

BHI COLLABORATIVE **PRESENTS**

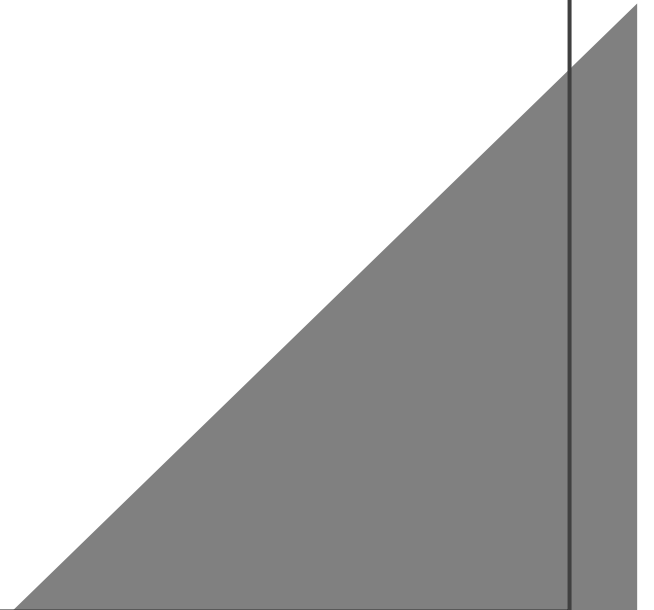
OVERCOMING OBSTACLES WEBINAR SERIES

**Sustaining behavioral
health care in your practice**

October 22, 2020

Overcoming Obstacles Webinar Series

This series is focused on enabling physicians to sustain a collaborative, integrated, whole-person, and equitable approach to physical and behavioral health care in their practices during the COVID-19 pandemic and beyond.



About the BHI Collaborative

*The BHI Collaborative was established by several of the nation's leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.*

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.

***American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

TODAY'S TOPIC:

Keys to Success:
Implementation Strategies for Virtual
Behavioral Health Integration

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TODAY'S SPEAKERS



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Anschutz Medical Campus



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Atrius Health

Keys to Success: Implementation Strategies for Virtual Behavioral Health Integration

Introduction

DAVID LESZKOWITZ, DO

Current Landscape

There is significant need for expanded access to mental health services:

- 46.6 percent, or nearly 1 in 5, U.S. adults suffer from mental illness.
- 18.7 million, or 1 in 12 American adults, suffer from substance use disorder.
- Among the pediatric population, 3.2% of children age 3 to 17 are diagnosed with depression, 7.1% with anxiety, and 7.4% with a behavior disorder.

COVID-19 has catalyzed the use of virtual care in recent months.

- In the Medicare program, 9 million beneficiaries received a telehealth service during the public health emergency, from mid-March through mid-June. Prior to March, 13,000 telehealth visits were conducted each week.

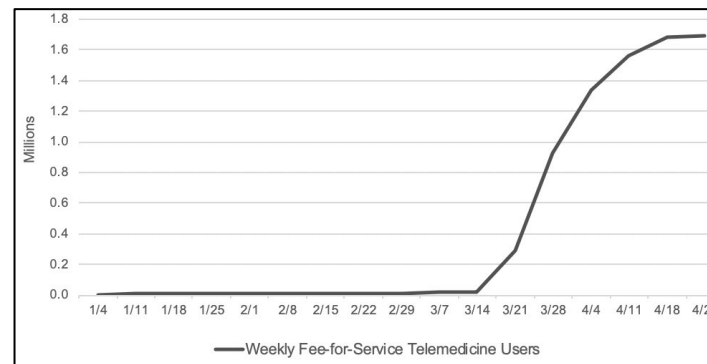


Image from CMS, published in *Health Affairs*, July 2020

Focus of Today's Discussion

- How tele-mental health can be incorporated into primary care and when virtual services are appropriate
- The different models of integration that exist
- What drives effective integration to deliver tele-mental health care
- How successful integration can be implemented to meet the unique needs of pediatric patients, with the Massachusetts Child Psychiatry Access Program as a model

Crucial Factors for Success in a Small Practice

White Lake Family Medicine is a practice located in White Lake, Michigan that offers primary care and substance use disorder treatment services. It operates with a collaborative model. Factors that have been central to successful integration and implementation of virtual care are the following:

1. Having strong collaboration on a team with clearly defined roles for each clinician or member of the team
2. Building strong relationships with psychiatrists and mental health clinicians in the community
3. Detailed interviewing to successfully build a relationship with the patient

Using virtual care to support behavioral health integration is truly achievable, and should be considered by practices small and large



KEYS TO SUCCESS: IMPLEMENTATION STRATEGIES FOR VIRTUAL BEHAVIORAL HEALTH INTEGRATION

Frank deGruy and Jay H. Shore

University of Colorado School
of Medicine Anschutz Medical
Campus

October 22, 2020

BHI Collaborative Webinar
Series



Primary Care + Behavioral Health = Dynamic Duo for Integration

DISCLOSURES



We are solely responsible for the content of this presentation. It does not represent an official position, policy, endorsement, or opinion of any of the organizations with which I am involved.

Dr deGruy reports no disclosures.

Dr. Shore is Chief Medical Officer of AccessCare Services which provides telehealth services and technologies and receives royalties from American Psychiatric Press and Springer Press Inc.

OBJECTIVES

1. To characterize how tele-mental healthcare is used in primary care today.
2. To describe how the use of telehealth can augment the reach and effectiveness of integrated care including appropriate and inappropriate uses of telehealth, preconditions for successful telemental healthcare and common pitfalls



