two chairs

WHITE PAPER

Two Chairs Redefines Psychiatry

Our unique approach drives better outcomes and lowers total cost

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Executive summary

For many people, seeking psychiatric care becomes another problem to solve. They choose a clinician, wait weeks for a brief appointment that allows just enough time for them to tell an abridged version of their story and get a prescription. Medication becomes the center of treatment by default. Little attention is paid to how medications may impact their other conditions and their overall health. Progress may go unmeasured. Patients and clinicians are left wondering if care is working, while health plans continue paying without a clear answer. For people with more severe symptoms, multiple diagnoses, or coexisting physical health conditions, this siloed, transactional approach makes effective care even harder to obtain.

Digital mental health has made it easier to book an appointment but it has done far less to fix the care itself. Large directories give patients more providers to choose from without helping them determine who is right for them. Virtual psychiatry platforms make prescribing faster while preserving the transactional model that creates many of psychiatry's problems. Some companies offer therapy and psychiatry under one brand, yet patients are still expected to carry information between clinicians and manage the relationships themselves. Others promote measurement-based care without implementing the training, technology, and clinical accountability required to practice it consistently.

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We already know what better psychiatric care requires. Patients need timely access, an accurate diagnosis, a clinician they trust, coordinated treatment, and clear evidence that they are improving. While some practices have implemented one or two of these elements, Two Chairs has designed its psychiatry model around delivering all five. Patients enter care quickly, receive a comprehensive evaluation, work with a clinician suited to manage their needs, and benefit from synchronized therapy and psychiatry through one connected system. Measurement-based care guides treatment from the beginning, helping clinicians prescribe more precisely, respond when progress stalls, and adjust the level of care as patients improve.

Psychiatry is broken: by the numbers

43 days

Median wait time for an appointment[a]

10 years

The time it takes for some to get an accurate diagnosis of bipolar disorder[b]

15 minutes

Typical time for a "med check"[c]

18%

Rate of psychiatrists who use MBC[d]

58%

Rate of patients taking 2+ meds[d]

49%

Rate of patients who are not adherent to their meds[e]

Psychiatry is broken: by the numbers sources: see page 11

This model is built to address the acuity and complexity that fragmented care struggles to manage. Two Chairs' W-2 employed clinical team works within shared standards, with the training, technology, and clinical support required to treat people with multiple intersecting needs. A provider marketplace can facilitate an appointment, but a directory alone cannot deliver coordinated treatment or take responsibility for a patient's progress across clinicians. For health plans, the Two Chairs model means having a clinical partner equipped to care for members with complex needs, understand their overall health, adapt treatment, and recognize when they need a different level of care.

Unmanaged mental health symptoms can interfere with sleep, daily functioning, medication adherence, and the ability to manage chronic physical conditions. Addressing these symptoms creates an opportunity to improve physical health and reduce unnecessary medical spend while driving better outcomes. For health plans, the value of effective psychiatric care therefore reaches beyond behavioral health utilization to the member's overall health and total cost of care.

The standard is straightforward: give each person the right care, from the right clinicians, for the right amount of time. Delivering it consistently requires a fundamentally different operating model. Two Chairs has built that model to create a more impactful experience for patients with measurable outcomes, and lower total medical costs for health plans through effective, coordinated care.

Where today's psychiatry models fall short

While access to the right psychiatric provider continues to be challenging, the shortcomings of psychiatric care extend well beyond access. Patients need a reliable way to not only reach the right clinician, but also receive an accurate diagnosis, get connected to therapy when appropriate, and know if treatment is working. Other traditional and digital models solve only part of that problem.

Marketplaces overburden patients with choice, prioritizing access over quality

A 2023 mystery-shopper study found that only 18.5% of psychiatrists were accepting new patients, with a median wait of 43 days for a telepsychiatry appointment[1]. Digital marketplaces have responded by assembling large networks of independent clinicians in one place for patients to choose from. The result is more availability, paired with an overwhelming directory and minimal assurance about the quality of the provider. Member-services teams may help a patient schedule or switch providers, but the patient often still has to decide which provider and service to request.

