

Behavioral Health Integration Collaborative



"Shadow Pandemic: Mental Health Impacts of COVID-19 on Patients and the Care Team"

May 19, 2022

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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 SPEAKERS



Stephen O'Connor, PhD

Chief of the Suicide Prevention Research
Program, Division of Services and
Intervention Research
National Institute of Mental Health



Sala S. Webb, MD, FAPA, DFAACAP

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The Shadow Pandemic: Mental Health Impacts of COVID-19 on Patients and Care Team

Stephen O'Connor, PhD

National Institute of Mental Health

Behavioral Health Collaborative

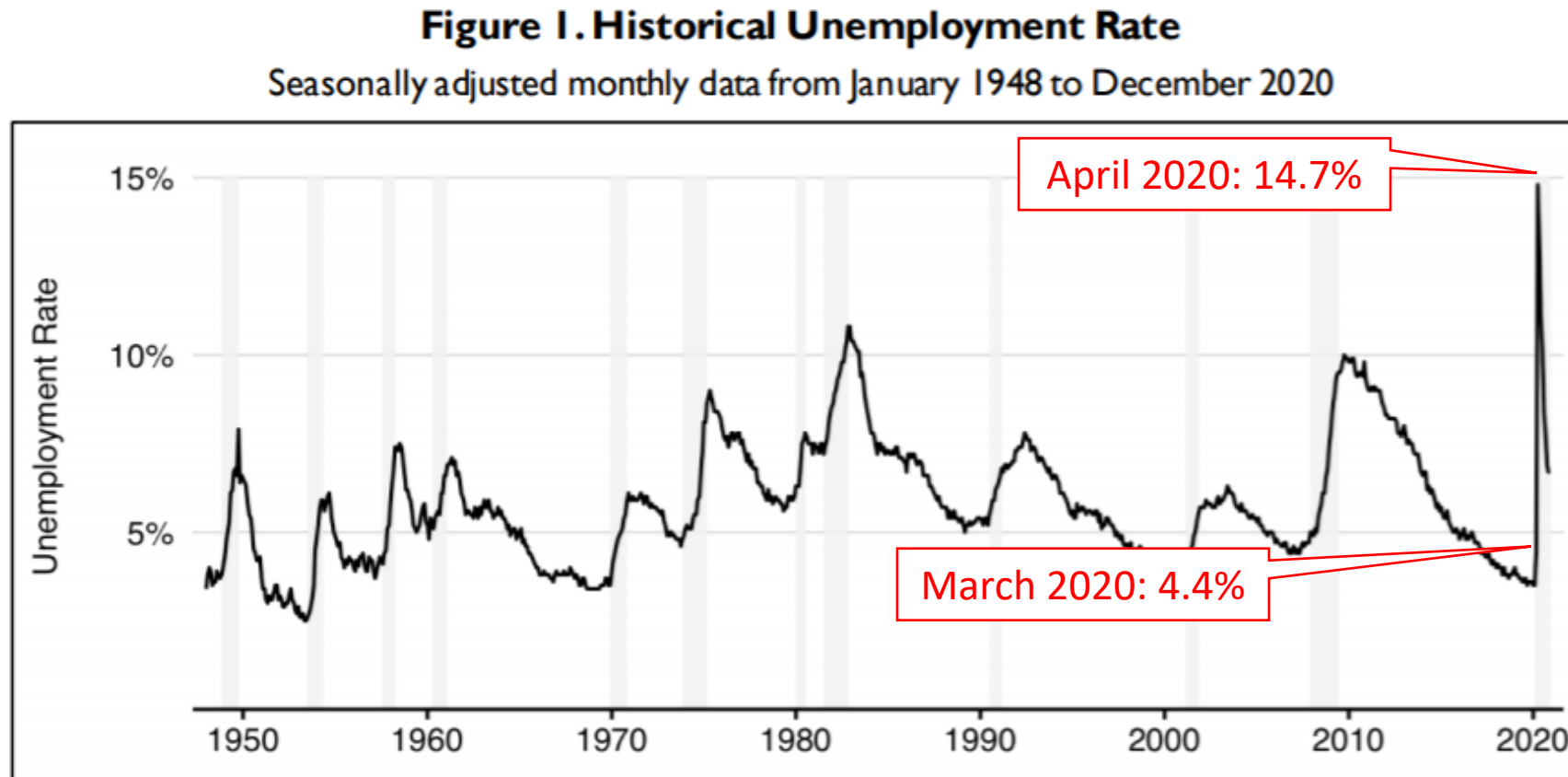
Overcoming Obstacles Series

May 19th, 2022



National Institute
of Mental Health

April 2020 – the largest increase in unemployment since data collection began



Source: Created by CRS using data from the Bureau of Labor Statistics (BLS).

Notes: Shaded regions indicate recessionary periods as identified by the National Bureau of Economic Research.

Unemployment Rates Varied



By State

Unemployment >8% in CA, CT, DC, HI, NV, NM, & NY (2/21)

By Gender

Unemployment rates increased more for women

By Age Group

Unemployment rates increased more for workers <25

By Race

Unemployment rates were higher for Black workers and took longer to improve for Black and Asian workers

