



**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.**

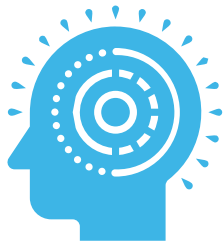
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**August 5, 2020**





## Integrated Care and COVID-19



**Anxiety**



**Depression**

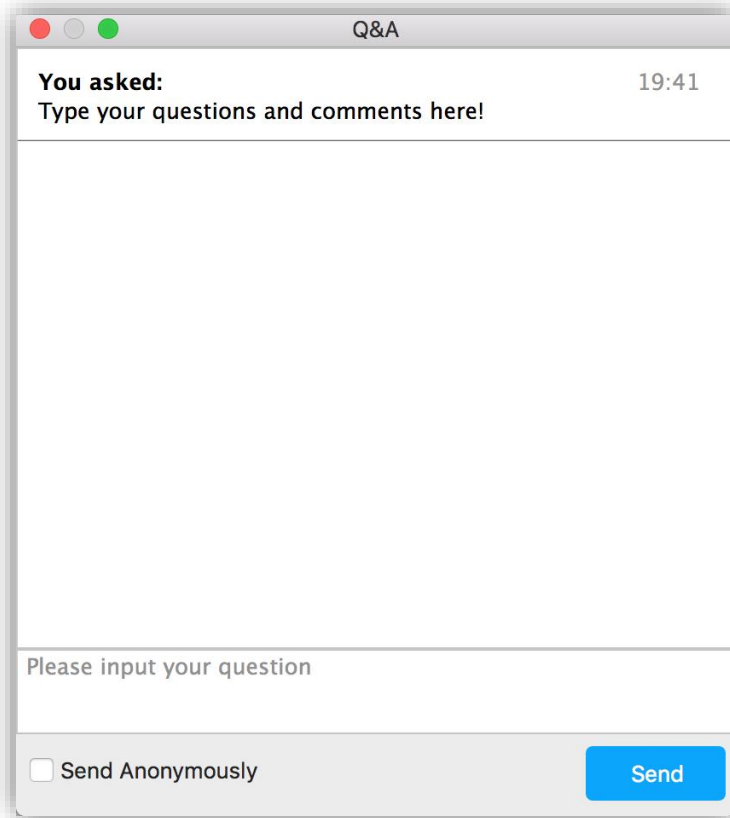


**Job loss**



**Working  
remotely**

# Housekeeping Items



A screenshot of a web-based Q&A interface. The window has a title bar with 'Q&A' and standard OS window controls. Inside, it says 'You asked:' followed by a timestamp '19:41' and the instruction 'Type your questions and comments here!'. Below this is a large empty text area. At the bottom, there is a label 'Please input your question', a checkbox labeled 'Send Anonymously', and a blue 'Send' button. A blue arrow points from the list of housekeeping items on the right towards this Q&A window.

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Polls will be 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/](http://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 as providing legal advice. We encourage you to consult with your legal counsel regarding the topics raised in this presentation.