Access alone does not guarantee a strong start to care. Patients may get an appointment quickly but may receive a brief or incomplete diagnostic assessment. That can shape the entire course of treatment. Bipolar disorder,

1. Sun, C.-F., Correll, C. U., Trestman, R. L., Lin, Y., Xie, H., Hankey, M. S., Uymatiao, R. P., Patel, R. T., Metsutnan, V. L., McDaid, E. C., Saha, A., Kuo, C., Lewis, P., Bhatt, S. H., Lipphard, L. E., & Kablinger, A. S. (2023). Low availability, long wait times, and high geographic disparity of psychiatric outpatient care in the US. General Hospital Psychiatry, 84, 12–17. Full text

The Two Chairs impact

<48 hours

Time to first appointment[f]

99%

of patients are included in the progress data we collect[g]

<35%

patients on 2+ psychotropic meds[h]

Over 50%

of psychiatry patients are also seeing a Two Chairs therapist[i]

92%

of patients in therapy and psychiatry show evidence of clinician collaboration in their charts[j]

Up to 2.5x better outcomes

For therapy & psychiatry than standard care[k]

The Two Chairs impact sources: see page 11

for example, can take years to identify correctly[2]. When the initial evaluation misses important clinical context, patients receive ineffective treatment, switch providers, disengage from care, or experience higher downstream utilization.

Medication-first care can turn prescribing into the default

Medication is an important part of psychiatric treatment, but it should not become the automatic response to every persistent symptom. In medication-first models, prescribing may be the primary service available. The clinician may have limited visibility into the patient's therapy, daily functioning, treatment goals, adherence or changing circumstances. When medication is the main tool available, the easiest response to a patient who is not improving can be to increase a dose, switch medications or add another one.

That can produce a prescribing cascade, in which the side effects of one medication are interpreted as new symptoms and treated with additional medication. Regimens grow increasingly complex: research has found psychotropic polypharmacy in nearly 60% of outpatient depression visits[3].

Benzodiazepine prescribing illustrates the risk. A national study found that the share of outpatient visits involving a benzodiazepine nearly doubled in recent years from 3.8% to 7.4%[4]. Coprescribing with opioids quadrupled, while coprescribing with other sedating medications doubled. The researchers also noted that little evidence supports benzodiazepine use beyond eight to 10 weeks, even as long-term use appears to be a significant driver of growth.

Adherence makes the picture even harder to interpret. Only half of patients take psychiatric medication as prescribed[5], meaning a treatment may appear ineffective when the patient has not been able or willing to follow the prescribed regimen consistently. Without enough context, a prescriber may change or add medication without understanding why treatment is falling short. Brief visits, fee-for-service reimbursement and limited access to non-medication options can reinforce the cycle, driving additional prescribing and utilization instead of a more complete reassessment of the patient's care.

Fragmented care fails to address complexity and makes the patient the care coordinatort

Therapy and medication are more effective together for many conditions, according to a broad synthesis of hundreds of studies[6]. Yet many don't offer

2. Hirschfeld, R. M. A., Lewis, L., & Vornik, L. A. (2003). Perceptions and impact of bipolar disorder: How far have we really come? Results of the National Depressive and Manic-Depressive Association 2000 survey of individuals with bipolar disorder. The Journal of Clinical Psychiatry, 64(2), 161–174. Full text
3. Rhee, T. G., & Rosenheck, R. A. (2019). Psychotropic polypharmacy reconsidered: Between-class polypharmacy in the context of multimorbidity in the treatment of depressive disorders. Journal of Affective Disorders, 252, 450–457. Full text
4. Agarwal, S. D., & Landon, B. E. (2019). Patterns in outpatient benzodiazepine prescribing in the United States. JAMA Network Open, 2(1), e187399. Full text
5. Semahegn, A., Torpey, K., Manu, A., Assefa, N., Tesfaye, G., & Ankomah, A. (2020). Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: A systematic review and meta-analysis. Systematic Reviews, 9, Article 17. Full text
6. Leichsenring, F., Steinert, C., Rabung, S., & Ioannidis, J. P. A. (2022). The efficacy of psychotherapies and pharmacotherapies for mental disorders in adults: An umbrella review and meta-analytic evaluation of recent meta-analyses. World Psychiatry, 21(1), 133–145. Full text

patients both. Of those who do offer both services under the same brand, care is not truly synchronized between the two providers. In a survey of 502 patients receiving therapy and medication from separate providers, 52% said that either no communication had occurred at all between their providers or that they did not know whether their providers communicated. A lack of communication was associated with decreased satisfaction with care[7].

