WEBINAR:
THE TSUNAMI OF NEED IS COMING:
INTEGRATED CARE IN THE ERA OF COVID-19
JUNE 25, 2020

Welcome! We will get started momentarily
The College for Behavioral Health Leadership

- **Part 1**
  - Presentation

- **Part 2**
  - Discussion with Panelists & Deep Dive into topics
  - *Separate registration required!*

[www.leaders4health.org/leading-through-crisis](http://www.leaders4health.org/leading-through-crisis)
• We want to hear from you! Share your questions and comments via the chat box.

• A recording of today’s discussion with materials will be made available within 24 hours. We’ll send you an email once it is online.
OBJECTIVES

Participants will:

• Be able to describe the central role of integrated care in COVID-19
• Be able to describe and share in lessons learned from virtual integration
• Review the need, disparities and risks in a rising behavioral health crisis
• Identify the role of integrated care in management of coronavirus for vulnerable populations
Lori Raney, MD
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COVID TRAJECTORY: DIFFERENT PHASES IN DIFFERENT PLACES

Phase 1: Immediate Response

Emergence (Jan-Feb)
- First cases identified
- State & county-level responses

Emergency Response
- Providers Scramble
- Shift Client Service Offerings
- Move to Telehealth
- Support Clients
- Support Staff (PPE, resilience)

Time

Anticipate
- Learn
- Prepare

Phase 2: Recalibration

Offices Reopen
- Staff health screening
- Support resilience & traumatized staff
- Retention strategies
- Recruitment for newly open positions

Restrictions Lift
- Grants
- CMS halts Advance Payment
- Congress Supports BH providers
- State Budget Cuts announced
- Regulatory Changes continue

Assess and Prepare
- Identify lessons learned
- Define new processes
- Identify catch up activities
- Project increased BH need
- Seek grant funding
- Prepare for next waves
- Business planning

Phase 3: Systems Change & Continued Response

Establish New Normal
- Define new processes
- Consolidations & mergers
- Strategic Planning for mid-term
- Revise budgets & operations
- Respond to continued waves of infection

2nd Wave
- 6-9 months
- Contact Tracing
- Antibody testing
- Regulatory Changes continue

3rd Wave
- 18-24 months
- Vaccination campaign support
- Education & Training

National Emergency
- 3/1 State of Emergency declared
- Telehealth Support
- 3/27 CARES Act passed
- Limited direct provider support

PROVIDER REVENUE (economic stability)

WORKFORCE RETENTION
Source: Adapted Washington State adapted from SAMHSA
BEHAVIORAL HEALTH IMPACT

+ Nearly half (45 percent) of adults reported that their mental health has been negatively affected by worry and stress over the virus. Destruction not of property but of the national psyche, of security and complacency and sanity.¹

+ Roughly one-third of Americans say they felt nervous, depressed, lonely or hopeless on at least one of the past seven days.²

+ Individuals with substance use disorders and newly emerging

+ Layered effect:
  + Compound nature and complexity
  + Death/Loss, illness, fear for self and loved ones
  + Social isolation
  + Economic Downturn/unemployment
  + Political upheaval and racial tension

+ Equation isn’t done because we don’t have all the variables

+ Newness of THIS disaster and unknowable-ness including what comes next.....

According to a recent National Institute on Alcohol Abuse & Alcoholism (NIAAA) study (2018), ED use increased 50% between 2006 and 2014 for females and middle aged or older individuals using alcohol.

- Medical emergencies caused or exacerbated by alcohol increased from 3 to 5 million.
- 4 to 15 Billion in Costs in this timeframe
- Other drugs were involved 14% of the time

WHAT’S DIFFERENT ABOUT THIS TIME IN HISTORY

+ The “disaster” is not over or controlled
+ Everyone is impacted
+ Health care is at the center of the risk
+ All aspects of our lives are impacted
+ The loss is compounding
  + Health risks
  + Job and financial losses
  + Family losses
  + Life expectations
CONTINUUM OF BEHAVIORAL HEALTH NEED IS RISING

- General populations’ needs are rising
- Risky behavior and at risk populations’ needs are rising
- Individuals with serious mental illness and addiction have rising need and complex risk
  - Higher risk for chronic health risk factors
  - SDoH disparities
EVEN IN THE BEST OF TIMES, ACCESS WAS CHALLENGING

