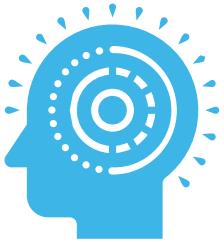
beacon health options

Caring through COVID-19

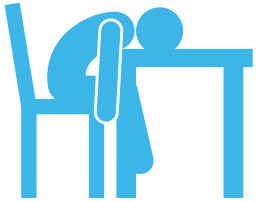
Caring through COVID-19

Supporting Primary Care Clinicians to Address COVID-19 Behavioral Health Issues



Anxiety

Depression



Job loss

Working remotely

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Today’s presenters

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Vice President, Medical Director

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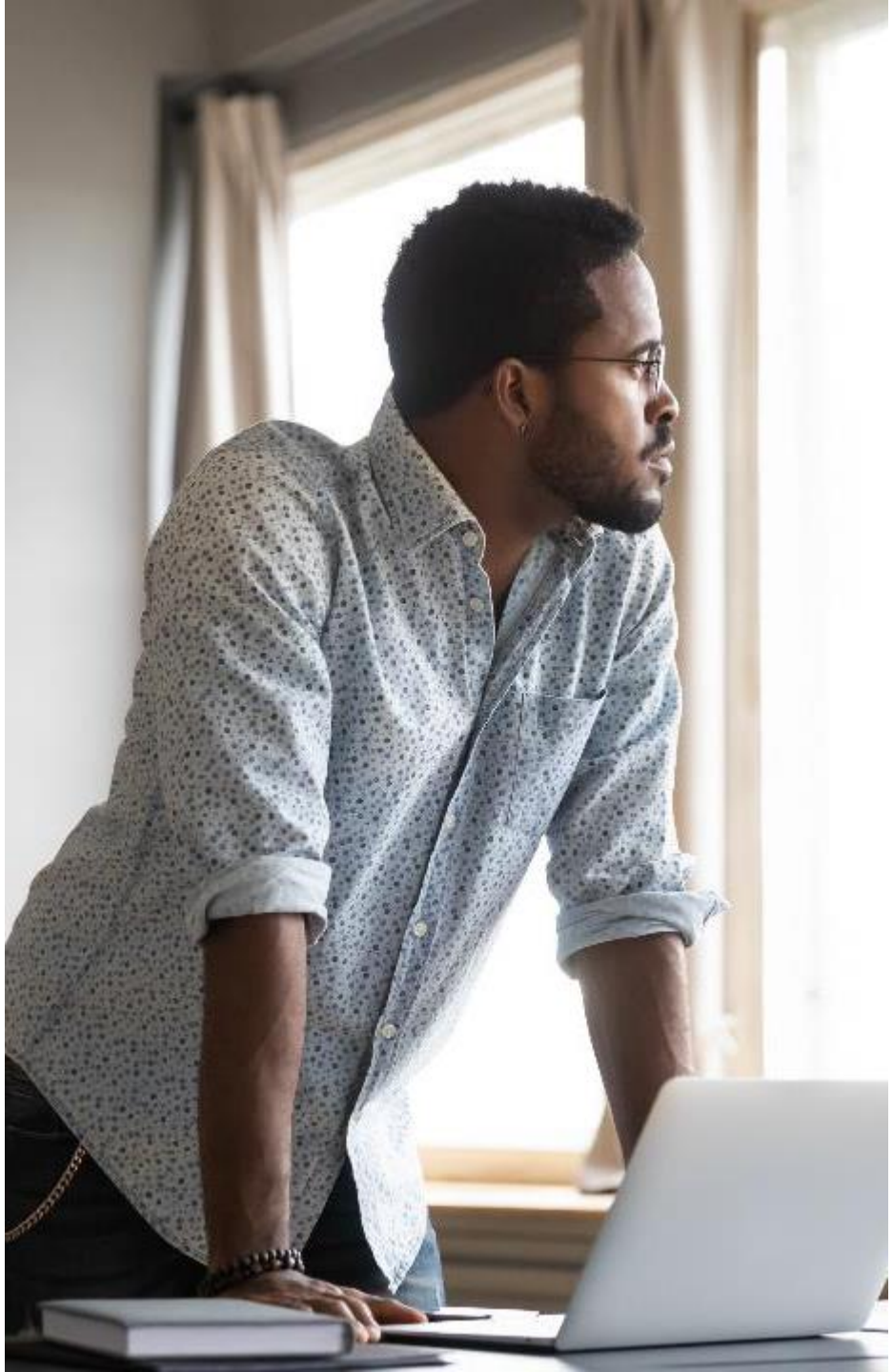
Vice President, Clinical Provider Strategy