In fragmented models, the patient becomes responsible for connecting the pieces. They schedule separate appointments, repeat their history, track changes across providers, and try to reconcile recommendations that may conflict. They may also have to alert one clinician to decisions made by another. When symptoms are severe or combined with common chronic conditions, coordination becomes even more important to helping the patient improve. That burden is especially unreasonable when someone is already struggling with depression, anxiety, or another psychiatric condition.

This fragmentation can lead to poor outcomes and unnecessary costs. A psychiatric provider may prescribe medication without knowing how its side effects affect the patient's therapy goals or daily functioning. A therapist may continue working with a patient for months or years without recognizing that medication or a different level of care could improve treatment. When providers do not coordinate, patients may remain in ineffective care while health plans continue paying for avoidable services and downstream costs.

These failures often reflect the design of the care model. A behavioral health platform may offer therapy and psychiatry under one brand while clinicians remain separated by different systems, workflows, and incentives. True integration requires shared information, clear collaboration protocols, and accountability for one coordinated treatment plan.

Measurement without accountability produces little insight

Measurement-based care remains uncommon. A national survey found that only 17.9% of psychiatrists routinely used standardized progress measures[8]. Some organizations ask clinicians to collect scores, but clinicians or prescribers in independent networks often lack the training, supervision, technology, and accountability needed to achieve consistent use or translate results into treatment decisions.

Without dependable measurement, clinicians may miss stagnation or deterioration. Health plans can see that a visit occurred, but they have limited evidence of clinical benefit. Treatment can continue at the same cadence for years without the data to prompt a decision, such as a step up, or a step down.

7. Baruch, R. L., Vishnevsky, B., & Kalman, T. (2015). Split-care patients and their caregivers: How collaborative is collaborative care? The Journal of Nervous and Mental Disease, 203(6), 412–417. Full text
8. Lewis, C. C., Boyd, M. R., Puspitasari, A. J., Navarro, E., Howard, J., Kassab, H., Hoffman, M., Scott, K., Lyon, A. R., Douglas, S., Simon, G. E., & Kroenke, K. (2019). Implementing measurement-based care in behavioral health: A review. JAMA Psychiatry, 76(3), 324–335. Full text

The five requirements for effective psychiatric care

Research and clinical practice point to five connected requirements:

- **Accessible.** Patients enter care quickly, and receive help navigating to the appropriate level of support before symptoms worsen or motivation fades.
- **Precise.** A rigorous diagnosis guides the treatment plan, and medication is prescribed thoughtfully at the right dosage and for the right duration.
- **Relational.** The right clinician relationship supports trust, engagement, adherence, and outcomes.
- **Synchronized.** Therapy, psychiatry, care navigation, and crisis support operate as complementary parts of one coordinated plan, enabling Two Chairs to treat the whole person across a broad range of acuity and complexity.
- **Measured.** Continuous evidence of progress guides when to adjust, escalate, taper, step down, or conclude treatment.

Most alternatives optimize for one or two of these requirements. A marketplace can improve availability while leaving diagnosis and fit to chance. A medication platform can simplify prescribing with little connection to therapy. A broad behavioral health vendor can offer multiple services without making clinicians function as one team. A network can request measurement without the operating model required to use it effectively in care. Two Chairs has designed its model to bring all five requirements together into a psychiatry program that scales. Each requirement reinforces the others, creating a system equipped to treat patients with greater acuity and complexity and impact the whole person.

How Two Chairs takes a fundamentally different approach

Accessible: Fast entry with support navigating care

Two Chairs offers psychiatry appointments in under 48 hours, helping patients enter care before symptoms worsen or motivation fades. Access also means helping patients remain connected to care once treatment begins. Care coordinators proactively reconnect with patients after missed appointments to reduce disengagement and medication interruptions.