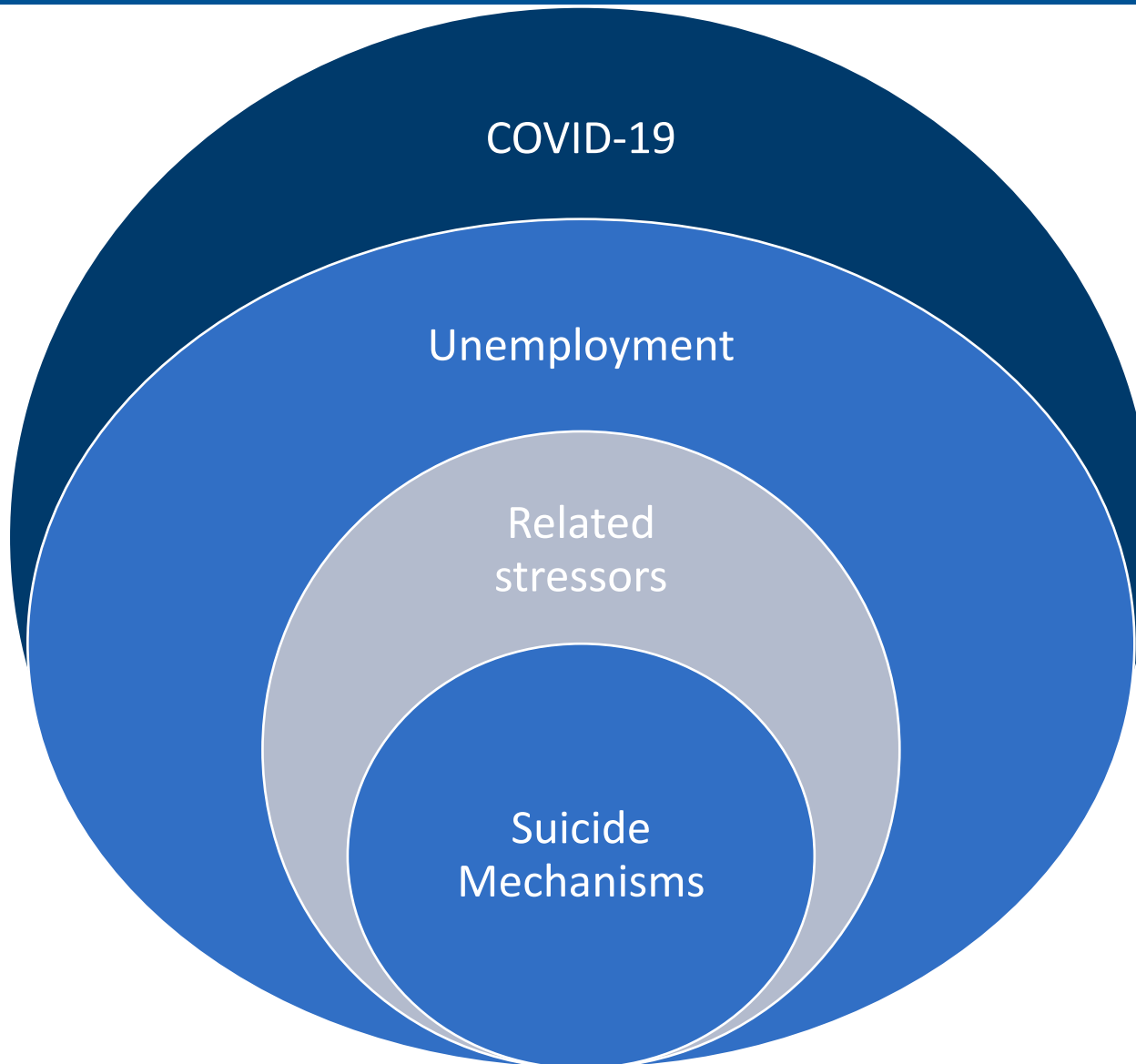
By Ethnicity

Unemployment rates were higher for Hispanic workers

By Educational Attainment

Unemployment rates were higher for those with < HS or college degree

