VOICES

BROUGHT TO YOU BY

PointClickCare® | Behavioral Health Business

Ben Zaniello

Chief Medical Officer
PointClickCare

In this Voices interview, Behavioral Health Business sits down with PointClickCare Chief Medical Officer Ben Zaniello to learn about the importance of care coordination in behavioral health as the industry moves toward a post-COVID landscape. He explains how hospitals and health systems are using care coordination to address the challenges of COVID-19 and discusses the critical changes needed in health care to better serve the vulnerable population.

Editor's note: This interview has been edited for length and clarity.

PointClickCare is uniting the richest, post-acute data set with the most expansive, full-continuum network, giving care teams immediate, point-of-care access to deep, real-time insights at any stage of a patient's healthcare journey. To learn more, visit pointclickcare.com.

The Voices Series is a sponsored content program featuring leading executives discussing trends, topics and more shaping their industry in a question-and-answer format. For more information on Voices, please contact sales@agingmedia.com.

Q: Behavioral Health Business: What career experiences do you most draw from in your role as Chief Medical Officer at PointClickCare?

Ben Zaniello: I was really indecisive about my career choices early on, and like most people, my career was fueled by a fair amount of luck. After my dad told me I couldn't get into Stanford, I applied there out of spite, which put me there during the irrational exuberance of the mid-'90s. I was an architecture and German studies major at the time, but like so many who graduated at that point, I went into high-tech.

I got to be part of a high-flying business startup that was featured in Forbes and Fortune. In many ways, it exemplified the irrational exuberance of that period in the sense that we were wildly successful — until the day we weren't. We went from having our company prom with charter jets flying to Atlantis, all the way to having fried chicken in the local state park for one of our events.

That opportunity, however, was huge for me because it enabled me as someone fresh out of college to learn how to manage a large team — to go in-depth with technology, but also to work with large, successful corporations.

> **There is a traditional, mind-versus-body dichotomy in health care that draws an artificial line between behavioral and physical health that we know is wrong."**

As that roller coaster ride was coming to an end, I realized I wanted to do something more mission-oriented. I decided to go to med school because, frankly, I had no physicians in my family to tell me that it could be a terrible idea! I then started on what was a 12-year medical training path that included an infectious disease fellowship, work in vaccinology and population health.

But as a form of moonlighting during my medical training, I worked in health care technology. Again, back to luck, these were the earliest days of Epic and Cerner. This was the time of Meaningful Use. All the hospitals where I was training were being forced to implement EMRs, so I got to take part in these implementations and develop EMR expertise.

Additionally, finally some bad luck, my research career was really kicking off during the NIH sequester. During that period, there was a freeze on research budgets, and I realized that my research career looked more like writing grants than doing actual research.

I realized the joy of my life beyond patient care was the scale afforded to me in medical technology. After that, I left my research career and started working within a large health system in the Northwest called Providence, as their chief medical information officer, accountable care and population health.

Q: Behavioral Health Business: PointClickCare is now in the behavioral health space. What does PointClickCare see when it looks at this space in terms of the needs it can address?

Zaniello: There is a traditional, mind-versus-body dichotomy in health care that draws an artificial line between behavioral and physical health that we know is wrong. For example, if you want to get a patient's diabetes under control, there's wonderful data that says, "You cannot treat their diabetes without treating their depression first. They will not manage their diabetes if they still have active depression."

Then, if you look at how insurance and health plans are run, most research shows that, even with coding in the medical record, behavioral health and physical health are still artificially separated. We all recognize that they need to come together, and I think PointClickCare is in a unique position to do this.

In the acute space, particularly in the safety net population, we are now including behavioral health in most treatment plans. Skilled nursing and senior living facilities are now thinking about behavioral health in their vulnerable patients as well, particularly how it affects the management of chronic diseases like congestive heart failure and hypertension. Based on the research I alluded to earlier, we are all coming to terms with the mindset shift we need to better treat those diseases.

As the largest EMR vendor in the post-acute space, PointClickCare is building this into our core platform to drive some of these changes in mentality and approach.

