

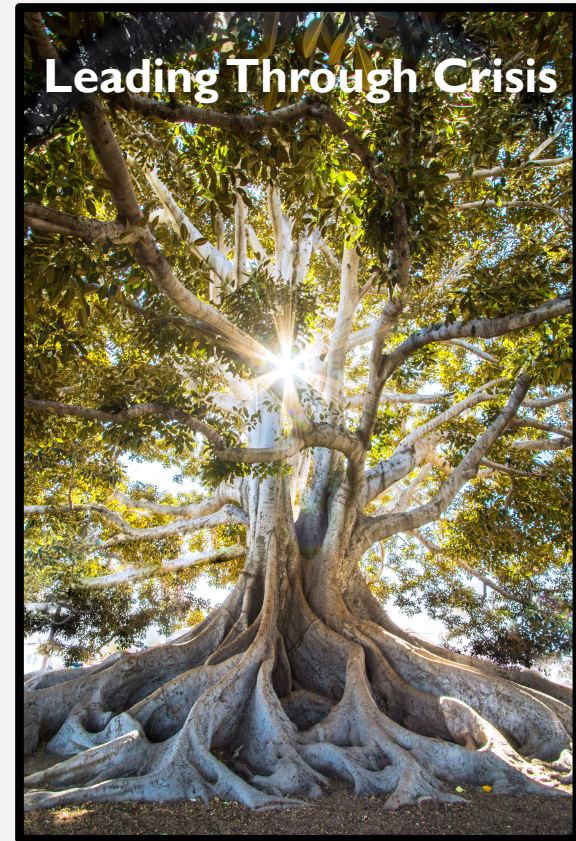


**WEBINAR:  
THE TSUNAMI OF NEED IS COMING:  
INTEGRATED CARE IN THE ERA OF COVID-19  
JUNE 25, 2020**

**Welcome! We will get started  
momentarily**



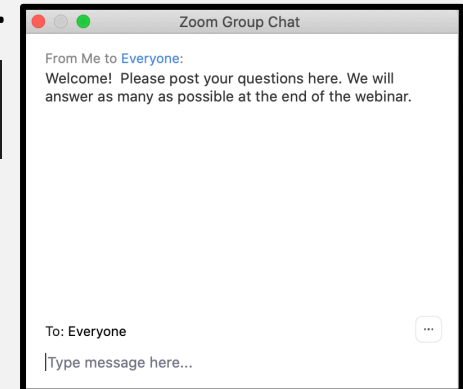
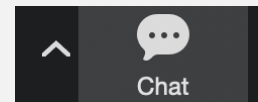
- **Part 1**
  - Presentation
- **Part 2**
  - Discussion with Panelists & Deep Dive into topics
  - *Separate registration required!*



[www.leaders4health.org/leading-through-crisis](http://www.leaders4health.org/leading-through-crisis)

WELCOME

- We want to hear from you! Share your **questions** and **comments** via the **chat box**.



- A **recording** of today's discussion with **materials** will be made available within 24 hours. We'll send you an email once it is online.

# OBJECTIVES

## **Participants will:**

- Be able to describe the central role of integrated care in COVID-19
- Be able to describe and share in lessons learned from virtual integration
- Review the need, disparities and risks in a rising behavioral health crisis
- Identify the role of integrated care in management of coronavirus for vulnerable populations



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# COVID TRAJECTORY: DIFFERENT PHASES IN DIFFERENT PLACES

## Phase 1: Immediate Response

### Anticipate

Learn  
Prepare

### Emergency Response

Providers Scramble  
Shift Client Service Offerings  
Move to Telehealth  
Support Clients  
Support Staff (PPE, resilience)

## Phase 2: Recalibration

### Offices Reopen

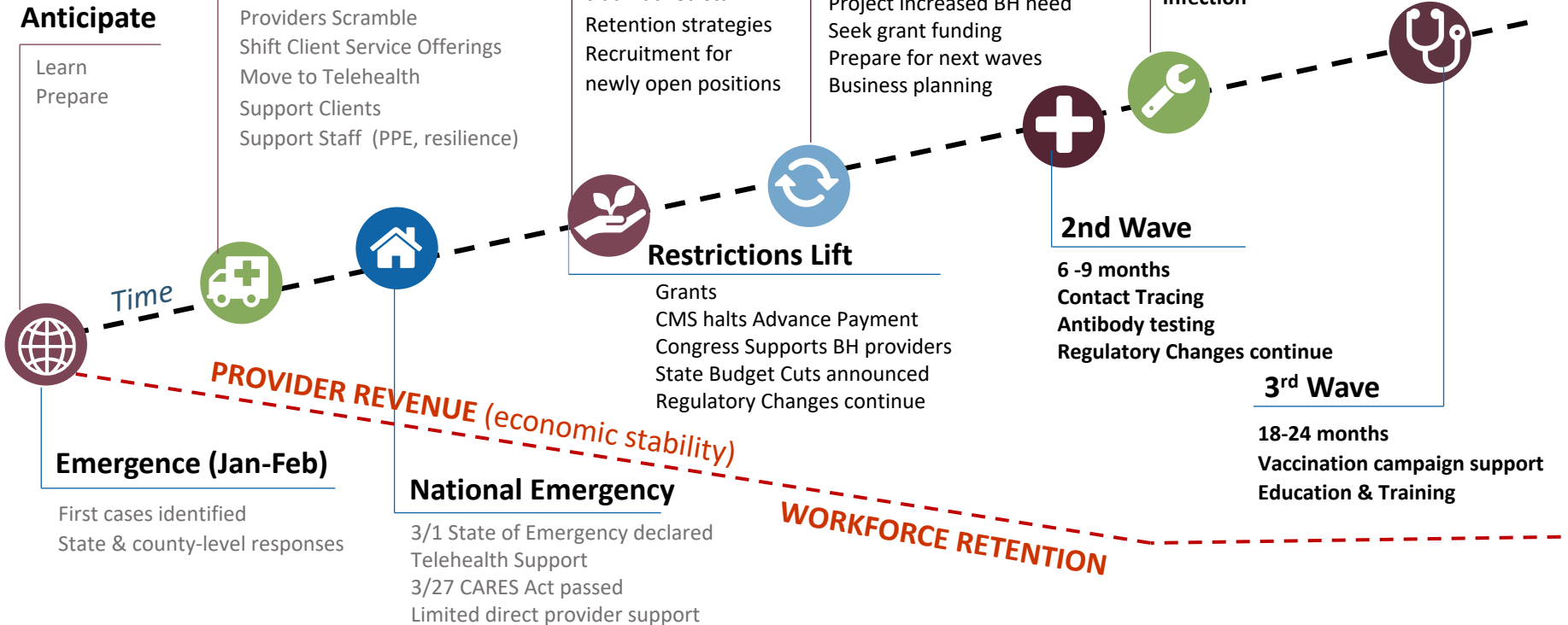
Staff health screening  
Support resilience & traumatized staff  
Retention strategies  
Recruitment for newly open positions

### Assess and Prepare

Identify lessons learned  
Define new processes  
Identify catch up activities  
Project increased BH need  
Seek grant funding  
Prepare for next waves  
Business planning

