Navigating Coronavirus Series

Preparing Your Primary Care Practice for the Mental Health Surge

May 26, 2020

This webinar series brought to you by

Today's Presenters

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Preparing Your Primary Care Practice for the Mental Health Surge

J. Nathan Copeland, M.D., MPH

Duke Psychiatry & Behavioral Sciences
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NOVANT HEALTH

Atrium Health

NORTH CAROLINA Psychiatric Association

The New York Times

Coronavirus Lockdown May Spur Surge in Mental Illness, U.N. Warns

Childhood disease may also soar as the pandemic claims millions of indirect victims by blocking access to medical care.

npr

Trauma On The Pandemic's Front Line Leaves Health Workers Reeling

The Charlotte Observer

How to keep your mental health balanced as COVID-19 lingers in Charlotte

The Washington Post

The coronavirus pandemic is pushing America into a mental health crisis

Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse.

USA TODAY

Coronavirus is a terrifying illness that could leave millions of survivors with PTSD

BBC

Coronavirus: 'Profound' mental health impact prompts calls for urgent research

The News&Observer

Pandemic threatens to deepen crisis in mental health care

Los Angeles Times

We need to prepare for the mental health effects of coronavirus on kids

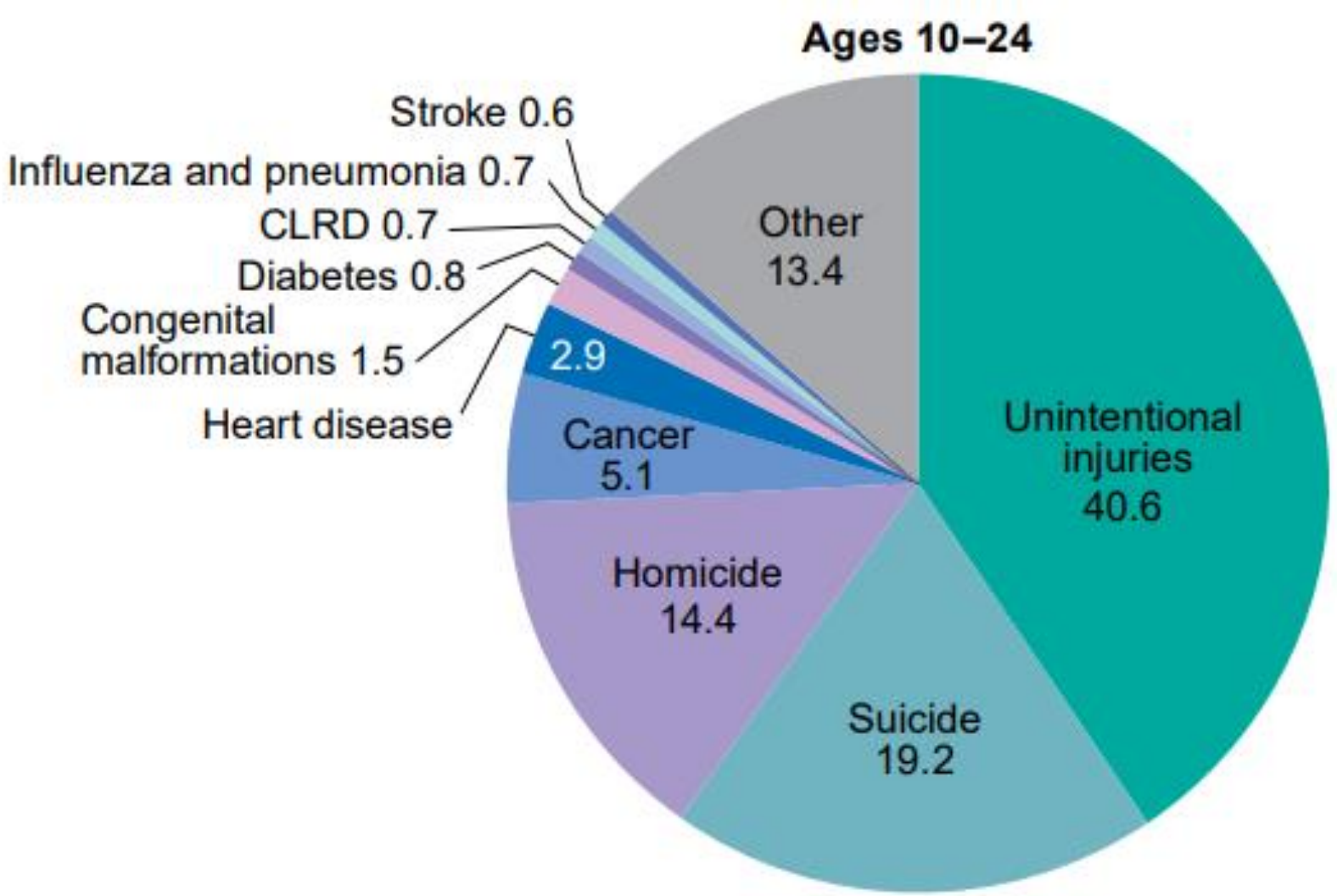
JAMA

Mental Health Needs of Health Care Workers Providing Frontline COVID-19 Care

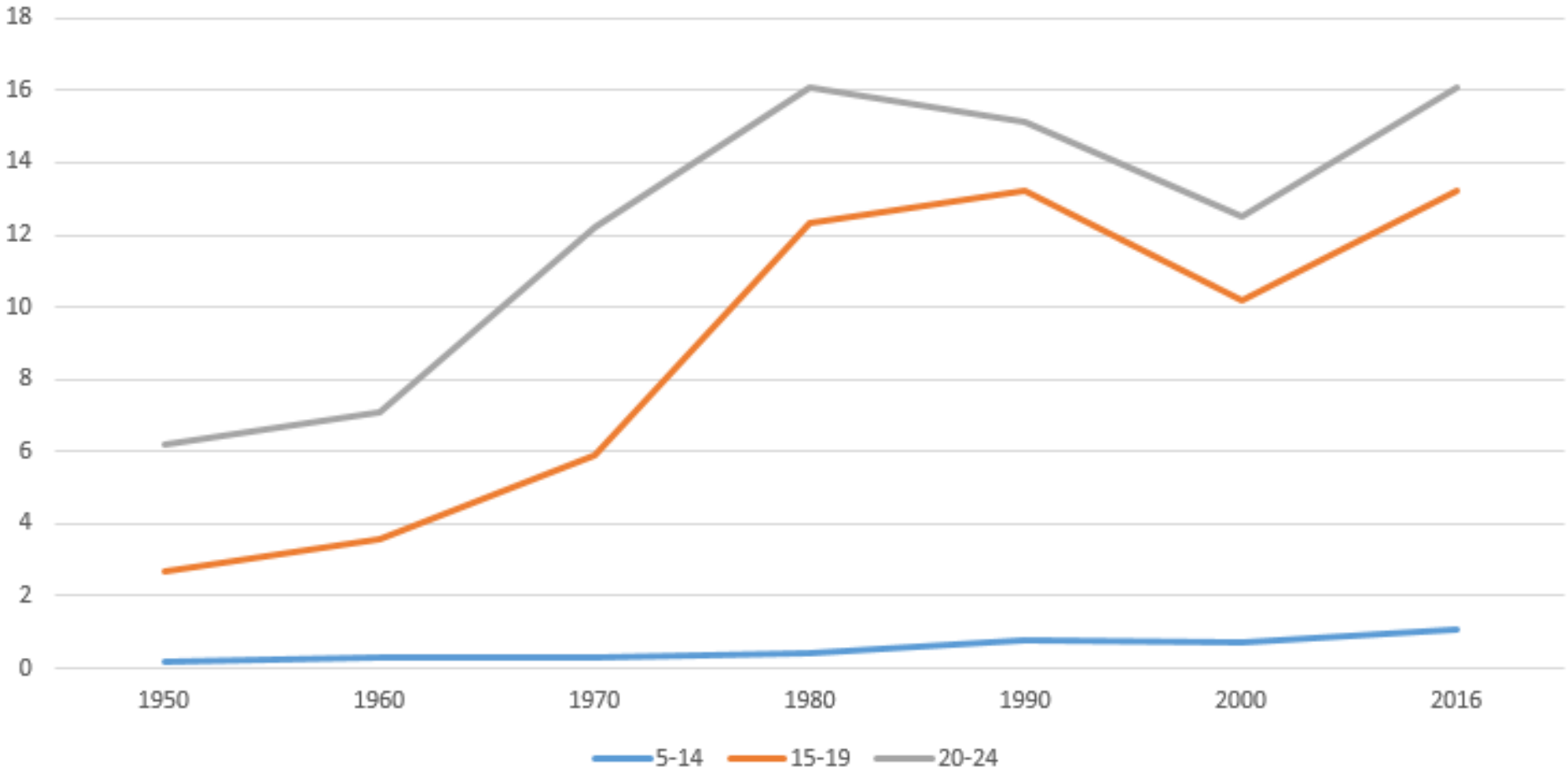
10 Leading Causes of Death by Age Group, U.S. - 2017

	5-9	10-14	15-24
1	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries
2	Malignant Neoplasms	Suicide	Suicide
3	Congenital Anomalies	Malignant Neoplasms	Homicide
4	Homicide	Congenital Anomalies	Malignant Neoplasms
5	Diseases of the Heart	Homicide	Heart Disease

Percent distribution of the 10 leading causes of death, by age group, U.S. – 2017



