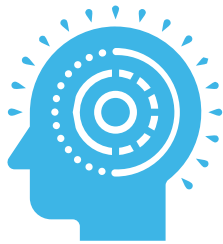Caring through COVID-19

Triaging Referrals to Prioritize Access

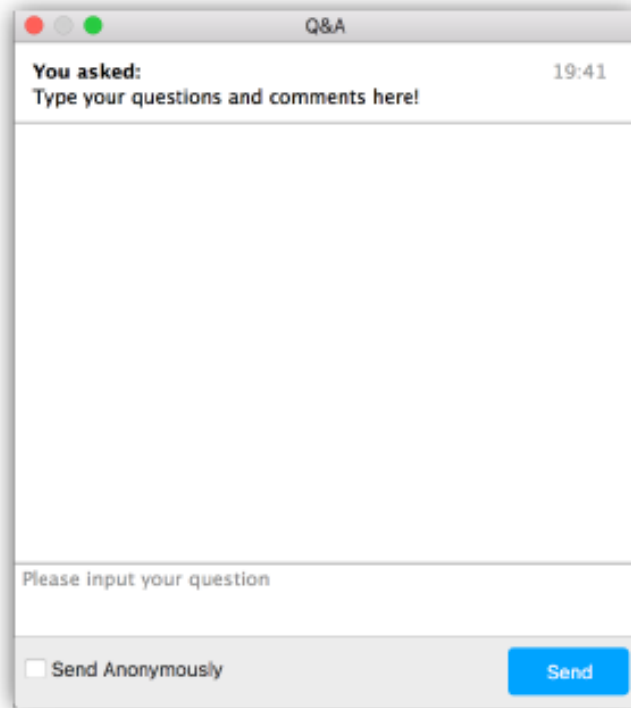Anxiety   Depression   Job loss   Working remotely

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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

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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.

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01

"We help people live
their lives to the
fullest potential."

Our Commitment

The new landscape: Expecting a surge in behavioral health needs

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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

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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

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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%.**

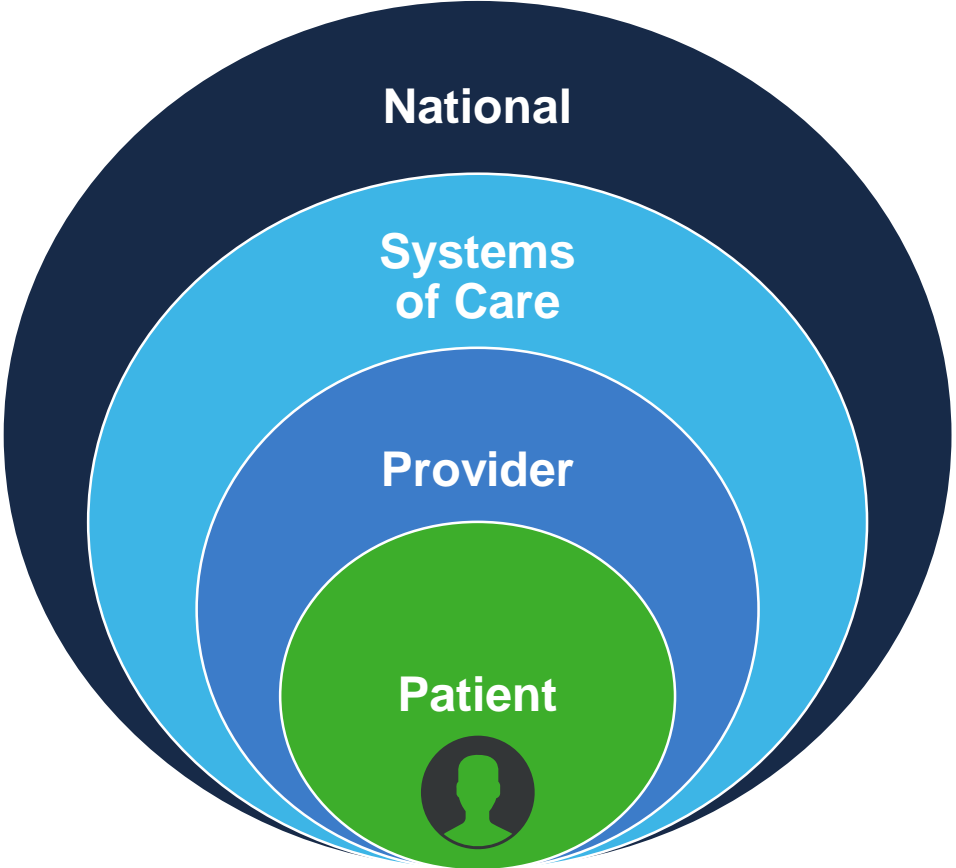Alcohol sales have **increased dramatically** over the past several months.

