		
1—5	17	85%
6—10	2	10%
11+	1	5%
Ketamine treatment offering		
Currently providing ketamine treatments	7	35%
Not currently providing ketamine treatments	13	65%

To further understand the attributes of survey respondents and their practices, data were collected on the percentage of patient visits that are cash-pay, e.g., that do not go through the health insurance reimbursement process.

TABLE 2. PERCENT OF PATIENT VISITS THAT ARE CASH-PAY

SURVEY QUESTION	N	%
What volume of your organization's visits is cash-pay?		
0–24%	7	35%
25–49%	3	15%
50–74%	1	5%
75–100%	8	40%
N/A	1	5%

PT ADOPTION AND REGULATORY IMPACTS

When asked if their site would expand psychedelic psychiatric services, nearly two-thirds indicated “yes.” For providers intending to expand their psychedelic treatment options, results varied by type of psychedelic compound—ketamine, MDMA, or psilocybin.

TABLE 3. EXPANSION OF PSYCHEDELIC TREATMENTS

SURVEY QUESTION	N	%
Do you plan to expand your psychedelic psychiatric services?		
No	7	35%
Yes	13	65%
If yes, what psychedelics do you anticipate using?		
Ketamine	10	50%
MDMA	8	40%
Psilocybin	12	60%

The projected timing of adoption post-FDA approval for psychedelic compounds is shown in Table 4. One-half of sites indicated that they would adopt PT within the first six months and an additional 25 percent between seven and 24 months. Twenty percent indicated that they would wait more than 24 months after FDA approval or would never adopt.

QUESTION

How do potential forthcoming FDA risk evaluation and mitigation strategies impact your willingness to adopt and use psychedelic therapies?

"... REMS are an important part of the process and does not impact my willingness to adopt/ use psychedelic therapies ..."

It is widely believed that most, if not all, psychedelic compounds approved in the near future will have FDA-mandated risk evaluation and mitigation strategy (REMS) requirements as part of their market rollout.[2] Since REMS protocols may impose administrative burdens and take up clinic resources, respondents were asked if prospective REMS requirements would affect their willingness to adopt PTs (Table 4).

Psychedelic compounds have varying mechanisms of actions, treatment protocols, and adverse drug effect/safety profiles. To gain an understanding of how this may vary by compound, providers were asked how effective they thought the most common seven psychedelic compounds are likely to be for various mental health conditions. (Figure 1—note: 'N/A' denotes no response from site participant).

TABLE 4. ADOPTION TIMELINESS POST-FDA APPROVAL AND IMPACT OF REMS

SURVEY QUESTION	N	%
If FDA approves a psychedelic compound, when will you add these therapies into your suite of treatments for your organization, post-FDA approval?		
0–6 months	10	50%
7–12 months	3	15%
13–18 months	1	5%
19–24 months	1	5%
> 24 months	2	10%
Never	2	10%
N/A	1	5%

SURVEY QUESTION	N	%
How does potential forthcoming FDA risk evaluation and mitigation strategies impact your willingness to adopt and use psychedelic therapies?		
No major impact on willingness to adopt	6	30%
Some impact on willingness to adopt	4	20%
Major impact on on willingness to adopt	2	10%
Not sure	4	20%
N/A	4	20%

FINANCIAL CONSIDERATIONS OF PTs ON YOUR PRACTICE

Providers were surveyed with multiple questions related to financial concerns, market demand in their local market, likelihood of profitability from these types of therapies, and how insurance reimbursement may impact their adoption decision.