PRIMARY CARE PRACTICES ARE DIVERSE: CFHA SURVEY PUBLISHED LAST MONTH

SAMPLING FRAME

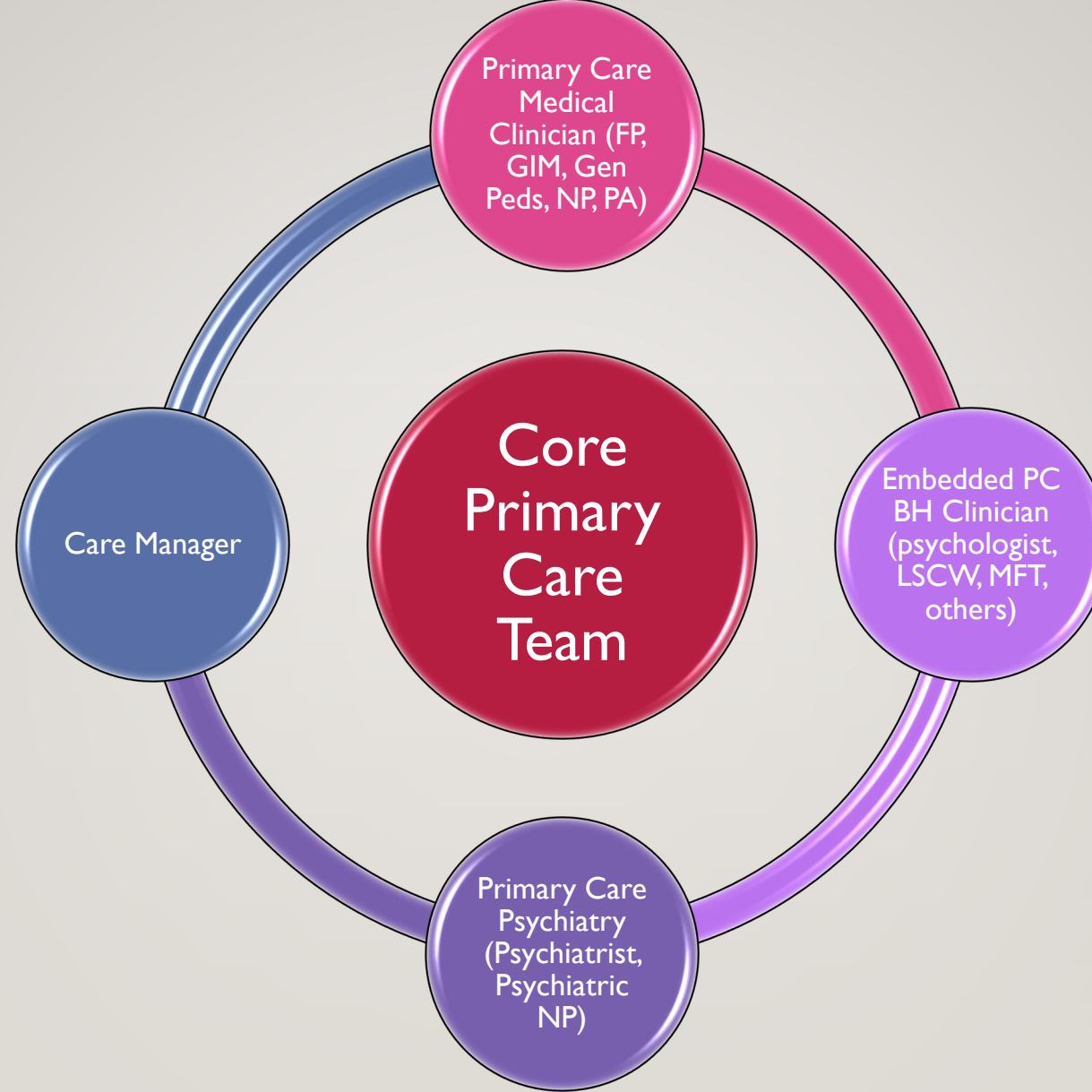
- 504 sites where patients can receive integrated care
- ~ 3million pts with access to integrated care
- >50% safety net clinics



BREAKDOWN OF MODELS OF CARE

- PCBH: 89%
- Collaborative Care: 59%
- SBIRT: 70%
- MAT: 66%
- MFT: 21%
- Specialty Addiction: 40%
- Specialty Psychiatry: 39%
- C/L Psychiatry: 58%
- Telemental healthcare: 50%

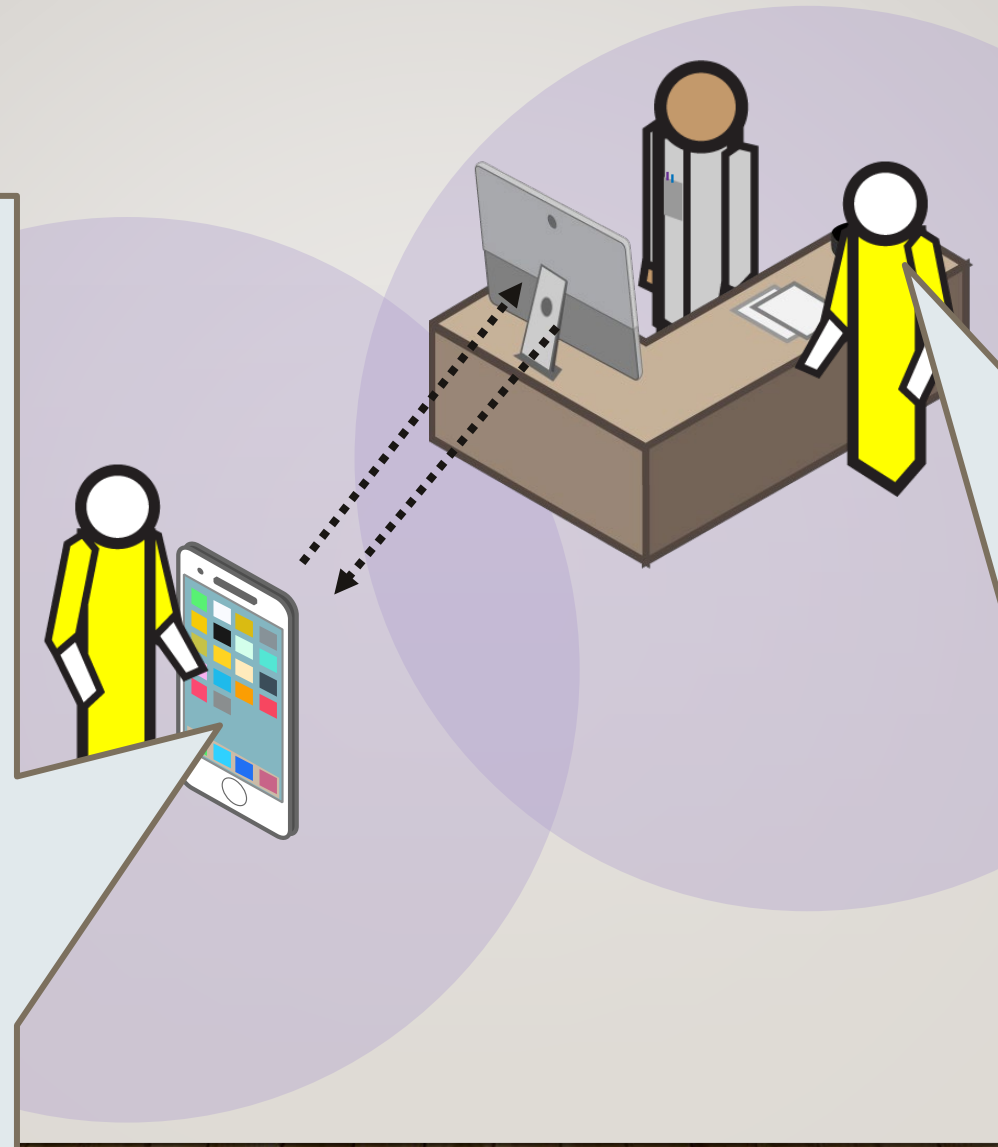
Image <https://nam.edu/patient-centered-integrated-health-care-quality-measures-could-improve-health-literacy-language-access-and-cultural-competence/>