Goals for today

- Understand COVID-19’s impact on behavioral health
- Discuss the behavioral health (BH) conditions most likely to present in primary care during COVID-19
- Discuss screening and management of BH concerns
- Provide you and your practices resources to address BH

Chapter

01



Behavioral health impact of COVID-19

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COVID-19 is impacting us in many different ways

- ✓ Fear, anger, anxiety, sadness, and depression
- ✓ Impacted families
- ✓ Death of loved ones
- ✓ Loss of jobs
- ✓ Loss of usual interactions
- ✓ Loss of routines and rituals

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The impact is not static

A lot of research has looked at what occurs to the individuals and community after a disaster occurs.

The impacts of a disaster can mirror some of the impacts of the pandemic.

With the pandemic, the time line may not be as clear as with a specific event (such as a tornado or flood).

The process can be different for different people dependent on life circumstances.

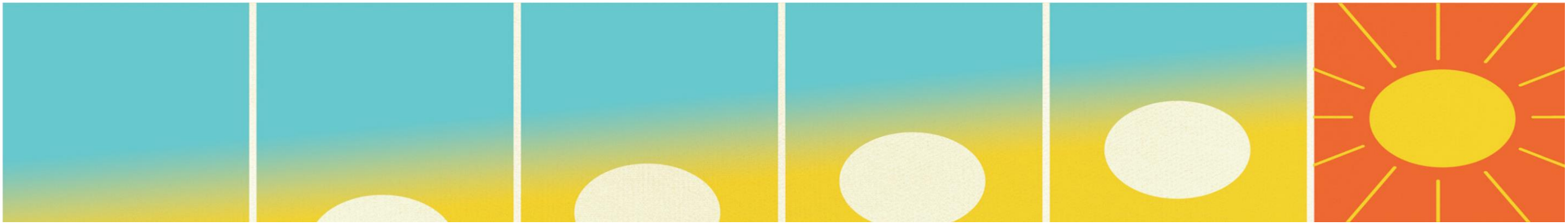
Throughout this process, there is a process of grieving.

Typical emotional response during the phases of a disaster

Source: https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster

Grief process

1 Denial	2 Anger	3 Bargaining	4 Sadness	5 Acceptance	6 Meaning
This virus won't affect us.	*You are making me stay home and taking away my activities.*	*If I social distance for 2 weeks, everything will be ok, right?*	*I don't know when this will end.*	*This is happening. I need to figure out how to proceed.*	



Book: Finding Meaning, The Sixth Stage of Grief, David Kessler

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Source: https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief

Vulnerability to disaster due to…

PRE

POST

Pre-event demographics

- Sex
- Age
- Culture
- Social support
- Pre-exposure to trauma
- Pre-existing mental health conditions