Death Rates for Suicide, 1950- 2016



Per 100,000


17%
of youth (6-17 years)
experience a mental
health disorder

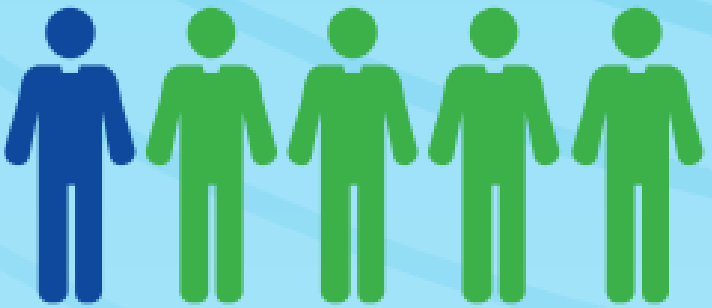
Impact

50% 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.[1]

10 yrs The average delay between onset of symptoms and intervention is 8-10 years.[1]

37% 37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.[1]

70% 70% of youth in state and local juvenile justice systems have a mental illness.[1]



1 in 5 U.S. adults experience mental illness

1 in 25

1 in 25 U.S. adults experience serious mental illness

10 Leading Causes of Death by Age Group, U.S. - 2018

Rank	25-34	35-44	45-54
1	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301
2	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220
3	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056
4	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345
5	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157

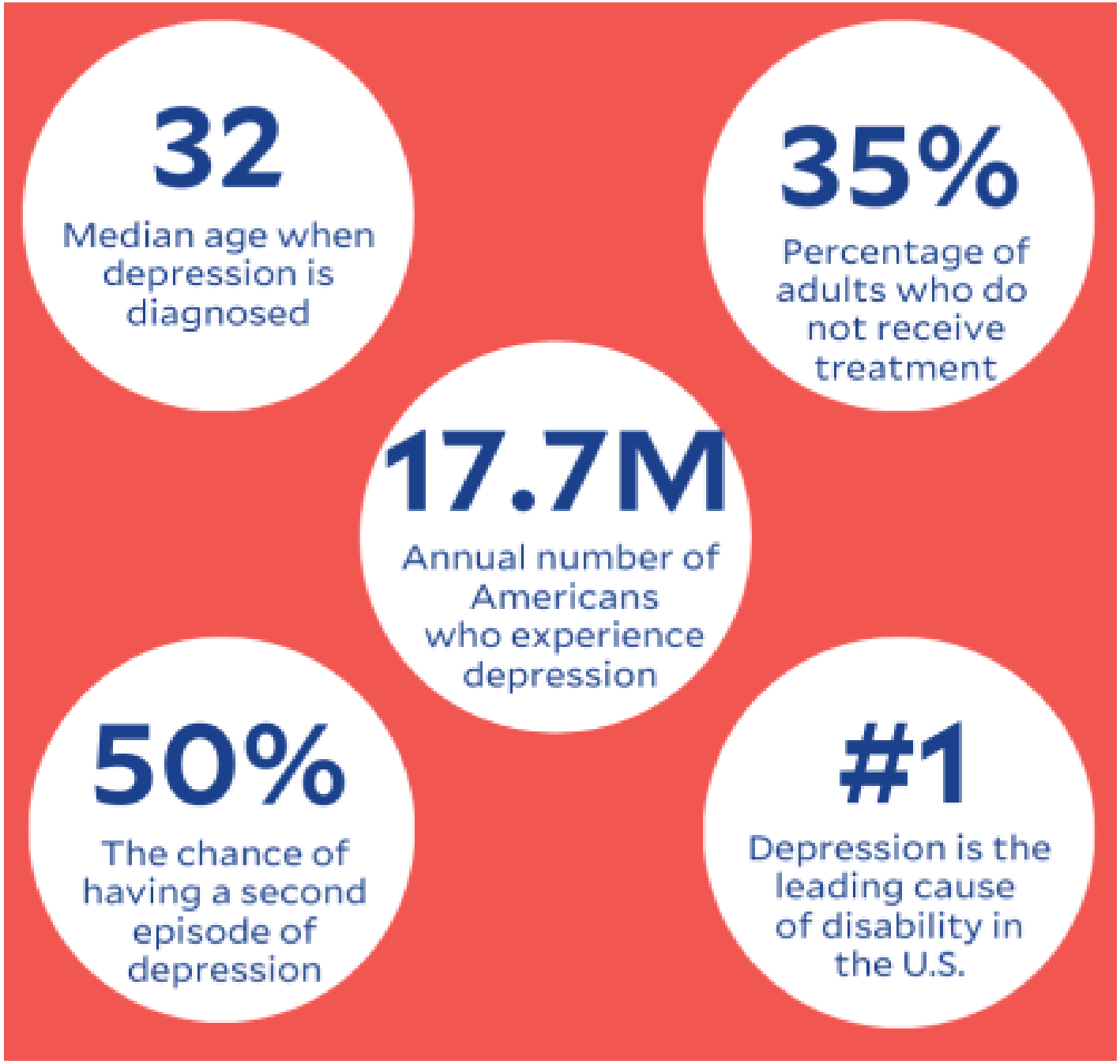

32
Median age when depression is diagnosed
35%
Percentage of adults who do not receive treatment
17.7M
Annual number of Americans who experience depression
50%
The chance of having a second episode of depression
#1
Depression is the leading cause of disability in the U.S.