HYBRID CARE

VIRTUAL SPACE

- Advantage for those with avoidant behavior, PTSD, and anxiety
- Convenient & immediate
- Provider can observe patient in their environment
- Indirect & off-hours care opportunities
- Modalities include videoconferencing, e-mail, text messaging & telephony

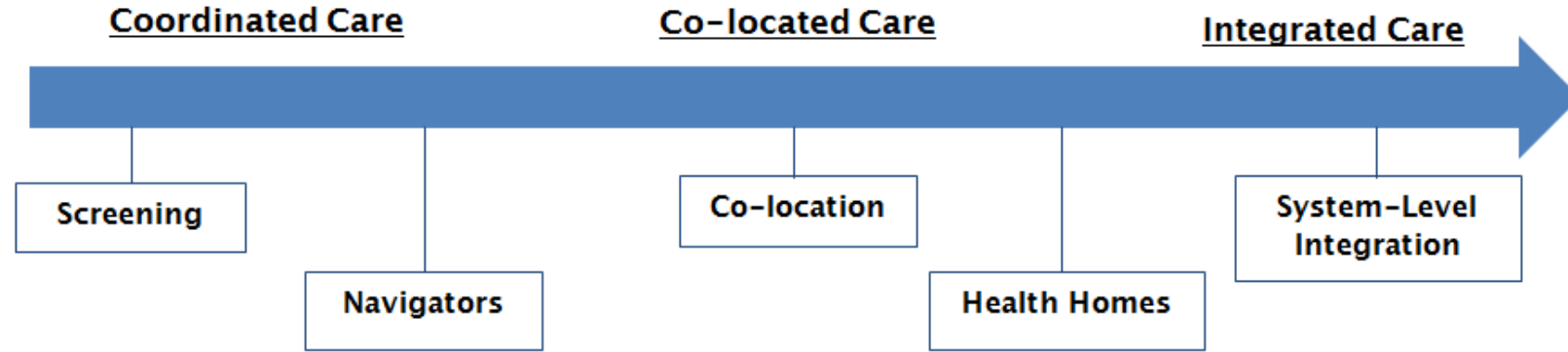


PHYSICAL SPACE

- Traditional in-person gold standard
- Immediacy & trust in interpersonal interaction
- Physical boundaries can be set for therapeutic frame
- Ample research and practice guidelines available for healthcare in the physical space