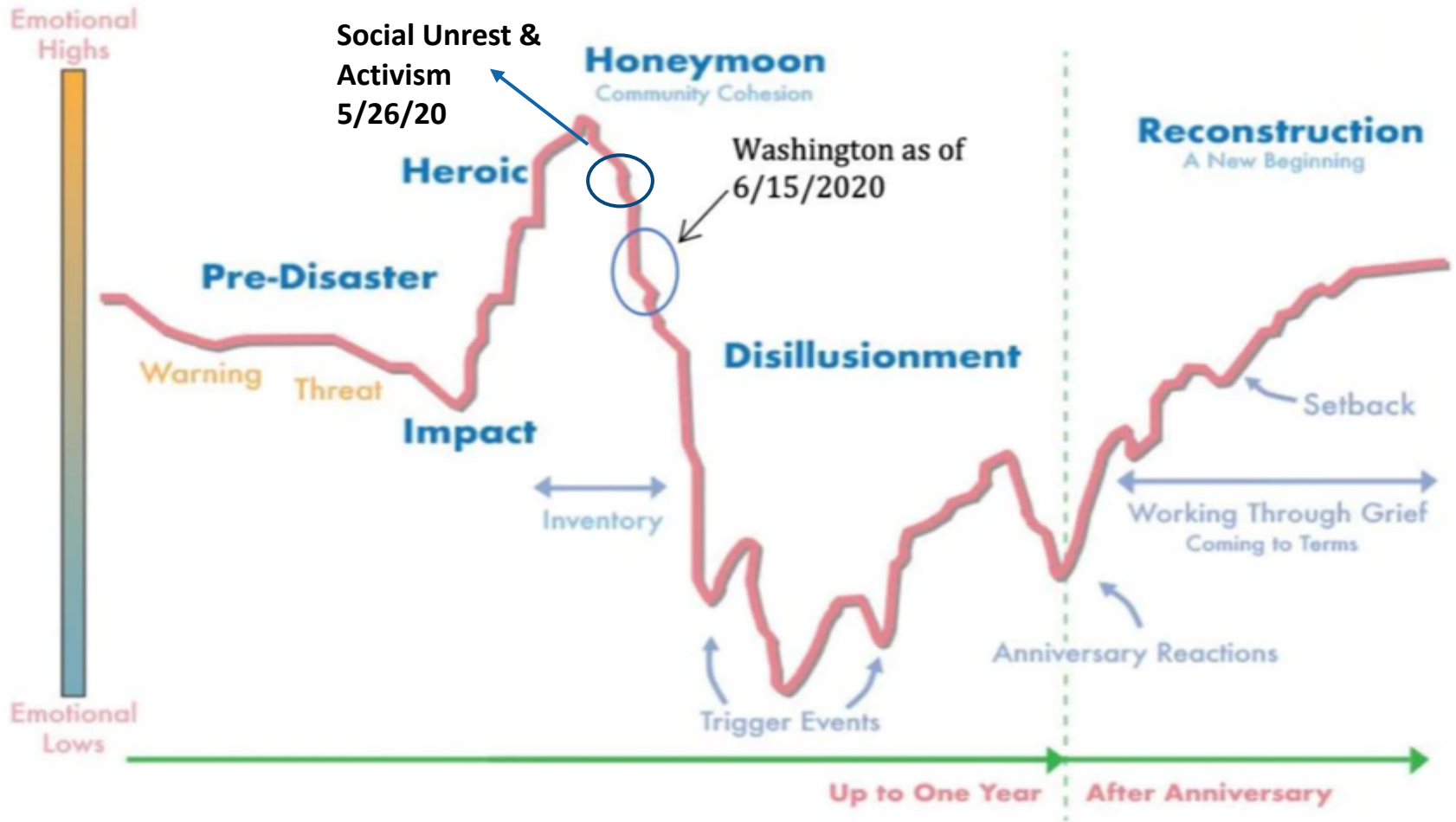
## Phase 3: Systems Change & Continued Response

**Establish New Normal**  
Define new processes  
Consolidations & mergers  
Strategic Planning for mid-term  
Revise budgets & operations  
Respond to continued waves of infection



# BEHAVIORAL HEALTH IMPACT EVOLVES

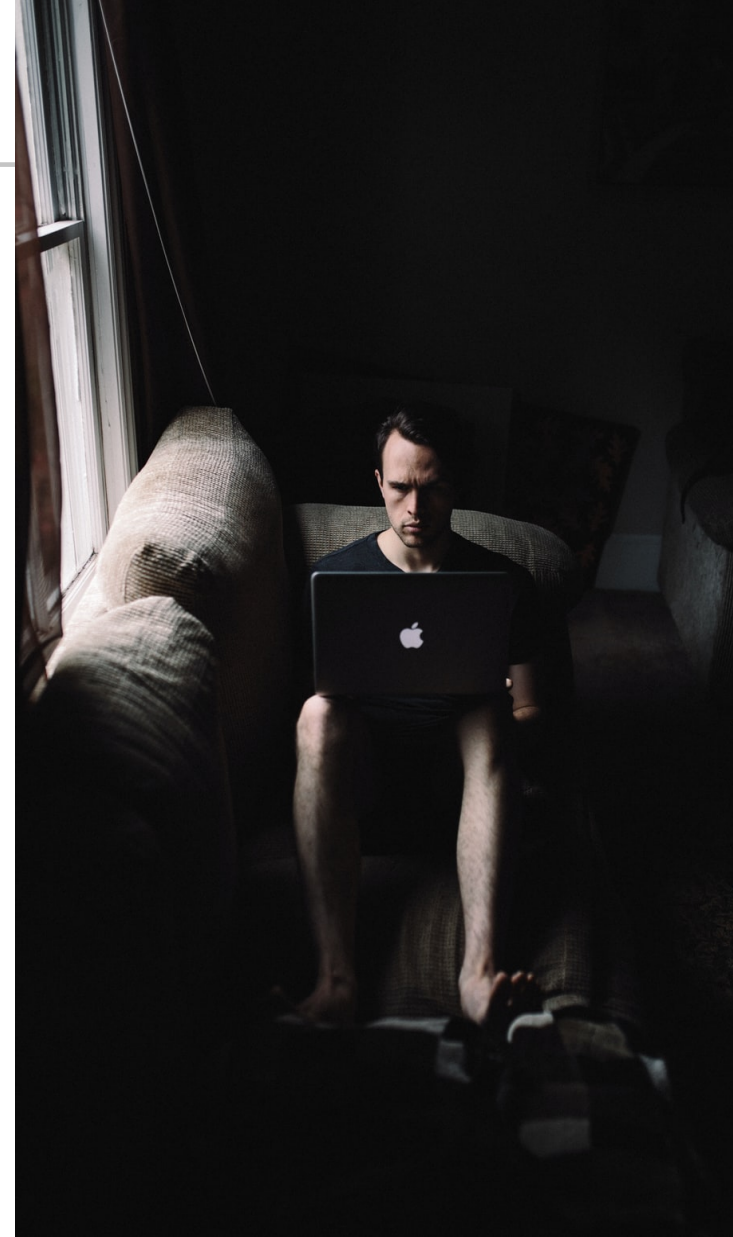
Figure 1. Reactions and Behavioral Symptoms in Disasters



Source: Adapted Washington State adapted from SAMHSA

## ■ BEHAVIORAL HEALTH IMPACT

- + **Nearly half** (45 percent) of adults reported that their **mental health has been negatively affected by worry and stress over the virus**. Destruction not of property but of the national psyche, of security and complacency and sanity.<sup>1</sup>
- + **Roughly one-third** of Americans say they **felt nervous, depressed, lonely or hopeless** on at least one of the past seven days.<sup>2</sup>
- + Individuals with **substance use disorders** and newly emerging
- + Layered effect:
  - + Compound nature and complexity
  - + Death/Loss, illness, fear for self and loved ones
  - + Social isolation
  - + Economic Downturn/unemployment
  - + Political upheaval and racial tension
- + Equation isn't done because we don't have all the variables
- + Newness of THIS disaster and unknowable-ness including what comes next.....