# Today's speakers

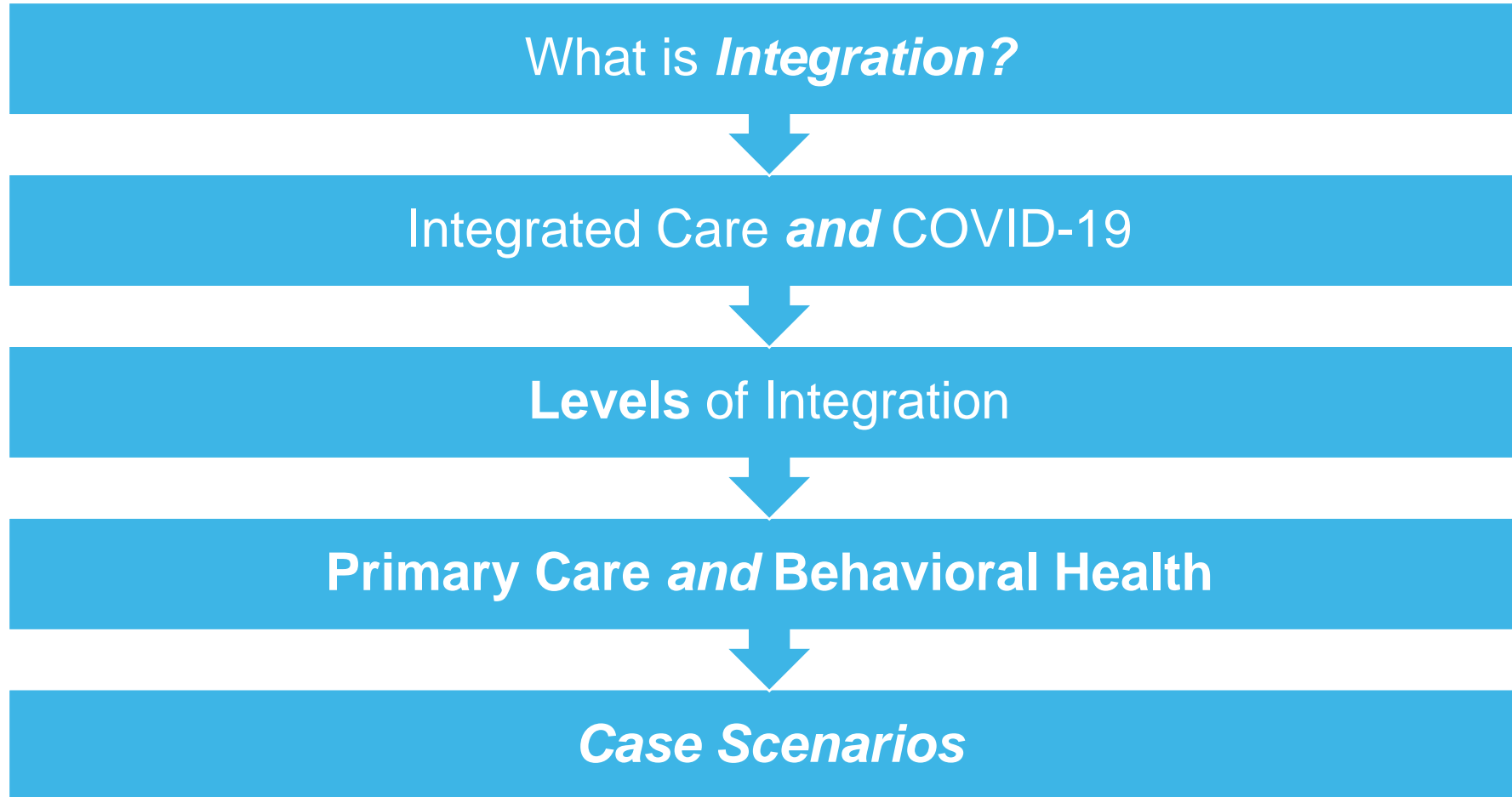


Lisa Kugler, PsyD  
Vice President Clinical-  
Beacon Care Services



Tina Niziurski, LCSW  
Director Clinical  
Services

# What we will discuss today...



# 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.<sup>1</sup>

## 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





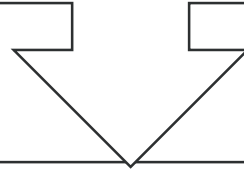
# What is integrative care?



**Integration is not a new concept but has been mainstreamed by governmental and private organizations over the past 20 years.<sup>1</sup>**