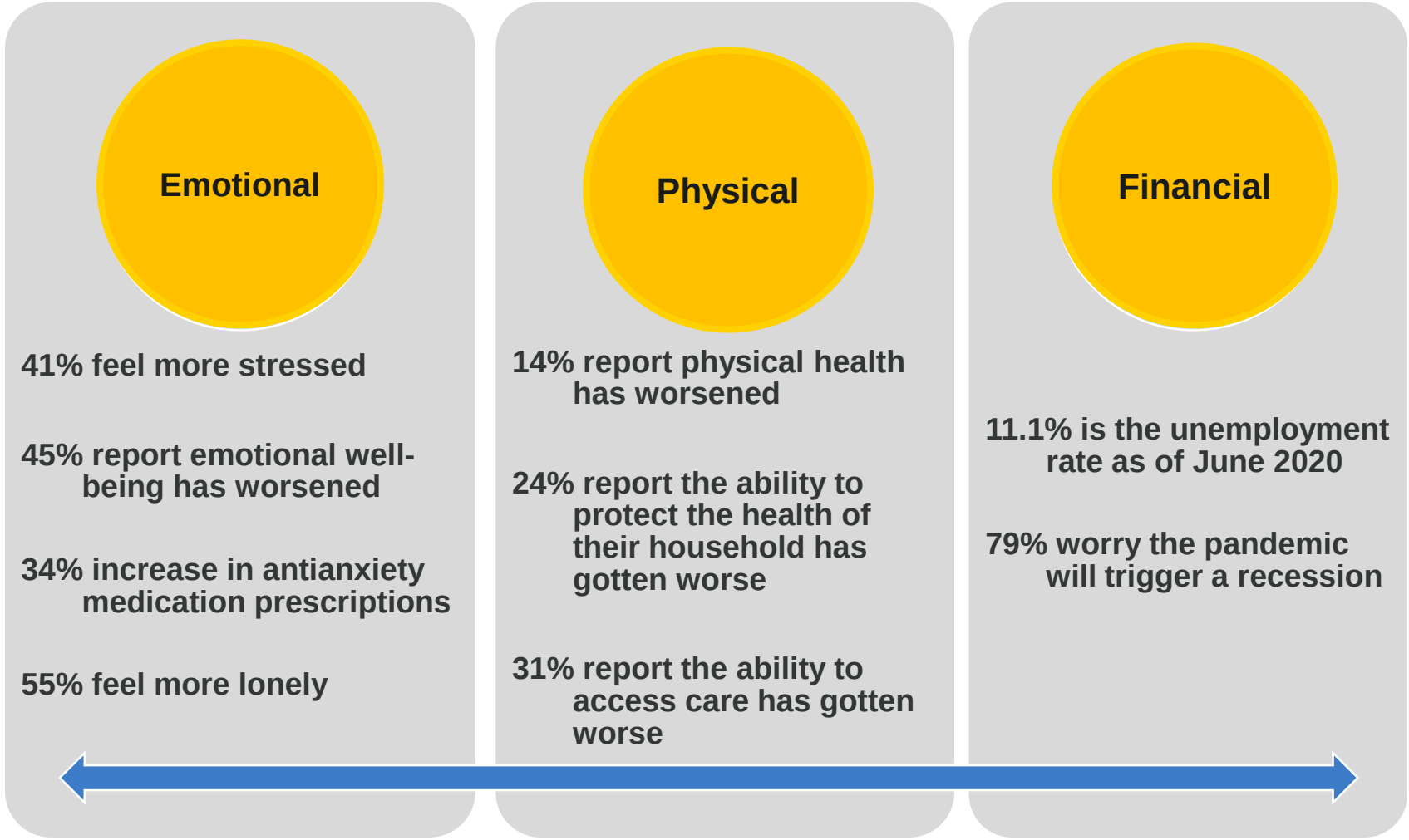
Event impact

- Duration & severity of impact
- Loss
- Displacement
- Bereavement
- Interruption of routines

Recovery factors

- Social support
- Professional support
- Financial/employment difficulties
- Relocation

Individuals report that they are experiencing emotional, physical, and financial impact as a result of COVID-19



KFF.org – Coronavirus (COVID-19)
Axios-Ipsos Coronavirus Index

Emotional toll

- The single most prevalent reason for depression is isolation.
- We are seeing an increased number of people who are struggling with remaining calm and managing their frustrations and emotions.
- There has been an uptick in domestic violence, anger, substance use, and suicide.
- The most vulnerable people are those:
    - With chronic medical and/or behavioral health illness, including substance use disorders
    - Those with economic hardship
    - Those without social support