COVID-19, Unemployment, and Suicide



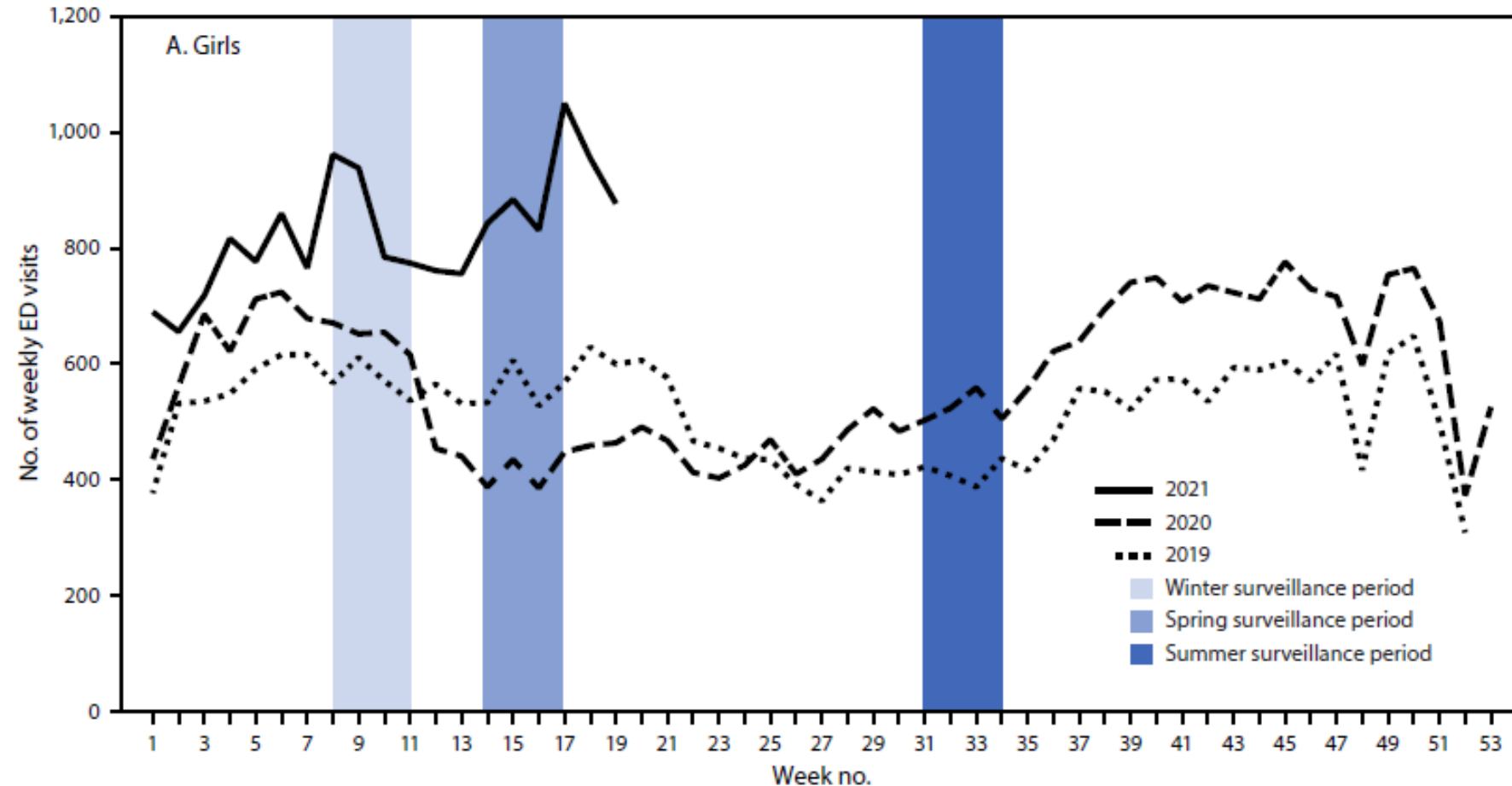
- Social Isolation
- Mounting Bills
- Housing Concerns
- Interpersonal Difficulties
- Untreated Medical Concerns
- Substance Misuse
- Negative Mood