# 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.<sup>2</sup>



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

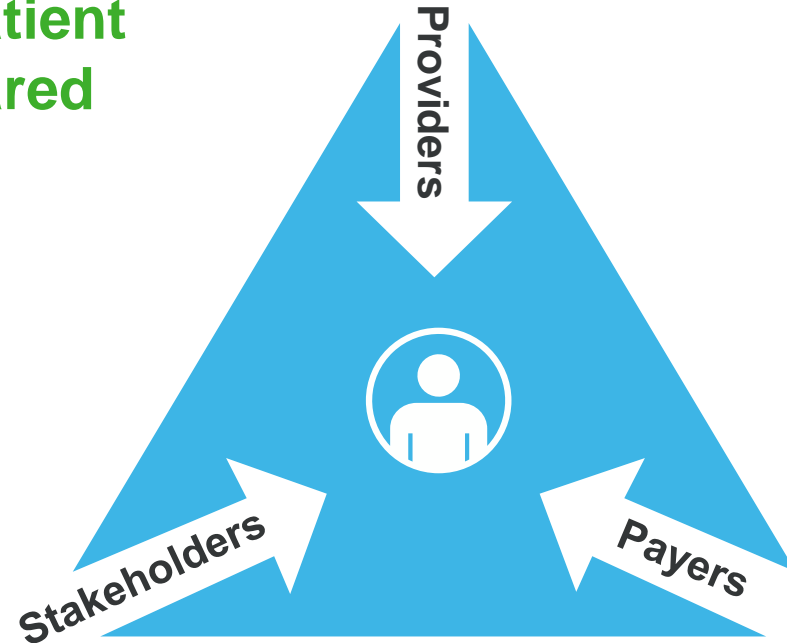
Many individuals who are being seen for physical health concerns are not being screened or treated for behavioral health concerns.<sup>3</sup>

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

Chapman, D.P., Perry, G.S. & Strine, T. W. (2005). The Vital Link Between Chronic Disease and Depressive Disorders, *Preventing Chronic Disease: Public Health Research, Practice, and Policy* (2)1. Retrieved from [https://www.cdc.gov/pcd/issues/2005/jan/04\\_0066.htm](https://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm)

