Behavioral Health Access During COVID-19: Virtual Care Solutions

October 21, 2020
Behavioral Health Challenges in our Patient Population Pre-COVID

Behavioral Health Services Carved out by Health Plans
- Behavioral health treatment independent of medical treatment
- Patient directed referral to care
- Lack of coordination, treatment plan
- Minimal communication to PCPs (primary care providers)

Primary Care Barriers to Behavioral Health Care
- Limited time in the clinic
- Medication management variation
- Complex psychosocial issues
- Screening for depression or anxiety without clear treatment options

Patients may fall through the cracks in the system of care
In 2018, MemorialCare launched our Collaborative Care Pilot

Anxiety and Depression Focused

- 50% of managed care diagnoses for behavioral health were for depression and mood disorders
- Healthcare costs 2-4 times higher in those with behavioral health conditions

Collaborative Care Model

- Patient centered care
- PCP screens and initiates treatment
- Behavioral Health Specialist works with the patient to meet goals
- Weekly psychiatrist virtual case conferences
Positive Results: >80% achieve depression remission within 90 days

9 clinic locations
• 1019 patients to date
• 313 active patients currently

Program targets remission within 90 days
• Average days to remission: 38 pre-COVID, now 76
• >80% achieve depression remission within 90 days

Note: Results as of May 2020
Entry of Virtual Behavioral Health Solution

Successful pilot at 9 clinics, total cost of care reduction 16%

How to scale our collaborative care model to meet the needs of our entire patient population?

• Supplemental support for those in the collaborative care model
• Maintenance for patients in remission
• An alternative for patients who opt out of collaborative care
What is SilverCloud?

SilverCloud is a Digital Mental Health Platform that provides triage, assessment and digital treatment via evidenced based content, programs & support.
Virtual Behavioral Health

Integrated into electronic medical record (EMR)
- Primary Care Provider (PCP) can place an order for Silver Cloud
- PCPs can monitor utilization directly in the EMR
- Patients can retain anonymity

High engagement rate
- July 2019 to March 2020 showed growth from zero to 150 patients
- At that point, over 50% had completed the program

Patient Satisfaction and Promising Results
- Cognitive behavioral therapy foundation
How does the data reflect the story of 2020?

Increased anxiety and depression since the pandemic

500+ total patients have used SilverCloud
- 430 completed
- 125 currently using
Increased anxiety and depression during the pandemic

700+ total patients have been seen by a Behavioral Health Specialist since March 2020
Pandemic impacts to our virtually enhanced collaborative care behavioral health model

What went well?

• Pilot was well established, able to flex for increased capacity
• BH specialists were able to transition from in person to 100% virtual
• Silver Cloud was available, PCPs were familiar, ease of ordering, 100% virtual
• Analysis showed a 16% Total Cost of Care reduction

What challenges were faced?

• BH Specialists impacted by COVID
• Collaborative Care was limited to pilot sites

Opportunities for reflection

• Unmet needs of certain populations
Policy Considerations

Imperative to support ongoing payment for telehealth and integrated behavioral health in primary care

Continue to challenge barriers to mental health access including mental health carve-outs

• Integrated funding supports integrated care models

Payment for remote monitoring

• Future – technology can monitor early signs of behavioral health symptoms
Thank you.
COVID-19’s Impact on Behavioral Health Offerings

Amy Pearlman, Vice President, Clinical Strategy
October 21, 2020
The toll of COVID-19

96% of all U.S. adults say the pandemic has impacted their overall stress

55% of Americans say they have felt lonelier since social distancing began

53% of all U.S. adults say the pandemic has negatively affected their mental health

300% increase in rate of depression
What we’ve done: Anthem/Beacon’s consumer interventions