Figure 5a - Impact of Behavioral Comorbidities, Commercial Population – 2012 Total PMPM Costs				
Medical Condition	No MH/SUD	SPMI	Non-SPMI MH	SUD
Arthritis	$814	$2,065	$1,586	$1,827
Asthma	$569	$1,851	$1,389	$1,774
Cancer	$1,360	$2,525	$2,338	$2,668
Chronic Kidney Disease	$4,650	$5,664	$6,232	$6,901
Congestive Heart Failure	$1,274	$2,649	$1,955	$2,827
Chronic Obstructive Pulmonary Disease	$992	$2,719	$2,088	$2,028
Chronic Pain	$1,259	$2,355	$1,780	$2,387
Back Pain	$1,624	$3,109	$2,395	$2,705
Headache	$1,659	$3,311	$2,221	$3,354
Diabetes (with complications)	$1,821	$3,366	$2,681	$3,678
Diabetes (without complications)	$811	$1,775	$1,353	$1,848
Hypercholesterolemia (with complications)	$1,369	$2,769	$2,061	$2,349
Hypercholesterolemia (without complications)	$649	$1,498	$1,065	$1,411
Hypertension (with complications)	$1,447	$3,056	$2,220	$2,621
Hypertension (without complications)	$688	$1,641	$1,157	$1,494
Ischemic Heart Disease	$1,443	$3,006	$2,319	$2,335
Osteoporosis	$874	$2,312	$1,592	$1,720
Stroke	$1,673	$3,556	$2,590	$2,554
No Medical Condition	$221	$762	$528	$615
Any Medical Condition	$695	$1,690	$1,271	$1,577
Total	$340	$1,197	$903	$1,071

PERSON

People with serious mental illness have an increased risk for chronic disease, like diabetes or cancer

19% of U.S. adults with mental illness also have a substance use disorder

Rates of cardiometabolic disease are twice as high in adults with serious mental illness

FAMILY

At least **8.4 million** Americans provide care to an adult with an emotional or mental illness

Caregivers spend an average of **32 hours** per week providing unpaid care

COMMUNITY

20% of people experiencing homelessness also have a serious mental illness

37% of people incarcerated in state and federal prison have a diagnosed mental condition

70% of youth in the juvenile justice system have at least one mental health condition

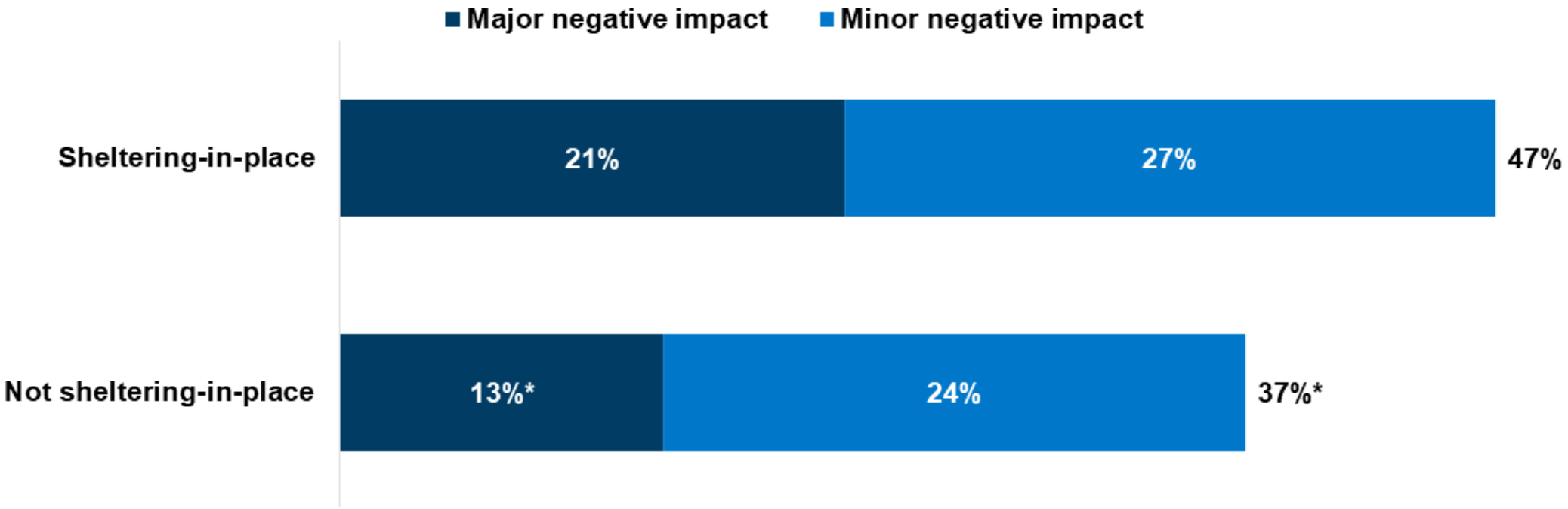
1 in 8 of all visits to U.S. emergency departments are related to mental and substance use disorders