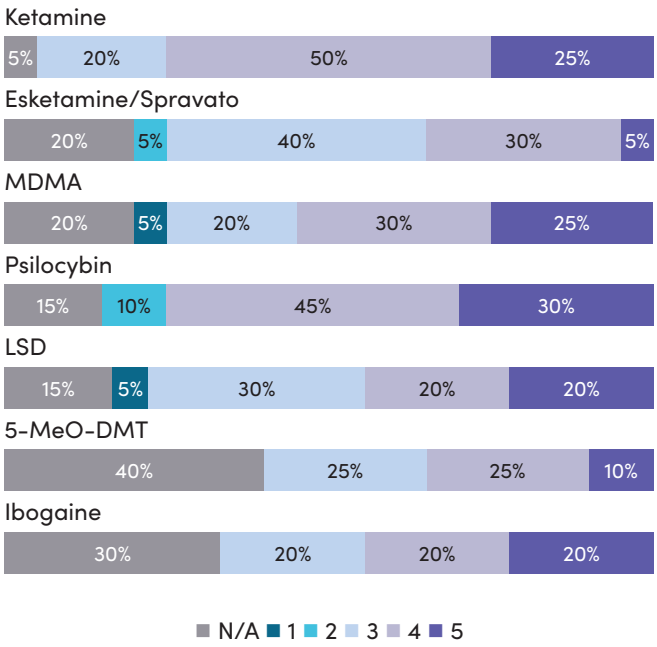
TABLE 5. INSURANCE REIMBURSEMENT AND PROFITABILITY

SURVEY QUESTION	N	%
Will your decision to add psychedelic compounds or assisted therapies be contingent on reimbursement from third-party payers?		
No	7	35%
Maybe	9	45%
Yes	3	15%
N/A	1	5%
Do you think adding psychedelic therapies will be a profitable addition to your practice?		
No, I do not think adding psychedelic therapies will be profitable	2	10%
Maybe, there is a possibility that adding psychedelic therapies will be profitable	3	15%
Yes, I think adding psychedelic-related therapies will be profitable	10	50%
I am not sure if adding psychedelic therapies will be profitable	5	25%

Two questions pertained to market demand and what providers would do if PT adoption were a financially breakeven venture: "Do you feel there is sufficient patient demand in your market for psychedelic therapy modalities?" and "If the financial impact of adding psychedelics to your practice is exactly breakeven, how likely are you to adopt psychedelic therapies?"

FIGURE 1. EFFECTIVENESS OF VARIOUS PSYCHEDELIC COMPOUNDS

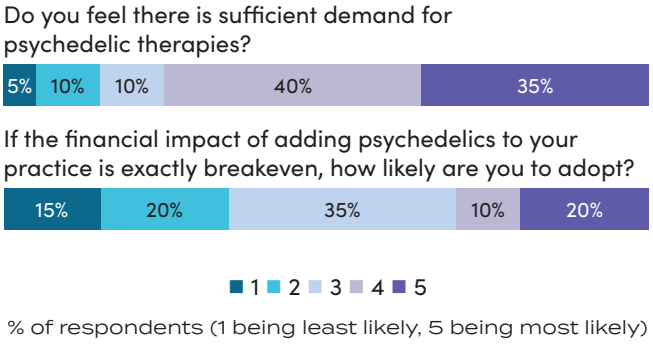
How effective are psychedelics at treating various conditions?



% of respondents
(1 being least effective, 5 being most effective)

FIGURE 2. FINANCIAL CONSIDERATIONS OF PTs ON CLINICAL PRACTICE

1. **Do you feel there is sufficient demand for psychedelic therapies?**
2. **If the financial impact of adding psychedelics to your practice is exactly breakeven, how likely are you to adopt?**



% of respondents (1 being least likely, 5 being most likely)

Responses were recorded on a 1-5 Likert scale, 1 being least likely and 5 being most likely (Figure 2.)

SITE READINESS TO IMPLEMENT PTs

Resource-intensiveness is hypothesized to be a constraint when practices add PTs into their suite of treatment options. Sites were asked, "On a scale of 1-5, how ready is your practice infrastructure for doing psychedelic therapy?"

Three categories were provided for response: physical space availability, information technology monitoring, and staffing resources to administer and monitor treatments. A Likert scale, 1-5, was used to capture responses (Figure 3—1 being not ready and 5 being very ready).

