Shadow Behavioral Health Pandemic Requires Policy Action

COVID-19 and the resulting physical and economic anxiety and social isolation has exacerbated what was already a major strain on the delivery of behavioral health services across the nation. Addressing this crisis requires breaking down barriers to care, such as workforce shortages and lack of reimbursement, ensuring that access to care across the continuum can be better supported. A whole-person approach is required to meet the full-range of an individual's needs. This includes delivering physical and behavioral health as well as linking to community-based services in an integrated manner where providers are accountable for patient outcomes while delivering people-centered care. Trinity Health is committed to protecting and expanding access to high-value behavioral health services.

What Can Policymakers Do?

Protect and Expand Access to Integrated, High-Value Behavioral Health Services

Recommendations:

- Increase access to behavioral health services through adequate reimbursement across all payers to all providers (e.g. CHW, social workers); increase funding for community-based programs and inpatient capacity; and eliminate Medicare and Medicaid billing restrictions related to mental health services.
- Promote opportunities for states to expand access to behavioral health services through Medicaid Section 1115 demonstration waivers.
- Guard against policies that would limit access to Medicaid and marketplace coverage or reduce access to behavioral health services (e.g. Essential Health Benefits (EHB) as defined in the Patient Protection and Affordable Care Act).
- Maintain EHB coverage requirements and enforce parity regulations for behavioral health services to ensure all needs are met equitably.
- Provide financial incentives, such as upfront care coordination fees, and align quality incentives in clinically integrated networks and across all payers to facilitate integrated care and reduce administrative burden.

Impact of COVID-19

- In June 2020, 40% of U.S. adults reported struggling with mental health or substance use; populations disproportionately affected include young adults, Black and LatinX individuals and essential workers, among others.
- U.S. had more than 90,000 overdose deaths in 2020, the highest annual number on record, driven by opioid-related deaths.
- 46% of parents surveyed said their teen had signs of a new or worsening mental health condition since the start of the pandemic.

A Commitment to Behavioral Health Spans the Continuum of Care

Trinity Health is pursuing innovative efforts to create a health system that seamlessly cares for all of an individual's needs and is focused on serving hard-to-reach populations by:

- Expanding access by leveraging behavioral health expertise and utilizing technologies such as telehealth.
- Advancing integrated care models and incorporating behavioral health into new payment and delivery models, including accountable care organizations (ACOs) and health homes.
- Promoting collaborative care strategies and tactics such as behavioral health integration within the primary care practice.
- Leveraging a full array of health care workers including community health workers (CHWs), peer-to-peer support specialists, recovery coaches and case managers.
- Developing advanced care management models so providers can practice at the top of their licenses to support integrated care teams.

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Behavioral Health: Greater Challenges Exist

- Extend waivers for telehealth to facilitate care coordination and communication between providers and patients, including for audio-only visits.
- Harmonize telehealth licensing regulations and credentialing to increase access and allow for seamless delivery of services by providing for telehealth reimbursement.

Expand Workforce Opportunities

**Recommendations:**
- Expand the pipeline of behavioral health professionals, and support increased behavioral health training for primary care providers (PCPs), including through funding for educational loan pay-downs.
- Allow psychiatrists, psychologists, social workers, nurses, care coordinators, CHWs and peer-to-peer support specialists to practice in collaborative, team-based environments according to their highest level of education, training and licensure; support efforts to facilitate care delivery across states, such as through Licensure Compacts for providers.

Address Whole-Person Needs

**Recommendations:**
- Create incentives to expand the use of community-based services and in-home care to facilitate transitions across settings and coordination between acute and community-based providers and services.
- Support community care teams, crisis intervention teams, and high-utilizer programs that include services for social needs such as housing, food and social isolation.
- Test new models to support community health transformation by creating linkages between health systems, providers and community-based services, and encourage care coordination to optimize access and delivery of wrap-around support services.

Ensure Health Information Technology (HIT) Supports Coordination Between Providers and Patients

**Recommendations:**
- Ensure HIT standards and regulations support changes in payment and delivery systems, are aligned with care delivery needs in alternative payment models (APMs), and facilitate the management of population health.
- Support access to integrated electronic medical records across providers and settings to enhance delivery of coordinated, comprehensive care.

Trinity Health Behavioral Health Best Practices

**Supporting Colleague Well-Being During COVID-19 and Beyond: Trinity Health Colleague Care Program (CCP)**
In response to the potential for pandemic-related post-traumatic stress (PTS)/post-traumatic stress disorder (PTSD) among colleagues, in June 2020, Trinity Health launched a system-wide Colleague Care Program. CCP Teams ensure that all colleagues—particularly those working in high stress—are supported through a variety of onsite, supportive and comfort services designed to alleviate some of the emotional and physiological stressors that could negatively impact caregivers. The program includes Resiliency Rounding: a real-time human connection to colleagues in high-volume, demanding areas either in person, virtually or telephonically.

**Evidence-Based Treatment for Opioid Use Disorder: Initiating Medications in Emergency Department (ED) & Acute Care Settings**
Trinity Health recognizes that the opioid epidemic has impacted communities in many ways, including a tremendous loss of life. Screening, intervention and treatment of opioid use disorder with evidence-based medications across the continuum of care saves lives, improves health and reduces cost. Trinity Health Of New England (THOINE) has developed an Addiction Medicine Consult Service for the acute care setting and ED systems to initiate medications for addiction treatment (MAT), such as methadone, buprenorphine and naltrexone with seamless connections to ongoing care in the community. THOINE is piloting a hub-and-spoke model for expanded access to these treatments in the ambulatory system.

**Advancing Collaborative Care Models: Team-Driven, Evidence-Based Care**
Collaborative, team-based care between behavioral health and primary care providers (PCP) is critical to delivering high-quality, people centered care. More than 80 randomized controlled trials demonstrate collaborative care models and improve outcomes in depression and other physical health conditions such as diabetes and cardiovascular disease. A behavioral health specialist assists the PCP in treating patients with depression and anxiety in the PCP office. They review patients weekly with a consulting psychiatrist, and work with the patient and PCP to implement medication recommendations (if needed), delivering evidenced based behavioral interventions. A number of Trinity Health sites in Michigan are successfully implementing this model and seeing improved health outcomes and patient/provider satisfaction.