# 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”<sup>4</sup>***


Chapter

# 02

## Levels of Integration



There are many models with integrative care

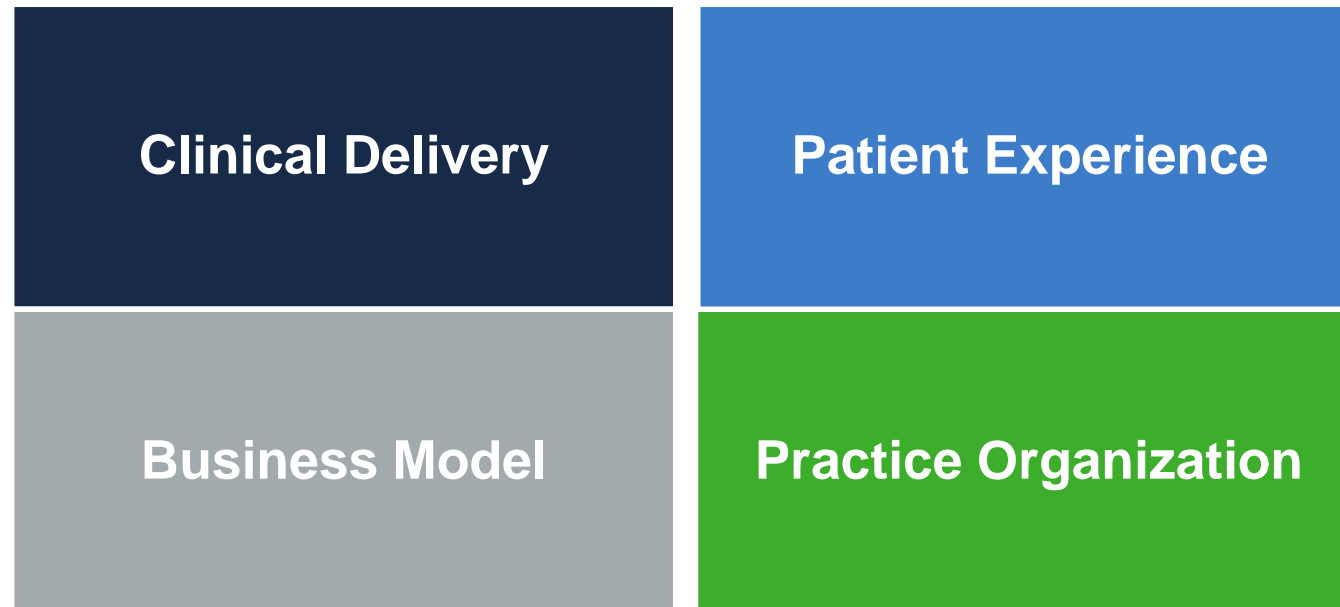


“All models are wrong, but some are useful” – George Box

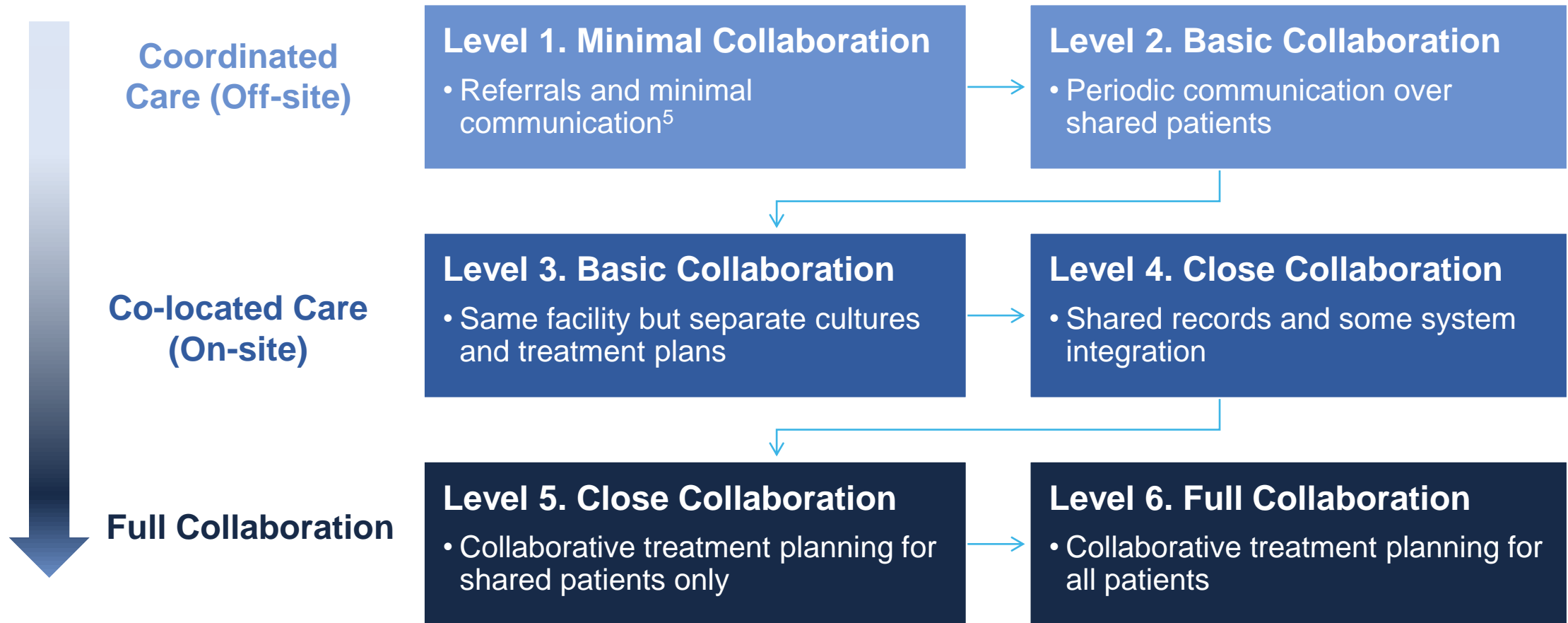


# SAMHSA published one of the most widely-accepted integration models

6 levels of integration<sup>5</sup>



# SAMHSA 6 levels of integration



# COVID-19 compromises co-located care



Telehealth continues care  
but impacts benefits of  
integration



Opportunities for real-time  
collaboration are limited

Chapter

# 03

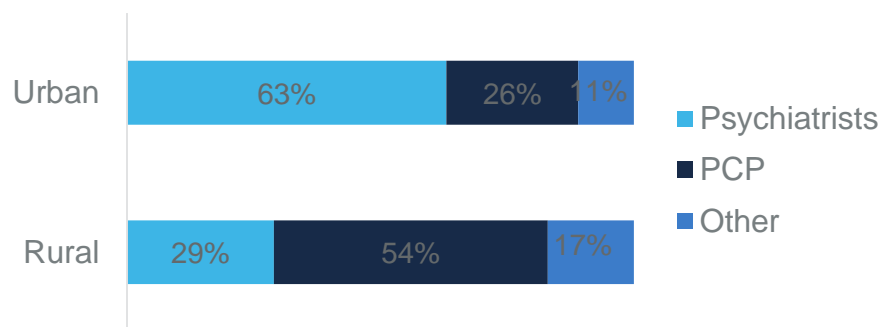
## Integration in Action: Case Studies and More