QUESTION

What other logistical components is your practice thinking about when implementing psychedelic therapies?

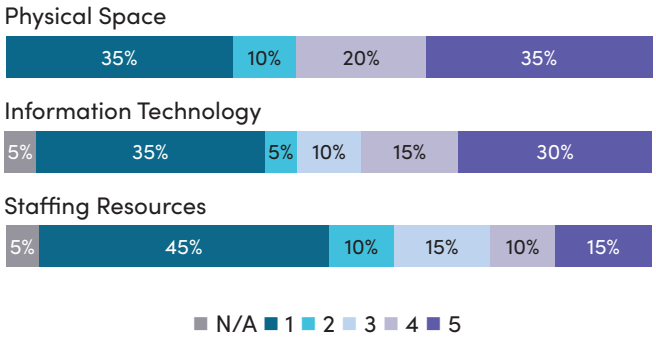
"Groups! These are so much more cost-effective than one-on-one treatment."

HEALTH INSURANCE REIMBURSEMENT FOR PTs

Sites were asked several questions related to their relationships with payers and the insurance reimbursement process—as having and managing relationships with health insurers may be critical for patient access. Specifically related to pharmacy benefit managers (PBMs), sites were asked: "What is your relationship with the Pharmacy Benefit Manager (PBM)?"

FIGURE 3. SITE READINESS TO IMPLEMENT PTs

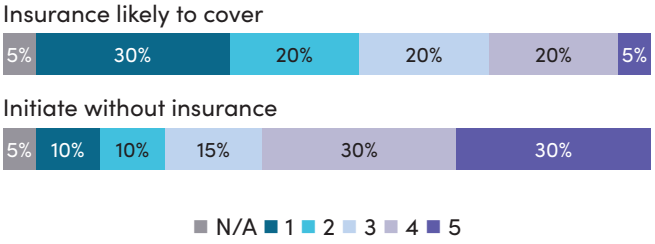
How ready is your practice infrastructure for doing psychedelic therapy?



(1 being not ready, 5 being very ready)

FIGURE 4. HEALTH INSURANCE COVERAGE LIKELIHOOD AND IMPACT ON TREATMENT ADOPTION

1. **In your opinion, how likely is it that health insurance companies will cover new psycheelic treatments?**
2. **How likely are you to initiate a new psychedelic treatment without insurance coverage?**



% of respondents
(1 being least likely, 5 being most likely)

TABLE 6. RELATIONSHIP WITH PBM(S)

SURVEY QUESTION	N	%
What is your relationship with the Pharmacy Benefit Manager (PBM)?		
We don't have a relationship with a PBM or not applicable to our site	14	70%
We have a minimal relationships with PBMs	1	5%
We have a bad relationship with our PBM	2	10%
We frequently work with a PBM for prescriptions	1	5%
N/A	2	10%

Further questions addressed perceptions and decision-points related to payer adoption of PTs. Three questions were asked: "In your opinion, how likely is it that health insurance companies will cover new psychedelic treatments?" and "How likely are you to initiate a new PT treatment without insurance coverage?" (Figure 4.) "On a scale of 1-5, how much does insurance reimbursement influence new treatment-offering decisions?" (Figure 5.)

QUESTION

How much does insurance reimbursement influence new treatment-offering decisions?

"I would do this outside of insurance. Private pay only. Decrease middleman, possibly liability through simplicity."

"Just because a payer covers it doesn't mean the rates will be viable."

FIGURE 5. IMPORTANCE OF INSURANCE REIMBURSEMENT OF NEW TREATMENT OFFERINGS

How much does insurance reimbursement influence new treatment-offering decisions?