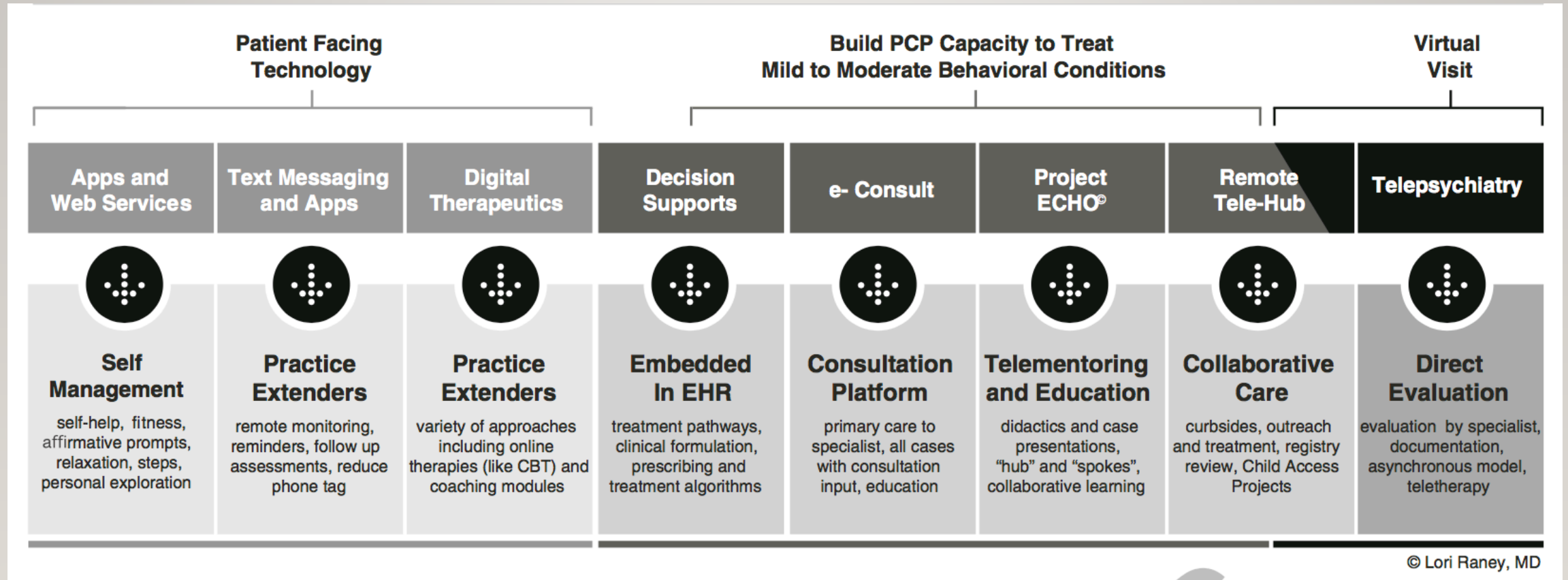
Figure 1

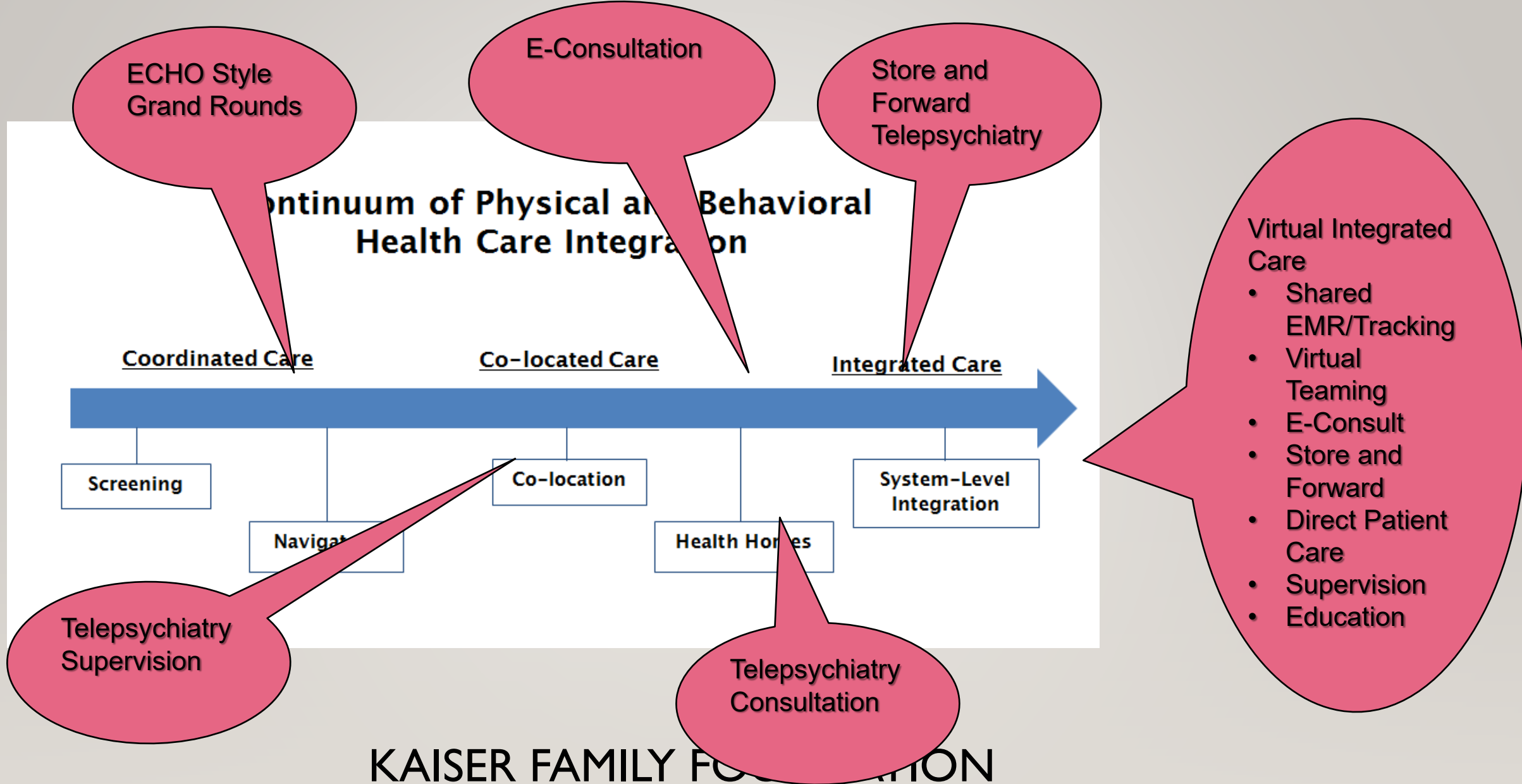
Continuum of Physical and Behavioral Health Care Integration



KAISER FAMILY FOUNDATION

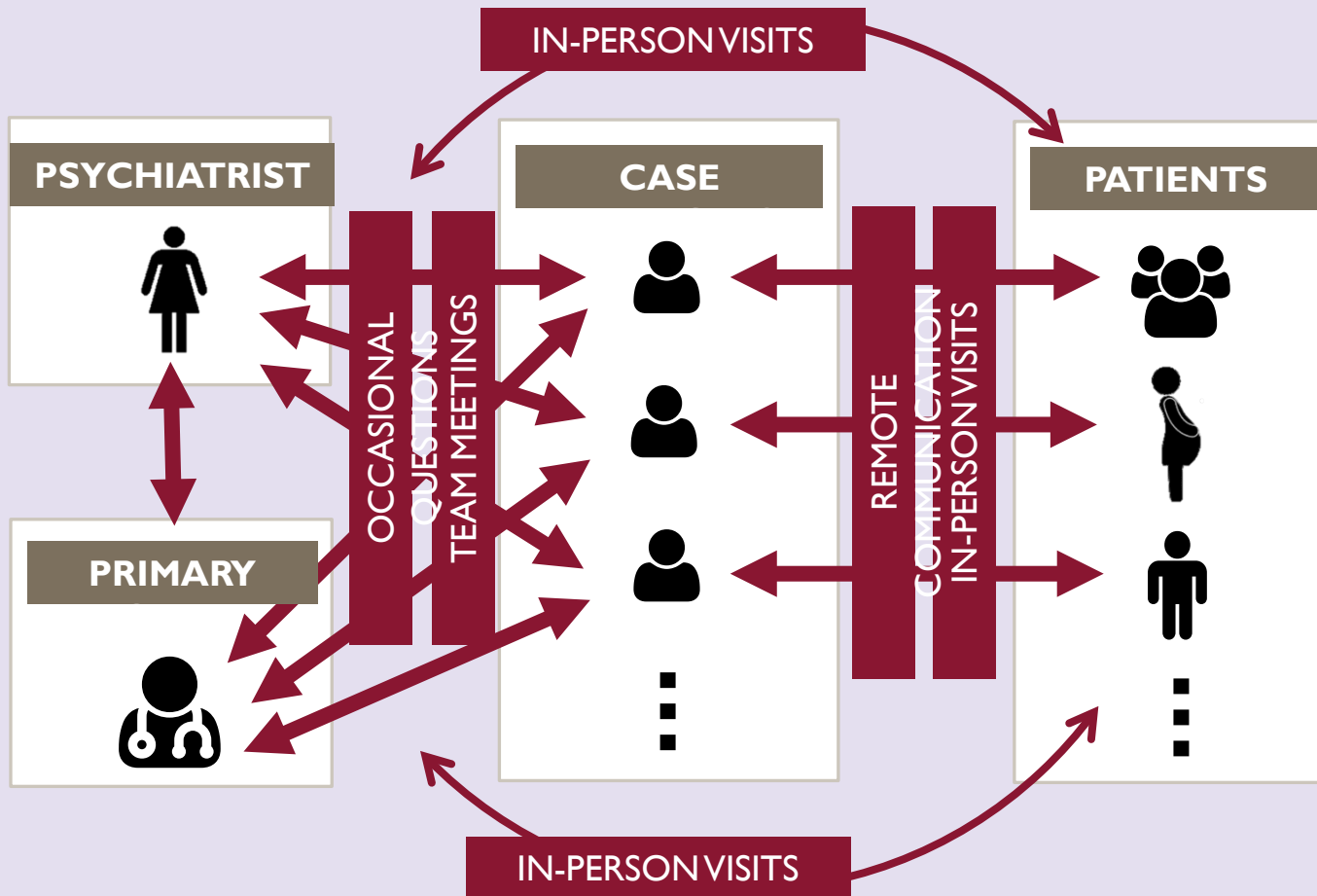
THEMES: HOW CARE IS ACCESSED AND DELIVERED