# 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**<sup>6</sup>
- **Patients in rural areas** are more likely to receive mental health care from a PCP



## 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

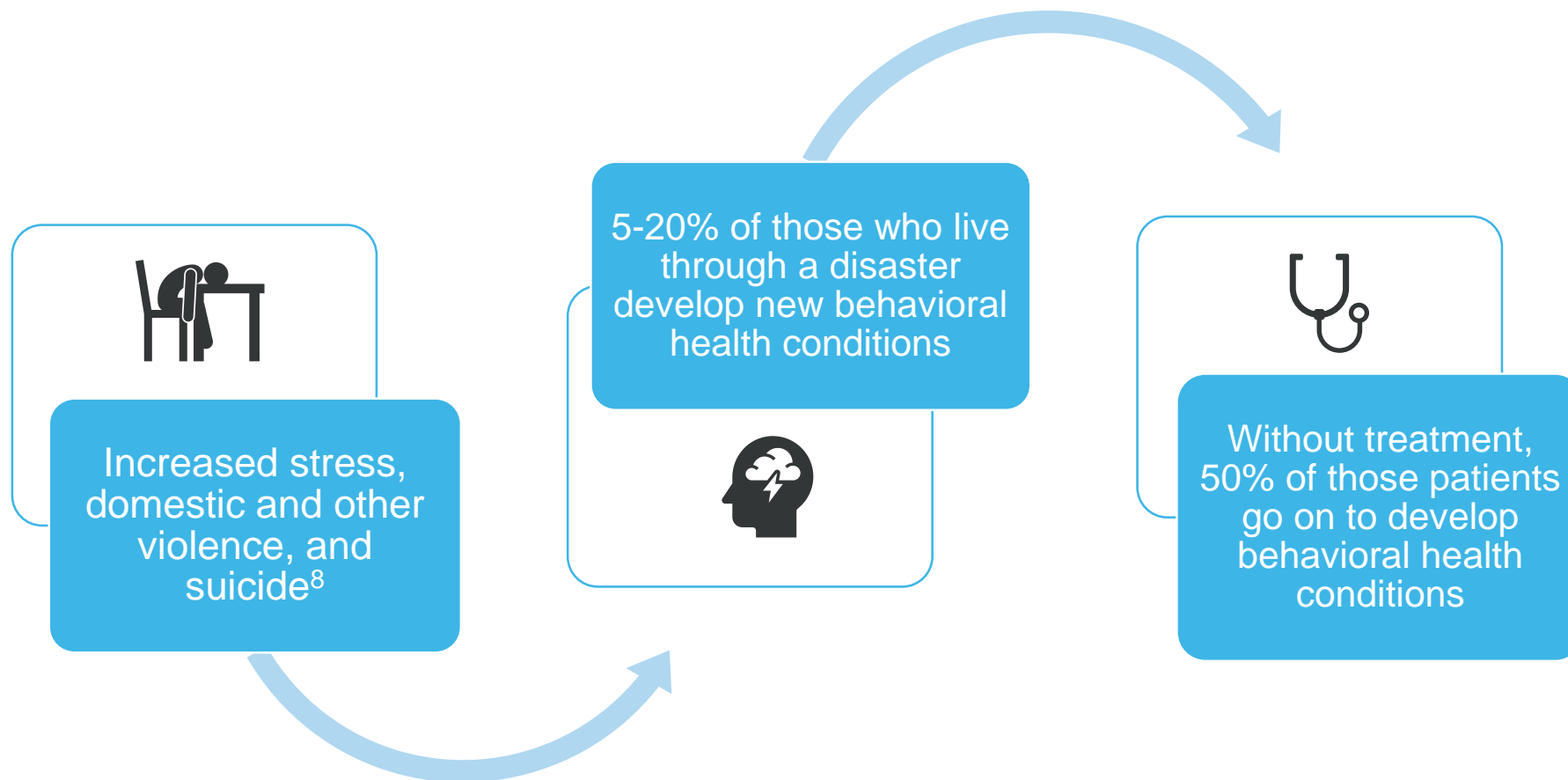
- Anxiety, depression, substance use disorder in adult medicine<sup>7</sup>
- Anxiety, ADHD, behavioral challenges in pediatric care
  - ***Can be under-identified and undertreated by primary care***