WORLD

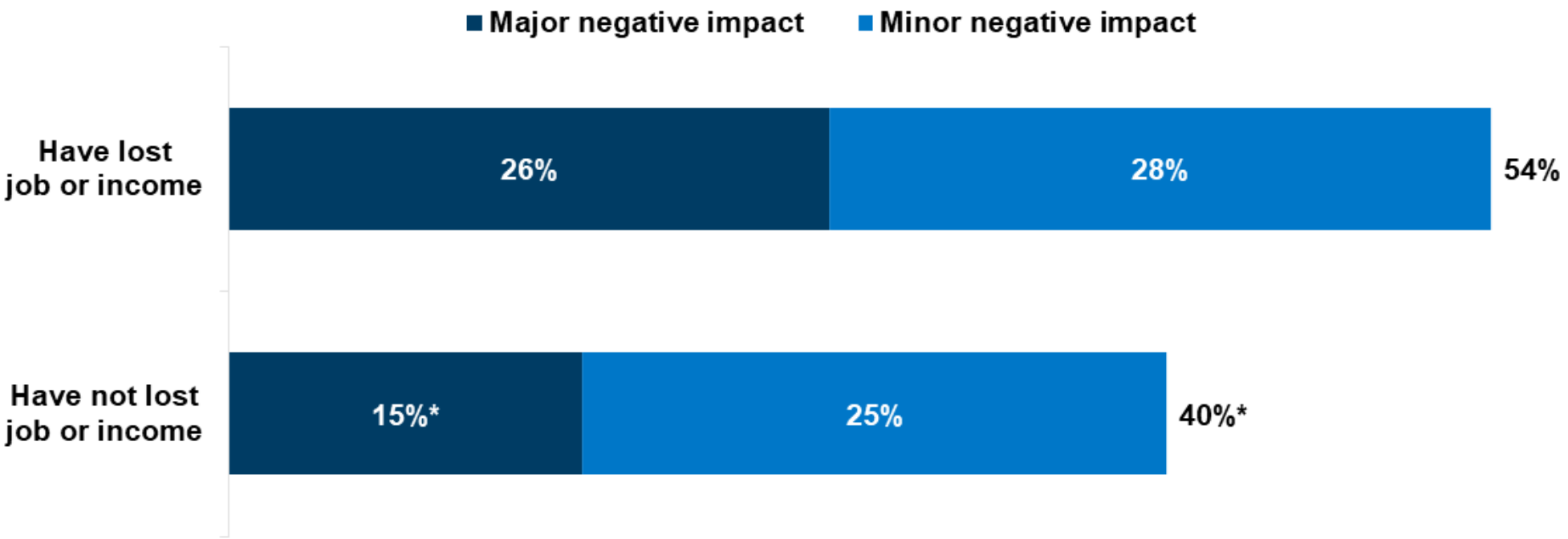
Depression is the leading cause of disability worldwide

Depression and anxiety disorders cost the global economy **$1 trillion** each year in lost productivity

