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.

TODAY’S TOPIC:
Keys to Success:
Implementation Strategies for Virtual Behavioral Health Integration
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TODAY’S SPEAKERS

David Leszkowitz, DO
Medical Director, Outpatient Addiction Services
Department Chair of Family Medicine, Pontiac General Hospital

Frank deGruy III, MD, MSFM
Director, Primary Care Outreach and Research
Steven A. Cohen Military Family Clinic at University of Colorado Anschutz Medical Campus

Jay Shore, MD, MPH
Medical Director/Director of Telemedicine
Steven A. Cohen Military Family Clinic at University of Colorado Anschutz Medical Campus

Barry Sarvet, MD
Medical Director, Massachusetts Child Psychiatry Access Program
Professor/Chair of Psychiatry at University of Massachusetts-Baystate

Brenda Anders Pring, MD, FAAP
Chief of Pediatric Urgent Care
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.
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
- ~3 million 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%

Core Primary Care Team

- Primary Care Medical Clinician (FP, GIM, Gen Peds, NP, PA)
- Embedded PC BH Clinician (psychologist, LSCW, MFT, others)
- Primary Care Psychiatry (Psychiatrist, Psychiatric NP)
- Care Manager
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

Diagram and illustrations by @StevenChanMD. Content based on Peter Yellowlees & Jay Shore.
Figure 1

Continuum of Physical and Behavioral Health Care Integration

Coordinated Care
- Screening
- Navigators

Co-located Care
- Co-location
- Health Homes

Integrated Care
- System-Level Integration

KAISER FAMILY FOUNDATION
THEMES: HOW CARE IS ACCESSED AND DELIVERED

Kaiser Family Foundation

ECHO Style Grand Rounds

E-Consultation

Store and Forward Telepsychiatry

Virtual Integrated Care
- Shared EMR/Tracking
- Virtual Teaming
- E-Consult
- Store and Forward
- Direct Patient Care
- Supervision
- Education

Continuum of Physical and Behavioral Health Care Integration

Coordinated Care  Co-located Care  Integrated Care

Screening  Co-location  System-Level Integration

Navigated  Health Homes

Telepsychiatry Supervision

Telepsychiatry Consultation
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

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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

PITFALLS

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

PSYCHIATRY
• Hierarchal 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 televisits
• 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


- APA Telepsychiatry Toolkit: [https://www.psychiatry.org/psychiatrists/practice/telepsychiatry](https://www.psychiatry.org/psychiatrists/practice/telepsychiatry)


CONTACT INFORMATION

Jay H. Shore, MD, MPH | Professor
  Director, Telemedicine Programming, Department of Psychiatry, School of Medicine
  Director of Telemedicine, Helen and Arthur E. Johnson Depression Center
Department of Psychiatry and Family Medicine, School of Medicine
Centers for American Indian and Alaska Native Health, Colorado School of Public Health
University of Colorado Anschutz Medical Campus
jay.shore@cuanschutz.edu

Frank Verloon deGruy III, MD, MSFM
Woodward-Chisholm Professor and Chair
Department of Family Medicine
University of Colorado Anschutz Medical Campus
Frank.degruy@cuanschutz.edu
Keys to Success: Implementation Strategies for Virtual Behavioral Health Integration

Dr. Barry Sarvet
Connecting Primary Care with Child Psychiatry

MCPAP About MCPAP

FOR PROVIDERS ONLY
Enroll In MCPAP

MCPAP Diagnostic Resources

SWYC/MA Version
Includes PPD Screen

PLAY VIDEO »
ENROLL NOW »
USE NOW »
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
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
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?
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!