Thank you for joining!

We will begin our webinar shortly.

Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.
Integrated Care and COVID-19

- Anxiety
- Depression
- Job loss
- Working remotely
1. Today’s webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Polls will used during the presentation. Please answer to be part of the discussion.
4. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
5. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or a providing legal advice. We encourage you to consult with your legal counsel regarding the topics raised in this presentation.
Today’s speakers

Lisa Kugler, PsyD
Vice President Clinical-
Beacon Care Services

Tina Niziurski, LCSW
Director Clinical
Services
What we will discuss today…

What is **Integration**?

Integrated Care *and* COVID-19

**Levels** of Integration

Primary Care *and* Behavioral Health

**Case Scenarios**
Why are we discussing this topic in relation to COVID-19?

**Improves Outcomes and Quality of Care**

- Historically, it has been difficult for a primary care provider to offer effective, high-quality mental health care when working alone. Combining mental health services/expertise with primary care can reduce costs and increase the quality of care.¹

**COVID-19 has Increased Behavioral Health Demand**

- Many people may not have access to mental health care or may prefer to visit their primary health care provider. During COVID-19 many Behavioral Health and Health Care providers relied heavily on telehealth services and increased the need for communication more than ever.

**Addresses the Whole Person**

- Coordinating primary care and mental health care in this way can help address the physical health problems of people with serious mental illnesses.

**Access to Care Saves Lives**

- Untreated or undertreated mental illnesses have serious consequences. People with severe mental illness often die 13-30 years earlier than the general population from medical conditions that could have been treated by a primary care provider.
Chapter 01

Integrated Care: Definition and Application
What is integrative care?

Blending specialists’ expertise with patient/family input + A team-based approach where BH and medical care are coordinated = Integrated care for whole health

Integration is not a new concept but has been mainstreamed by governmental and private organizations over the past 20 years.¹
Why is integrated care important?

Close to 19 million US adults have severe mental illnesses (SMI), and they die, on average, 25 years earlier than the general population.²

Despite national guidelines for screening for diabetes and other cardiovascular risk factors, up to 70% of people taking antipsychotics remain unscreened and untreated.
Clients treated by primary care often don’t get needed treatment for mental health concerns.

Many individuals who are being seen for physical health concerns are not being screened or treated for behavioral health concerns.³

<table>
<thead>
<tr>
<th>Chronic Medical Condition</th>
<th>% with depression/anxiety</th>
<th>% treated for depression/anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>32.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>30.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>61.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>30.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>60.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>48.2%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Cancer</td>
<td>39.8%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Integration is shared accountability

Accountability for patient health should be shared among all parties:

“This is not business as usual. None of this can be achieved without a system overhaul. Behavioral health—as a significant driver of total health care costs—cannot get lost in the mix.”
Chapter 02
Levels of Integration
There are many models with integrative care

“All models are wrong, but some are useful” – George Box
SAMHSA published one of the most widely-accepted integration models

6 levels of integration\(^5\)
SAMHSA 6 levels of integration

Coordinated Care (Off-site)

- Level 1. Minimal Collaboration
  - Referrals and minimal communication

Co-located Care (On-site)

- Level 2. Basic Collaboration
  - Periodic communication over shared patients

- Level 3. Basic Collaboration
  - Same facility but separate cultures and treatment plans

- Level 4. Close Collaboration
  - Shared records and some system integration

Full Collaboration

- Level 5. Close Collaboration
  - Collaborative treatment planning for shared patients only

- Level 6. Full Collaboration
  - Collaborative treatment planning for all patients
COVID-19 compromises co-located care

Telehealth continues care but impacts benefits of integration

Opportunities for real-time collaboration are limited
Chapter 03

Integration in Action: Case Studies and More
Primary care and specialty mental health; gateways to the healthcare system

Primary Care as a “healthcare home”

- 50% of all mental health care is provided by PCPs, partially due to stigma and access.6
- Patients in rural areas are more likely to receive mental health care from a PCP

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
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<tbody>
<tr>
<td>Psychiatrists</td>
<td>63%</td>
<td>29%</td>
</tr>
<tr>
<td>PCP</td>
<td>26%</td>
<td>54%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>17%</td>
</tr>
</tbody>
</table>

BH Specialists as a “healthcare home”