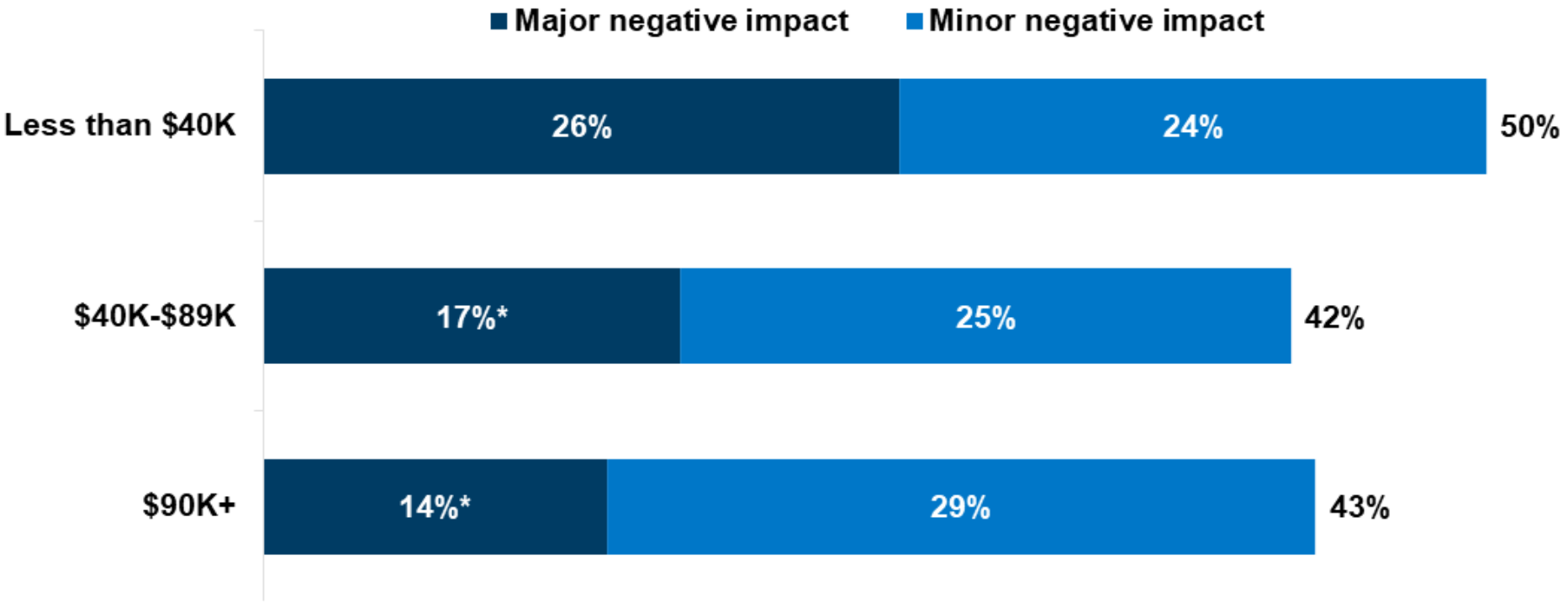
Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, Based on Sheltering-in-Place Status



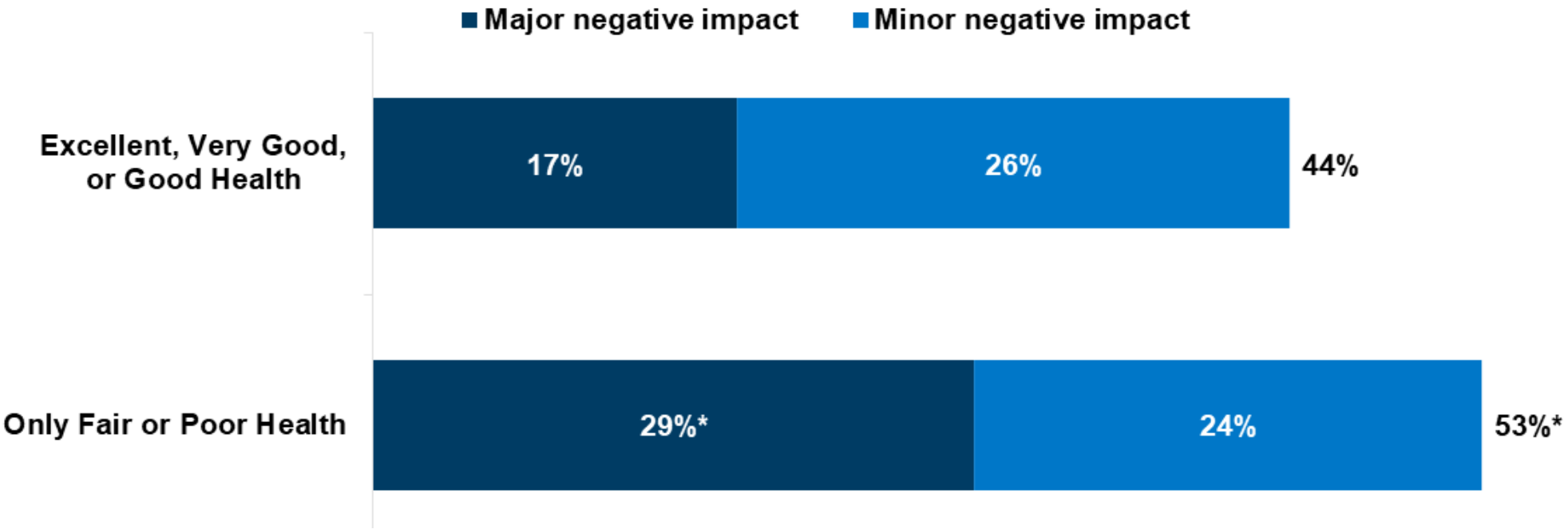
Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, Based on Job or Income Loss



Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, by Household Income



Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, by Health Status



Preparing Your Primary Care Practice for the Mental Health Surge

W. Chad Stephens, M.D., DFAPA

COVID-19 Marathon

May 22, 2020 Phase 2 started in NC

May 23, 2020: 1,107 cases reported

The highest number of daily Covid-19 cases yet reported

What are patients presenting with related to Covid-19?

