

“It Takes A Village”: Leveraging Collaborative Partnerships to Increase Access to Behavioral Health

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Anitha Iyer, PhD

Director of Behavioral Health
Population Management,
Mount Sinai Health Partners

Associate Professor of
Psychiatry,
Icahn School of Medicine at
Mount Sinai

Scott Munro

Head of Physician
Partnerships,
Headway



**Mount
Sinai
Health
Partners**



Agenda

Introductions

Overview of Mount Sinai Health Partner's Behavioral Health Initiatives

Increasing Access to Mental Health Care Via Headway

Introductions



Anitha Iyer, PhD
Director of Behavioral Health
Population Management



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Head of Physician Partnerships



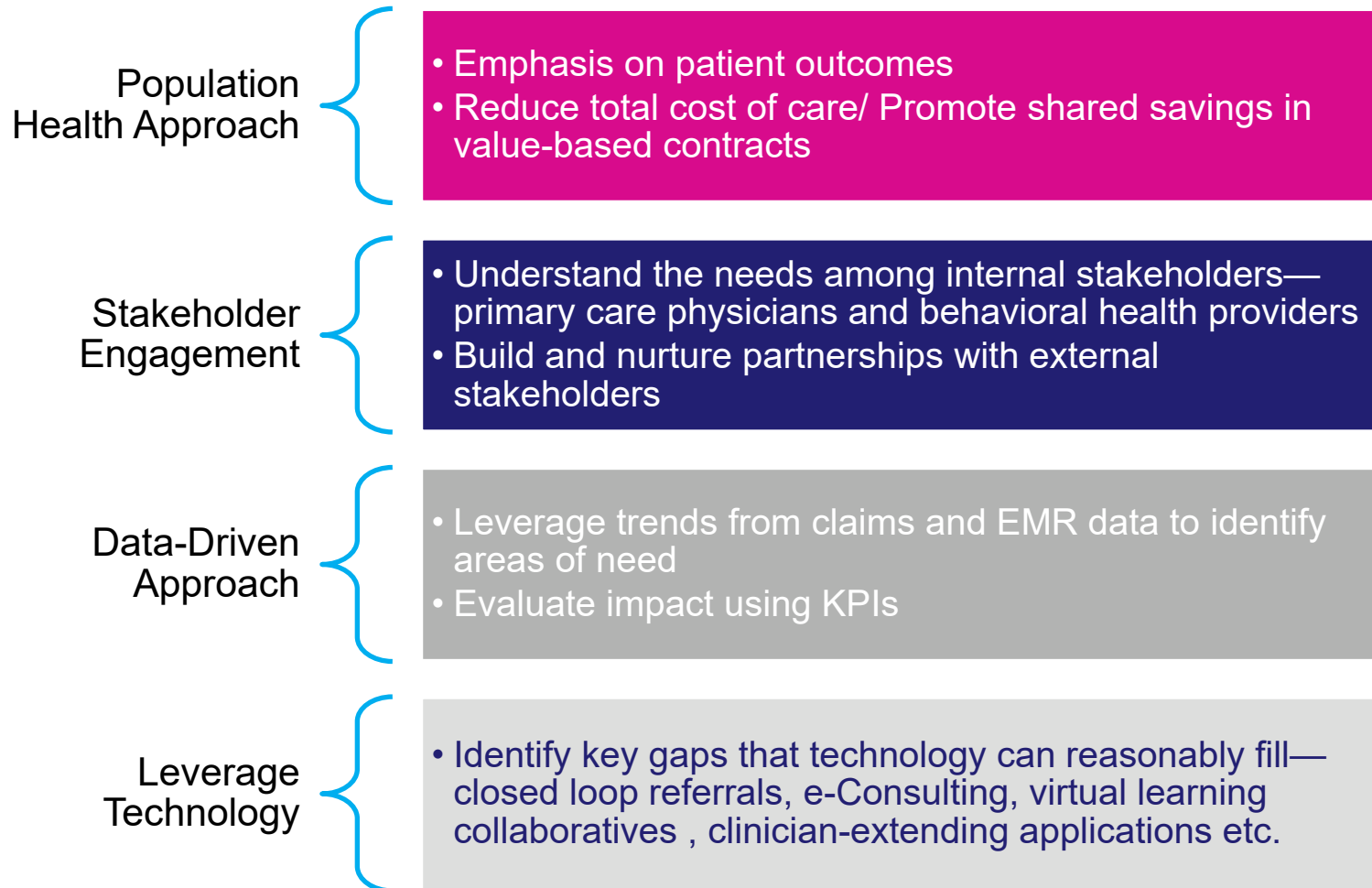
Agenda

Introductions

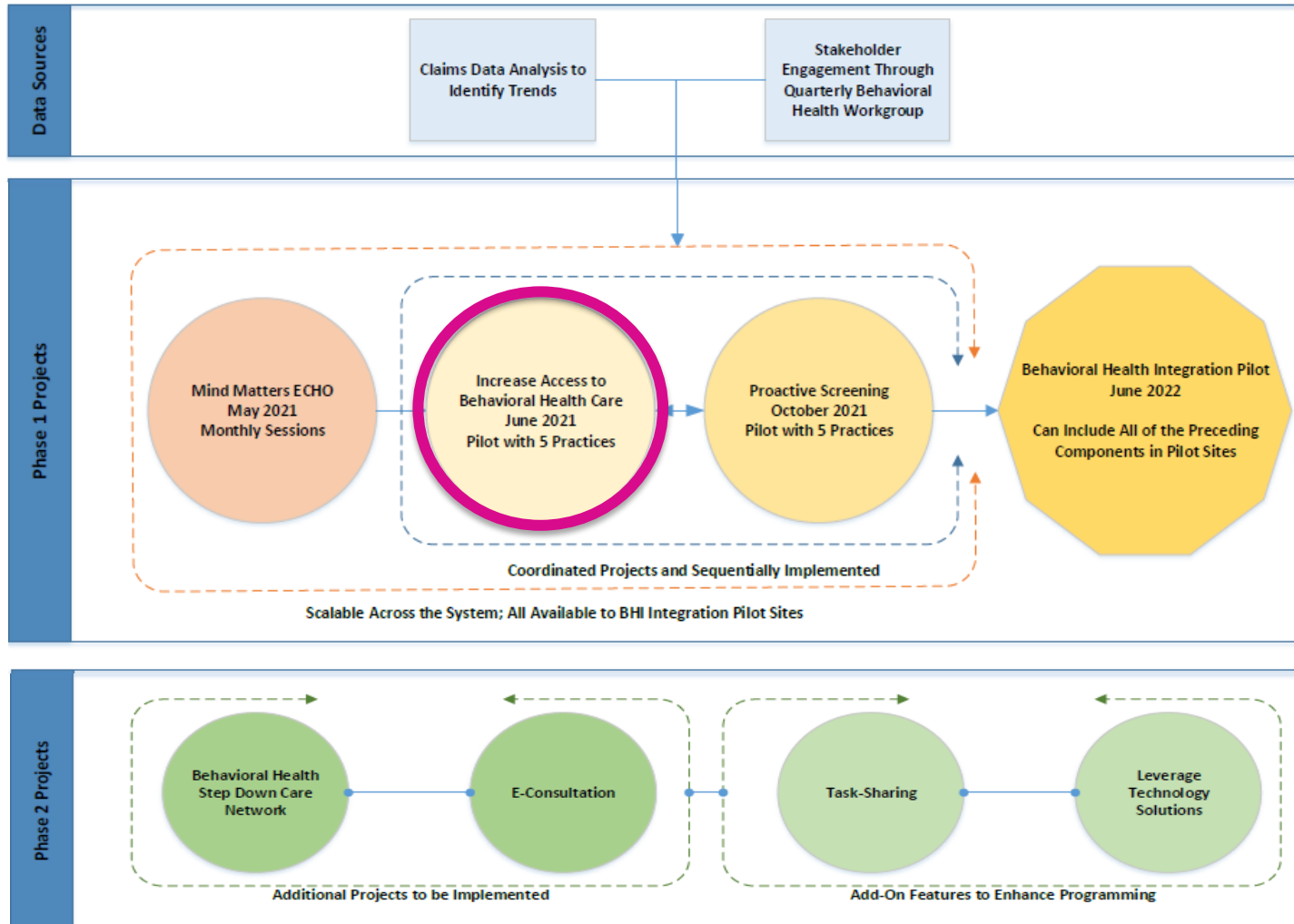
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Increasing Access to Mental Health Care via Headway

