Interactive Discussion:

Key Issues that Impact Patient, Clinical and Payor Interests



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Interactive Discussion:

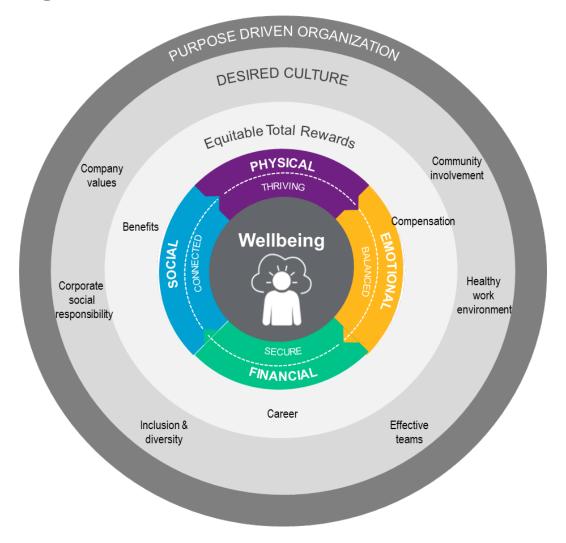
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Employers are putting their employees at the center, looking at them in an integrated fashion



2020 has necessitated a shift in focus for employers

Pre 2020 challenges	New reality of challenges
Focus on managing condition and preventive care compliance Navigating health care system complex diagnosis (i.e. cancer, MSK, diabetes) Nutrition and weight management Redesigning incentives Retirement savings Seeking access to care for appropriate behavioral health providers Managing sleep, stress and resiliency Creating an Retirement savings Working for an inclusive organization	Virtual care navigation Worrying Supporting about job virtual learning Facing anxiety Losing a or depression loved one Managing alcohol use Domestic Violence Violenc

How is this impacting employees?



from the coronavirus¹

Employees who self-report as struggling financially are

3X

as likely to be in poor health as their unworried peers³





40%

of U.S. adults reported struggling with mental health or substance abuse in June, 2020²



While **stress and anxiety** are normal reactions to crisis, the negative impact of COVID-19 may affect the clinical outcomes of patients with conditions like mental illness and pain whose development and management are linked to stress and anxiety.⁴

Sources: 1. COVID-19 Employee Pulse Survey, 2020, 2. Centers for Disease Control and Prevention; Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020.; 3. 2017/2018 Global Benefits Attitudes Survey, United States; , 4. NCBI Medication Management and Adherence article,

Employers rely on their vendors to support employees with pain



No single source for comprehensive employee care or data exists to enable employers to help those with chronic pain today

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Behavioral Health Clinicians: Evolution of a sub-specialty

- ▶ How is a specialist defined?
- Skills extend beyond basic training
- But what skills are necessary?

Core Competencies

- ► Interprofessional pain core competencies established in 2013 (Fishman)
- Applied to psychology in 2019 (Wandner, Prasad, Ramezani, Malcore, Kerns)
 - ▶ Multidimensional nature of pain: What is pain?
 - ▶ Pain assessment and measurement
 - ▶ Management of pain: How is pain relieved?
 - ► Clinical care: How does context influence pain management?

Core Competencies

- ► Challenges:
 - ► Access to training programs
 - ▶ Pervasiveness of pain
- ▶ Solution:
 - ▶ Workforce training
 - ► General pain principles for all psychologists

Behavioral Health Services for Pain: Challenges

- "Treatment of last resort" phenomenon
- Reimbursement
- Access
- Competencies/training

Behavioral Health Services for Pain: Treatment Pathways

- Cognitive-behavioral therapy (CBT)
- Acceptance and commitment therapy (ACT)
- Emotional awareness and expression therapy (EAET)
- ▶ Biofeedback training (BFB)
- Mindfulness based stress reduction (MBSR)

Behavioral Health Services for Pain: Treatment Outcomes

- Increased functioning
- Reduction in affective distress
- Reduction in medication usage
- Reduction in disability
- Reduction in pain intensity

Behavioral Health Services for Pain: Billing Practices

- Individual or group format
- ► Health Behavior Assessment and Intervention (HBAI) codes

CPT Code	Description
96156	Assessment/reassessment (no time association)
96158	Individual intervention (first 30)
96159	Each additional 15 minutes
96164	Group intervention (first 30)
96164	Each additional 15 minutes

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Pain As Public Health Issue

• Much work has been done in the last 20+ years to support effective pain management, but the current climate towards improving care for people with chronic pain in the U.S. continues to be complicated.



Challenges

- Care is fragmented.
- Access to care is reduced.
- Training is inconsistent.
 - IASP Curricula
 https://www.iasp-pain.org/Education/
 CurriculaList.aspx?navItemNumber=647
- Teletherapy is regulated.



Challenges

Outside of health care practice settings,
 DSM-5 diagnoses are required for clinical social work services.



Evidence-Based Behavioral Health Interventions

- Eye Movement Desensitization & Reprocessing (EMDR)
- Cognitive-Behavioral Therapy
- Medical Hypnotherapy
- Acceptance & Commitment Therapy



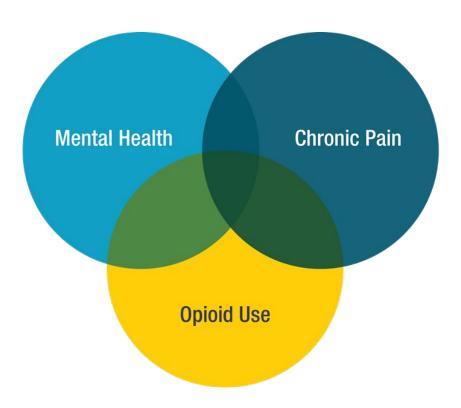
Evidence-Based Behavioral Health Interventions

- Mindfulness practice/mindfulness-based stress reduction
- Psychoeducation
- Family therapy
- Support groups/group therapy



Mental Health, Chronic Pain, Opioid Use

Commonalities & Differences = Requires Individualized Care



Commonalities

- Patients are stigmatized, misunderstood
- Requires Whole Person, biopsychosocial
 + spiritual approach; thorough
 assessment and integration of care
- Complexities, comorbidities, and overlapping conditions
- Value-based care is key but needs refinement for models and cultural shift
- Fragmentation in care = poor outcomes

Despite some intersections,

- Pain ≠ Opioid Misuse
- Opioid Use ≠ SUD
- Mental Health Disorder ≠ Pain & SUD