- Treatment done almost exclusively face-to-face required the most evolution (IOP, PHP, SAP/DOT)
- Pivoted call center activity from resource connection to “in-the-moment support”
- Providing access to myStrength’s COVID-19 and Mental Wellness resources for four months at no cost to health plan members Increasing outreach to higher risk members
- Working with Aunt Bertha, to connect individuals and families to free and reduced-cost social services in their communities
- Introducing SydneyCare app to help members quickly and safely evaluate their symptoms and connect virtually to primary care
- Increasing access to LiveHealthOnline to maintain access to care during pandemic

Assisted “rising risk” individuals

- 11,608 Proactive outreach calls made to “rising risk” members
- 38% Members reached who needed care
- 60% Members reached who remain in outpatient treatment
What we’ve done: Anthem/Beacon’s provider interventions

- Rapid shift to telehealth – for a historically slow moving industry
- Beacon trained 4700 providers over 15 trainings and continues monthly through 2020
- Partnering with Psych Hub and other organizations to offer a free digital resource site to help individuals and care providers address mental needs resulting from the COVID-19 pandemic

**Supported providers to shore up BH access**

- Providers who have attended one or more of 15 training sessions

**Ensured follow up care for individuals discharged from hospital**

- Members who had follow-up care arranged (by Beacon or provider); 26% of this follow-up care was via telehealth.
- Hospitals in 4 states who partnered with Beacon to provide a direct pathway to follow-up care after discharge
- Outpatient providers who agreed to provide follow-up telehealth care within 72 hours of discharge
Virtual Strategy: COVID-19 and Beyond

Through appropriate use of virtual care, we aim to:

• Improve Access
• Improve Quality
• Improve Cost of Care
• Improve member satisfaction and health outcomes
Integrated, Multi-Channel Campaigns

**Social Media**

- Blogs
- Beacon Health Options
- Coronavirus anxiety: identify, address and ease it

**Webinars & Podcasts**

- Leader Videos
- The Intersection of Uncertainty and Parenting: COVID-19 (Coronavirus)

**Newsletters**

- Client FAQs
- Web content
- Coronavirus and Your Mental Health

**Panel Discussion**

- COVID-19’s impact on employee and member behavioral health programs
  - Join us for a webinar!
  - Beacon Health Options
  - Caring through COVID Connection

**Tip Sheets**

- Web content

**Living in Uncertain Times**

- Beacon Health Options
- Caring through COVID Connection
- Coronavirus anxiety: identify, address and ease it

**Web content**

- Leadership and the intersection of uncertainty and parenting during COVID-19
- The Intersection of Uncertainty and Parenting: COVID-19 (Coronavirus)
Thank you.

Amy Pearlman
Vice President, Clinical Strategy
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Physician Well-Being: 
What’s Changed and What’s 
More Important than Ever in the 
Wake of COVID-19

Jonathan Ripp, MD, MPH
Chief Wellness Officer, Mount Sinai Health System 
Dean for Well-Being and Resilience, 
Icahn School of Medicine at Mount Sinai 
Co-Chair, Collaborative for Healing and Renewal in Medicine (CHARM)
Consequences of Job Burnout

FIGURE 1. Personal and professional repercussions of physician burnout.

The Pandemic Curve and Associated Stressors

**Greatest Stressors**

1) **Fear for Basic Needs**
   - When/what will I eat?
   - How will I be kept safe and keep others safe?
   - Who will care for my children?
   - How will I get to and from work?

2) **Uncertainty**
   - How long will this workload continue?
   - Will I be able to do the job if deployed?
   - Am I doing enough?
   - Will I be supported by my employer?
   - Will I be able to make the difficult decisions?