Sources: 1: <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>  
2: <https://www.vox.com/science-and-health/2020/5/29/21274495/pandemic-cdc-mental-health>

## ALCOHOL USE AND MISUSE WAS ALREADY CONCERNING

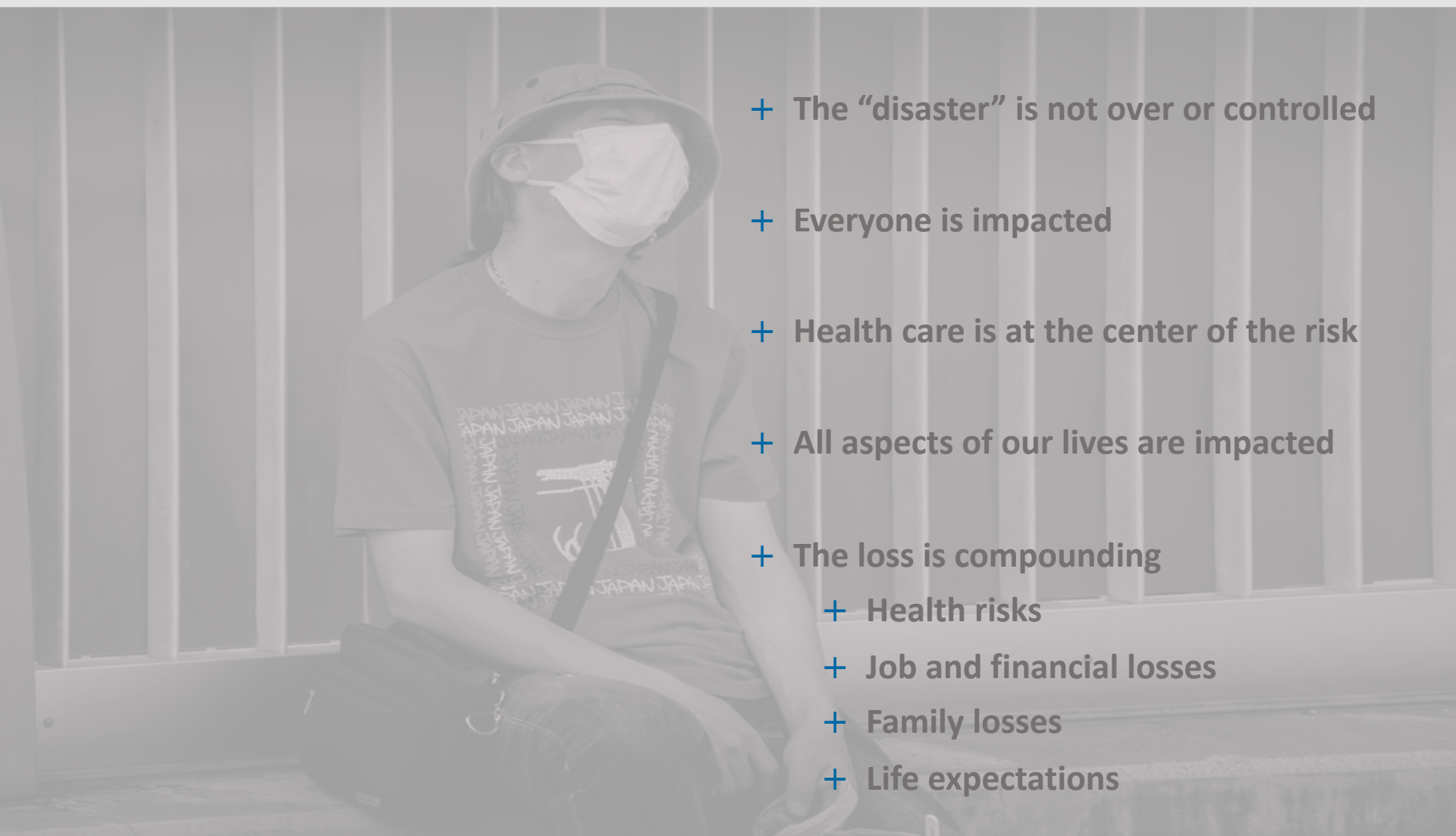


+ According to a recent National Institute on Alcohol Abuse & Alcoholism (NIAAA) study (2018), ED use increased 50% between 2006 and 2014 for females and middle aged or older individuals using alcohol.

- Medical emergencies caused or exacerbated by alcohol increased from 3 to 5 million.
- 4 to 15 Billion in Costs in this timeframe
- Other drugs were involved 14% of the time

Aaron White, et al. Trends in Alcohol-Related Emergency Department Visits in the United States: Results from the Nationwide Emergency Department Sample, 2006 to 2014. Alcohol Clin Exp Res. 2018 Jan 2. [10.1111/acer.13559\(link is external\)](https://doi.org/10.1111/acer.13559).

## ■ WHAT'S DIFFERENT ABOUT THIS TIME IN HISTORY

- 
- + The “disaster” is not over or controlled
  - + Everyone is impacted
  - + Health care is at the center of the risk
  - + All aspects of our lives are impacted
  - + The loss is compounding
    - + Health risks
    - + Job and financial losses
    - + Family losses
    - + Life expectations

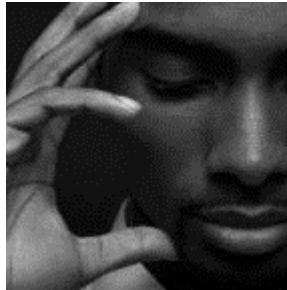
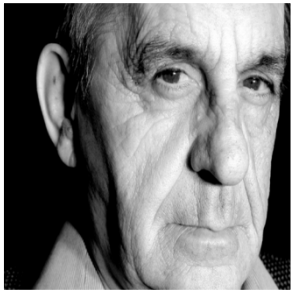
## CONTINUUM OF BEHAVIORAL HEALTH NEED IS RISING



- + General populations' needs are rising
- + Risky behavior and at risk populations' needs are rising
- + Individuals with serious mental illness and addiction have rising need and complex risk
  - + Higher risk for chronic health risk factors
  - + SDoH disparities

