Behavioral health integration in physician practices: COVID-19 impact

COVID-19 pandemic: Impact on behavioral & mental health

Not a day goes by during which the profession and the public are not reminded of the immense impact the COVID-19 pandemic has had on the behavioral and mental health and well-being of patients, physicians, other clinicians and the public.

Exposure to the virus, grueling hours, lack of personal protective equipment (PPE), other challenges to providing effective care and concern about the health of their coworkers and of their own families adds to the stress experienced by physicians who may have already been overwhelmed or burned out prior to the pandemic.

If there is a silver lining to be found, it may be that this greater awareness and more open discussion may reduce some of the long-standing stigma that has at times stood in the way of individuals seeking the help they need.

AMA resources on behavioral health

In response to the pandemic, the AMA is providing evidenced-based tools, resources and information on behavioral health. These include:

- The AMA/RAND behavioral health study published as original research in the *Annals of Internal Medicine*. Please refer to the first tab for key findings.
- The new mental health resources page highlighting specific recommendations on how physicians can take care of themselves, their staff and their patients.
- Implementation guidance to support increased use of telehealth services and advocacy for continued policy flexibilities across payers (waived cost-sharing, payment parity, etc.).
- Headspace—an AMA-preferred provider of meditation and mindfulness—is offering U.S.-based health care professionals with a National Provider Identifier a free subscription to Headspace Plus through 2020. AMA members can sign up for a 2-year subscription for free.


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A Caring for our caregivers during COVID-19 guide for health system leadership to consider using to support their physicians and care teams during COVID-19. The guide provides practical examples and strategies to encourage well-being and improve physician satisfaction. The guide includes valuable strategies that address workload redistribution, institutional policies, meals, childcare, attention to emotional and mental well-being and connecting with others.

Adoption of BHI in practice

Additionally, AMA is also seeking and creating opportunities to accelerate the adoption of behavioral health integration (BHI) in practice and increase its long-term sustainability. In the lead up to this effort, AMA has found that:

- Identification and management of behavioral health conditions should be a core competency of primary care practice, not an exception.
- Physician practices need help addressing and overcoming the stigma (internal and external) that has for too long been associated with behavioral health conditions.
- For BHI to be financially sustainable, practices need specific billing, coding and contracting guidance, as well as access to actionable data, to help demonstrate the benefits such efforts can have on patient satisfaction, clinical outcomes and the total cost of care.
- Many resources currently exist to help practices implement BHI. However, these tend to focus on specific models, which do not necessarily fit the circumstances of a particular practice (i.e., how it is structured, resources available locally and specific patient population needs).
- Smaller practices, including those in less populous environments, need more help identifying and implementing best practices specific to their needs.
- Workforce shortages are an issue, particularly in rural areas, where there are not enough clinicians to meet the demand for behavioral health services.

988 Suicide & Crisis Lifeline

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) telephone program.

People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national


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hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.