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.
Caring through COVID-19

Triaging Referrals to Prioritize Access

- Anxiety
- Depression
- Job loss
- Working remotely
House Keeping Items

1. Today’s webinar is 1 hour including Q&A
2. All participants will be muted during the webinar
3. Please use the Q&A function vs. chat. We will monitor questions throughout and answer as many as possible at the end.
4. 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
Today’s speakers

Amy Batchelor, LPC
Senior Provider Quality Manager

Robert McAlonan, LCSW
Director of Provider Quality
Learning objective & agenda

Learning Objective:
Provide support to network providers to promote and sustain member access to care amid the rapidly changing landscape of nationwide state-mandated COVID-19 quarantines, widespread office closures, and innovative transition to telehealth.

Agenda:
- Recognize the current landscape in behavioral health including trends for a potential influx of people in need of treatment.
- Identify barriers and/or limitations to access to care from a patient experience perspective.
- Support expansion of telehealth and how it is used to fill gaps in care.
- Identify and share creative provider strategies in behavioral health that increase access to care.
- Link providers to resources for guidance and support specific to their region to promote access to care.
Chapter 01

“We help people live their lives to the fullest potential.”

Our Commitment

The new landscape: Expecting a surge in behavioral health needs
Preventative solutions for stopping the spread of COVID-19 have impacted how, when, and where care is provided

- Social distancing
- “Stay at home” and/or “shelter in place” orders issued by states
- Widespread business closures and uncertainty about when it is safe to return
- Healthcare providers focus on acute medical services needed or planned for COVID-19 cases
The “New” Landscape: COVID-19 has been a catalyst for structural change in behavioral health

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), calls in March 2020 to the national mental health hotline increased 891% when compared to the same period last year.\(^1\)

Systems of Care (SOC) across the country are focused on containing the transmission of the virus WHILE creating policies and practices in response to state and local guidance and temporary emergency orders which vary greatly across the country.
As COVID-19 cases decrease in most states, we will likely see an increase in behavioral health cases

45% of U.S. adults say the pandemic has affected their mental health.

Social isolation and loneliness, as a result of shelter-in-place orders, is a risk factor for increased depression and suicidal ideation.

Increased job loss and unemployment may lead to increased rate of people with depression, anxiety, substance abuse, and suicide.

Between mid-February and mid-March, prescriptions for anti-anxiety drugs spiked 34%, antidepressants by 18.6% and anti-insomnia drugs by 14.8%.

Alcohol sales have increased dramatically over the past several months.

Chapter 02

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Our Commitment

The patient experience: Barriers to treatment during COVID-19
Barriers to accessing care during a pandemic exist at many levels

<table>
<thead>
<tr>
<th>National Systems of Care</th>
<th>Provider</th>
<th>Patient</th>
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</thead>
<tbody>
<tr>
<td>Limited availability of personal protective equipment (PPE)</td>
<td>Quarantine orders</td>
<td></td>
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<tr>
<td>High unemployment rates</td>
<td>Atmosphere of uncertainty</td>
<td></td>
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<tr>
<td>Pre-existing access to care issues</td>
<td>Poverty</td>
<td></td>
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<tr>
<td>Lack of social services</td>
<td>Gaps in the continuum of care</td>
<td></td>
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<tr>
<td>Quick transition to telehealth</td>
<td>Diminished workforce</td>
<td></td>
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<tr>
<td>Adherence to state regulations</td>
<td>Lack of technical skill</td>
<td></td>
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<tr>
<td>Lack of access to technology</td>
<td>Unsafe living environment</td>
<td></td>
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<tr>
<td>Lack of childcare</td>
<td>Disconnected from social supports</td>
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</table>
Pre-existing barriers in access to healthcare have been exacerbated by COVID-19

Current COVID-19 “hotspots” are high population density areas, with many consisting of already disenfranchised communities with pre-COVID-19 systemic barriers to receiving adequate healthcare.²
COVID-19 presents challenges to delivery of established, evidenced-based best practices

- Limited face to face clinical services are being provided in the community
- Access to Intensive group centered programs has decreased
- Challenges to observation-based diagnoses over telehealth
- “Walk in” appointments for same day access are limited
- Residential treatment may not currently be an option in many states and/or has been required to make significant changes to prevent virus spread
Chapter 03

“We help people live their lives to the fullest potential.”