Access is not limited to appointment availability. Patients also need help determining where to begin, moving between services, and finding additional support when their needs change. Two Chairs' care coordination model helps patients navigate therapy, psychiatry, and other levels of care. When a patient needs crisis services or care beyond the scope of the model, the team helps connect them to appropriate outside support instead of leaving the patient to determine the next step alone.



Patient Story

Uncovering Undiagnosed ADHD

A patient arrived at Two Chairs with a long history of unsuccessful treatment for severe anxiety and depression. After conducting a thorough assessment, her Two Chairs psychiatric provider concluded that her medication regimen wasn't optimized for her symptoms, and there was also uncertainty around the diagnosis. She switched the patient to a different medication for anxiety and referred her to therapy to help support the client and get another provider's input on the diagnostic question. At the first therapy session, the therapist identified significant challenges with attention, organization, and executive functioning that suggested a previously overlooked condition: ADHD. The therapist immediately shared these observations with the psychiatric provider, who quickly ordered neuropsychological testing. The results confirmed a high likelihood of ADHD, a diagnosis that had been missed by previous providers for years. After starting the patient on a low dose of Adderall, the patient reported life-changing improvements in focus and mental calmness that she had never experienced before. Freed from her most impairing ADHD symptoms, the patient was able to fully engage in therapy, leading to rapid improvements in her anxiety, depression, and quality of life.

Precise: Rigorous diagnosis and thoughtful prescribing

Two Chairs pairs fast access with a structured diagnostic evaluation designed to get patients into the right treatment from the start. The resulting plan may include medication, therapy, both services, or referral to a different level of care. When medication is appropriate, the diagnosis, clinical history, symptoms, functioning, treatment goals, and potential side effects guide the choice and dosage.

Diagnostic rigor extends to conditions that are often difficult to diagnose and where inconsistency is common. ADHD evaluations include performance-based neuropsychological testing alongside a clinical interview, an approach shown to improve diagnostic decision-making and reduce unnecessary stimulant use[9].

Clinical precision also depends on the system surrounding the clinician. Training and adherence to evidence-based practices can vary significantly across independent provider networks. Two Chairs' W-2 employment model creates shared expectations for training, supervision, clinical standards, and accountability. Board-certified psychiatrists supervise advanced practice providers, concentrating their expertise on complex cases while maintaining oversight across the full continuum of psychiatric care.

This structure creates a meaningful distinction from marketplaces built around independent practitioners. Two Chairs takes responsibility for the quality and consistency of the care delivered across its system, rather than relying primarily on provider preference to manage quality.

> "Having seen many providers before us who prescribed her anxiety meds and missed her ADHD symptoms, a client was finally diagnosed with ADHD and reported feeling relieved to have figured it out after all these years. After starting on low-dose Adderall, she couldn't believe her brain could be so calm."
>
> - Two Chairs Therapist

Medication as one piece of a broader treatment plan

Psychiatry at Two Chairs aims to use the least medication necessary, at the right dosage, for the right duration. Prescribing follows a custom formulary informed by efficacy and affordability, with oversight of controlled substances and structured processes for identifying unnecessary polypharmacy. Measurement connects prescribing decisions with symptoms, functioning, side effects, adherence, and treatment goals.

This creates distance from medication models organized around brief, spaced-

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Patient Story

Delivering Whole Person Care

A patient came to Two Chairs seeking therapy for anorexia and purging. During treatment, she shared that she was experiencing out-of-body episodes, prompting her therapist to dig deeper and uncover a family history of schizophrenia and bipolar disorder. With the trust they had built, the therapist was able to engage the patient in psychiatric care and collaborate with her psych provider to identify the underlying issue: bipolar II. She was prescribed the appropriate medication and began to stabilize.

Her therapist also recognized that the patient's complex symptoms extended beyond behavioral health and uncovered another gap: she didn't have a primary care provider. The therapist helped her establish primary care so her medical needs could be addressed alongside her behavioral health treatment.

With the right diagnosis and a coordinated team addressing the full picture of her needs, the patient was able to focus on treating her anorexia and purging. She has now gone more than three months without purging and is returning to community employment—an outcome made possible by coordinated care across therapy, psychiatry, and primary care.

out visits. Two Chairs treats every prescription as part of a clinical strategy that should produce measurable benefit. All clinicians practice measurement based care, and patients complete their surveys for 95% of their sessions. Strong adherence to check-in surveys means we collect progress data on 99% of the patients in our care, giving clinicians an accurate pulse on patient progress and payers a transparent look into the impact of their investment.