- Thwarted Belongingness
- Perceived Burdensomeness
- Hopelessness
- Less Engagement with Reasons for Living

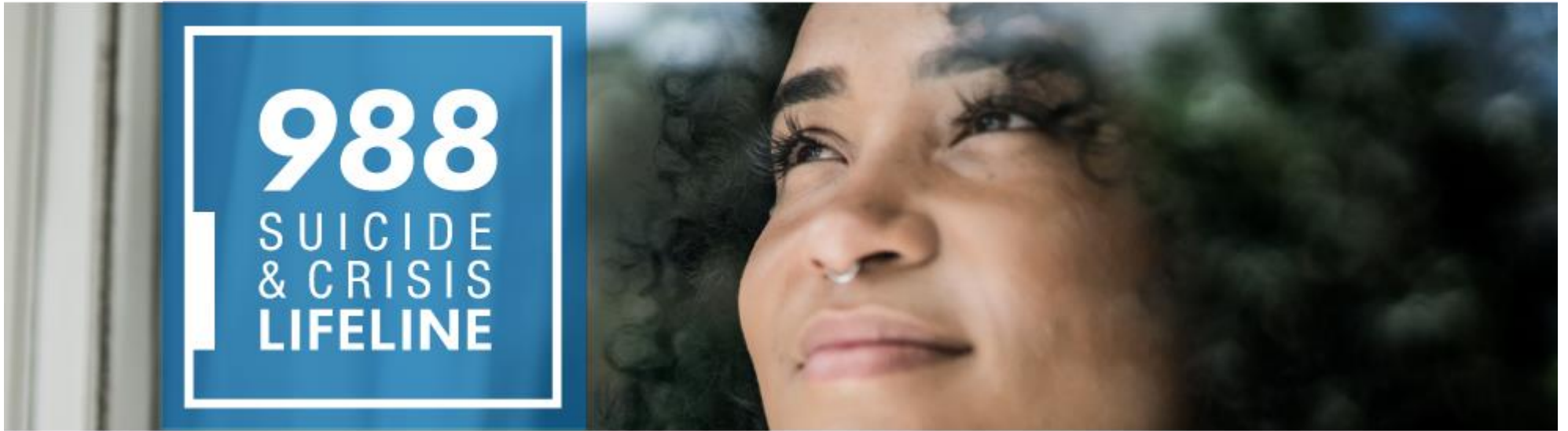
Emergency Department Visits for Suspected Suicide Attempts among Female Adolescents throughout COVID-19

