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# Correlates

## by COVID

### *Managing behavioral health while combating COVID-19*

■ **By Jessica Scruton, B.S.N., RN, CCM**

One of the most comprehensive studies to date about hospitalized COVID-19 patients found that 94% had at least one chronic condition, while 88% had two or more.<sup>1</sup> The conditions highlighted in the study are familiar physical illnesses, including hypertension, diabetes, obesity, and others. Apparently missing from the analysis, however, are behavioral health conditions of these patients, which can have profound effects on outcomes.

It is important to recognize the global pandemic's impact on mental health. Life disruption, furloughs, economic collapse, and the constant fear of exposure to a life-threatening virus that has no effective treatment or vaccine are exacerbating anxiety and depression, which have been shown to impact management of physical chronic conditions such as hypertension and diabetes, two of the main culprits identified in this COVID-19 study (see "A Whole-Person Solution").

#### **COVID-19 Impacts Mental Health**

A Gallup Poll gathered in early-to-mid April 2020 found that fewer than half (48%) of respondents said they could maintain social distancing practices indefinitely before their mental or emotional health would suffer.<sup>2</sup> More than a quarter (26%) of poll respondents ages 18 to 44 said their mental health is already suffering due to the restrictions. An earlier scientific survey found more than 36% of respondents spent several days with elevated anxiety due to COVID-19.<sup>3</sup>

Although published literature on this topic is likely to grow, a review of the small number of scientific articles published thus far on mental health and COVID-19 found anxiety and depression were the most prevalent mental health conditions reported among participants surveyed—conditions which can also disrupt sleep, authors point out.<sup>4</sup> As the pandemic wears on, we can safely conclude that the acuity of mental and behavioral health issues will only intensify, leaving us with a greater management challenge if we do not intervene now.

Quarantining and social isolation risks to patients extend beyond exacerbating their mental health conditions. Rather, as anxiety or depression symptoms worsen, the status of other chronic conditions will definitely deteriorate. A review of nearly 100 studies found patients across a broad spectrum of mental health conditions are "up to twice as likely to be obese and have diabetes and cardiovascular disease compared to the general population,"<sup>5</sup> the most at-risk conditions highlighted in the aforementioned study. Conversely, a study of elderly patients found that the better they felt about their mental health, the more likely they were to stick to a complicated medication regimen, while how they felt about their physical health had a weak association with medication adherence.<sup>6</sup>

In our COVID-19 era, at-risk patients require a proactive, integrated care strategy to help manage both types of conditions.

## Leverage Existing Data

The first step in managing these patients during this challenging, unpredictable time is to leverage all available data to identify and reach out to those at risk. Certainly, information on social determinants of health would be ideal to determine who is at highest risk of straying from medication regimens or self-care, but these types of metrics are not always available. Instead, creatively analyzing existing information can pinpoint patients most in need of intervention.

For example, by using a population health management platform, a care manager in a health system or accountable care organization (ACO) can create a cohort of patients with documented depression or anxiety diagnoses in addition to high-risk conditions such as asthma, chronic obstructive pulmonary disease, diabetes, hypertension, and obesity. The care manager can then search through this cohort to identify who skipped appointments before COVID-19, who was not returning messages, or who has not renewed prescriptions for chronic condition medications. This information should be easily available to care managers and reliably predict that the patient is non-adherent to their medication regimens or other activities of daily living that help manage their conditions, such as cooking, sleep, and self-testing.

Medical groups across the United States are incorporating platforms into their workflows to ensure mental health is considered during overall medical treatment. Cohort tools help

identify patients who are at high risk of mental health complications, flag them for further assessment and care, and identify any barriers that limit the treatment they need. This is exceedingly important, as the pandemic has exacerbated underlying mental health issues due to a lack of attention, treatment, or even diagnosis.

Care managers have incorporated certain tools into their early touchpoints with patients to identify those who are at risk of mental health issues such as depression and anxiety. This serves two important purposes: It screens for mental health, and it satisfies a portion of a patient's annual wellness visit. Many care managers now use a scorable platform like the Patient Depression Questionnaire (PHQ-9) to create workflow if a patient's score exceeds a certain number. This tool is incredibly valuable, as it gives care managers a scripted clinical pathway to follow for identification.

Statistics around this approach are still being reviewed, so outcomes cannot yet be fully verified and tracked. Anecdotally, however, these processes have proved effective.

## Initiate Outreach

Along with medication, patients with depression, anxiety, or other ailments likely have an ongoing appointment schedule with a counselor or mental health professional. These encounters, like most other non-COVID-19 healthcare appointments, were either canceled or postponed by weeks or months due to state-mandated or health system-imposed restrictions.

For the time being, telehealth can fill the gap and reconnect patients with these providers. Telehealth can include an email, an interaction via a patient portal messaging system, or if a computer or mobile device virtual visit is not feasible, a phone call. These conversations increase the patient's focus on their health, reinforce their care plans, and increase the provider's visibility into health issues, whether preexisting or evolving.

If community-based organizations that address social determinants of health are operational during this time, coordinating outreach with an at-risk patient may be an option to partially offload the burdens on care managers.

## Same Strategy—Intensified

From these recommendations, it is clear that the population health management (PHM) strategy during the COVID-19 crisis is not drastically different from the strategy used at other times—but with less in-person contact and perhaps a more intense focus given the distressing times we are facing.

# A Whole-Person Solution

**We can prevent both mental and physical health exacerbations simultaneously by intensifying our care management strategy. This requires analyzing data to risk-stratify patients using refined parameters.**

**We must also deploy targeted outreach as well as coordinate with community organizations, where available, to overcome obstacles that interfere with patients' successful management of their behavioral and physical health conditions.**



Importantly, our organizations can bill for much of these telehealth and outreach services thanks to loosened restrictions on Medicare-reimbursable telehealth services.<sup>7</sup> Medicaid rules vary by state, but many have also loosened payment rules.<sup>8</sup> Under the federal guidelines, patients can receive care from a variety of healthcare providers, including clinical psychologists and clinical social workers. Physicians can now bill for services such as mental health counseling and preventive health screens for patients with chronic conditions at increased risk of COVID-19 complications.

While PHM may seem significantly different because we are all distanced from one another, in reality, little has changed. We can use the same processes and tools we had available to connect with patients, just as we did before the pandemic. That way, when all of this is over, the gaps in care and engagement will not seem so insurmountable. [CRJ](#)

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# AMGA COVID-19 Resources

## Tactics from Groups on the Front Lines

Since the COVID-19 outbreak began, AMGA has worked closely with members, federal agencies, and other healthcare entities to respond to this challenge and to make sure our members have the most up-to-date information and resources. We have gathered current tactics and tools from members as well as resources from federal agencies, payers, and others to help you respond to the pandemic and bring the best care to your patients.

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