- Individuals with SMI may feel out of their element in primary care settings
  - Shorter appointments
  - New relationships and environments
  - Concerns around stigma

People with SMI are less likely to receive effective medical care
People are whole; their care should be, too

Mild/moderate BH issues are common in primary care settings

- Anxiety, depression, substance use disorder in adult medicine
- Anxiety, ADHD, behavioral challenges in pediatric care
  - Can be under-identified and undertreated by primary care

Chronic medical conditions have coincident and complicating BH issues

- Heart disease and depression
- Chronic respiratory disease and anxiety
  - Outcomes suffer if both aren’t addressed
Hospitals are the entry point for COVID-19 patients but the impact of the disease extends beyond physical symptoms.

- Increased stress, domestic and other violence, and suicide\(^8\)
- 5-20% of those who live through a disaster develop new behavioral health conditions
- Without treatment, 50% of those patients go on to develop behavioral health conditions
One in three patients who go to the emergency department with acute chest pain is suffering from either panic disorder or depression.\(^9\)

80% of patients with depression initially present with physical symptoms such as pain, fatigue, or worsening symptoms of a chronic medical illness.

Individuals may become averse to the idea that behavioral health can effectively address somatic concerns and interpret the referral to mean they are “making it up” or it is “all in their head”
Integration interrupts a cycle of inefficiency

Silos in Care

- PCPs report long BH wait lists
- Stigma leads to missed BH appointments
- Barriers lead to missed appointments
- BH providers report no-shows
- No-shows reduce access for referrals

Integrated Care

- BH care is readily available and integrated
- Integration reduces stigma
- Timely care received
- Reduced no-shows
- Open spots for new referrals
Integrating care reduces disparities

Reach

Timely Intervention

Mitigation
MA Case Example: Pediatric Co-location

**Background:**

- BH clinician employed by BH agency treating children at pediatrician’s office
- Easy and timely appointment access without stigma
- Originated for Medicaid patients, benefits all whose health plan contracts with both
Practice Roles

**Practically Perfect Pediatrics**
- Conducts standardized pediatric behavioral health screening
- On-site counseling
- Sets patient/parent expectations
- Available for curbside consult

**Bestest Behavioral Health**
- Dedicates two clinicians two half-days
- Prioritizes appointment requests and intake
- Schedules directly with parent or guardian
- Billing and Authorization
<table>
<thead>
<tr>
<th>Practically Perfect Pediatrics</th>
<th>Bestest Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increases Access</td>
<td>• Parent preference for post-school appointments is limiting</td>
</tr>
<tr>
<td>• Reduces barriers and stigma</td>
<td>• Few evening hours</td>
</tr>
<tr>
<td>• Connection to BH services</td>
<td>• Primary rarely used child psychiatrist</td>
</tr>
<tr>
<td>• Limited MD down time for curbside consult and collaboration</td>
<td>• Steady referral pathway</td>
</tr>
<tr>
<td></td>
<td>• Reduction of no-shows</td>
</tr>
<tr>
<td></td>
<td>• Engaged patients/parents</td>
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Chapter 04

Takeaways
Integration is key to accessible high quality care

Addressing the whole person and his or her physical and behavioral health is essential for positive health outcomes and cost-effective care.\textsuperscript{10}

Many people may not have access to mental health care or may prefer to visit their primary health care provider. Although most primary care providers can treat mental disorders, particularly through medication, that may not be enough for some patients.

Historically, it has been difficult for a primary care provider to offer effective, high-quality mental health care when working alone.

Combining mental health services/expertise with primary care can reduce costs, increase the quality of care, and ultimately, save lives.
Clients involved in integrated care models report many positive experiences

Feeling as if client has a greater say in their **healthcare choices**; greater feeling of involvement

Greater knowledge of which healthcare professionals need to be **involved** in their healthcare

Better understanding of their **healthcare needs**

**Higher quality** care

**Greater access** to care
Providers involved in integrated care models report many positive professional experiences.

Making a conscious effort to **identify a patient’s needs** outside own specialty.

- **Healthier patients**

- **Other professionals to consult with**

- Erasing the “I need to do it all” mindset

- Better **patient relationships**
Chapter 05

Resources
References


Chapter 06 Questions
Please contact the National Provider Service Line
1-800-397-1630