Teladoc HEALTH

Thinking differently about mental healthcare

At our Fall 2019 Virtual Care Innovation Forum, we brought together senior health plan executives to talk about **Partnering for Change: Novel Approaches to Behavioral Healthcare**. During the panel discussion, moderator Sam Glick, Partner of Health & Life Sciences for Oliver Wyman, had a candid conversation with three prominent panelists about what it means to think about mental health differently, and how modern solutions can overcome key challenges. **Here's what they discussed**.

Matt Wallaert
Chief Behavioral Officer,
Clover Health

Shari Glago
Director of Specialty Networks
and Vendor Management,
Blue Shield of California

Pam Giacalone, MD
Lead physician, Behavioral Health
Navigator Program, Teladoc Health;
Psychiatrist, Pacific Coast
Psychiatric Associates

How do you think behavioral science helps people recognize they have a behavioral health issue and access available resources?

Matt: Good behavioral science is driven almost entirely by what actually changes peoples' behavior. For instance, I make a habit of asking people, "Are you happy, personally?" and you'd be shocked the number of them that reply, "I can't remember the last time someone asked me that question." It's this type of proactive outreach that influences behavior and makes people want to take action, whether through traditional or virtual care options.

What's different about delivering behavioral healthcare virtually vs. through traditional means?

Pam: Although people may initially be a little wary of the virtual care format, after a couple of sessions they're usually fine with it. For many of my patients, their first appointment with me is their first experience with any mental healthcare professional. I keep an open dialogue with patients about how they feel about the care they receive and how they prefer to receive information. Hearing directly from the source is the best feedback for me.

Are there particular situations or cases best handled through telepsychiatry?

Pam: The only times I don't feel telepsychiatry is a good fit is when there's a lot of paranoia, as with a schizophrenic patient or bipolar patient with psychosis. If a patient is wary about computers and technology or won't talk on the phone because he or she believes it is tapped, for example, I will encourage in-person appointments. And while some practitioners feel that patients with autism spectrum disorder are not candidates for video treatment, I don't agree. My high-functioning autistic patients often prefer telepsychiatry.

Thinking about the whole person, what is a health plan's role in bringing the physical and behavioral pieces of healthcare together?

Shari: I've been involved in pilots in primary care settings using iPad technology to normalize interactions and languages that are linked to standardized evaluations and scorecards. This is an effort to better prepare primary care physicians for patient appointments by alerting the provider of care options based on payer benefits. By leveraging new technologies, we can expand the service we provide by tying complete care together.

How do you let members know about their telehealth benefits and improve the member experience?

Shari: Whether we are navigating patients to traditional or virtual care, we have an obligation to create a centralized platform where patients can be directed to the appropriate services. It's our obligation to simplify healthcare for people.

Can you share insights into how you've helped your Medicare Advantage population change their behaviors?

Matt: We try not to treat Medicare Advantage like a special population. Our demographic is far more diverse than "older American" would imply. We have twice as many people of color, who speak Spanish, and who are close to the poverty line. And the beauty of using a scientific approach to behavior is that there are no assumptions. If something doesn't work, we figure out why and adjust it.

How do you encourage a traditionally disadvantaged population to seek the right kind of care for mental health?

Matt: We recognize that most people already engage with mental health, even if they don't call it that. Nearly 90% of our members attend church regularly. In every possible sense of the word, going to church is a mental health activity. So instead of asking if they have ever seen a mental health professional, I can use what they are more familiar with as a bridge. We explain that speaking to a mental health professional is like speaking to a pastor, we just have additional resources to help. It is critical to meet people where they are.

How do you integrate what you are doing in virtual mental healthcare with traditional primary care?

Pam: Because we have a huge mental healthcare provider shortage, primary care providers are responsible for delivering the bulk of mental healthcare in our country. But primary care physicians still only have 10-15 minutes with a patient, whereas a psychiatrist can have a full 60-minute intake with them.

I've seen collaboration work really well when there's a social worker and a psychiatrist assigned to the primary care site and, if the resources are available, a walk-in clinic for patients with more urgent psychiatric needs who are referred from their primary care physician. In this model, patients are less likely to rely on emergency services and they tend to feel more supported.

Can we train primary care providers to handle simple psychiatric cases?

Pam: Medical residencies in fields outside of psychiatry are trying to incorporate curriculum dedicated to communicating effectively with patients with a mental health history to get them off to a good start in terms of treating their symptoms and referring them to the appropriate level of psychiatric care. But often by the time patients get to me after a referral from their primary care physician, they are already on medications that are under- or over-treating their condition. This is because of the shortage of psychiatrists in our country causing delays in getting an appointment. In these instances, I wish I could have had access to patients earlier because I often have to focus on "cleaning up" their medication list before I can even get a proper diagnosis and treatment plan.

Shari: The evidence shows that coupling behavioral health with primary care, beyond medication management, leads to better outcomes.

How do you address the shortage of practitioners, particularly when it comes to psychiatry?

Matt: The key to the provider shortage problem is to recognize that there is a gradient of care. We need to provide broad access and tools, then work with partners, like Teladoc, to expand that spectrum of care.

How do we convince mental health providers to work with Teladoc Health?

Shari: Through benefit design reform, we've got to incentivize members to want to use certain services over others with regard to quality and cost of care. We've got to be more active in healthcare policy. If payers are going to meet quality affordable healthcare objectives, they have a responsibility to be leaders, to collaborate, and to partner across the aisles.

Pam: As a virtual care provider, it can be a bit isolating without daily face-to-face interaction with colleagues. I've found it extremely valuable to create community through virtual lunch conferences to discuss patients and psychotherapeutic techniques.

What's one barrier to mental healthcare you wish you could eliminate?

Pam:
Start the conversation with children from a very young age.
I'd encourage parents, families, and teachers to have an open dialogue about mental health symptoms and stop pathologizing the process of emotional expression so children do not learn to be phobic of their own feelings. I often hear my adult patients describing their anxiety or depression as "bad" or "unacceptable" because they were judged harshly as a child and adolescent for being anything other than constantly happy. Building vocabulary related to our inner emotional world and receiving validation for that level of communication should start as early as preschool.

Shari:
Reduce regulations around confidentiality and privacy.
Confidentiality and privacy regulations—beyond HIPAA and other sorts of medical information—are counterintuitive to the normalization of mental health and substance abuse disorders. It's so complicated that providers don't share anything for fear of breaking the law. I'd make it safer to truly coordinate medical and behavioral health, and to integrate between providers.

Matt:
Eliminate toxic masculinity.
I think that the root of many mental health issues can be attributed to men who are limited in their ability to communicate their own emotions.

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Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.