- And do I have time to manage it?
- COVID stress will show up in your patients!
  - Some will attribute their distress to COVID-19 stressors
  - Others may not be aware of the connection

32-Year-Old Female OD Cocaine

- Stimulus check can buy a lot of cocaine
- Overdosed, unresponsive brought to ED
- Admitted, cognitively cleared
- EXCEPT: when awoke she was totally deaf – rare complication of cocaine
- Depressed, distraught, was out of work, just wanted to feel better

64-Year-Old Cook

- Cook at hotel, out of work bored sitting around
- Doesn't usually drink "I haven't drank like that since I was a teenager, maybe 20 years old."
- Thought he'd just have a drink or two, drank whiskey & beer, no food for 2 weeks
- Came to ED because he felt weak
- K+ 1.7, Mg 1.2, QTC 661ms
- No withdrawal, just a bad binge, about killed him

Screening for Substance Abuse Disorders

- Patients prefer to talk to their PCP over anyone else about substance use! Screening opens the topic and speeds up the interview
- What's in your EMR? CAGE, AUDIT (ETOH), DAST (Drugs)
- NIDA Quick Screen- In the Past Year Have You Used
- Alcohol heavy drinking (5 or more for men, 4 or more for women)
- Tobacco
- Prescription drugs for nonmedical reasons
- Illegal/Recreational drugs
- Link to the online NIDA Drug Screening Tool: https://www.drugabuse.gov/nmassist/

Other great screening tools, resources

- SBIRT - https://www.samhsa.gov/sbirt
- CRAFFT www.crafft.org
- (the CRAFFT-N adds tobacco)
  - Focuses on youth age 12-21

25-Year-old Asian Descent

- Depressed for months
- Works at a fast food restaurant, multiple episodes of customers telling him not to give them COVID, one told him to not spit in their food, this pushed him over the edge
- Depressed already, he couldn't tolerate added stress from racially motivated insults
- Suicidal wants to die

Depression/Anxiety Screening

- PHQ-2 followed by PHQ-9 if any positive answers is invaluable tool! Helps you identify quickly those you need to focus on.
- When to screen? Yearly and if you have any concern
- The 2 questions: In the past 2 weeks have you been bothered by the following problems?
    1. Little interest or pleasure in doing things?
    2. Feeling down, depressed or hopeless?
- PHQ-4 adds anxiety screen: 1. Feeling nervous, anxious or on edge, 2. Not being able to stop worrying
- GAD-7

42-Year-Old with COVID-19

- Admitted to hospital due to escalating SOB
- Living with boyfriend and his family
- They won't let her back in the home because of COVID-19
- She suspects she got it from her boyfriend, because he works in the community, and she had been staying at home
- Crying upset, has no place to go if she survives

53-Year-Old Admitted with Cellulitis Right Foot

- Lives with boyfriend
- Both at home, escalating tensions with both at home, out of work, especially financial stressors
- Argument escalated, they went outside, he pushed, she fell and cut her foot, a few days later presented to ED with pain swelling foot and leg
- Screening for domestic violence? Question and consider screening with dangerassessment.org

Disparities

- Racial inequalities- systemic racism
  - American Public Media Research lab 5/20/20:
    - As of 5/19/20 92,000 deaths
    - Mortality rate 2.4 higher for Blacks than Whites
    - If Blacks died at same rate as Whites 12,000 more would be alive
    - (apmresearchlab.org)
- Socioeconomic disparities: Increased burdens
  - Potential issues- difficulty with social distancing, having to work at essential jobs that are lower pay and involve exposure, reduced income
- Gender: Women may bear brunt of challenges
  - Work plus children out of school
  - Managing changing household demands

Treating depression, insomnia, anxiety, trauma

- Go ahead and prescribe what you know and feel comfortable with
- Express concern, compassion
- Schedule a follow up!
- Consider collaborative care! This model involves a behavioral health clinician, could be a nurse or LCSW with the back up of a psychiatrist. Contacts by phone are paid. Medicaid pays, (Medicare also but requires a copay). If interested contact the NC Psychiatry Assoc.

Post COVID Syndromes

- Developing area of information
- Prolonged recovery for some- including cognition, motivation
- Possible post COVID depression, PTSD, insomnia
- Maybe others– autoimmune encephalitis syndromes such as associated with other viral infections?

Role you have in patient's lives

- Trusted figure during time of increased uncertainty, rapid change
- Patients may ask how you are doing
  - You form a significant part of their network of support!
  - They may want to know that you are OK, they can rely on you
- Express concern – using screenings and asking the patient about the results will speed that process
- Model how to decrease COVID-19 risk

COVID Fatigue, COVID Trauma

- People get tired, exhausted by this ongoing crisis
- You will likely have COVID fatigue too
  - Working with PPE
  - Increased personal risk due to dealing wit public
  - Changes in practice patterns and income
  - Repetitive instructions to patients about reducing their risk
- Be mindful, make thoughtful choices about self care and exercise