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Expansion of telehealth to promote access to care
Telehealth can be an effective modality for the triage and engagement of patients in quality care.

**Access and Quality**

- Patient education
- Engaging
- Professional
- User-friendly technology
- Confidential
- Easy to access

Ensure platform is sufficient and easy to use

Provider needs to be the telehealth subject matter expert

Maintain the same clinical culture via telehealth treatment
Beacon uses a variety of mechanisms to measure members’ access to care with participating practitioners. **Unless other appointment availability standards are required by a specific patient or government-sponsored health benefit program, service availability is assessed based on the following standards for participating practitioners:**

- An individual with life-threatening emergency needs is seen **immediately**
- An individual with non-life-threatening emergency needs is seen **within six hours**
- An individual with urgent needs is seen **within 48 hours**
- Routine office visits are available **within 10 business days**
Telehealth has been used as a solution to address barriers to access

Shift in acceptability of telehealth as a valid and useful tool in the treatment of behavioral health, substance use, and physical health

- Increased amount of support and guidance available for practitioners offering telehealth
- Increased flexibility in how services are delivered

Lack of public transportation is diminished as a barrier to access for many

- Increased flexibility to work remotely

Decreased commute to appointments

Increased access to care for individuals who are unable to leave the house but are able to participate in telehealth
## How to help vulnerable populations with access to telehealth

<table>
<thead>
<tr>
<th><strong>No smart phone or device</strong></th>
<th><strong>No technical skills</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Federal/state phone program</td>
<td>• Tip Sheets to walk patients through the platform</td>
</tr>
<tr>
<td>• Using contact free rooms in facilities for computer access</td>
<td>• Short instructional videos that can be texted and on website</td>
</tr>
<tr>
<td>• SafeLink government phones for free talk/text/data</td>
<td>• Easy link on website to connect to support staff</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Juggling home and work responsibilities</strong></th>
<th><strong>No current provider</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• After-hour/weekend sessions</td>
<td>• Simple referral and intake process</td>
</tr>
<tr>
<td>• Remind patients of flexibility</td>
<td>• Beacon list of telehealth-ready therapists with availability</td>
</tr>
<tr>
<td>• Protocols for parents</td>
<td>• Emergency triage numbers posted on Beacon website COVID page</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>** Seriously mentally ill (SMI) population**</th>
<th><strong>Dangerous home environment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Long Acting Injectables</td>
<td>• Contact free rooms in facilities with computer access</td>
</tr>
<tr>
<td>• Drop-in centers</td>
<td>• Meeting in parks, etc. w/ social distancing</td>
</tr>
<tr>
<td>• Safe delivery of medications and other basic needs</td>
<td>• Checking on victims, code phrases to trigger interventions</td>
</tr>
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Beacon is reimbursing telehealth to promote access and continuity of care during the pandemic

CMS defines telehealth as *the use of telecommunication and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance*

- Based on the guidance from states and other regulatory bodies, and to aid in the start or continuity of care, Beacon will cover telehealth services, at times including phone therapy, for most services. Please find guidance relevant to your state here: [https://web.csg.org/covid19/executive-orders/](https://web.csg.org/covid19/executive-orders/)
- When clinically appropriate, Beacon is encouraging providers to use technologies to communicate with individuals in a confidential and secure manner
- If you have questions about how a particular service is covered, please Call Beacon’s National Provider Service Line at 800-397-1630 (Monday-Friday, 8 a.m.-8 p.m. ET) or contact your local Provider Relations contact
Chapter 04

“We help people live their lives to the fullest potential.”