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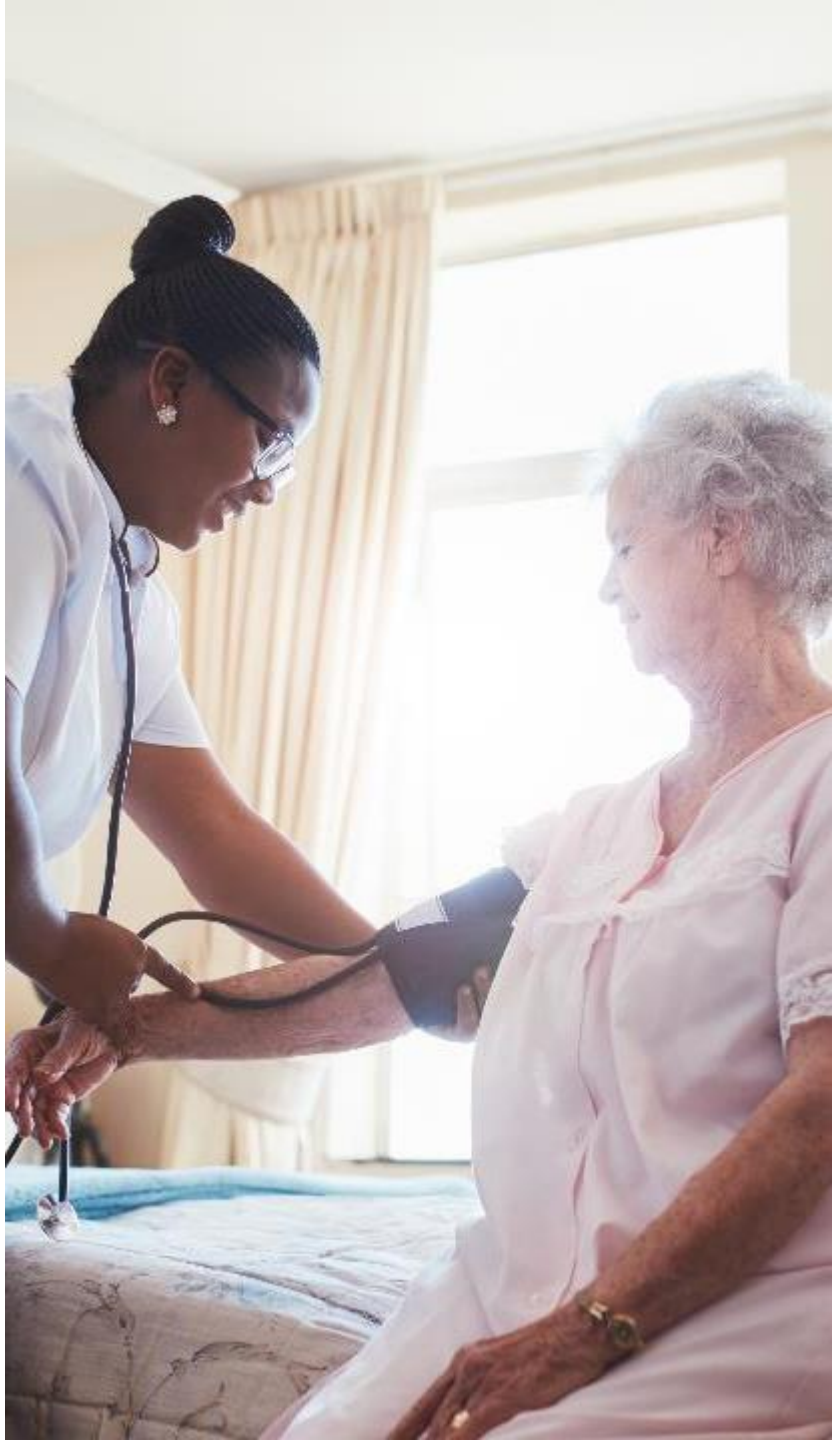
Chapter

02



Behavioral health conditions anticipated to present in primary care

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We anticipate the following clinical conditions to present in your offices

Depressive disorders

- Major depressive disorder
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Post-partum depression
- Depressive disorder due to another medical condition
- Unspecified depressive disorder

Anxiety and trauma-related disorders

- Generalized anxiety disorder
- Panic disorder
- Specific phobia
- Social anxiety disorder
- Panic attack
- Post-traumatic stress disorder
- Adjustment disorder
- Acute stress disorder

Pre-existing conditions increase vulnerability

Psychological issues can present as somatic concerns, making diagnosis challenging

- Patients who go to the ER with acute chest pain may be suffering from either panic disorder or depression.
- Many patients with depression initially present with physical symptoms such as pain, fatigue, or worsening symptoms of a chronic medical illness.
- Although this type of presentation creates a challenge for primary care physicians, these patients are not likely to seek care through the mental health system.