Medication is one option within a broader set of clinical tools. Because Two Chairs can provide therapy, psychiatry, care coordination, and connections to higher levels of care, a prescriber has options beyond changing a dose or adding another medication when a patient is not improving.

Relational: The clinical relationship is part of treatment

Effective psychiatric care requires patients to feel understood, respected, and comfortable sharing information that can affect diagnosis and treatment. Two Chairs treats this relationship as a clinical input rather than a preference that sits outside the care model.

Patients entering therapy are matched with a clinician based on clinical needs and personal preferences. When psychiatry is also part of the plan, the relationship is supported through continuity, shared decision-making, and visibility into the patient's broader care. Care coordinators proactively reconnect with patients after missed appointments, helping preserve engagement and prevent medication interruptions.

This relational foundation becomes especially important for patients with complex needs. Trust makes it more likely that patients will discuss side effects, adherence challenges, changes in functioning, and concerns about treatment before those issues lead to disengagement or deterioration.

Synchronized: One coordinated model for comprehensive mental health

At Two Chairs, integration extends beyond offering therapy and psychiatry within the same system. Approximately half of Two Chairs psychiatry patients are also in therapy, and 92% of shared cases show evidence of clinician collaboration in the chart. Therapy, psychiatry, care navigation, and support during periods of elevated risk operate as complementary parts of one clinical model. This allows the care team to address symptoms, medication, functioning, therapeutic progress, adherence, safety, and level-of-care needs together.

For patients utilizing both therapy and psychiatry services, their providers have shared visibility into relevant patient information and follow a set protocol that defines which patients require collaboration, when communication should occur, and how it should be documented. Providers communicate directly when clinically indicated. Referrals and follow-up occur within the same system.

Care navigators help patients move between services and stay engaged when appointments are missed or needs change. For patients experiencing a crisis or

requiring greater support, defined escalation protocols help the team respond and connect them with the appropriate crisis or higher-acuity services. Patients are not left to determine the next step or coordinate multiple providers on their own.

These complementary capabilities give clinicians a fuller view of the patient and allow Two Chairs to support a broader range of acuity and complexity than models built around a single service. Instead of treating medication management, therapy, and functioning as separate concerns, the care team can incorporate them into one plan.

Measured: Care adjusts when the evidence says it should

Two Chairs continuously measures symptoms and quality of life so clinicians can identify improvement, stagnation, deterioration, or readiness for less intensive care. Two Chairs patients complete regular progress check-ins 95% of the time. Clinicians are trained to use the results in reporting to supervisors, treatment planning, prescribing, and decisions about level of care.

This gives clinicians a consistent signal for maintaining or changing treatment instead of relying solely on impressions from an individual visit. The model applies a care-dosage lens: the appropriate clinician, visit frequency, number and dosage of medications, and duration of treatment for each patient. When progress stalls, clinicians can change the plan or connect the patient to additional services. When a patient stabilizes, the next step may include reducing visit frequency, carefully tapering medication, or coordinating maintenance with primary care. Patients who need greater support are connected to outside services instead of remaining in ineffective treatment.

This is where measurement becomes a cost strategy. Defined decision points reduce prolonged specialty care, unnecessary medication, avoidable deterioration, and crisis utilization — some of the most common cost drivers. Structured data sharing also gives health plans clearer visibility into diagnosis, treatment, and progress.

Better outcomes and a stronger value equation

Two Chairs delivers up to 2.5 times better outcomes than industry benchmarks across its broader behavioral health model and has proven to reduce total cost of care by up to 30%[10]. These results demonstrate that higher-quality behavioral health care can improve members' lives while reducing overall medical spending across the healthcare system. The outcomes figure means more patients achieve meaningful clinical improvement, while the cost reduction reflects the broader financial impact of getting people into effective care earlier and treating them efficiently and comprehensively.