# EVEN IN THE BEST OF TIMES, ACCESS WAS CHALLENGING

## No Treatment



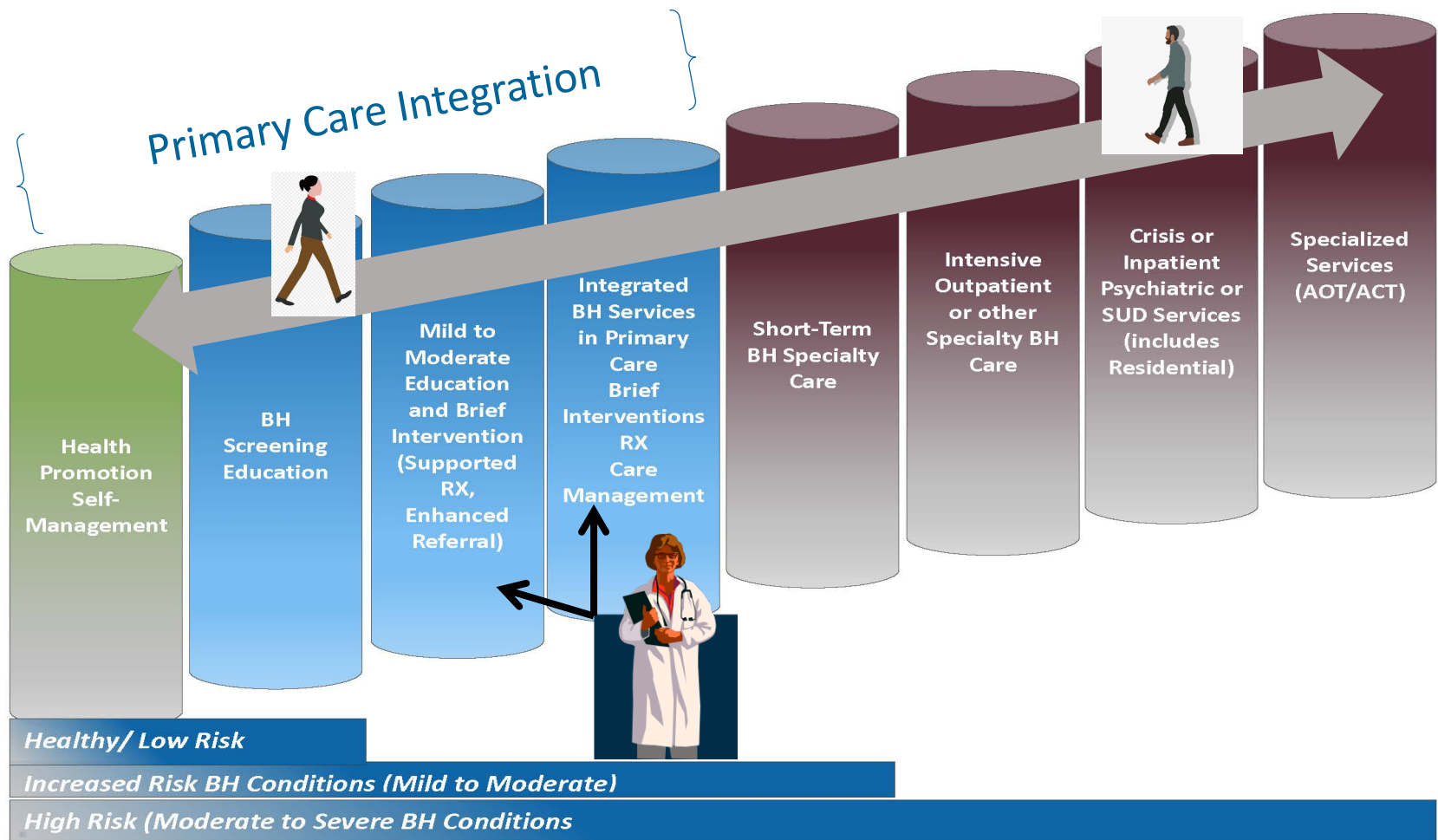
## Primary Care Provider



## Mental Health Provider (psychiatric provider or therapist)

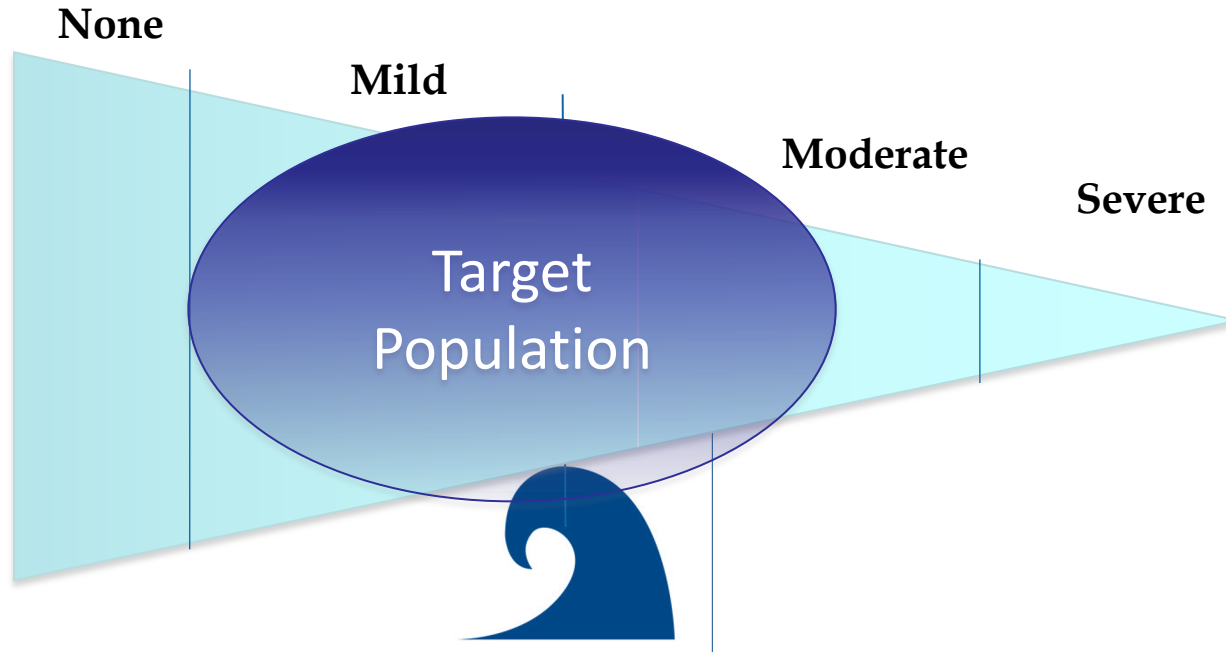
Wang P, et al., Twelve-Month Use of Mental Health Services in the United States, Arch Gen Psychiatry, 62, June 2005

# STEPPED CARE HAS NEVER BEEN MORE IMPORTANT



## UNPRECEDENTED NEED TO IDENTIFY ISSUES IN THE TARGET POPULATION

### *“Sweet” Spot in Primary care*



- ✓ Depression and isolation
- ✓ Anxiety and Panic
- ✓ Trauma and PTSD
- ✓ Grief
- ✓ Risky substance use