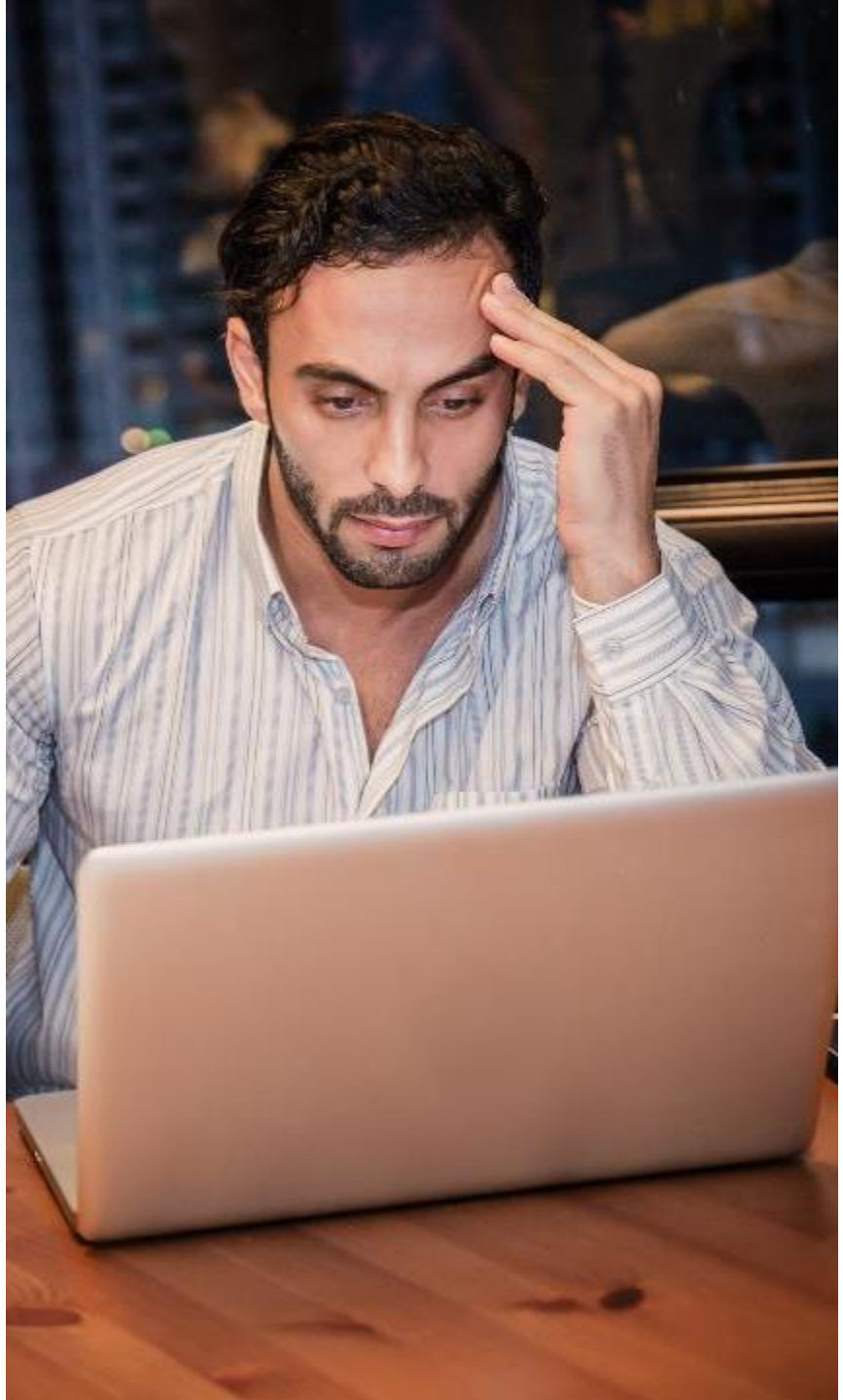
It is likely that there will be an increase in sleep disturbances, GI disturbances, and somatic conditions.