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



# Often psychological issues present somatically



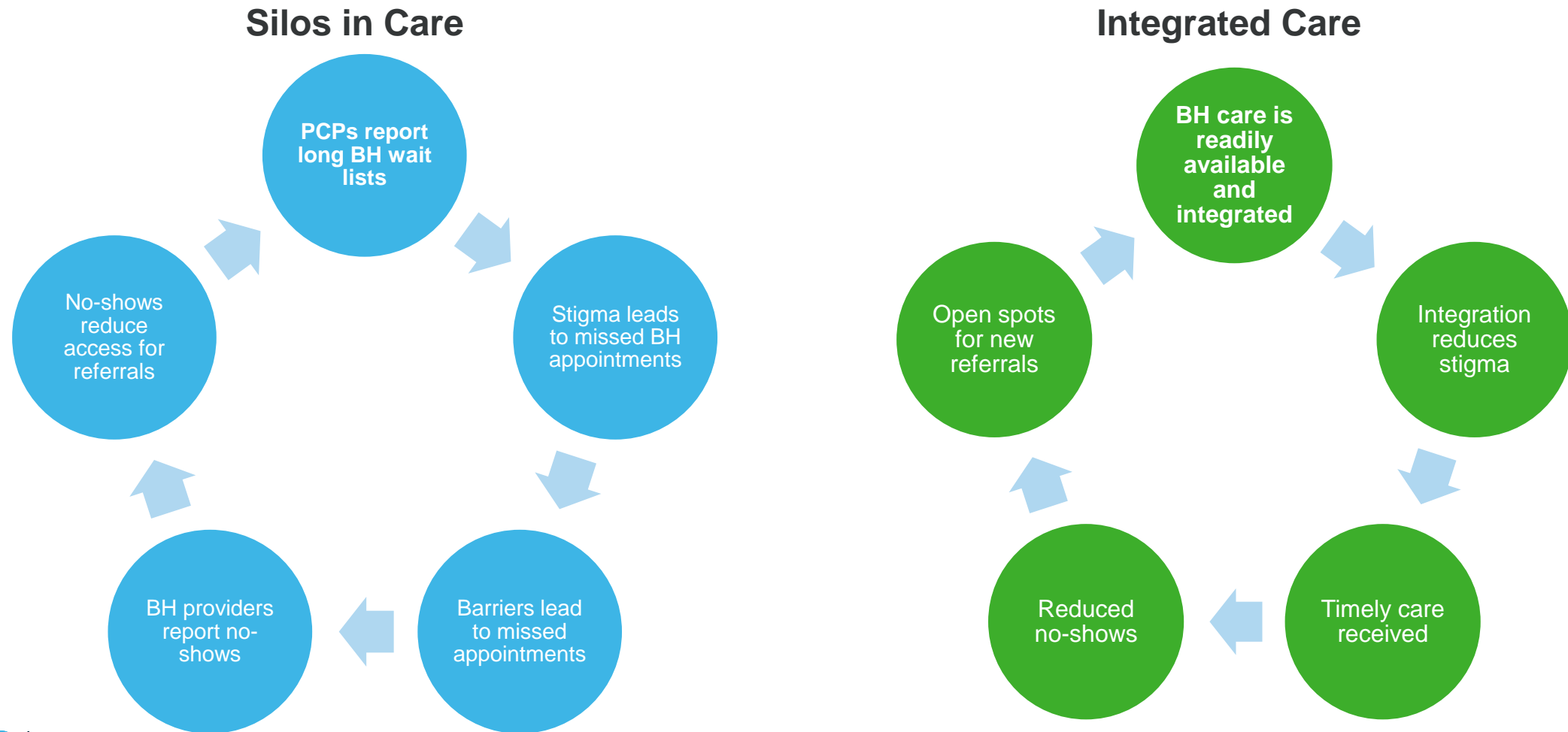
One in three patients who go to the emergency department with acute chest pain is suffering from either panic disorder or depression.<sup>9</sup>