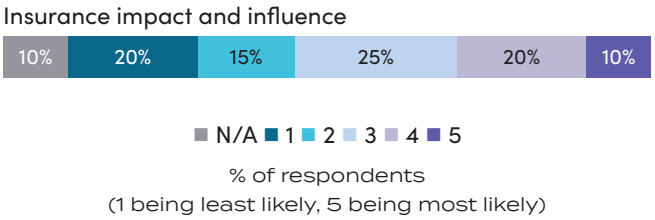


FIGURE 6. TOP REASONS TO NOT IMPLEMENT PTs INTO CLINICAL SPACE

What are the reasons to potentially NOT integrate psychedelics into your practice?

% of respondents

REASONS TO NOT INTEGRATE PTs

Respondents were asked an open question eliciting reasons to not implement PTs into their practice: "What are the reasons to potentially NOT integrate psychedelics into your practice?"

QUESTION

What are the reasons to potentially NOT integrate psychedelics into your practice?

"Lack of malpractice coverage."

"Anxious about previous or current addiction issues and legal liability."

KETAMINE PROVIDER SUB ANALYSIS

Survey sites were broken out for analysis into two provider types: those currently treating with ketamine (or esketamine) and those not currently treating with ketamine. Responses for these two subgroups were analyzed for the following items: plans to start or expand PTs and timeliness to adoption were analyzed for ketamine versus non-ketamine-treating providers (Table 7); attitudes toward profitability and the importance of insurance coverage for the two subgroups were also examined (Table 8); reasons to not integrate PTs into current practice (Figure 7) and clinical practice readiness to start using PTs (Figure 8) were investigated for these two subgroups.

FIGURE 7. TOP REASONS TO NOT IMPLEMENT PSYCHEDELICS INTO CLINICAL PRACTICE (KETAMINE-TREATING PROVIDERS VS. NON-KETAMINE-TREATING PROVIDERS)

What are the reasons to potentially NOT integrate psychedelics into your practice?
% of respondents by ketamine provider indicator

TABLE 7. PSYCHEDELIC TREATMENT EXPANSION AND ADOPTION

SURVEY ITEM	NON-KETAMINE PROVIDERS	KETAMINE PROVIDERS
Do you plan to expand your psychedelic treatment offerings?		
Yes	6 (46%)	7 (100%)
No	7 (54%)	0 (0%)
When will you add these therapies into your suite of treatments for your organization, post-FDA approval?		
0–6 months	3 (23%)	7 (100%)
7–12 months	3 (23%)	0 (0%)
13–18 months	1 (8%)	0 (0%)
19–24 months	1 (8%)	0 (0%)
> 24 months	2 (15%)	0 (0%)
Never or N/A	3 (23%)	0 (0%)

TABLE 8. PROFITABILITY AND INITIATION WITHOUT INSURANCE COVERAGE

SURVEY ITEM	NON-KETAMINE PROVIDERS	KETAMINE PROVIDERS
Do you think adding psychedelics will be a profitable addition to your practice?		
I am not sure	3 (23%)	2 (29%)
No	2 (15%)	0 (0%)
Maybe	1 (8%)	2 (29%)
Yes	7 (54%)	3 (43%)
How likely are you to initiate psychedelic treatment without insurance coverage?		
1 (least likely)	2 (15%)	0 (0%)
2	2 (15%)	0 (0%)
3	1 (8%)	2 (29%)
4	4 (31%)	2 (29%)
5 (most likely)	5 (38%)	3 (43%)
N/A	1 (8%)	0 (0%)

FIGURE 8. NON-KETAMINE PROVIDER READINESS TO START USING PSYCHEDELICS

How ready is your practice infrastructure for doing psychedelic therapy?