Behavioral health disorders often present similarly to other medical conditions

Medical condition	Symptoms	Differentiators
Anemia	Fatigue Apathy	Hemoglobin hematocrit B12/Folate
Hyperthyroidism/ Hypothyroidism	Apathy Depression	Thyroid function tests
Neoplasm	Depression Mood changes	Medical history CT Scan, MRI Ultrasound
Chronic Illnesses • TB • HIV • Arthritis	Loss of appetite Apathy	Medical history Laboratory findings
CNS Disease • Parkinson's • Dementia	Depressed mood Loss of appetite Apathy	Medical history Neurologic exam Screening cognitive test CT, MRI

Chapter

03



How to screen for behavioral health concerns

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Screening tools for behavioral health disorders

Anxiety

- GAD-7

Depression

- PHQ-2/PHQ-9
  - If the PHQ-2 is positive for depression, the PHQ-9 should be administered.

C-SSRS

- Columbia Suicide Severity Rating Scale tool geared to further assess for suicidal risk

Engage appropriate level of behavioral health per protocol at your practice

PHQ-9 scores and proposed interventions

PHQ-9 Score	Symptoms	Intervention(s)
0-4	None/Minimal	No Intervention
5-9	Mild	Watchful Waiting Repeat PHQ-9 at Follow-Up
10-14	Moderate	Treatment Plan Consider Counseling Follow-Up and/or Pharmacotherapy
15-19	Moderately Severe	Active Treatment with Pharmacotherapy and/or Psychotherapy
20-27	Severe	Immediate Initiation of Pharmacotherapy and, if Severe Impairment or Poor Response to Therapy, Expedited Referral to a MH Specialist for Collaborative Management

GAD-7 scores and proposed intervention

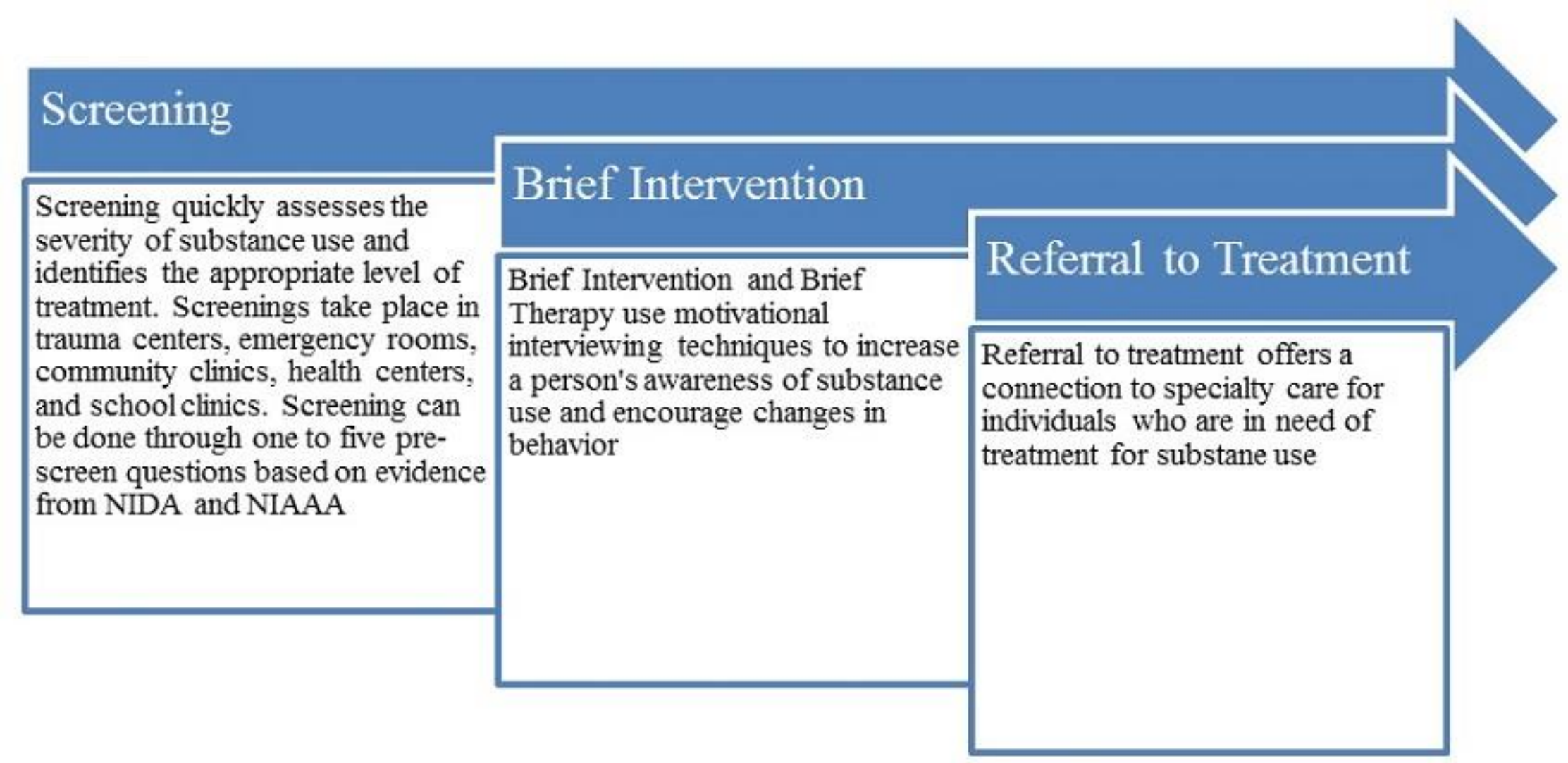
GAD-7 Score	Symptoms	Interventions
0-5	Mild	No intervention, self-guided supports
6-10	Moderate	Discuss counseling or self-guided supports; follow-up and/or pharmacotherapy
11-15	Moderately severe anxiety	Active treatment with pharmacotherapy and/or psychotherapy
15-21	Severe anxiety	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a MH specialist for collaborative management