FIGURE 1. Numbers of weekly emergency department visits* for suspected suicide attempts† among adolescents aged 12–17 years, by sex — National Syndromic Surveillance Program, United States, January 1, 2019–May 15, 2021



Expanding Crisis Services Through 988

- Short-term goal is to strengthen and expand the current Lifeline call center infrastructure and capacity to respond to calls, texts, and chats
- Long-term goal is to build a robust crisis care response system across the country



Key Takeaways

- COVID mitigation strategies impacted social networks and unemployment in significant ways
- Groups historically experiencing health disparities (e.g., Black and Hispanic populations and those without a high school or college degree) have been differently impacted by unemployment during the COVID-19 pandemic
- Conceptualizing the impact of these related constructs can inform intervention strategies
- Expanding the crisis services network has the potential to provide immediate services to those in need and connect them to ongoing care
- Behavioral Health Integration plays an important role in the crisis care continuum



Shadow Pandemic:

*Mental Health Impacts of COVID-19
on Patients and the Care Team*

Health Plan **Pediatric Perspective**

Sala Webb, MD, FAPA, DFAACAP

CMO, Aetna Better Health of Ohio/OhioRISE

May 19, 2022



Prior to Pandemic



- Contraction of child and adolescent treatment beds
- Limited access to evidence-based interventions
- Child and adolescent psychiatrist shortage
- Increasing acuity
- Increasing suicide rates

What We Saw

Individual

- Isolation
- Upending of routines and persistent uncertainty
- Increased stress on families
- Media saturation
- Physical illness
- Grief
- Failure of usual coping strategies and supports
- Pervasive anxiety and fear
- Despondency

System

- Increased utilization of crisis lines/services
- Greater acuity at time of presentation
- Increased visits to Emergency Departments
- Increased boarding in Emergency Departments
- Increased length of stay in acute hospitals and residential treatment programs
- Decreased access to all levels of care
- Diminished provider capacity

A photograph of a woman with short brown hair, wearing a white face mask and a black and white striped long-sleeved shirt, helping a young girl with long brown hair put on a white face mask. The girl is also wearing a black and white striped shirt. They are in a bedroom with a bed and a colorful blanket in the background. A semi-transparent white box with a faint American flag pattern is overlaid on the image, containing the title and date.

Declaration of National Emergency in Children's Mental Health

October 2021

What We Did

**Prioritized
continuity of
care**

▶ **Enhanced
flexibility**

▶ **Tailored
interventions**

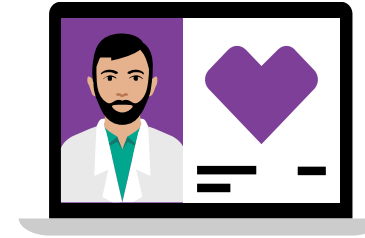
▶ **Fostered
creativity and
innovation**

▶ **Focused on
employee
wellness**

Telehealth

Cons

- Not suitable/effective for all ages
- Not suitable/effective for all conditions
- Transposing a program to virtual platform
- Illuminated areas of resource deficits
- Users can be overwhelmed by new delivery system



Pros

- Expanded access to care
- Provided a “window” into the life of the youth
- Mitigated no-show rates
- Accelerated innovation

What We Learned

- One size does not fit all
- Flexibility does not preclude validity
- Family stressors and strengths matter
- Crisis can promote innovation
- Likely hybrid models in the future



That's all well and good,
but what will it be like for *me*?:
Clinician and patient experiences with BHI

Eileen Barrett, MD, MPH, MACP

 @EileenBarrettNM

Eileen Barrett Physician Services LLC

Albuquerque, NM

There is an urgent need for BHI

- To help meet patient's needs that have increased since the pandemic
- To reduce administrative complexity for clinicians
- To reduce clinicians' feelings of hopelessness
- To help healthcare workers take care of each other

ORIGINAL RESEARCH

Annals of Internal Medicine

Factors Influencing Physician Practices' Adoption of Behavioral Health Integration in the United States

A Qualitative Study



"Access was limited. Very often there was this wait time, and you lost that opportunity . . . [After implementing behavioral health integration], being able to do brief intervention and . . . build that relationship and even if the warm handoff [to the behavioral health clinician] has to be a little later, you've maintained that contact and you've taken your opportunity at the time [the need is] disclosed."

