Parinda Khatri, PhD, on the use of technology in behavioral health integration

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In recognition of Mental Health Awareness Month, AMA Chief Experience Officer Todd Unger talks with Parinda Khatri, PhD, chief clinical officer of Cherokee Health Systems, in Knoxville, Tennessee, about how physicians can use technology to help integrate behavioral health care in their practices and combat the growing behavioral health crisis.

View and download the AMA's BHI Return on Health Report.

Speaker

- Parinda Khatri, PhD, chief clinical officer, Cherokee Health Systems

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're joined by Dr. Parinda Khatri, chief executive officer of Cherokee Health Systems in Knoxville, Tennessee, who's going to discuss how technology can help physicians integrate behavioral health care into their practices. I'm Todd Unger, AMA's chief experience officer in Chicago.

Thank you so much for joining us Dr. Khatri. May is mental health awareness month which seems especially important recognizing everything that we have been through over the past two and a half
years. I want to start with a little bit of a backgrounder on behavioral health integration just for purposes of getting a benchmark set with the audience out there. When we talk about behavioral health integration, what do we mean by that?

**Dr. Khatri:** When we talk about behavioral health integration, we are really talking about a team of behavioral health and medical providers working together to provide comprehensive care to patients. And so historically behavioral health has been siloed as a separate specialty service but really behavioral health issues are present in the vast majority of medical visits.

**Unger:** Would it be fair to say right now that we are in a behavioral health crisis?

**Dr. Khatri:** Absolutely. In fact, many experts are calling this the twindemic. It's not just the pandemic but it's also the mental health crisis that's really plaguing all of us globally, nationally and in fact, in particular, we're seeing tremendous, tremendous increases in mental health problems in children and adolescents.

**Unger:** Do you think that the average practice out there is prepared for that change?

**Dr. Khatri:** One thing that I'm hearing from my colleagues across the country is how unprepared they have felt in dealing with the constant onslaught of the emotional suffering and pain and mental health difficulties that their patients are presenting with them, in particular, patients who have in general been well adjusted and healthy. But the pandemic has taken its toll. I think lots of other stressors, the political climate, the environmental climate, all of these stressors are converging to place a tremendous burden on our communities.

**Unger:** So I guess that really sets up the question we want to talk about today, which is the urgency around accelerating behavioral health integration adoption across the country. So let's talk a little bit about that urgency.

**Dr. Khatri:** Yes, I think right now is the time. We know what it's like with the old way when our systems have been siloed. Access to mental health care is very difficult. And so anything we can do to open up access to enhance the behavioral health capacity and that's going to be integration into primary care, other medical services. Anything that we can do will undoubtedly have an impact in the quality of life of our patients, the people who we serve. So we have a tremendous opportunity right now to change the trajectory of health and well-being for people in our community.

**Unger:** And just listening to what you're talking about, obviously the need is there. It's urgent but I have to imagine that there are some obstacles that would prevent at least right now the widespread adoption that you're talking about. Let's talk a little bit about what's in the way.
Dr. Khatri: One of the key factors that has been a barrier, has been the current payment model. Our health care system has really been incentivized to provide siloed care. So we actually lose money in many practices by bringing a team of people together. People make more money by churning, by separating services. And in fact, we don't even have great coding to capture what is happening. So the financing of the system has really not supported behavioral health integration and it’s absolutely critical that we make that change. We have to really push that lever.

The other really key barrier is workforce. And in fact, it's also a reason to integrate. There are not enough behavioral health providers in this country. We could triple the number of behavioral health providers in this country and it would not be enough to address the mental health concerns that are present. So we have to find a different way.

Unger: Well, one of the ways that we might help the situation is through technology. Let's talk a little bit about what that might look like. The AMA in collaboration with Manatt Health has developed a report that specifically looks at how incorporating telehealth and other digital tools might help accelerate the adoption of BHI and increase its overall effectiveness. And you were part of a working group that contributed to that report. Tell us how that experience went and why you got involved?