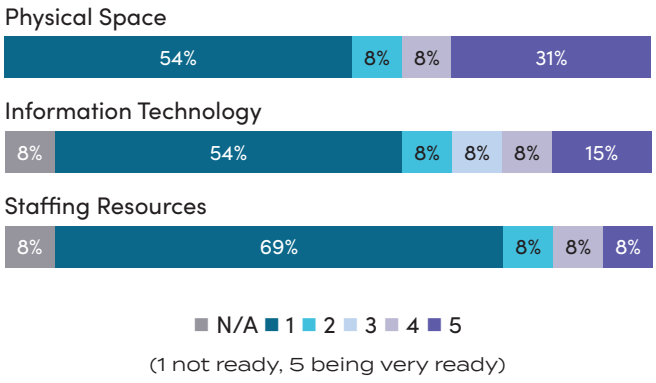
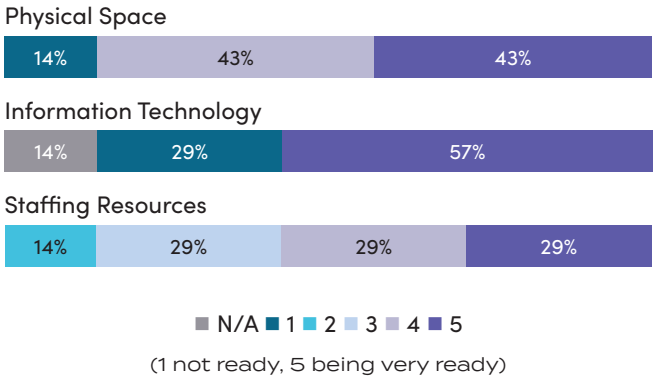


FIGURE 9. KETAMINE PROVIDER READINESS TO START USING PSYCHEDELICS

How ready is your practice infrastructure for doing psychedelic therapy?



Discussion

INSIGHT AND IMPACT

The results of this survey provide insights into provider attitudes towards PTs and factors affecting their willingness to adopt or expand existing PT services. Three major themes emerged: a focus on cash-pay financing; the favorable predisposition of ketamine-treating providers towards the adoption of additional psychedelic therapies, and what appears to be a mission-driven rather than profit-driven motivation among the providers surveyed in this study.

1. MARKET DYNAMICS AND THE CASH-PAY SYSTEM

The findings suggest a robust inclination towards a cash-pay model among providers considering PTs. Only 15 percent of the providers indicated that their decision to offer these therapies would be contingent upon reimbursement from third-party payers. Furthermore, only 25 percent of the surveyed providers anticipate that health insurance will cover such therapies, yet a significant portion of them (60 percent) expressed willingness to initiate treatments without insurance support.

It is important to point out that high rates of cash-pay treatment imply reduced access overall, particularly for traditionally underserved populations. For the compounds closest to FDA approval, MDMA and psilocybin, it is hypothesized that total treatment costs will exceed $10,000 dollars per patient.[3] At these prices, without health insurance coverage, PTs will only be accessible to socioeconomically advantaged populations, extending existing unequal access into these new mental health treatments.[4] Moreover, the financial viability of a medicalized PT cash-pay market is uncertain. For example, emerging non-medicalized PT markets (e.g. Oregon Psilocybin Services or entities with religious exemptions) may absorb some of the demand for PT delivered within the formal health system.

2. ADOPTION LIKELIHOOD AMONG KETAMINE-TREATING PROVIDERS

The survey results indicate that providers currently treating with ketamine are not only more prepared but also more willing to adopt psychedelic therapies early, compared to providers not currently providing ketamine. 100 percent of these providers plan to expand their treatment options to include other psychedelics and intend to be early adopters within six months following FDA approval. More than half (58 percent) of ketamine-treating providers are ready to implement PTs with current staffing resources. In contrast, only 8 percent of non-ketamine treating providers feel prepared from a staffing perspective to implement these therapies. Furthermore, ketamine-treating providers also appear to be more ready from a physical space/clinical monitoring perspective relative to non-ketamine-treating providers. This discrepancy underscores a potential barrier to entry for providers without experience in similar treatments and highlights the advantage held by current ketamine providers in terms of infrastructure and staffing.