No Treatment

Primary Care Provider

Mental Health Provider
(psychiatric provider or therapist)

Wang P, et al., Twelve-Month Use of Mental Health Services in the United States, Arch Gen Psychiatry, 62, June 2005
STEPPED CARE HAS NEVER BEEN MORE IMPORTANT

Primary Care Integration

- Healthy/ Low Risk
- Increased Risk BH Conditions (Mild to Moderate)
- High Risk (Moderate to Severe BH Conditions)
UNPRECEDENTED NEED TO IDENTIFY ISSUES IN THE TARGET POPULATION

“Sweet” Spot in Primary care

- Depression and isolation
- Anxiety and Panic
- Trauma and PTSD
- Grief
- Risky substance use
WHAT DOES BEHAVIORAL HEALTH IN PRIMARY CARE SETTINGS FROM COVID LOOK LIKE?

“Chief Complaint”

- 67 year old woman with low energy with uncontrolled diabetes
- 43yo mother drinks “a couple of glasses” of wine daily during work at home
- 16yo with “horrible stomach pain” and difficulty sleeping
- 32yo woman headaches, irritable, furloughed, home with children
Social Isolation
67yo woman living alone

Substance Use Disorder
43yo mother drinks “a couple of glasses” of wine daily

Anxiety Disorder
16yo with “horrible stomach pain” and difficulty sleeping due to worry about COVID-19

Major Depressive Episode
32yo woman overwhelmed by work and life balance
VARIETY OF TREATMENT OPTIONS IN THE PRIMARY CARE SETTING

- Brief Intervention, Bill therapy code
  - Collaborative care and ongoing intervention GAD-7

- Social Isolation
- Substance Use Disorder
- Anxiety Disorder
- Major Depressive Episode

Motivational Interviewing and Brief Intervention—several sessions.
Could Track total weekly drinks/max drinks/day

Collaborative care or ongoing intervention—PHQ-9
EFFECTIVE INTEGRATED CARE—STILL RELEVANT IN COVID-19

+ Operationalizes the principles of the chronic care model to improve access to evidence-based mental health treatments for primary care patients.

+ Effective Care is:
  + Tteam-based collaboration and Patient-centered
  + E evidence-based and practice-tested care
  + M measurement-based care, treat to target
  + P population-based care – registry, systematic screen
  + A accountable care

“TEMP”
THE CORE FUNCTIONS OF INTEGRATION ARE STILL ESSENTIAL

- Universal screening followed by measurement-based care
- Health Promotion
  - Education
- Brief Interventions
  - Motivational interviewing
  - Behavioral activation
  - Adapted DBT
  - Problem solving therapy
- Psychiatric Medication
- Review and treatment adjustment
- Enhanced Referral
CORE FUNCTIONS IN VIRTUAL INTEGRATED CARE

+ Requires intentional planning for e-handoffs including how to get universal screenings completed
+ Increases importance of daily huddle
  + Schedules behind the scenes
  + Communication plan
  + Joining virtual sessions for handoff
+ Training staff to use and be engaging via telehealth
+ Preparing patients for tele-visit
  + Negotiate downloading app
  + Handouts sent beforehand to be reviewed
+ Frequent contact for engagement
+ Team Debrief
+ Nuances of running group sessions
COVID-19 Mortality per 100,000 by Race Through May 26, 2020

Source: APM Research Lab
Evidence on lower rates of utilization of healthcare which contributes to disparity in outcomes

- Trust, rapport and competent care contribute to utilization patterns.
- Racial and ethnic representation among providers also contributes

Ongoing evidence of differences in treatment (not merely competence) but poor outcomes

- Higher rates of extreme procedures, access to the right procedures and treatments, and differences in medication prescribing, etc.

VULNERABLE POPULATIONS AND REDUCTION OF DISPARITIES

+ Review panels “mine the data” for risk
  + Importance of data
+ Check in on people with chronic health conditions
  + Diabetes
  + Kidney Disease
  + Hypertension
  + Cardiovascular disease
+ Care management function
  + OUTREACH, OUTREACH, OUTREACH
  + SCREEN SCREEN SCREEN
  + Frequent contact
  + Education on COVID-19 risk
  + Brief interventions-Self-Management
  + Social determinants of health
+ Partnership with community based organizations

Importance of Community Health Workers and Peers on Teams
REACHING HEALTH DISPARITY POPULATIONS IN INTEGRATED PRIMARY CARE SETTINGS HAS BEEN SHOWN TO BE EFFECTIVE

“The Collaborative Care Model is one of very few specific interventions in medicine that have been shown via multiple RCTs to reduce disparities by race/ethnicity and/or socioeconomic status in patients’ access to behavioral health care, quality of care, and outcomes.”