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02

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Our Commitment

The patient experience: Barriers to treatment during COVID-19

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Barriers to accessing care during a pandemic exist at many levels

National	
Limited availability of personal protective equipment (PPE)	Quarantine orders
High unemployment rates	Atmosphere of uncertainty

Systems of Care	
Pre-existing access to care issues	Poverty
Lack of social services	Gaps in the continuum of care

Provider	
Quick transition to telehealth	Diminished workforce
Adherence to state regulations	Lack of technical skill

Patient	
Lack of access to technology	Unsafe living environment
Lack of childcare	Disconnected from social supports

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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]

Lack of housing

Poverty

Communities of color

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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

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03

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Our Commitment

Expansion of telehealth to promote access to care

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Telehealth can be an effective modality for the triage and engagement of patients in quality care

Patient education

Easy to access

Engaging

Access and Quality

Confidential

Professional

User friendly technology

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

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The expansion of telehealth during COVID-19 is helping to maintain access availability standards

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**

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Telehealth has been used as a solution to address barriers to access

National

Systems of Care

Provider

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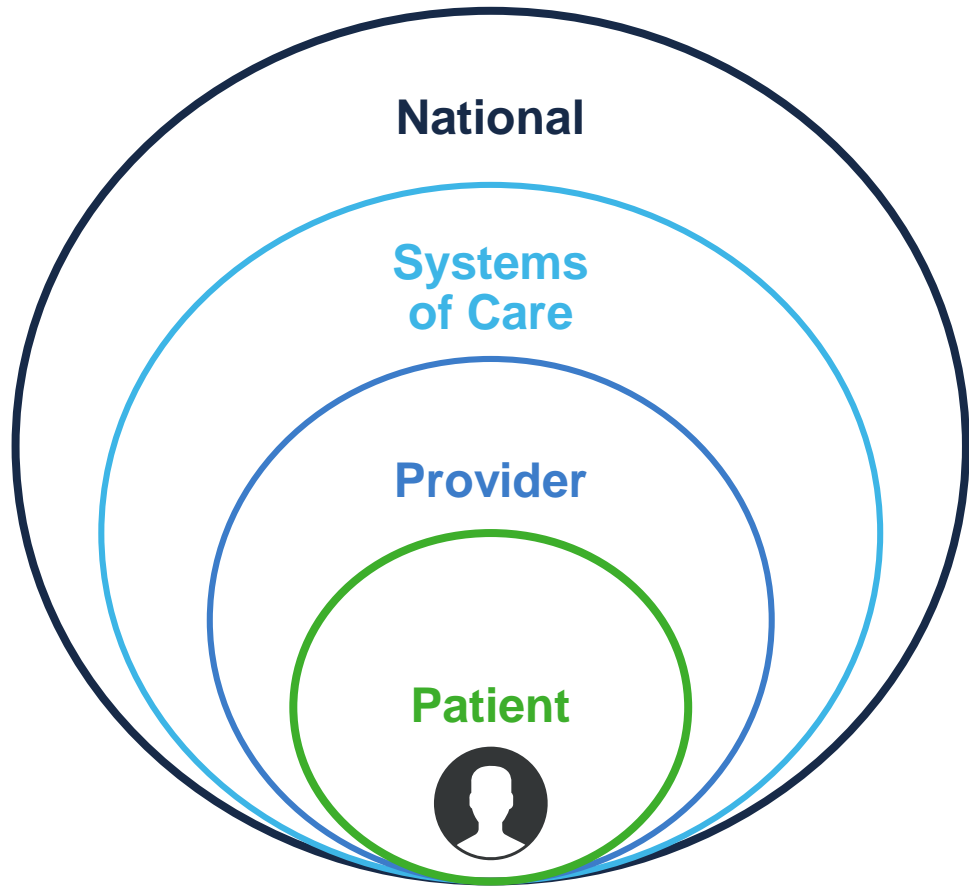
Shift in acceptability of telehealth as a valid and useful tool in the treatment of behavioral health, substance use, and physical health