The impact builds across the care journey. Faster access keeps symptoms

10. Forand, N. R., Nettiksimmons, J., Anton, M., Truxson, R., Vanderwood, K., & Green, B. (2025). Depression and anxiety outcomes in a technology-enabled psychotherapy practice: Retrospective cohort study. JMIR Formative Research, 9, e76264. Full text



Patient Story

Collaborative Treatment for Complex Patients

A patient was referred to Two Chairs by their primary care provider after ongoing treatment for depression and anxiety wasn't working. The patient was taking Zyprexa, an antipsychotic medication, and had developed signs of diabetes, a known side effect of these medications. Their PCP added metformin to her regimen to manage it, but the additional medication caused gastrointestinal side effects. Their Two Chairs psychiatric provider recognized that Zyprexa itself can cause metabolic problems and – furthermore – was not indicated as a primary treatment for depression or anxiety.

The psychiatrist discontinued Zyprexa and started the patient on a low dose of Prozac, an antidepressant, while collaborating with the patient's therapist and PCP to monitor their response. Within a month, the patient reported meaningful reductions in depression, anxiety, and panic attacks. Follow-up labs with their PCP also showed that their A1C had normalized, allowing them to discontinue metformin.

By connecting insights across therapy, psychiatry, and primary care, the team was able to identify a treatment approach that better addressed the full picture of the patient's health—improving their mental health while eliminating the need for a medication that had been added to manage their elevated blood sugar.

from worsening. Better clinical fit and diagnostic rigor reduces failed treatment starts, avoiding ineffective treatment for the wrong condition. Synchronized care ensures coordinated treatment, driving results for the most costly, complex patients. Continuous measurement avoids wasted spend on ineffective care by arming clinicians with data to recognize when treatment is falling short, make timely adjustments, and step patients down when specialty care is no longer necessary. Together, these capabilities avoid more costly downstream utilization while improving patients' functioning and quality of life.

For health plans, the primary measure of a behavioral health partner is the value produced for members: meaningful improvement, reliable evidence of progress, and the appropriate level of care for the appropriate amount of time. The strongest partners can show that members received care and improved, clinicians changed course when treatment stalled, and patients did not remain in costly specialty care without a clear clinical benefit. Two Chairs' results suggest that better outcomes and lower costs are a natural consequence when care is designed around recovery.

Building the next standard for psychiatry

The next standard for psychiatry will be defined by what happens after a patient enters care. Patients should receive an accurate diagnosis, develop a trusted relationship with the right clinician, and follow a treatment plan shaped by their symptoms, functioning, goals, and response to care.

Medication should serve a clear clinical purpose within that plan. Therapists and psychiatric clinicians should work as one synchronized team, freeing patients from the burden of coordinating their own care and enabling effective treatment of complex cases. Progress should be visible, and the evidence should guide when treatment changes, intensifies, tapers, or ends.

Through health information exchange and payer integrations, Two Chairs is connecting behavioral and physical healthcare more closely, giving clinicians and health plans a more complete picture of each patient and greater visibility into how behavioral health outcomes relate to physical health, healthcare utilization, and total cost. As these connections deepen, behavioral health can become more fully integrated into the broader healthcare system, allowing insights from psychiatric care to inform decisions across a patient's care.

Two Chairs has built a system in which every treatment decision has a clear rationale, every clinician has the information needed to act, and every patient has a clear path forward. Psychiatry should help people get better, sustain their progress, and receive the right amount of care for the right amount of time. Two Chairs has built the foundation for that standard and intends to keep raising it as the program grows.

Additional sources

Psychiatry is broken: by the numbers

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The Two Chairs impact

f. Two Chairs internal data, 10 month analysis, 2025
g. Forand, N. R. (2025) The Two Chairs MBC Model Helps Plans Achieve Strong HEDIS and Star Ratings [White paper]
h. From Two Chairs data from June through October 2026; Average of patients taking at least one medication
i. Two Chairs internal data as of July 2026
j. Two Chairs internal data as of July 2026
k. Outcomes paper: Forand, N. R., Nettiksimmons, J., Anton, M., Truxson, R., Vanderwood, K., & Green, B. (2025). Depression and Anxiety Outcomes in a Technology-Enabled Psychotherapy Practice: Retrospective Cohort Study. JMIR Formative Research. (In press)