# WHAT DOES BEHAVIORAL HEALTH IN PRIMARY CARE SETTINGS FROM COVID LOOK LIKE?

## *“Chief Complaint”*

67 year old woman  
with low energy  
with uncontrolled  
diabetes

43yo mother drinks  
“a couple of glasses”  
of wine daily during  
work at home

16yo with “horrible  
stomach pain” and  
difficulty sleeping

32yo woman  
headaches, irritable,  
furloughed, home  
with children

## CATCHING BEHAVIORAL HEALTH UNDERLYING CHALLENGES

### Social Isolation

67yo woman living alone

### Substance Use Disorder

43yo mother drinks "a couple of glasses" of wine daily

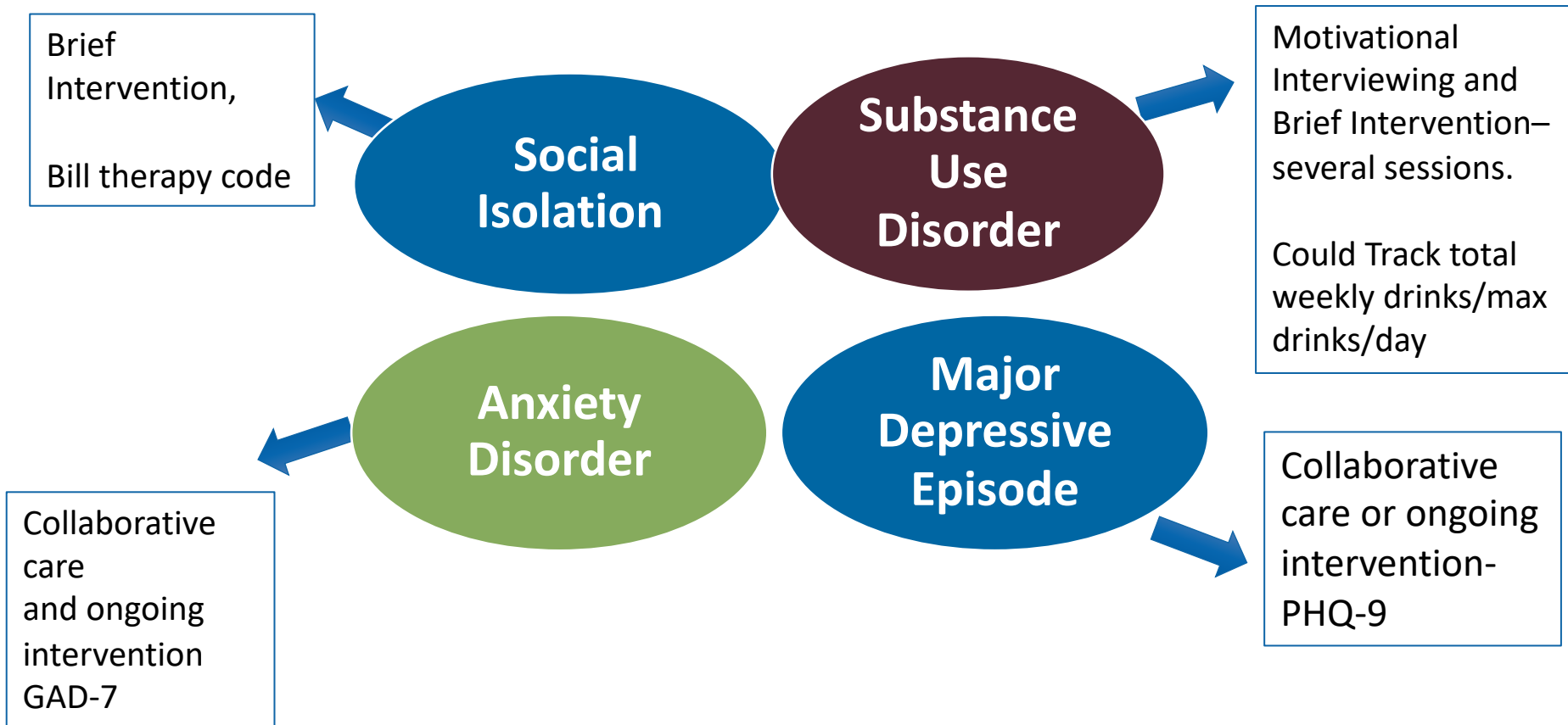
### Anxiety Disorder

16yo with "horrible stomach pain" and difficulty sleeping due to worry about COVID-19

### Major Depressive Episode

32yo woman overwhelmed by work and life balance

# VARIETY OF TREATMENT OPTIONS IN THE PRIMARY CARE SETTING



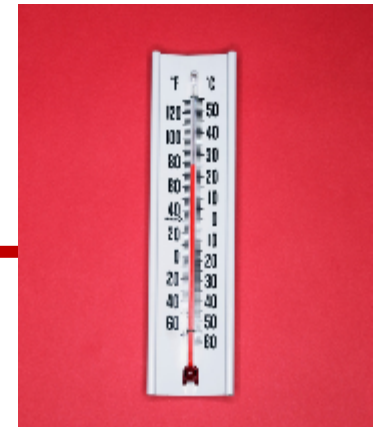
## EFFECTIVE INTEGRATED CARE—STILL RELEVANT IN COVID-19

+ Operationalizes the principles of the chronic care model to improve access to evidence based mental health treatments for primary care patients.

+ Effective Care is:

- + **T**eam-based collaboration and Patient-centered
  - + **E**vidence-based and practice-tested care
  - + **M**easurement-based care, treat to target
  - + **P**opulation-based care – registry, systematic screen
- 
- + **A**ccountable care

“TEMP”