"Nobody was screening, and they all said they wouldn't screen [because] what do you do once they screen positive? So, I think some of the support [for behavioral health integration] was because we're failing those screenings, and we thought it'd be a great way to meet them."

ONLINE FIRST APRIL 25, 2018 – ORIGINAL RESEARCH

**“We’ve Learned It’s a Medical Illness, Not a Moral Choice”:
Qualitative Study of the Effects of a Multicomponent Addiction Intervention
on Hospital Providers’ Attitudes and Experiences**

Honora Englander, MD^{1,2*}, Devin Collins, MA¹, Sylvia Peterson Perry, MD, MPH¹, Molly Rabinowitz MD, MPH¹,
Elena Phoutrides, MD, MPH¹, Christina Nicolaidis, MD, MPH^{1,3}



"Instead of treating these people and making value judgements around them, now we make diagnoses. Like how bad is their infection, how bad is their addiction? As opposed to just bucketing them, oh these are a bunch of addicted people they'll never get better, or they'll do this or that." —cardiac surgeon

"I don't think IMPACT's role is to fix the behavioral issues but maybe IMPACT's role is to bring continued voice ... that this is an issue that has to be addressed ... I've certainly felt much less helpless. The helplessness is not completely gone, but it's back there.." –ward attending

Behavioral Health Integration Into Primary Care

Expand Patient Access to Behavioral
and Mental Health Services and
Improve Patient Care



Annals of Internal Medicine

IDEAS AND OPINIONS

Getting Through COVID-19: Keeping Clinicians in the Workforce

Eileen Barrett, MD, MPH; Susan Thompson Hingle, MD; Cynthia D. Smith, MD, and Darilyn V. Moyer, MD



There is an urgent need for BHI

- To help meet patient's needs that have increased since the pandemic
- To reduce administrative complexity for clinicians
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- To help healthcare workers take care of each other

DISCUSSION

BHI Collaborative “On Demand” Webinars

Check out other webinars from the Overcoming Obstacles series such as:

- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families
- Practical Strategies for Managing Suicidal Ideation and Reducing Risk
- Beating Physician Burnout with Behavioral Health Integration

Watch all these webinars and more on the [Overcoming Obstacles YouTube playlist](#) now!

Collaborative Resource – BHI Compendium

The BHI Compendium serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.