POPULATION HEALTH and COLLABORATIVE CARE

Population management is a form of indirect (or asynchronous) care. A **psychiatrist manages case managers (or coordinators or navigators)** who interact with patients, gather collateral, process paperwork, and help patients navigate a complex health system.

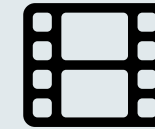


REMOTE COMMUNICATION TECHNOLOGIES

Psychiatrists, primary care providers, case managers, and patients can interact at a distance using these HIPAA-compliant methods.



Messaging apps
Questionnaire apps
Medication adherence apps



Videoconferencing
Video & audio messaging



E-mail
Post office mail



- Patient web portals
- Internet-delivered therapy
- Internet-delivered education



Fax
Telephone & voicemail

IBH+ COLORADO'S INTEGRATED STEPPED MODEL



**Didactic Teaching &
Care Team** (peas in a pod)



Tele-Psych Patient Visits
Co-Consult/Direct Patient/
Home Visit



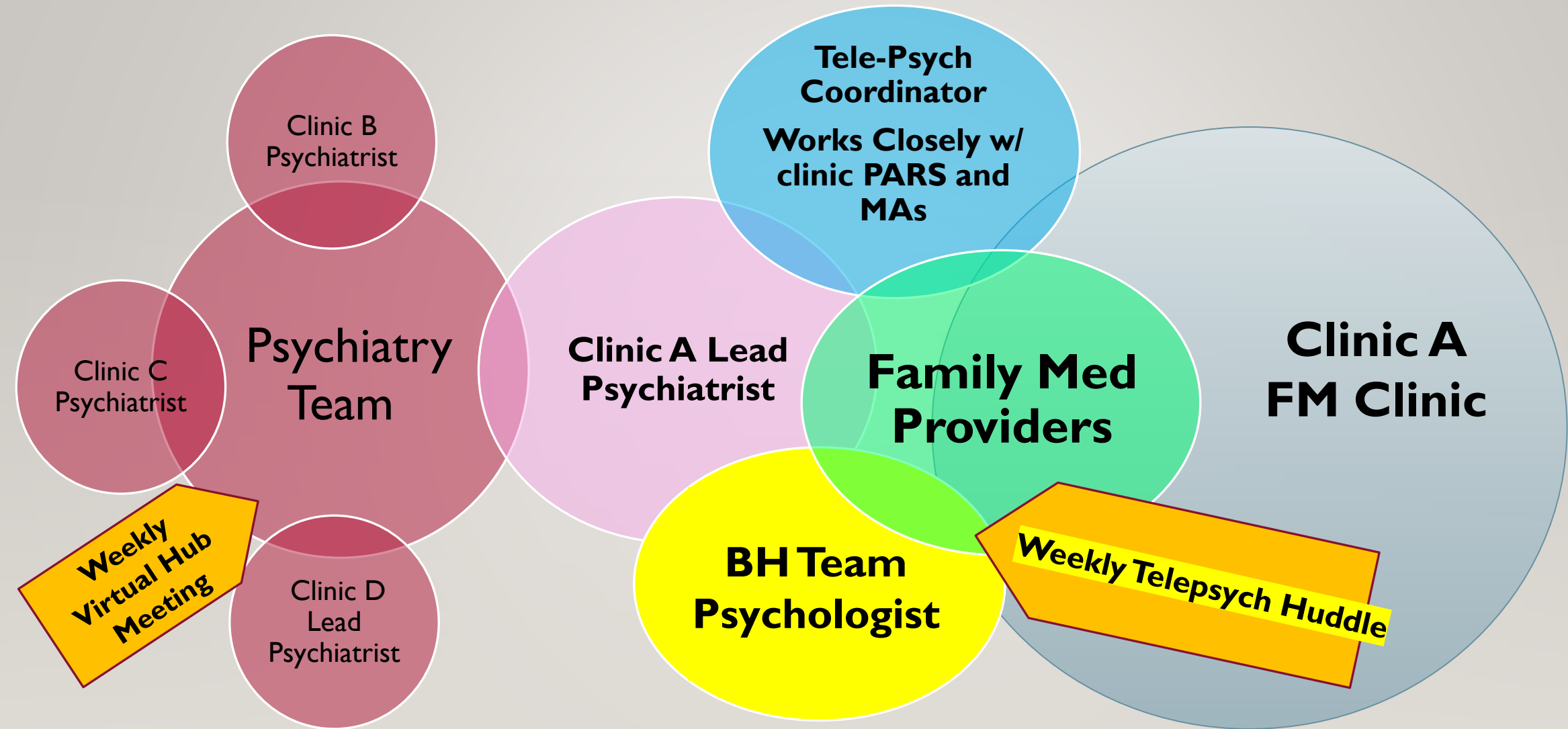
Provider to Provider
Coordination & Consultation



CORE/E-Consults

**Foundation of Embedded
Psychologists**

Team Process & Weekly Tele-Psych Huddle



Calderone, J., Lopez, A., Schwenk, S., Yager, J., & Shore, J. H. (2020). Telepsychiatry and integrated primary care: setting expectations and creating an effective process for success. *Mhealth*, 6.