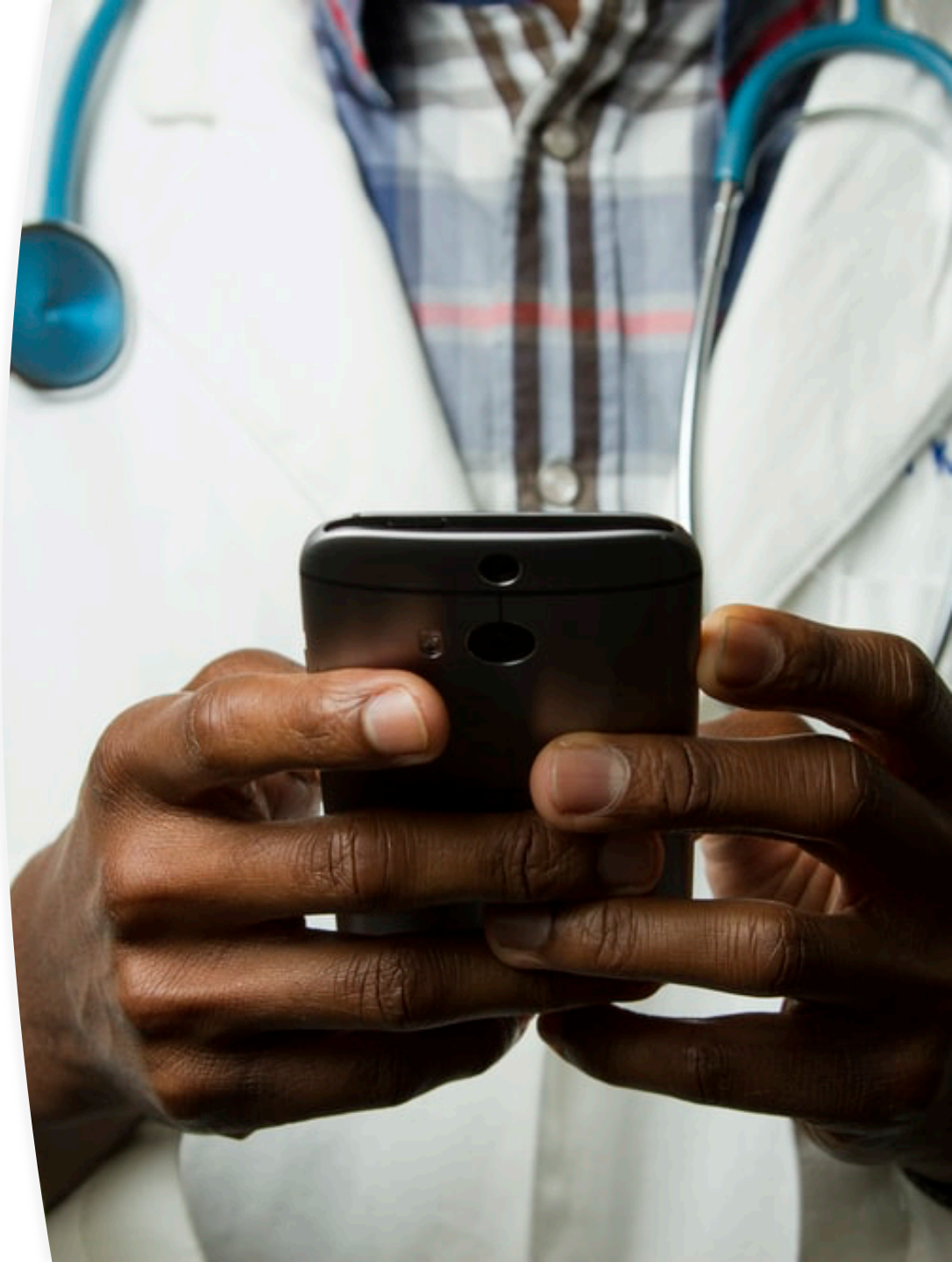
## ■ THE CORE FUNCTIONS OF INTEGRATION ARE STILL ESSENTIAL



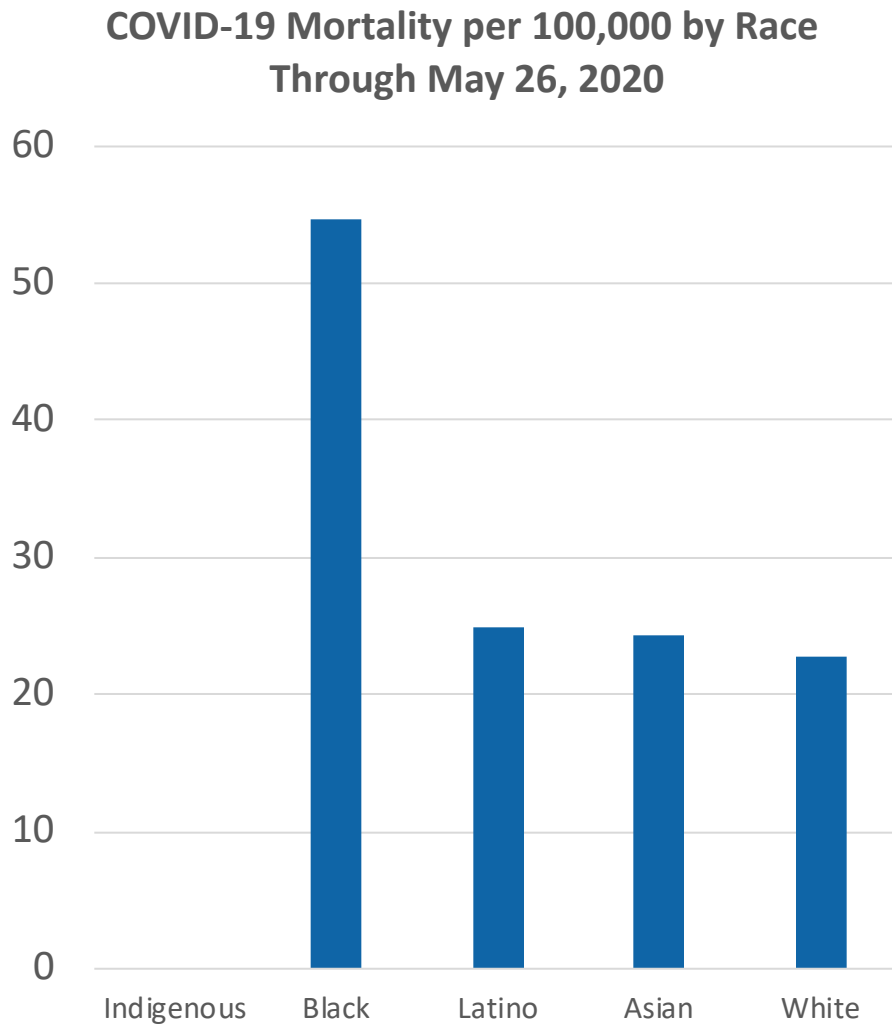
- + Universal screening followed by measurement-based care
- + Health Promotion
  - + Education
- + Brief Interventions
  - + Motivational interviewing
  - + Behavioral activation
  - + Adapted DBT
  - + Problem solving therapy
- + Psychiatric Medication
- + Review and treatment adjustment
- + Enhanced Referral

## CORE FUNCTIONS IN VIRTUAL INTEGRATED CARE

- + Requires intentional planning for e-handoffs including how to get universal screenings completed
- + Increases importance of daily huddle
  - + Schedules behind the scenes
  - + Communication plan
  - + Joining virtual sessions for handoff
- + Training staff to use and be engaging via telehealth
- + Preparing patients for tele-visit
  - + Negotiate downloading app
  - + Handouts sent beforehand to be reviewed
- + Frequent contact for engagement
- + Team Debrief
- + Nuances of running group sessions