3. MISSION-DRIVEN APPROACH OVER FINANCIAL MOTIVATIONS

Interestingly, the financial implications of adopting PTs may be a secondary consideration for some providers. Only 50 percent of the respondents believe that adding these therapies would be a profitable venture. Moreover, 65 percent expressed an openness to adopt these treatments even if they only breakeven financially. This suggests an attitude towards a mission-driven approach, where the therapeutic potential and the desire to innovate in patient care may outweigh the direct financial benefits. Providers may be motivated by the prospects of transformative care and are willing to embrace new treatments that align with their values and the perceived needs of their patients, even at the risk of modest financial returns.

ADDITIONAL DATA INSIGHTS

Aside from the primary themes discussed, several other survey findings merit attention due to their potential impact on the adoption of PTs. Notably, only 10 percent of surveyed providers believe that an FDA Risk Evaluation and Mitigation Strategy (REMS) will significantly impact the adoption of these therapies. This is surprising given that REMS programs can impose significant administrative and logistical burdens, suggesting that providers may underestimate these complexities or are confident in their ability to manage them. Also of note, 70 percent of providers do not have a relationship with a Pharmacy Benefit Manager (PBM). This could lead to delays and significant resource demands if providers choose (or need) to pursue formal reimbursement from the health system as PBMs have a significant role in coverage, treatment authorization, and reimbursement rates. This accords with the finding regarding the high prevalence of a cash-pay model as it may highlight a reluctance to engage with traditional health system reimbursement pathways. This points to the perception held by some providers that a viable PT practice could be sustained solely through self-pay.

When asked about reasons for not integrating psychedelic therapies into their practices, 30 percent cited financial concerns, 20 percent pointed to malpractice coverage or legal reasons, and another 20 percent were wary of potential adverse reactions or negative patient experiences. These concerns indicate substantial barriers that need to be addressed to facilitate broader adoption. The actual impact of these issues will be clearer as PTs and their accompanying REMS and other regulatory requirements are increasingly integrated into real-world healthcare settings. The need for continued research and dialogue within the medical community to navigate these challenges effectively can hardly be overstated.

LIMITATIONS

The sample size for this survey was limited to 20 clinical sites. The findings of this survey should therefore be considered exploratory, and more hypothesis-generating than definitive. Moreover, the sample may have over-represented small practices as 50 percent of practices documented have less than 100 patients a year, and 85 percent of sites had 1-5 practicing providers. In addition, the volume of cash-pay visits may not reflect real-world practice attitudes and beliefs. 45 percent of sites documented that over half of their patient visits were cash-pay. These factors may limit the generalizability of these findings and call for future research with larger and more diverse samples of providers.

Conclusion

Real-world implementation of PTs at scale faces a variety of challenges. Among these are the willingness and ability for providers to include them in their existing practices. The findings of this survey provide grounds for both optimism and pessimism. Two-thirds of respondents reported an intention to adopt or scale-up PTs and most did not consider health insurance coverage a deciding factor. Surveyed providers did not find REMS processes that may accompany FDA approval to be a major factor affecting their decision to provide these novel therapies. On the other hand, respondents saw a range of significant barriers to adoption including concerns about financial viability, logistical issues, and staff requirements. Finally, their perceived willingness to rely on self-pay business models may limit access, particularly for traditionally underserved populations.

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Appendix A: Survey Questions

ORGANIZATION AND PRACTICE DETAILS:

Name and title of respondent(s):

Practice details (i.e. profit, non-profit)

Number of patients annually?

Number of visits annually?

Number of providers?

Annual revenue?

Site(s) of care (i.e. outpatient, virtual)

CURRENT TREATMENT OFFERINGS:

Treatments currently being used

CONDITIONS/DIAGNOSES CURRENTLY TREATED:

List of conditions currently being treated

OUTCOMES AND PERFORMANCE METRICS:

What modalities does your practice use for outcomes measurement?

If your practice starts using psychedelic therapies, will you use different outcomes metrics than you already use?

EXPANSION OF TREATMENTS WITH PSYCHEDELIC COMPOUNDS AND ASSOCIATED THERAPIES:

Do you plan to expand your psychedelic psychiatric services? If yes, what psychedelics to anticipate using?