Michael Schoenbaum, PhD
NIMH
PSYCHIATRIC PROVIDERS SUPPORTING TEAMS TO REACH MORE PEOPLE IN NEED

50-80 patients/caseload
2-4 hrs psych/week/ care coordinator = a lot of patients getting care
Primary Care Integration

- Health Promotion/Self-Management
- BH Screening Education
- Mild to Moderate Education and Brief Intervention (Supported RX, Enhanced Referral)
- Integrated BH Services in Primary Care (Brief Interventions, RX, Care Management)
- Short-Term BH Specialty Care
- Intensive Outpatient or other Specialty BH Care
- Crisis or Inpatient Psychiatric or SUD Services (includes Residential)
- Specialized Services (AOT/ACT)

Enhanced Referral

- Healthy/Low Risk
- Increased Risk BH Conditions (Mild to Moderate)
- High Risk (Moderate to Severe BH Conditions)
GREATER COLLABORATION AND ENHANCED REFERRAL WITH ATTENTION TO SDOH AND NEED FOR HIGHER LEVEL OF SPECIALTY BH WHEN NEEDED

Purposeful and thoughtful relationship development with outside partners:

- Ties with Counties/State Agencies
- Improved Patient Experience
- More consistent communication with outside partner
- Higher rate of referral success.

IDENTIFYING NEED FOR REFERRAL
Discuss the process for identification of need and map out steps of this element of the workflow. What are the specialty services in the County?

COMMUNICATION ABOUT THE REFERRAL
Set up specific communication tools for counties and other providers with specific information relevant to both providers.

ENGAGING THE INDIVIDUAL
Referrals often leave the individual out of the process—consider methods for enhanced engagement and keeping the person at the center of the process as you move them from Kaiser to a County or other provider.

REFERRAL TRACKING AND COMMUNICATION AFTER REFERRAL
After the referral is made, there are essential steps to maintain communication and track outcomes with these external providers.

MONITORING PERFORMANCE
Consider the workflow required to monitor and improve upon the process internally and with your partners. Consider a case conference or formal process for discussing process.
WHERE DOES THE PATIENT FIT IN THE REFERRAL WORKFLOW?

✚ Engagement is critical!
✚ Shared decision making
✚ Address barriers and challenges especially with telehealth
✚ Seek feedback on the process
STEPPED CARE HAS NEVER BEEN MORE IMPORTANT

Health Homes/Bidirectional Integration

- Health Promotion Self-Management
- BH Screening Education
- Mild to Moderate Education and Brief Intervention (Supported RX, Enhanced Referral)
- Integrated BH Services in Primary Care Brief Interventions RX Care Management
- Short-Term BH Specialty Care
- Intensive Outpatient or other Specialty BH Care
- Crisis or Inpatient Psychiatric or SUD Services (includes Residential)
- Specialized Services (AOT/ACT)

Healthy/ Low Risk

Increased Risk BH Conditions (Mild to Moderate)

High Risk (Moderate to Severe BH Conditions)
QUESTIONS

We want to hear from you! Share your questions via the chat box. We will answer as many as possible.
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We want to hear from you!

Join the interactive discussion now!

Login via the link and password sent with your registration.
PANEL DISCUSSION:
THE TSUNAMI OF NEED IS COMING:
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JUNE 25, 2020

Welcome! Please tell us who you are and where you are from in chat!
We would love to see you! Turn your **video on** if you are comfortable.

We want to hear from you!

- Share your **questions** and **comments** via the **chat box**
- **Wave** at me or let me know you’d like to **comment or ask a question** via chat.
- Ask for **clarification or expansion** on specific topics of interest
Which concept are you most interested in deep diving?

1. The role of health homes and bi-directional integrated care
2. The role of health equity in integrated care
3. What to do if I am not engaged in integration already – what role can my organization play?
4. Other – please describe
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