PITFALLS

SINKHOLES



PRIMARY CARE

- Unclear or insufficient leadership—impaired decision making and follow through
- Under communication—defective teamwork
- Inflexible workflow capacity
- Insufficient mastery of technology

PSYCHIATRY

- Hierarchical approach
- Lack of clinical and role flexibility
- Management of team and patient dynamics
- Lack of knowledge and understanding of Primary Care in general AND specific cultural and workflow of clinics in which engaged

PRECONDITIONS FOR SUCCESS

- Functional Team
- Intense communication
- Person responsible for managing workflow
- Person responsible for managing technical aspects of tele-visits
- Clear but flexible criteria for when to use which visit modalities



Remember: The point is to produce a comprehensive, coherent, personal care plan for the patient.



TACTICAL FLEXIBILITY

You use different moves when you're fighting half a dozen people
than when you only have to be worrying about one.

KEY RESOURCES/REFERENCES

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- Shore, J. H. (2019). Best practices in tele-teaming: managing virtual teams in the delivery of care in telepsychiatry. *Current psychiatry reports*, 21(8), 77.
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- Yellowlees, Shore Telepsychiatry and Health Technologies: A Guide for Mental Health Professionals, APPI Press, Forthcoming 2017.

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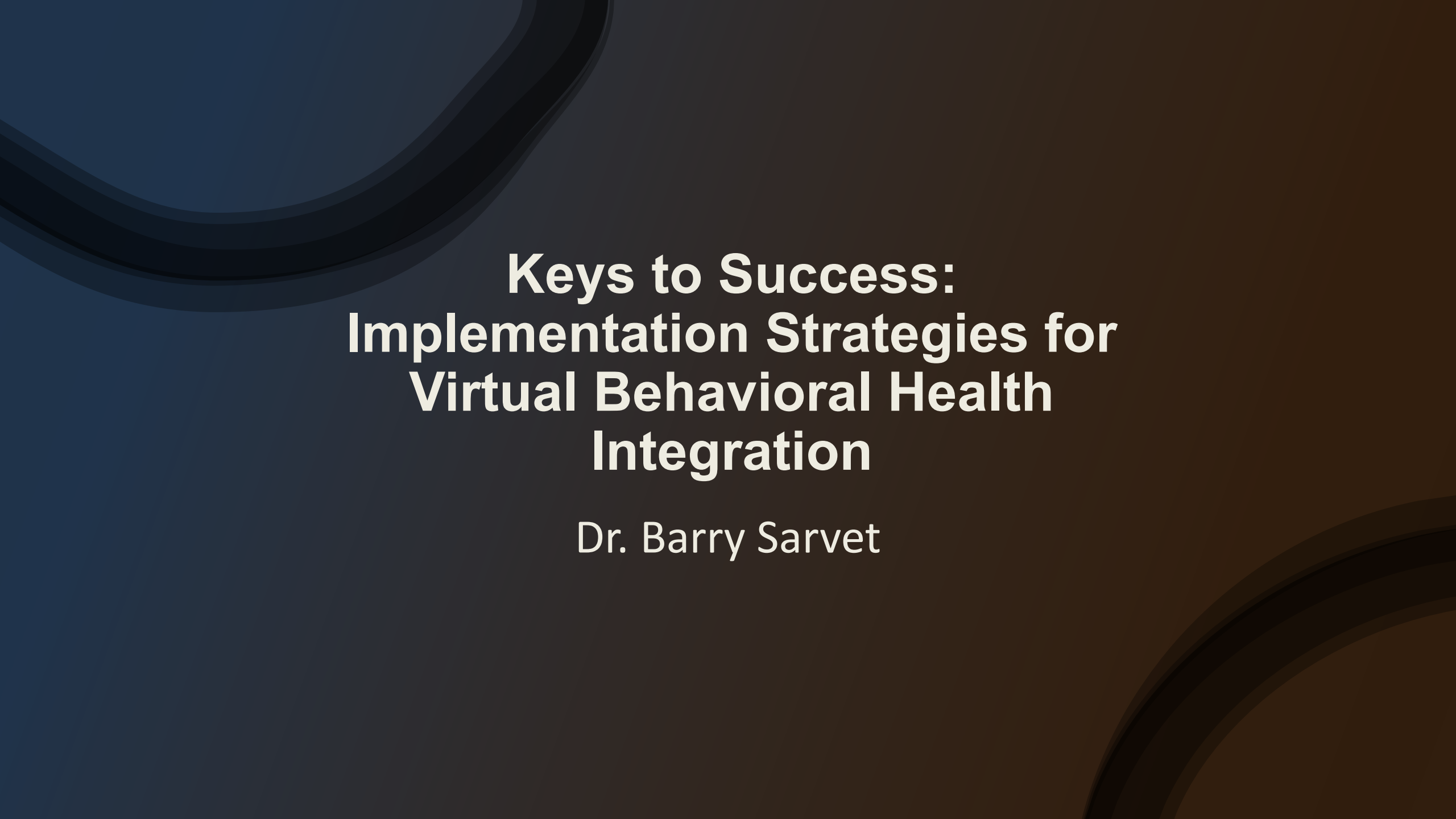
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Keys to Success: Implementation Strategies for Virtual Behavioral Health Integration

Dr. Barry Sarvet

[ABOUT MCPAP](#)[FOR PROVIDERS](#)[REGIONAL TEAMS](#)[BEHAVIORAL HEALTH PROGRAMS](#)[FOR FAMILIES](#)

Connecting Primary Care with Child Psychiatry

MCPAP
About MCPAP

[PLAY VIDEO »](#)

FOR PROVIDERS ONLY
Enroll In MCPAP

[ENROLL NOW »](#)

MCPAP
Diagnostic Resources

[USE NOW »](#)

SWYC/MA Version
Includes PPD Screen

[ACCESS TOOL HERE »](#)