EFFECTIVENESS OF PSYCHEDELIC DRUGS FOR SPECIFIC CONDITIONS:

On a scale of 1-5, in your opinion, how effective are psychedelics at treating these different conditions?

FDA APPROVAL AND REGULATION:

If FDA approves a psychedelic compound, when will you add these therapies into your suite of treatments for your organization, post-FDA approval?

How do potential forthcoming FDA risk and evaluation mitigation strategies impact your willingness to adopt and use psychedelic therapies?

OFF-LABEL DRUG USAGE:

Have you experimented with off-label use of any drugs?

Have you prescribed drugs for off-label indications?

Share your attitude toward these off-label rx of psychedelic compounds...

How likely would you use a psychedelic off-label in the future?

FINANCIAL IMPACTS OF USING PSYCHEDELIC MEDICINE IN YOUR PRACTICE:

Do you feel like there is sufficient patient demand in your market for psychedelic therapy modalities?

Will your decision to add psychedelic compounds or assisted therapies be contingent on reimbursement from third-party payers?

Do you think adding psychedelic compounds and assisted therapy will be a profitable addition to your practice?

If the financial impact of adding psychedelics to your practice is exactly breakeven, how likely are you to adopt psychedelic therapies?

Would you create marketing materials and advertise if you decide to add psychedelics to your practice?

PRACTICE LOGISTICS FOR ADDING PSYCHEDELIC TREATMENTS/ PATIENT MONITORING:

On a scale of 1-5, how ready is your practice infrastructure for doing psychedelic therapy?

- Physical space available
- Information technology monitoring
- Staffing resources to administer and monitor treatments

What other logistical components is your practice thinking about when implementing psychedelic therapies?

CRITICAL DECISION POINTS RELATED TO ASSESSING THE ADOPTION AND UTILIZATION OF PSYCHEDELIC THERAPIES:

How will you assess financial risk? (i.e. appointment cancellations, administrative/logistical cost of treatment)

How will you assess clinical risk? (i.e. adverse events)

How will you assess the risks of internal clinicians not participating? How will you assess legal risks? (i.e. medical malpractice insurance)

What are the reasons to potentially NOT integrate psychedelics into your practice?

What is or could potentially defer or prevent you from integrating psychedelics into your practice? What obstacles have we not asked about?

BILLING AND REIMBURSEMENT:

What volume of your organizations visits is cash-pay?

Please describe your payer mix (with cash, insurance, Medicare or Medicaid)

What is your relationship with the Pharmacy Benefit Manager (PBM)

On a scale of 1-5, how challenging is the insurance payment process for your practice?

On a scale of 1-5, how much does insurance reimbursement influence new treatment-offering decisions?

In your opinion, how likely is it that health insurance companies will cover new psychedelic treatments?

How likely are you to initiate a new psychedelic treatment without insurance coverage?

How many health insurance companies/payers are you in-network with?

How satisfied are you with your contracts/terms with health insurance companies/payers?

Please add comments on the claims and reimbursement process and how that might affect your decision to provide psychedelic treatments.

CLINICAL TRIAL PARTICIPATION:

Have you been a trial site and if so, what have you learned that would impact your decision-making?

How did your experience as a trial site affect your thinking about adding psychedelics to your practice?

ADDITIONAL INFORMATION

What additional information would help you make a decision about integrating a psychedelic/PT into your practice?

Information about REMS (Risk Evaluation and Mitigation Strategy)?

Information about training?

Information about efficacy?

About the UC Berkeley Collaborative for the Economics of Psychedelics (CEP)

CEP is a collaborative network of health economists and healthcare services researchers committed to unlocking the full potential of psychedelic therapies for critical mental health conditions. By conducting policy-driven economic analyses, CEP aims to improve clinical outcomes, optimize service delivery, and expand access to these innovative treatments for all who can benefit.