Dr. Khatri: Absolutely. One thing I think most people in health care can agree on is the pandemic allowed for a complete disruption, the old way of doing things and allowed for virtual technologies to play a role. In fact, in many cases it was the only way to provide care. If we want to help sustain and impact how we can be better, work smarter, following the pandemic, we have to get together in a collective. For me, it was a no-brainer to be able to join this group and what I found is there was tremendous consensus in how exciting this opportunity is, to bring virtual technology into improving access to care, quality of care. We were all on the same page. The question really then became, how do we get there? How do we make this the standard of care?

Unger: On that topic, what do you think the key takeaway would be?

Dr. Khatri: I think the key takeaway is to number one, recognize that virtual technology does not going to replace care. It is an added way of opening up access. People now are used to a certain way of getting access to anything. And what we find is some of our patients love in person. Some of our patients love the technology, particularly in rural areas. We have people who save a three-hour drive just through virtual technology. And some people like both. So what this technology does is it allows us to tailor the care that we want to partner with patients in providing. And so that's just really a wonderful way of taking health care to the next level.

Unger: Is that what you mean by just, I think the term was digitally enabled?

Dr. Khatri: Yes. Well, digitally enabled care really means that the opportunity is there. The access to virtual health technology is there. And in fact, in our system we ask patients, what would you prefer?
And that level of choice and flexibility, I think can be a powerful game-changer for our health care system.

**Unger:** Dr. Khatri, I'm curious how your participation in that initiative is going to affect the way that you integrate behavioral health at your own system, Cherokee Health.

**Dr. Khatri:** Well, I left our meetings and our work energized at the momentum that is already present regarding integration of behavioral health and primary care and the use of technology to optimize what we can do to provide access to integrated behavioral health to our communities. I am feeling much more optimistic that in the not too distant future we will think of integrated behavioral health in primary care medical settings as just the way we provide care.

**Unger:** That would be a big and important shift. It does feel optimistic.

**Dr. Khatri:** Yes.

**Unger:** I love that all coming together. When you think about on the other end of that, some of the limitations around BHI technology, what would you advise practices to think about as they start to implement that new vision of care?

**Dr. Khatri:** I think it's important to have champions in your clinic. I think it's important to really identify the patients who would be most interested in digitally-enabled care whenever you're starting anything new. It's always good to have a team of people who are very passionate about it. And I would urge practices to think about virtual technology, digital-enabled technology as one more way that they can improve the quality of care, really improve access to care. And it can be very, very powerful in terms of enhancing the quality for the provider as well because for many providers they worry about patients and if a patient doesn't show. Well, this is a wonderful way to be able to have a touchpoint or have high touch with a patient without the physical demands of getting into the clinic.

**Unger:** I imagine, you know, like any kind of new thing, there can be big question marks around just, how do I get started with something like this? What's your advice for practices that are looking to implement digitally-enabled BHI?

**Dr. Khatri:** Well, certainly our goal in this for BHI report was to develop some playbook, some initial getting started guidance for practices. And I know the AMA also has wonderful resources on how to get started. I would urge people, don't worry for the perfect, the perfect is the enemy of the good. So just get started, even if it's just one patient at a time, a few patients at a time. This is going to be a game-changer for you and your patients and the overall practice.

**Unger:** I would guess the answer to this question's going to be yes, based on the optimism and the work that the team has done. Do you see this as the future of patient care?
Dr. Khatri: I see this as the future of safe and high-quality accessible patient care. In fact, I think it's going to be very difficult in the future to be able to provide accessible safe high-quality care without integrating behavioral health, without integrating virtual technology.

Unger: Dr. Khatri, you've made me feel more optimistic.

Dr. Khatri: Good.

Unger: It's great to see technology step up into the appropriate role to enable physicians to deliver what is clearly a significant patient need right now. You mentioned some of the resources that we have on hand. I just want to note that physicians can view and download the AMA's BHI Return on Health report, as well as other behavioral health tools and guides on the AMA's website by searching BHI. We've also included links in the description of this episode.

That's it for today's video and podcast. We'll be back with another segment soon. Make sure to check out all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today and please take care.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.

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 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.


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