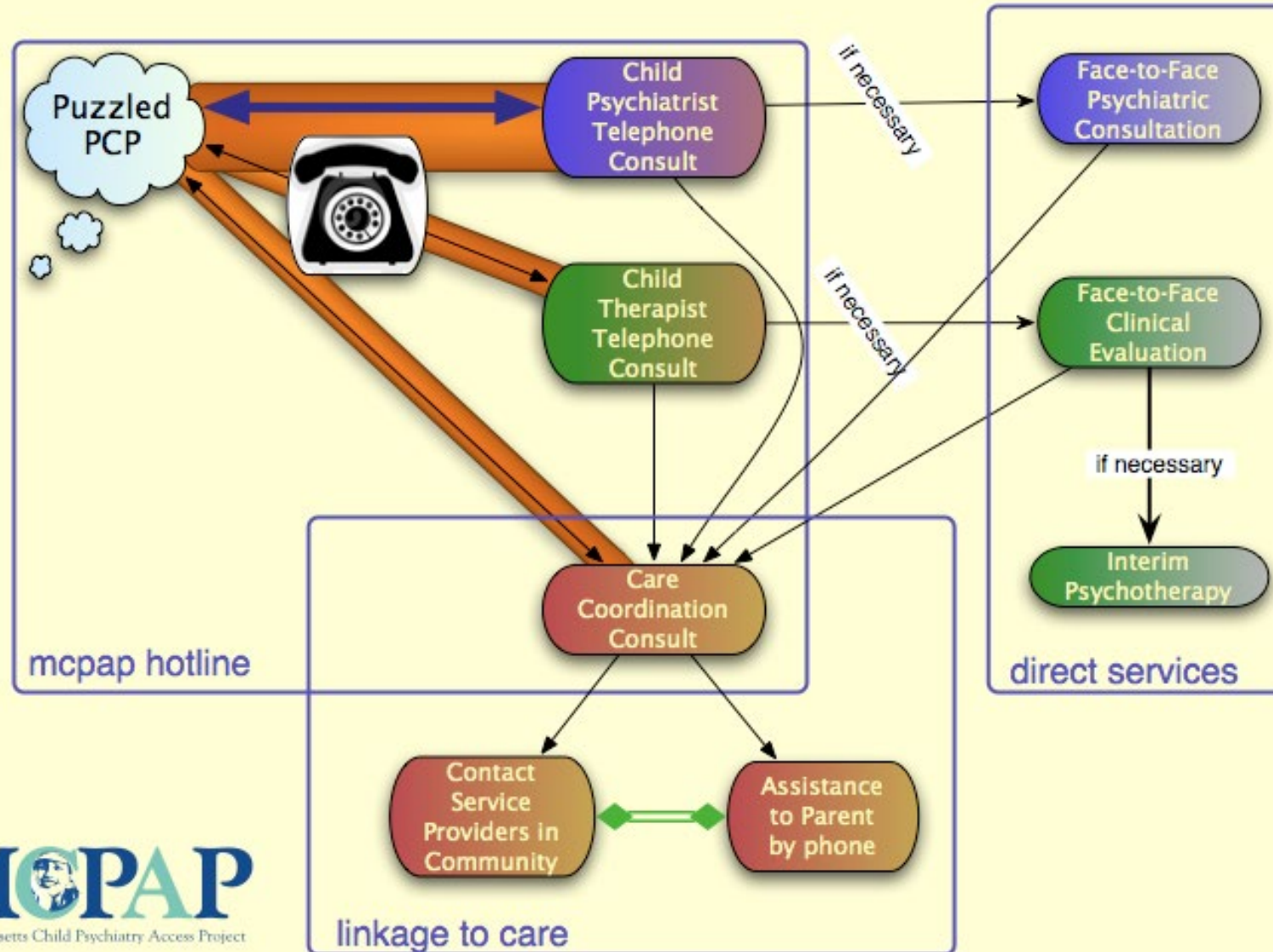
Overarching Purpose of MCPAP

1. **Define and Support** the role of Pediatric PCPs in addressing mental health needs of children and adolescents in the primary care setting
2. **Connect** Primary Care Practices to the pediatric healthcare system
3. **Improve** the quality of mental health service delivery in the primary care setting