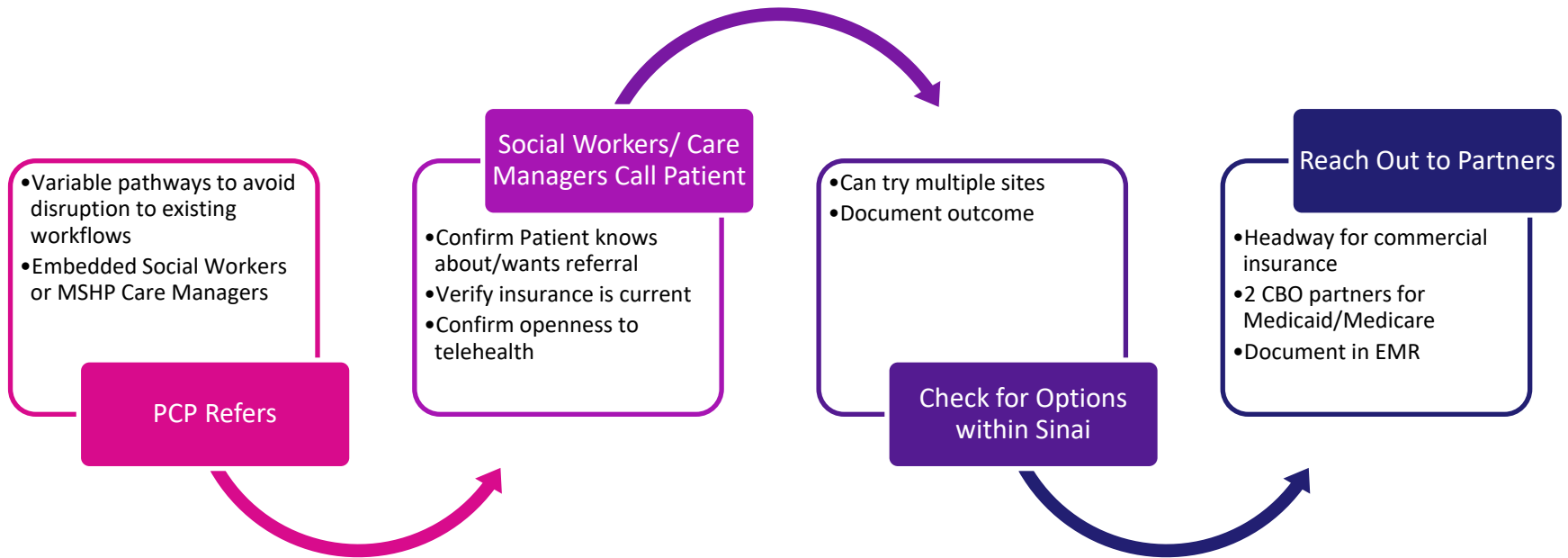
High Level Aims of Mount Sinai Health Partners' Behavioral Health Strategy



Behavioral Health Population Management Strategic Initiatives



Pathway to Increase Access to Behavioral Health Referrals



Pilot at 5 sites



Trained all SWers/CMs in the above pathway May-June 2021



Soft launched mid June



Referral volume picked up around July 1



Recurring update meetings with CMs, partners, practice leadership

Pilot Sites

Practice	Number of Providers	Total Attributed Patients	Total Attributed BH Patients	Proportion of Attributed Patients with BH Needs (%)
Practice 1	18	8,658	2,511	29.00%
Practice 2	3	1,700	607	35.71%
Practice 3	4	1,774	577	32.53%
Practice 4	4	3,100	742	23.94%
Practice 5	3	2,403	669	27.84%

Preliminary Data (July 2021–October 2021)

Practice Location	Referral Volume
Practice 1	102
Practice 2	27
Practice 3	16
Practice 4	3
Practice 5	8
Total	156

Headway	
Referrals to Headway	32
Connection rate at Headway	54%

Key Takeaways

Pilot Sites

- Payer mix
- Practice size
- Volume of BH patients
- Desire of practice to participate in population health management

Applicable Referral Pathway

- Ensure that pathway will not disrupt practice workflows
 - Will it work for PCPs?
 - Will it work for patients?
- Be willing to learn and adapt

Care Coordination

- Establishing a resource to connect patients to care¹
- Leverage existing mechanisms where possible
- Be willing to learn and adapt

PARTNERSHIPS

- Where are the vulnerable points in the pathway
- What pain points can partnerships solve
- Collaborative data tracking and project management

Practice Education and Communications Strategy

- Repeated reviews at practice rounds—with providers as well as with medical leadership
- Postcards to prompt patients
- Visual aids for PCPs

Continuous Evaluation

- Is the approach working?
- Data as well as input from sites and partners
- Need very specific data—anticipate as many possible data points

¹Patel, M. P., Schettini, P., O'Leary, C. P., Bosworth, H. B., Anderson, J. B., & Shah, K. P. (2018). Closing the referral loop: An analysis of primary care referrals to specialists in a large health system. *Journal of General Internal Medicine*, 33(5), 715–721. <https://doi.org/10.1007/s11606-018-4392-z>