## COVID-19 COMPOUNDS HEALTH DISPARITIES & INEQUITY



Source: APM Research Lab



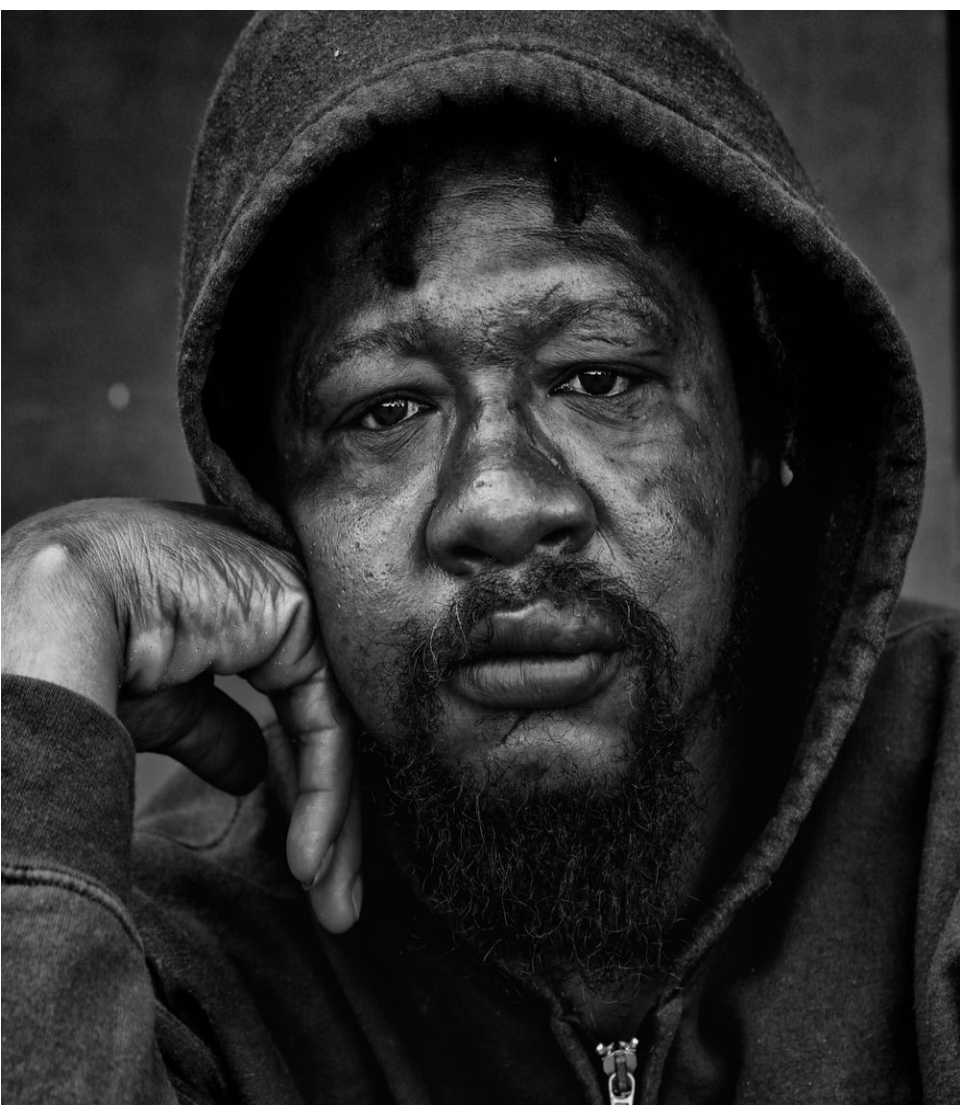
## ■ DISPARITY IN UTILIZATION AND QUALITY CARE

- + Evidence on lower rates of utilization of healthcare which contributes to disparity in outcomes
  - + Trust, rapport and competent care contribute to utilization patterns.
  - + Racial and ethnic representation among providers also contributes
- + Ongoing evidence of differences in treatment (not merely competence) but poor outcomes
  - + Higher rates of extreme procedures, access to the right procedures and treatments, and differences in medication prescribing, etc.



Sources: Swift (2002) Measuring disparities in Health Care Quality and Service Utilization.  
Arnett (2016) Race, Medical mistrust and segregation in Primary Care: Findings from the exploring health disparities in integrated communities study.

# VULNERABLE POPULATIONS AND REDUCTION OF DISPARITIES



- + Review panels “mine the data” for risk
  - + Importance of data
- + Check in on people with chronic health conditions
  - + Diabetes
  - + Kidney Disease
  - + Hypertension
  - + Cardiovascular disease
- + Care management function
  - + OUTREACH, OUTREACH, OUTREACH
  - + SCREEN SCREEN SCREEN
  - + Frequent contact
  - + Education on COVID-19 risk
  - + Brief interventions-Self-Management
  - + Social determinants of health
- + Partnership with community based organizations

Importance of Community Health  
Workers and Peers on Teams

## REACHING HEALTH DISPARITY POPULATIONS IN INTEGRATED PRIMARY CARE SETTINGS HAS BEEN SHOWN TO BE EFFECTIVE

“The Collaborative Care Model is one of very few specific interventions in medicine that have been shown via multiple RCTs to reduce disparities by race/ethnicity and/or socioeconomic status in patients’ access to behavioral health care, quality of care, and outcomes.”

Michael Schoenbaum, PhD

NIMH



# PSYCHIATRIC PROVIDERS SUPPORTING TEAMS TO REACH MORE PEOPLE IN NEED

Care Manager/BHP 4



Care Manager/BHP 1



Care Manager/BHP 3

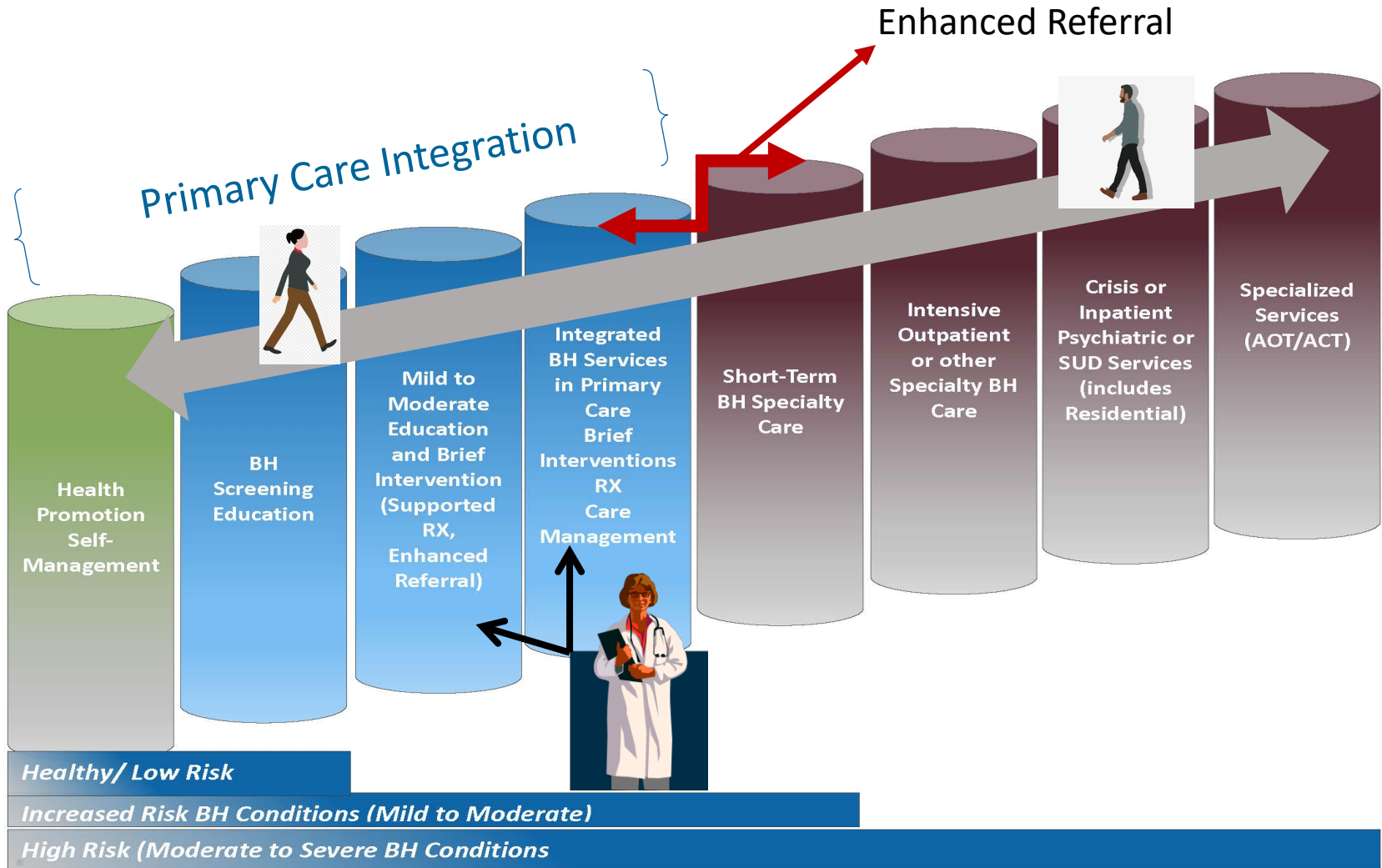


Care Manager/BHP 2



***50-80 patients/caseload  
2-4 hrs psych/week/ care coordinator  
= a lot of patients getting care***

# STEPPED CARE HAS NEVER BEEN MORE IMPORTANT



## GREATER COLLABORATION AND ENHANCED REFERRAL WITH ATTENTION TO SDOH AND NEED FOR HIGHER LEVEL OF SPECIALTY BH WHEN NEEDED