CPAPs are systems of relationships



The MCPAP Clinical Process



MCPAP Services



◦ Telephone Consultation



Face to Face Assessment



◦ Resource and Referral



Training and Education

3-legged stool of MCPAP

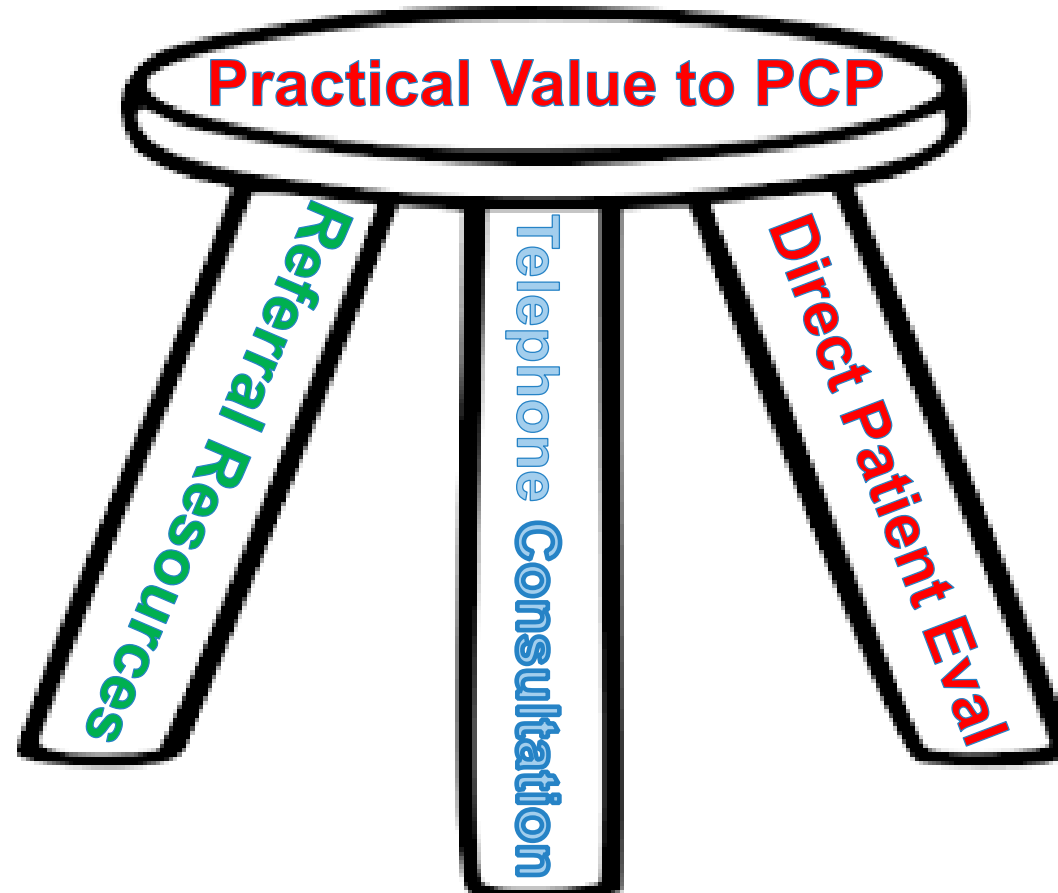
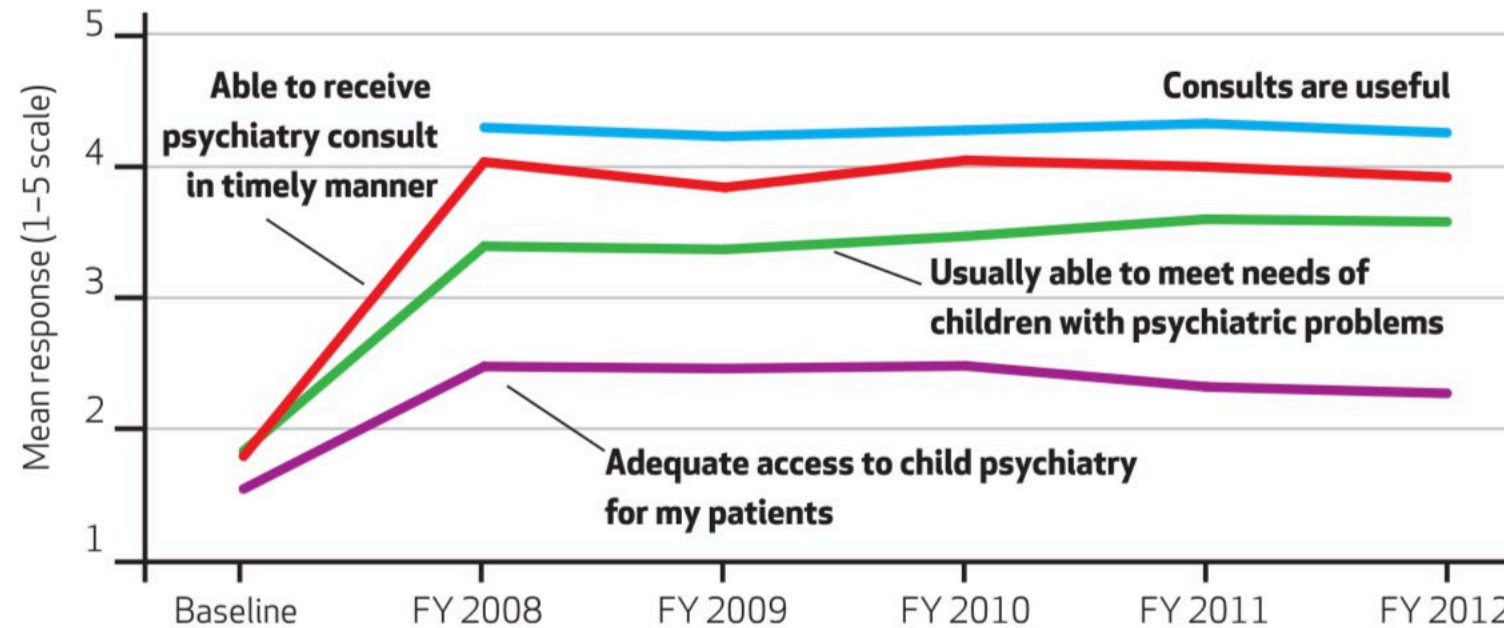


EXHIBIT 4

Mean Responses Of Primary Care Providers On Annual Satisfaction Surveys By The Massachusetts Child Psychiatry Access Project, Baseline And Fiscal Years 2008-12



SOURCE Authors' analysis of data from the Massachusetts Child Psychiatry Access Project survey database. **NOTE** "Baseline" is the score on the survey before enrollment.

Telephone Consultation

Telephone consultation is the primary currency of the collaborative relationship and the “engine” of a CPAP.

Derived from a time-honored tradition of “curbside consultation”.

Telephone Consultation as Educational Encounter

A “teachable moment”

Consultant must identify/address learning need **and** answer the question

Emphasize the PCP’s agency, avoid dictating or directing treatment

Telephone Consultation as Relationship-Building Activity

Each brief call is building block for a long-term collegial relationship

Encourage follow-up and continuity

Express positivity

Make sure that the PCP knows the next step

Limitations and Challenges of CPAP Model

PCP needs to know what they don't know

Variability in PCP motivation and interest in mental health

Solution: Consider combining with other integration models

Keys to Success: Implementation Strategies for Virtual Behavioral Health Integration

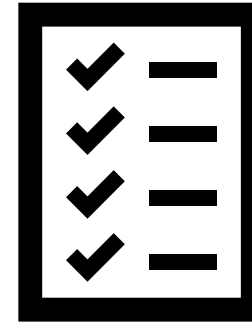
DR. BRENDA
ANDERS PRING

PCP experience with MCPAP

Practice background

Educational resources

- *Clinical pearls*
- *Diagnostic checklists*
- *Algorithms for treatment*



PCP experience with MCPAP

Consultation

Care coordination

Effective referrals



PCP experience with MCPAP

Case

- 15 y/o new patient moved from out of state, on Medicaid
- History of hospitalization for mood disorder, ADHD, tics
- Run out of meds: risperdone, guanfacine
- symptoms worsening, unable to obtain urgent psychiatric care

PCP experience with MCPAP



Telephonic consult

Urgent appointment made

Assistance in finding child psychiatrist
available and covered by patient insurance

Close follow-up



QUESTIONS?



OVERCOMING OBSTACLES WEBINAR SERIES

Sustaining behavioral health care in your practice

UPCOMING WEBINARS

Financial Planning: Quantifying the Impact of Behavioral Health Integration

November 12, 2020, 6PM - 7PM CT

Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions and Treatment

November 19, 2020, 6PM - 7PM CT



**Thank you for
joining!**