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Provider strategies and practices in promoting access during COVID-19
Providers have come up with a number of creative and innovative solutions to ensuring access in their communities.

**Telehealth is effective but not always possible**
Telehealth is a highly effective mode of care in non-pandemic times. Unfortunately, telehealth is not always possible or the best mode of treatment.

**Face-to-Face services need modification during a pandemic.** Traditional face-to-face services put providers and patients at risk of contagion. Modifications are needed to provide face-to-face services safely.

**Adaptations**
- Creative uses of services
- Protect your patients and staff
- Collaborate across institutions
Improve access to telehealth by informing existing and potential patients or referral sources of offerings

- **Proactive outreach to current patients** to make them aware of service availability and practice changes
- **Signage outside of offices** alerting them that telehealth is available
- **Update Provider websites** in real time to inform members with easy access to service delivery changes.

**Example Outreach Approaches:**

- **Initial orientations** and educational sessions for patients about telehealth
- **Links on websites** and social media with information about how to assist others in need.
  
  *i.e.* “do you know someone in need of help?”

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**Communication**

- Communication to Clientele
- Communication to System of Care

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Systems of Care should collaborate to ensure access to services for patients being discharged from inpatient

- Ensure access across Behavioral Health/Substance Use Disorder/Medical specialties: A Whole Person care approach is preferred
- Develop ways to communicate patient needs to one another
- Strengthen pre-existing partnerships
- Help each other - Workplace shortages/clinicians without child care
- Take advantage of this time to get to know other providers in your community! If polarized, now is the time to begin collaborations.
Providers are helping their patients gain access to services in creative ways

**Using agency technology** to connect to telehealth, across offices, and to community-based services

**Advocating for their patients** to access resources in the community, raising needs to community stakeholders (grants, advocacy, etc.)

**Applying for government subsidies** to address work force shortages, i.e., stipends for front line, face-to-face workers (see appendix)

**Non-traditional service times and locations:** Example: 9PM appointment for a single mother while the children are sleeping

**Risk Stratification:** Identification of high risk members to outreach first
Providers should be prepared to re-open doors safely

Protect your staff:

- **Screen staff, patients and visitors** for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.
- **Conduct an inventory** of available personal protection equipment (PPE).
- **Encourage sick employees to stay home.** Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

Protect your patients:

- **Identify a separate, well-ventilated space** that allows waiting patients and visitors to be separated.
- **Schedule in-person sessions with 15 minute gaps** between patients (at a minimum).
- **Adjust your hours of operation to include telephone triage and non-traditional appointments** for patients.
- **Continue to leverage telehealth** technologies and self-assessment tools.
- **Add social distancing markers** on floors and Plexiglas between front desk staff and patients.
- **Utilize a parking lot waiting area** when possible.

Source: CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/steps-to-prepare.html)³
COVID-19 has been the catalyst for structural change in behavioral health

Pivots are possible – providers quickly implemented telehealth and workflows to support patients in non-traditional ways

Behavioral health contribution is visible – helping frontline medical workers through help lines and crisis support

Information data sharing needs – opportunity to improve the way data is shared across the system of care

Financial strain and visibility – alternative payment models to support providers who provide access to vulnerable populations and have data to show positive outcomes

Relaxed state regulations – expedite process for temporary licensure of high demand professionals and potential to support mobility across state lines

New operational structures – identify workforce strengths and gaps and streamline operations and physical space needs

Telehealth here to stay – telehealth allows for actual patient centered care and supports providers with multiple barriers to treatment
Caring through COVID-19

Questions?

Anxiety  Depression  Job loss  Working remotely
References


Access Resources

**Telehealth Guidelines:**
Example for Adults: Best Practices in Videoconferencing-Based Telemental Health (American Psychiatric Association and American Telemedicine Association)

Example for Child and Adolescent: Practice Guidelines for Telemental Health with Children and Adolescents

**Links to Local Community Resources:**
Aunt Bertha Social Care Network
https://www.auntbertha.com/
Thank You

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