3) **Processing Experiences**
   - Grief and loss
   - PTSD or PT Growth
   - Catching my breath and time to reflect and facing the impact of societal upheaval around racial injustice

The Pandemic Curve and Associated Stressors

**Strategies to Address**

1) **Provide Basic Daily Resources**
   - Food (free and subsidized)
   - PPE Clarity
   - Childcare resource
   - Transportation and Parking

2) **Communication**
   - Weekly wellness messages
   - Town Halls
   - Transparency

3) **Psychosocial & Mental Health**
   - Support Groups
   - Phone Lines
   - Telepsychiatry
   - Mental Health “PPE”
   - Frontline Relief

**Viewpoint**
April 7, 2020

**Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic**

Tait Shanafelt, MD1; Jonathan Ripp, MD, MPH2; Mickey Trockel, MD, PhD3

> Author Affiliations | Article Information

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<table>
<thead>
<tr>
<th>Request</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
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</thead>
<tbody>
<tr>
<td>Hear me</td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals, whether local physician expertise regarding infectious control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process</td>
</tr>
<tr>
<td>Protect me</td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infections to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions</td>
</tr>
<tr>
<td>Prepare me</td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts. Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together</td>
</tr>
<tr>
<td>Support me</td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs. Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress</td>
</tr>
<tr>
<td>Care for me</td>
<td>Provide holistic support for the individual and their family should they need to be quarantined</td>
<td>Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection</td>
<td>Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary</td>
</tr>
</tbody>
</table>

*Note: The table above is a summary of requests from healthcare professionals to their organizations during the COVID-19 pandemic.*
Well-Being Staff Resources During COVID-19

The well-being of our faculty and staff is critical to help us meet the challenge of COVID-19. Find the resources you need—from basic needs like childcare and food, to your mental health and spiritual needs.

For help or guidance in navigating any of the Well-Being Resources, and identifying the right resource for you, please call the Mount Sinai Center for Stress, Resilience and Personal Growth at 212-659-5564.

- Basic Needs & Self Care During COVID-19 for Staff
- Mental Health & Psychosocial Support During COVID-19
- On the Ground Support for Frontline Workers

https://www.mountsinai.org/about/covid19/staff-resources/well-being
Mount Sinai Frontline Relief Program
Recharge & Well-Being Centers

▶ Interactive recharge rooms
  – immersive spaces with music, scent, meditative visual elements, lighting and sound
▶ Nourishment and rest areas
▶ Facility Dog Visits
Mount Sinai Center for Stress, Resilience, and Personal Growth

We provide Mount Sinai staff, faculty, and students with no-cost support, resilience training, mental health screening, individual coaching, and personalized referrals.

MS-CSRPG@mountsinai.org
Virtual Memorial Service & Moments of Silence

Join us in celebrating and remembering the lives of colleagues whom we lost to COVID-19.

Virtual Memorial Service:
A 45-minute service of music, readings, and recitation of names.
**Tuesday, July 28**
Noon
Please click the link below to join:
https://mssm.zoom.us/j/92932061347
Or dial: 929-436-2866
And enter: 929 3206 1347#

Moment of Silence:
A time to pause and remember our friends and colleagues across campuses and facilities.
**Tuesday, August 4**
10:30 am
4:30 pm
12:30 am

Please direct your questions to: COVID19Memorial@mountsinai.org
Pandemic Workforce Well-Being
A Comprehensive Toolkit For Supporting Our Own During COVID-19

Lessons Learned and Next Steps

- The approach to clinician well-being required a pivot in light of the pandemic
  - We’ve all just experienced (are experiencing) a communal trauma.
  - Shifting Needs and Drivers of Well-Being in crisis leads to shifting priorities
  - But, pre-COVID models can still apply in many respects…

- Uncertainty is a huge source of anxiety and stress during a pandemic
  - Regular, authentic, transparent and supportive communications are critical

- Where to from here?
  - Continue to emphasize the strategic importance of well-being to the optimal functioning of health care systems, pre-COVID and presently
  - Advocate for continued attention to system drivers that enable health care workers to be most effective/efficient (EHR, Telehealth)

Jonathan Ripp, MD, MPH
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Dean for Well-Being and Resilience, Icahn School of Medicine at Mount Sinai
Co-Chair, Collaborative for Healing and Renewal in Medicine (CHARM)