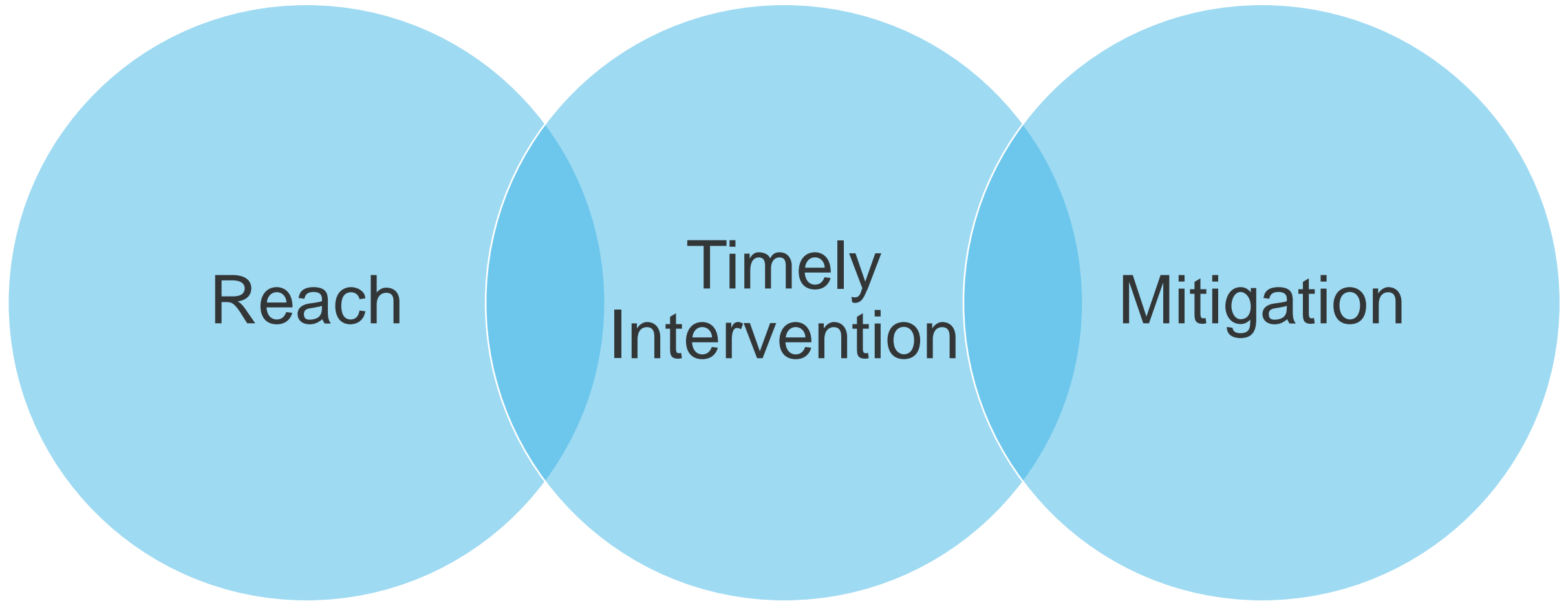
80% of patients with depression initially present with physical symptoms such as pain, fatigue, or worsening symptoms of a chronic medical illness.