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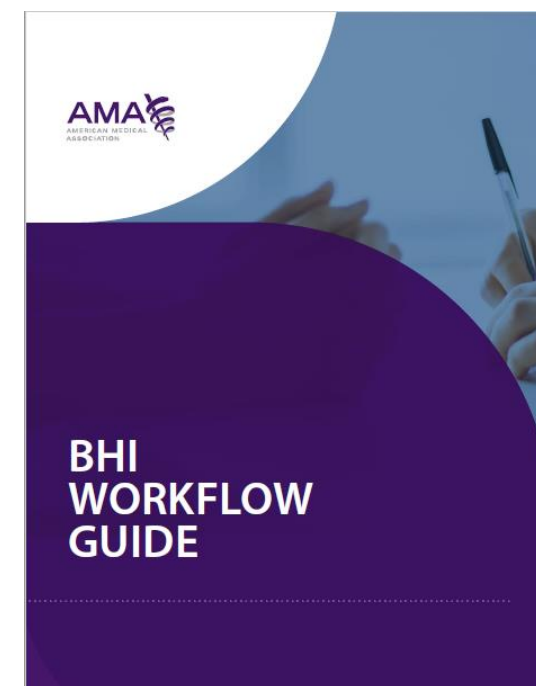
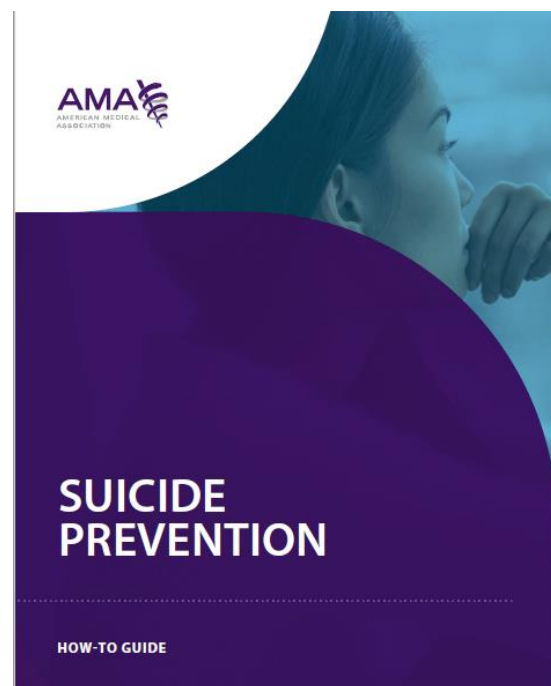
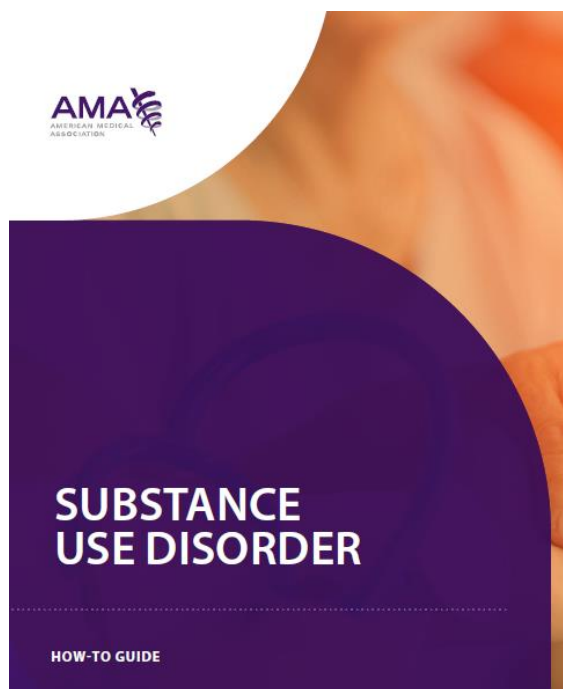
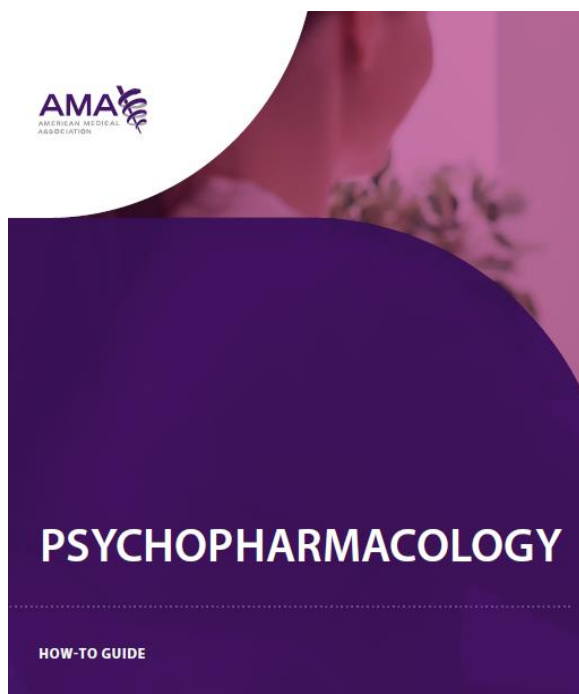
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[Download Now](#)

to learn how to make the best decisions for the mental health of your patients.

AMA Resources – How-To Guides

Access AMA's BHI practice guides for practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care: [pharmacological treatment](#), [substance use disorder](#), [suicide prevention](#), and [workflow design](#).





Thank you for joining!