

Past, Present, and Future of Integrated Care: What lessons have we learned from the pandemic?

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Speaker Disclosures

- No disclosures

Learning Objectives

- Discuss impact of COVID-19 pandemic on Integrated Care practices
- Review lessons learned
- Discuss the adaptations made during COVID that would be worth keeping

Pre-pandemic State of Integrated Care

System Constraints

- Access limitations
- Implementing CoCM difficult and complex
 - Sustainment can also be a challenge
- Limits on telemedicine-based CoCM
 - Barriers included reimbursement, licensing, technology
- Financing constraints
 - Newly released CoCM billing codes in 2017 were a new opportunity for billing

Team Based Care

- Ranges from basic collaboration to full integration, or combination
- Mostly on-site, limited remote services

Scope of Integrated Care

- Most initial evidence for CoCM is with depression and anxiety
- Less often used for patients with SMI, bipolar, schizophrenia, or SUD
- Scope depends on clinic's willingness to expand
- Despite broader spectrum of mental health issues presenting in primary care, practices commonly have a narrow scope

Capacity/Access

- Chronic issue for psychiatry, goal of CoCM was to expand access
- Pre-pandemic: common requirement for patient to present in-person, which could be barrier for patient

How the Pandemic Disrupted Integrated Care

System Constraints

- Initial decrease in visits when pandemic hit
 - Both overall healthcare visits and mental health visits
- Rapid transition to telehealth
 - Lifting of restriction on payment for telehealth
- Challenges in getting screenings done
 - Creating new workflow issues
 - Affecting referrals
- Barriers for some patients to access telehealth—issues with disparity/equity

Team Based Care

- Quick adaptations to telehealth and need for new policies
- Less opportunities for collaboration working remotely
- Disruption in work routines, shifting more to electronic communications
- Burn-out for PCPs, behavioral health team

Scope of Integrated Care

- Pandemic caused reduced access to other community services, restrictions on programs (i.e. SUD programs)
- Limited resources → pushing existing Integrated Care programs to expand scope

Capacity/Access

- Telehealth improves access
 - Work schedules, commutes, mobility issues, etc.
 - Last minute filling of appointments
 - Less no shows
 - Less stigma
- But not everyone has access to:
 - Technology, internet, private space, etc.
- Increase in indirect Integrated Care
 - E-consults, ECHO programs, psychiatric consultation lines

Prolonged-Pandemic State of Integrated Care

System Flexibility

- Integrated Care and CoCM even more important now
 - Increased demand with even more limited community resources
→ worsening access to mental health
- Continued flexibility to use telehealth
 - Depends on regulations, reimbursement, licensing
 - CoCM billing flexibility for phone/video, avoids concern of changes in telehealth regulations
- Workflow adaptations
 - Allow for in-person or virtual visits
- Expand CoCM + more of a population approach
 - Reduce disparities

Team Based Care

- Leverage more indirect collaboration
- Maintain/reinforce team collaboration (especially if working remotely)
- Optimize use of electronic communication between team
- Use technology to do informal educational sessions (i.e., remote participation in provider meetings)

Scope of Integrated Care

- Consider expanding scope of practice
 - To include SUD, bipolar, SMI, ADHD(?), schizophrenia/psychotic disorders, etc.
- Telemedicine minimizes the separation between primary and specialty care
 - What does the future of integration look like?

Capacity/Access

- More access to online therapy now
- Telepsychiatry consultations
 - Improves access, less no shows
 - Easier to provide cross-coverage at other sites
- Building capacity with existing workforce
 - E-Consults, ECHO, provider hot lines
- Looking at other modalities:
 - “self-help” with books, online modules/resources
 - group therapy



Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

Lessons Learned

Lessons Learned

- Maintain engagement (both providers and patients)
- Importance of communication and team collaboration
- Continue to be flexible and consider adaptations to workflows and the CoCM model
- Focus on sustainment

Takeaways

- *What changes were made during the pandemic are worth keeping?*
 - *Telemedicine*
 - *Expansion of scope*
 - *Looking at other modalities of care*
- *What challenges still exist that we need to address?*
 - *Barriers/disparities*
 - *Workflows and workforce*

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link