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

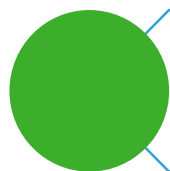


# Integrating care reduces disparities

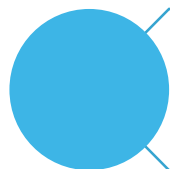


# MA Case Example: Pediatric Co-location

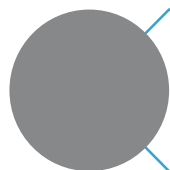
## Background:



BH clinician employed by BH agency treating children at pediatrician's office

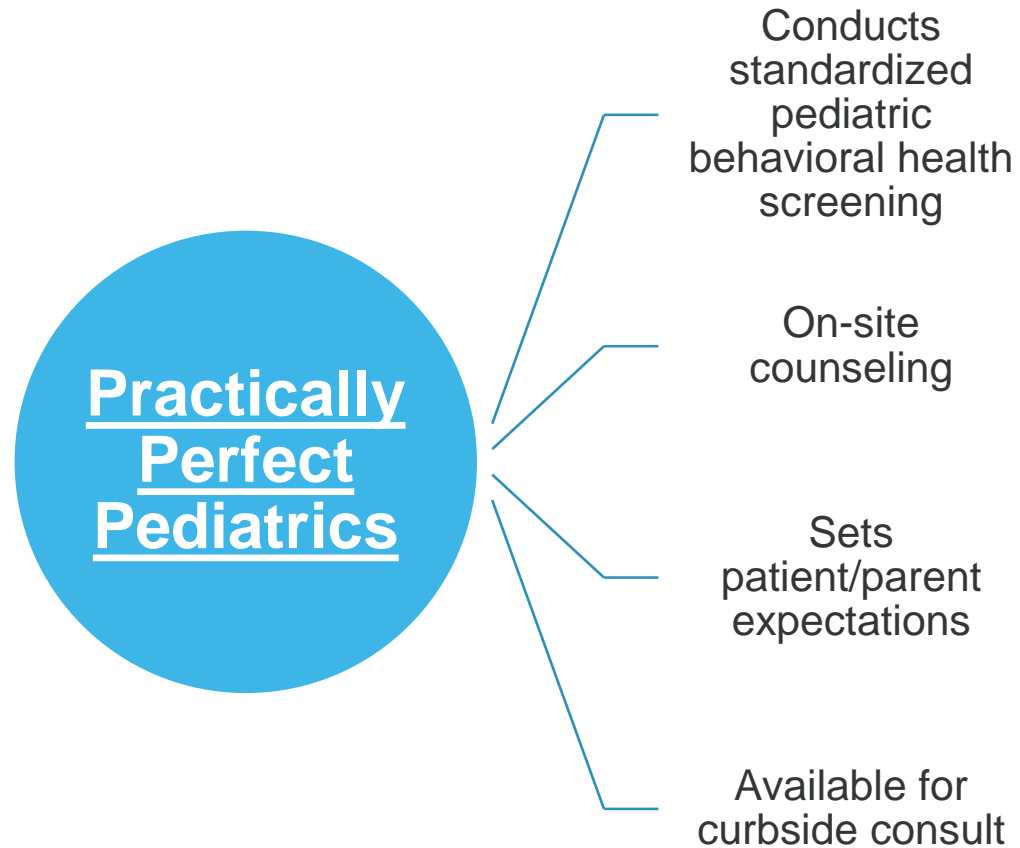


Easy and timely appointment access without stigma



Originated for Medicaid patients, benefits all whose health plan contracts with both

# Practice Roles





# What's great, what could be better

## Practically Perfect Pediatrics



- Increases Access
- Reduces barriers and stigma
- Connection to BH services



- Limited MD down time for curbside consult and collaboration

## Bestest Behavioral Health



- Steady referral pathway
- Reduction of no-shows
- Engaged patients/parents



- Parent preference for post-school appointments is limiting
- Few evening hours
- Primary rarely used child psychiatrist

Chapter

# 04

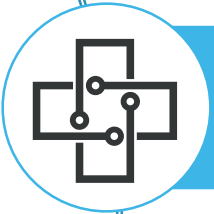
## Takeaways



# 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.<sup>10</sup>



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**<sup>11</sup>

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<sup>12</sup>**

Other professionals to **consult** with

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

**Better patient relationships**

Chapter

# 05

## Resources





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# Resources

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2. Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

Chapter

# 06

## Questions



**Thank You**



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**Please contact the  
National Provider Service Line  
1-800-397-1630**

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