Preparing Your Primary Care Practice for the Mental Health Surge

Phillip Murray, M.D., MPH

COVID-19 IN CHILDREN

- Represent 1% - 5% of all COVID cases
- Symptoms resolve within 2 weeks
- Milder course requiring supportive treatment
- Deaths very rare
- Limited evidence of transmission from mothers to newborns
- *"The secondary consequences of schools being closed and children being confined to their home were reviewed by Wang et al. The authors suggested that these measures may have negative effects on the children's physical and mental health. Such adverse effects included longer screen time, irregular sleep, less healthy diets that resulted in weight gain and loss of cardiorespiratory fitness."*

Mental Health During Pandemics

- 2013 Study Evaluating Mental Health Consequences During Pandemics - H1N1, SARS, Avian Flu
- Hypothesis: Disease-containment efforts will negatively impact parent and child mental health, as evidenced by increased symptoms of PTSD.
- The most common diagnoses were acute stress disorder (16.7%),adjustment disorder (16.7%), and grief (16.7%)
- 30% of children met the clinical cutoff score for PTSD
    - 4 times more than children who did not experience isolation during the pandemic
- A strong relationship was found between clinically-significant levels of PTSD symptoms in parent respondents and their children. Among adult respondents who met the clinical cutoff score for PTSD, nearly 86% had children who also met the clinical cutoff score

Not every child…..

- “Not every child will experience the COVID-19 pandemic as a trauma, and some have already learned healthy coping skills, but many will experience loss if the disease has attacked their loved ones. Also, while secluded at home during the coronavirus outbreak, more children than usual may witness substance abuse, neglect, violence or abuse, experts said.”

North Carolina Response

- NC Stay at home order announced on 3/27/2020
- Phase 2 reopening 5/22/2020
- Phase 3 projected for 6/26/2020 (5 weeks after phase 2)

Disruptions From COVID-19

- School
- Daycare
- Social Relationships
- Existing Healthcare Services

COVID-19 Worsens Existing Difficulties

- Social Determinants of Health
- Limited Resources
- Further Insecurity
- Stress and Anxieties in Families

Strategies for Normalcy

- Acknowledge the Disruption
- Monitor Exposure to News About Virus
- Developmentally Appropriate Conversations and Information
- Maintain (a) Routine
  - School Time
  - Screen Time
  - Physical Activity
- Anticipate Difficulties
  - Financial Challenges
  - Social Difficulties
  - Technology Limitations

Support for Families

- Provide Reassurance
  - Acknowledge Difficulty
  - Normalize Uncertainty
- Encourage Families to Continue to Engage With Existing Services
  - Services Can Be Disrupted
- Social Work Support
  - Awareness for local resources
  - CCNC COVID-19 Triage Plus: 1-877-490-6642 (7:00 a.m. – 11:00 p.m. daily)

Support for Clinicians

- Utilize Screening Tools
  - PHQ-A
  - SCARED
  - SNAP, VANDERBILT

- Continue to refer to mental health providers
  - Phone and Video Services Currently Covered

Where to Get Help

J. Nathan Copeland, M.D., MPH


Community Care
OF NORTH CAROLINA
CCNC COVID-19 Triage Plus
1-877-490-6642
7:00 a.m. to 11:00 p.m.
Seven days a week

NC-PAL

Child Psychiatry

- Email:
  - Pediatric – ncpal@duke.edu
  - Perinatal – ncpal@unc.edu
- Phone: (919) 681-2909
  - Pediatric – select extension 1
  - Perinatal – select extension 2
- Provider-to-Provider Consult
- Hours: Monday – Friday 8AM-5PM
- Please note that this is not a crisis line. If you have a patient in crisis, please call 911

Perinatal Psychiatry

SPECIAL BULLETIN COVID-19 #9: Telehealth Provisions – Clinical Policy Modification

Interprofessional Consultations (QHP to MD)

- **99446** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.
- **99447** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.
- **99448** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.
- **99449** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.

See: https://medicaid.ncdhhs.gov/blog/2020/03/20/special-bulletin-covid-19-9-telehealth-provisions-clinical-policy-modification

Coverage for Psychiatric Collaborative Care Management

Monday, September 3, 2018

In response to provider requests and to allow reimbursement for behavioral health integration in primary care settings, North Carolina Medicaid is adding coverage for the following evaluation and management codes effective October 1, 2018:

- 99492 – Initial psychiatric collaborative care management, first 70 minutes in the first calendar month
- 99493 – Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities
- 99494 – Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month

Psychiatric collaborative care management services must be rendered under the direction of a treating physician or non-physician practitioner (NPP), typically in a primary care setting. These services are rendered when a beneficiary has a diagnosed psychiatric disorder and requires assessment, care planning, and provision of brief interventions. These beneficiaries may require assistance engaging in treatment or further assessment prior to being referred to a psychiatric care setting.

See: https://medicaid.ncdhhs.gov/blog/2018/09/03/coverage-psychiatric-collaborative-care-management

THANK YOU!!!

Questions?