SELECTED PUBLICATIONS:

Rab SF, Raison CL, Marseille E. An estimate of the number of people with clinical depression eligible for psilocybin-assisted therapy in the United States. Psychedelics. Sep 13, 2024 2024;-1(aop):1-5. doi:10.61373/pp024r.0025

Marseille E, Stauffer CS, Agrawal M, et al. Group psychedelic therapy: empirical estimates of cost-savings and improved access. Front Psychiatry. 2023;14:1293243. doi:10.3389/fpsyt.2023.1293243

Marseille E, Mitchell JM, Kahn JG. Updated cost-effectiveness of MDMA-assisted therapy for the treatment of posttraumatic stress disorder in the United States: Findings from a phase 3 trial. PLoS One. 2022;17(2):e0263252. doi:10.1371/journal.pone.0263252

Marseille E, Bertozzi S, Kahn JG. The economics of psychedelic-assisted therapies: A research agenda. Front Psychiatry. 2022;13:1025726. doi:10.3389/fpsyt.2022.1025726

Avancena ALV, Kahn JG, Marseille E. The Costs and Health Benefits of Expanded Access to MDMA-assisted Therapy for Chronic and Severe PTSD in the USA: A Modeling Study. Clinical Drug Investigation. Mar 1 2022; doi:10.1007/s40261-022-01122-0

Marseille E, Kahn JG, Yazar-Klosinski B, Doblin R. The cost-effectiveness of MDMA-assisted psychotherapy for the treatment of chronic, treatment-resistant PTSD. PLoS One. 2020;15(10):e0239997. doi:10.1371/journal.pone.0239997

Visit the CEP website.

About BrainFutures

BrainFutures advances brain health and well-being by accelerating adoption of evidence-based innovations. We are a trusted convener and catalyst, providing rigorous analysis and leading demonstration projects, policy development, and field-building initiatives.

OUR WORK IN PSYCHEDELIC THERAPY & SUPPORTING THE FIELD

In 2021, BrainFutures launched a three-part issue brief series and coalition-building effort focused on psychedelic therapy. These papers included:

- Psychedelic Medicine: A Review of Clinical Research for a Class of Rapidly Emerging Behavioral Health Interventions
- Expediting Psychedelic-Assisted Therapy Adoption in Clinical Settings
- An Expert-Informed Introduction to the Elements of Psychedelic-Assisted Therapy

Our work has grown to include more than a dozen whitepapers and toolkits along with continued consensus—and coalition-building efforts, all of which are preparing the field for integration into the medical system. In 2023, BrainFutures released a medical coding guide describing a reimbursement strategy to enable psychedelic therapy providers to receive equitable reimbursement from payers for these services as well as a whitepaper describing current legal access models for psychedelics in the US. We also collaborated with the American Psychedelic Practitioners Association to co-publish the first set of guidelines for mental health providers on the practice of psychedelic therapy, informed by existing clinical research and expert consensus.

SELECTED PUBLICATIONS:

- A Guide to CPT and HCPCS Codes for Psychedelic-Assisted Therapy
- Psychedelic Access Pathways: Differentiating Medical, Wellness, and Religious Access to Psychedelics
- Professional Practice Guidelines for Psychedelic-Assisted Therapy
- A Path Toward Parity: Ensuring Equitable Access to Psychedelic-Assisted Therapy
- Integrating Psychedelic Coursework into Higher Education: A Toolkit for Academic Leaders
- Survey on Psychedelic Therapy Curricula in Academia

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Scaling Psychedelic Therapies in the Health System

PERCEPTIONS, ATTITUDES, AND BARRIERS RELATED TO PSYCHEDELIC THERAPY IMPLEMENTATION: A SURVEY OF HEALTH PROFESSIONALS

Scaling Psychedelic Therapies in the Health System is a production by BrainFutures, Inc and the UC Berkeley Collaborative for the Economics of Psychedelics (CEP).

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