Screening tools for substance use disorder (SUD)

- **Alcohol:** CAGE (4 items), AUDIT-C (3 items), AUDIT (10 items)
- **Drugs:** CAGE AID (4 items, alcohol + drugs), DAST-10 (10 items), ASSIST (alcohol + drugs)
- **Pregnant women:** 4Ps (5 items), 5Ps (8 items), TWEAK (4 items), T-ACE (5 items)
- **Adolescents:** CRAFT (6 items)

SAMHSA: https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs
NIDA: https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools?utm_source=Email&utm_campaign=PartnerPromo_screenchart_8.6.18

SBIRT: Screening, Brief Intervention, Referral to Treatment



Chapter

04

How to manage behavioral health concerns

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Psychopharmacology: The basics

Golden rule: Start low, go slow

- **Antidepressants**
  - ✓ Rule out bipolar disorder
  - ✓ Monitor for suicidal ideation or unusual change in behavior; increased risk of suicidality in children, adolescents, and young adults (black-box warning)
  - ✓ Common side effects often improve within the first two weeks of treatment; a low-starting dose might help increase tolerance and adherence
- **Anxiolytics**
  - ✓ Avoid long-term use; if tapering after long-term use, go slow
  - ✓ Favor antidepressants for treatment of anxiety
  - ✓ Monitor for abuse potential
- **Antipsychotics**
  - ✓ Side effects can be significant, prescribe with caution
  - ✓ Monitor closely for weight gain and metabolic side effects
  - ✓ Monitor for abnormal movement
  - ✓ Monitor use of LAIs and other antipsychotics, particularly clozapine, post-COVID-19
- **Medication-assisted therapy**
  - ✓ Assess adherence during COVID-19
  - ✓ Assess current regimen
  - ✓ Assess current access to support
  - ✓ Stick with basic principles of treating chronic long-term illness (slip, not fall)

Sleep is critical to good behavioral health

- Sleep hygiene
- Sleep rituals
- Change in diet
- Supplements like Mg
- Medications:
  - Melatonin
  - Allergy meds
  - Antidepressants like Trazadone, Remeron
  - Caution with Benzodiazepines (only short-term use)
  - Sleep meds (Ambien, Lunesta, Sonata, Silenor) (monitoring, short-term use)

How does behavioral health assist?