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

No smart phone or device
- Federal/state phone program
- Using contact free rooms in facilities for computer access
- SafeLink government phones for free talk/text/data

No technical skills
- Tip Sheets to walk patients through the platform
- Short instructional videos that can be texted and on website
- Easy link on website to connect to support staff

Juggling home and work responsibilities
- After-hour/weekend sessions
- Remind patients of flexibility
- Protocols for parents

No current provider
- Simple referral and intake process
- Beacon list of telehealth-ready therapists with availability
- Emergency triage numbers posted on Beacon website COVID page

Seriously mentally ill (SMI) population
- Long Acting Injectables
- Drop-in centers
- Safe delivery of medications and other basic needs

Dangerous home environment
- Contact free rooms in facilities with computer access
- Meeting in parks, etc. w/ social distancing
- Checking on victims, code phrases to trigger interventions

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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 telecommunications 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/

- 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

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04

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Our Commitment

Provider strategies and practices in promoting access during COVID-19

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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**

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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.

Outreach with regular updates to referral sources in community re: availability of services

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?"*

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.

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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

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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]

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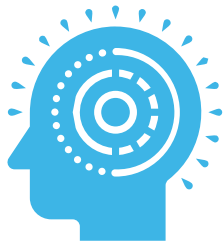
New operational structures – identify workforce strengths and gaps and streamline operations and physical space needs

Telehealth here to stay – telehealth allows for actual patient centered care and supports providers with multiple barriers to treatment

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References

1. Jackson, A. (2020, April 10). A crisis mental-health hotline has seen an 891% spike in calls. *CNN*. Retrieved from https://www.cnn.com/2020/04/10/us/disaster-hotline-call-increase-wellness-trnd/index.html

2. Open Minds. (2020, April 23). How The Coronavirus Pandemic May Bend The Demand For Behavioral Health Services. Retrieved May 10th 2020 from https://www.openminds.com/market-intelligence/executive-briefings/how-the-coronavirus-pandemic-may-bend-the-demand-for-behavioral-health-services/

3. Sullivan, D., Connelly, E., (2020, March). *Why COVID-19 could make social determinants of health even worse.* Retrieved March 18th 2020 from The Advisory Board: file:///C:/Users/jgoldba/Downloads/CoE March Webinar_3.18.20_COVID19 FINAL.

4. Centers for Disease Control and Prevention. (2020, March 20). Steps Healthcare Facilities Can Take Now to Prepare for COVID-19. Retrieved May 10th 2020 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/steps-to-prepare.html

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Resources

Access Resources

Telehealth Guidelines:

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

https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide

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

://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/Practice%20Guideline%20Covers/NEW_ATA%20Children%20&%20Adolescents%20Guidelines.pdf https

Links to Local Community Resources:

Aunt Bertha Social Care Network

https://www.auntbertha.com/

Thank You

Caring through COVID-19

This presentation will be posted at
www.beaconhealthoptions.com/coronavirus/

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