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Introductions

Overview of Mount Sinai Health Partner's Behavioral Health Initiatives

Increasing access to mental health care via Headway

Clinicians have a variety of challenges when making mental health referrals

No place to refer patients

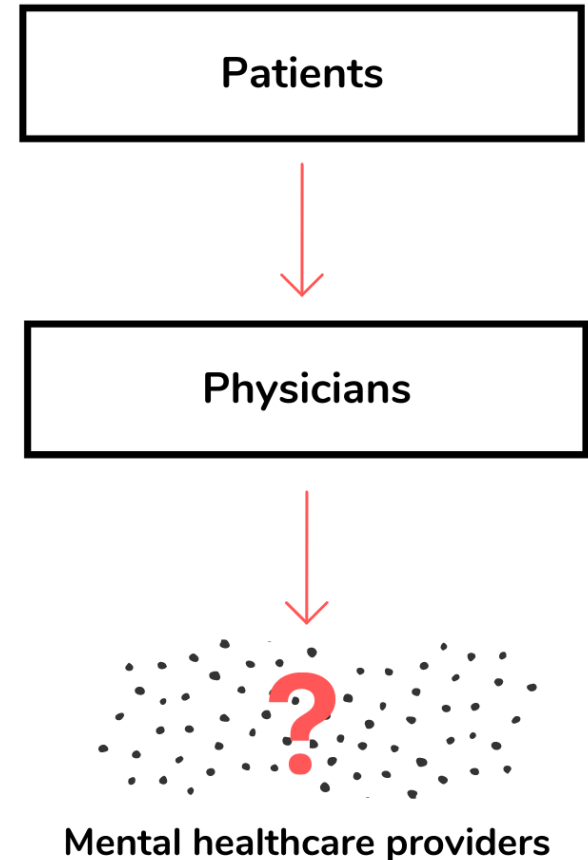
~70% of mental health professionals don't take insurance, 67% of PCPs say they struggle to place patients into mental health care

No standard process

The fragmented nature of the mental health market (85% solo-practitioners) means that there is no standard way to send mental health referrals

No collaboration

Even if a referral is successful, the referring clinician has no idea if the patient got care



**Mental health
claims increased by
25% YoY in 2020**

Headway solves all the major challenges with making mental health referrals

America's largest INN provider group

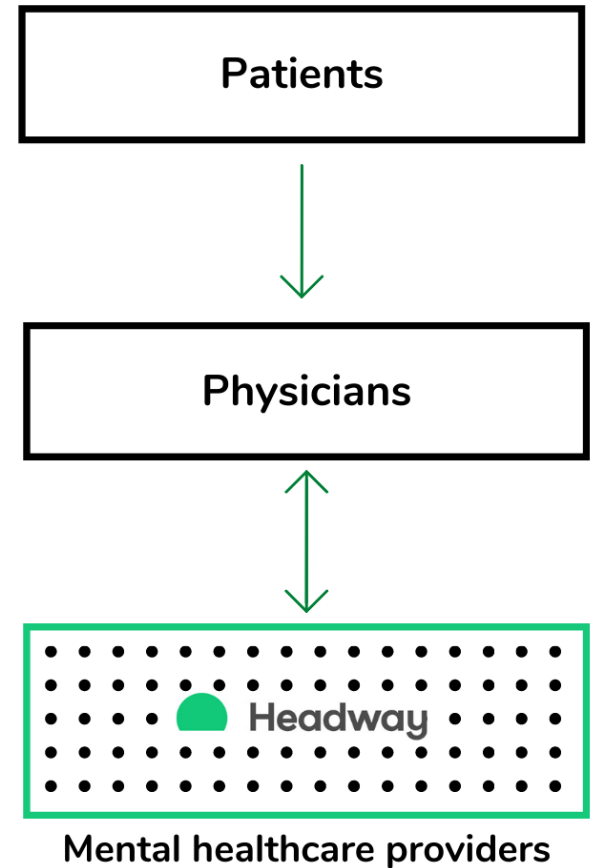
Headway has over 8,500 therapists across the US, with over 42,000 appointments available in the next two weeks

A standard referral process

Our standard process fits into your workflow, reducing administrative burden of making referrals by up to 80%

Collaborative care

Headway closes the loop with the referring clinician to let them know their patient received care



Sinai has increased access and reduced the burden of making mental health referrals through its partnership with Headway

~8 days

Time to
appointment

By working with Headway, Mount Sinai was able to ensure commercial patients were connected to an in-network therapist in under 10 days from the time of referral

80%

Reduction in
admin burden

Mount Sinai's social workers were able to spend 80% less time (5 hours) on their commercial referrals to Headway, allowing them to focus more effort on Medicaid, Medicare, and duals patients

~40%

Reduction in
GAD / PHQ

We conduct GAD, PHQ, and WHO surveys for patients at intake, 30, 60, 90 days and have seen an overall reduction in GAD/PHQ scores by ~40% in the first 30 days

Q&A

Panelist Contact Information

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Associate Professor of Psychiatry,
Icahn School of Medicine at Mount
Sinai

Anitha.iyer@mountsinai.org

Scott Munro

Head of Physician Partnerships
Headway
scott@findheadway.com