- Behavioral health can focus on brief, solution-focused interventions.
- Some of these interventions may include:
  - Behavioral activation
  - Mindfulness
  - Motivational interviewing
  - Cognitive Behavioral Therapy (CBT)
  - Relaxation techniques
  - Sleep hygiene

Mindfulness exercise

Guided Imagery Mindfulness Technique

Just follow along

Targeted outreach

- Pandemic is associated with significant emotional toll; patients with pre-existing BH or SUD conditions are at increased risk.
- Targeted outreach can help prevent decompensation.
- Risk factors include pre-existing condition, history of trauma, isolation, domestic violence, poor medication adherence, recent discharge from high level of care, recent ED visit, history of suicide attempt or self-injurious behavior and history of substance use.
- Psychotropic medications are often associated with side effects early on, even a brief check-in by phone or email can increase chance of adherence.

Chapter

05

Massachusetts-specific resources

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The Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP): Free consultation on safe prescribing

- Offers real-time phone consultation to PCPs on safe prescribing and managing care for adults with chronic pain and/or SUD
- Provides information on community resources to address the needs of these patients
- Available Monday – Friday, 9 a.m. – 5 p.m.
- Provides free consultations on all patients statewide, regardless of insurance
- Available at **1-833-PAIN-SUD** (1-833-724-6783)
- Funded by the Massachusetts Executive Office of Health and Human Services

How can MCSTAP help you and your patients?

- Assists clinicians in using evidence-based practices when prescribing opioids and use of medication for treating SUD
- Consults on key questions, including managing medications to holistic chronic pain management
- Provides personalized real-time and ongoing professional coaching on providers' most complex patients
- Identifies community-based resources that can address patients' needs
- Helps build practices' capacity to care for complex patients with chronic pain or SUD

The Massachusetts Child Psychiatry Access Program (MCPAP): Free consultation for pediatricians

- Aims to improve a pediatric team's competencies in:
  - Screening, identification, and assessment
  - Treating mild to moderate cases of behavioral health disorders
  - Making effective referrals to community services
  - Coordinating care for patients who need community-based specialty psychiatric and behavioral health services
- Three regional teams: Boston North (MGH and NSMC); Boston South (BCH, Tufts, McLean SE); Western/Central (UMass and Baystate)
  - Consist of child psychiatrists, licensed therapists, resource and referral specialists, and program coordinators
  - Respond to inquiries from primary care providers and/or on-site behavioral health clinicians within 30 minutes
- For more information visit www.mcpap.org
- Available Monday – Friday, 9 a.m. – 5 p.m.

Boston North: 855-627-2763 | **Boston South:** 844-636-2727

Western/Central: 844-926-2727

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Additional resources: Child abuse

If you or your staff suspect child abuse and/or neglect, reports **must be phoned in** to the Department of Children and Families (DCF).

Please **call immediately** if you know of, or suspect, an incident of child abuse or neglect. Call the DCF area office that that serves the city or town where the child lives during regular business hours (8:45 a.m. – 5 p.m., Monday - Friday).
https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations

During nights, weekends, and holidays, call the Child-at-Risk Hotline at **1-800-792-5200**.

Additional resources: Domestic violence

Resources related to domestic violence:

Domestic Violence Programs for Survivors

https://www.mass.gov/service-details/domestic-violence-programs-for-survivors

The National Domestic Violence Hotline

https://www.thehotline.org/help/

Additional helpful resources

- There are self-guided applications that can assist individuals in some somatic concerns.
- These self-guided applications often include some aspects of challenging thinking patterns, relaxation techniques, mindfulness, and behavioral activation.
- Some of the more common ones include:
  - MyStrength
  - What's Up
  - Happify
  - Headspace
  - Calm

Chapter

05 In conclusion

When individuals return for routine office visits

- It is likely that there will be more reports of depression and anxiety.
- It is likely that there will be an increase in sleep disturbances, GI disturbances, and somatic conditions.
- Primary care patients may feel that they are not “entitled” to or “couldn’t possibly” be experiencing mental or behavioral health distress because they:
  - Haven’t experienced things as severely as others and are comparing relative levels of distress
  - “Have to be the strong one” in their family because someone else is ill or experiencing distress
  - Are fearful of stigmas associated with “not handling” distress and/or “needing help”

Q & A

If you found this webinar helpful . . .

Please share with your primary care colleagues. A recording and call materials will be posted here:

- www.beaconhealthoptions.com/coronavirus/provider-resources
- https://providertoolkit.beaconhealthoptions.com/

Thank you