Purposeful and thoughtful relationship development with outside partners:

- ✓ Ties with Counties/State Agencies
- ✓ Improved Patient Experience
- ✓ More consistent communication with outside partner
- ✓ Higher rate of referral success.



### IDENTIFYING NEED FOR REFERRAL

Discuss the process for identification of need and map out steps of this element of the workflow. What are the specialty services in the County?



### COMMUNICATION ABOUT THE REFERRAL

Set up specific communication tools for counties and other providers with specific information relevant to both providers.



### ENGAGING THE INDIVIDUAL

Referrals often leave the individual out of the process—consider methods for enhanced engagement and keeping the person at the center of the process as you move them from Kaiser to a County or other provider..



### REFERRAL TRACKING AND COMMUNICATION AFTER REFERRAL

After the referral is made, there are essential steps to maintain communication and track outcomes with these external providers.



### MONITORING PERFORMANCE

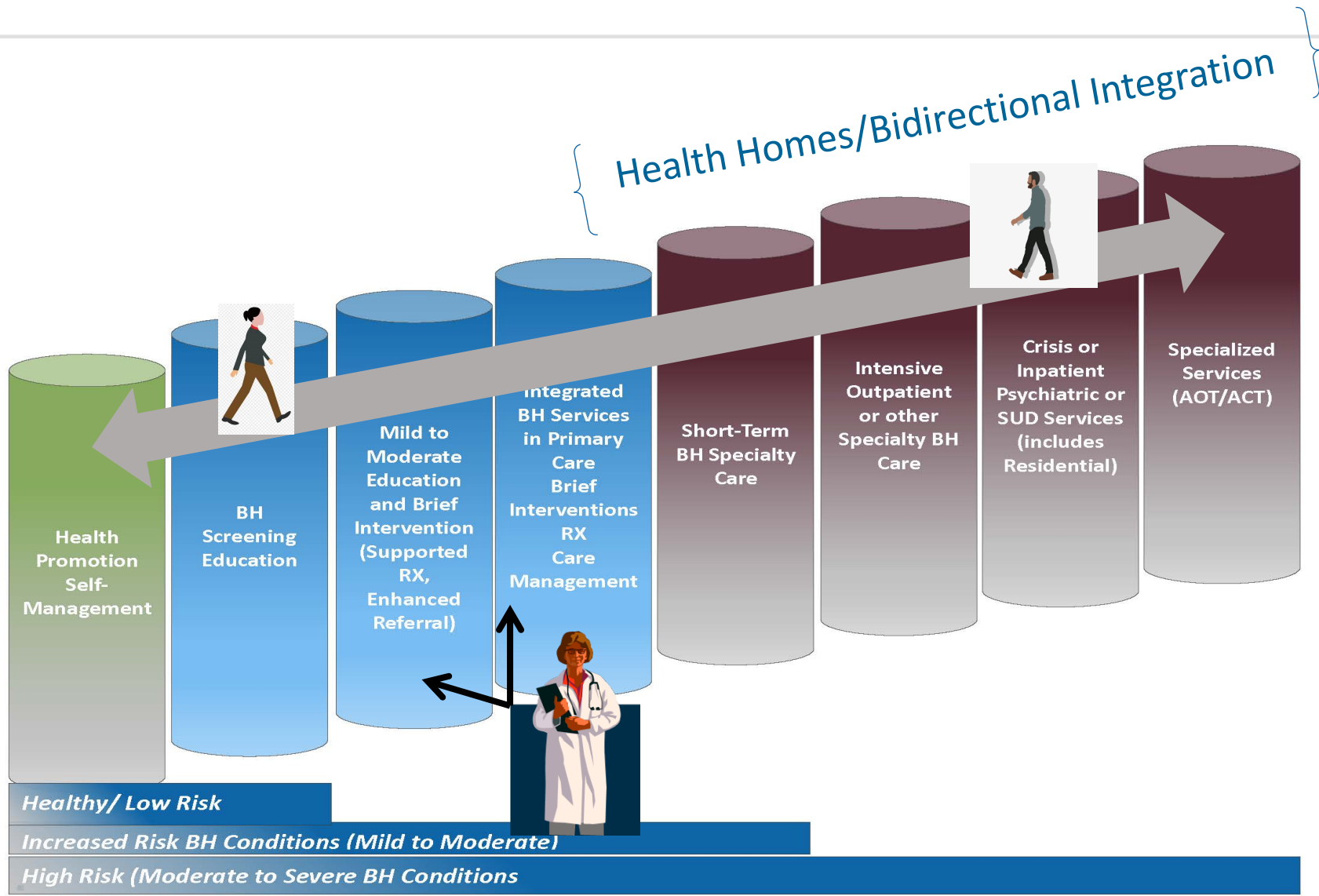
Consider the workflow required to monitor and improve upon the process internally and with your partners. Consider a case conference or formal process for discussing process.

## ■ WHERE DOES THE PATIENT FIT IN THE REFERRAL WORKFLOW?



- + Engagement is critical!
- + Shared decision making
- + Address barriers and challenges especially with telehealth
- + Seek feedback on the process

# STEPPED CARE HAS NEVER BEEN MORE IMPORTANT



# QUESTIONS

We want to hear from you!  
Share your **questions** via  
the **chat box**. We will  
answer as many as  
possible.

# CONTACT INFORMATION



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## PART 2

We want to hear from you!

Join the **interactive discussion** now!

Login via the **link** and **password** sent with your registration.



**PANEL DISCUSSION:  
THE TSUNAMI OF NEED IS COMING:  
INTEGRATED CARE IN THE ERA OF COVID-19  
JUNE 25, 2020**

Welcome! Please tell us who you are and  
where you are from in chat!

# WELCOME

- We would love to see you! Turn your **video on** if you are comfortable.
- We want to hear from you!
  - Share your **questions** and **comments** via the **chat box**
  - **Wave** at me or let me know you'd like to **comment or ask a question** via chat.
  - Ask for **clarification or expansion** on specific topics of interest

# DEEP DIVE

## **Which concept are you most interested in deep diving?**

1. The role of health homes and bi-directional integrated care
2. The role of health equity in integrated care
3. What to do if I am not engaged in integration already – what role can my organization play?
4. Other – please describe

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