> **I would say that the word du jour would be 'distancing,' because as a pandemic and infectious disease, COVID-19 has forced social or physical distance."**

Q: Behavioral Health Business: **PointClickCare is now in the The pandemic created a host of behavioral health challenges, and then exacerbated those challenges as social distancing created a barrier to getting help, both physically and psychologically. What is the greatest impact that COVID has had on behavioral health?**

Zaniello: I would say that the word du jour would be 'distancing,' because as a pandemic and infectious disease, COVID-19 has forced social or physical distance. Generally speaking, the single greatest issue within mental behavioral health is distance. People suffering from these disorders need more contact, more access and more visibility, leading to better management of their underlying mental behavioral health.

COVID created a massive barrier to that from emergency rooms, which before now have been the focus for most mental and behavioral health management in this country. The ED (emergency department) has never been the ideal site for psychiatric management, despite the heroic work of ED staff, but that is where most mental behavioral health crises go because we haven't been proactive or preventative.

With the shutdown of EDs for everything but COVID emergencies, our wonderful therapists, social workers and counselors have stepped in to work remotely with the most at-risk patients. This physical and psychological distance, and how we can overcome it through better remote care and care coordination, has been one of the greatest impacts of, and opportunities in, COVID.

There is a second substantial impact of COVID-19, which is a change in prioritization. Data show in 2019 we were starting to recognize the access issues, the health equity issues, even the lack of public awareness in the behavioral health space. We were also working on new approaches to better care for these patients at reduced costs.

Roughly a year and a half ago, I think we were moving toward that. COVID put all of that on the back burner and made us focus on the primary problem of COVID-19. The cost? We know, for example, the opioid epidemic is the worst it's ever been.

> "With the shutdown of EDs for everything but COVID emergencies, our wonderful therapists, social workers and counselors have stepped in to work remotely with the most at-risk patients."

Q: Behavioral Health Business: What specifically is the importance of care coordination with regards to behavioral health problems?

Zaniello: It boils down to that "access" word, which is to narrow the distance between patient and caregiver. Care coordination is critical to that because, within care coordination, patient needs are identified. Whether it's an emergency room, a clinic or a health plan perspective, recognizing mental behavioral health problems can help put patients in a position where they can receive the most effective care.

If something good has come out of COVID, it is the wider acceptance of telemedicine as an effective modality for care. Historically, there has been a lot of hesitation around telemedicine, but in fact, so much of care can be effectively executed in a remote setting. It then came down to a fiscal issue because reimbursement was worse, which is why your physician always wanted to see you in person instead of answering your questions over email.

COVID-19 has forced that change, even at the legislative level. Of course, telemedicine is not effective for everyone, but the care coordination piece helps us understand who is at risk to ensure that they are receiving the best form of care.

This speaks to the health equity piece. It is one thing to identify someone with commercial insurance and find them a therapist. In the safety net population, however, we not only need to identify their needs, but we also have to physically get them to the appointment. A lot of us take these things for granted, and it is a really important aspect of behavioral health access, and care coordination in general.

> "If something good has come out of COVID, it is the wider acceptance of telemedicine as an effective modality for care."

Q: Behavioral Health Business: How are hospitals and health plans using behavioral health care coordination to beat back COVID-19?

Zaniello: First and foremost is the identification piece. Providers are looking in their membership for people at higher risk of COVID, but also with potential comorbidities like depression. These psychiatric diagnoses can put them at higher risk for either not getting their COVID-19 effectively treated, or in the setting of the pandemic, not having their mental behavioral needs met.

Care coordination is aligning hospitals and health plans to help identify high-risk members and funnel them into the most appropriate care. I think of the great work CareOregon, for example, has done, where they identified the high-risk members going into the emergency room.

In a pandemic of this scale, you can't admit just anyone. Our bar has become so much higher for hospital admissions based on occupancy and number of ventilators alone. A lot of high-risk people that tested positive for COVID were being discharged home.

In response, the hospital would alert CareOregon's program about this high-risk individual who they don't have space to admit, to help them get care at home. To meet the challenges of the pandemic, there have been some welcome changes in health care that needed to take place anyway, and shifting some care from hospital to home is a great example.

In the senior living space, we're also seeing institutions step up to provide more complete care. Beyond traditional hospitality providers, they're becoming better medical providers with greater access to health care for their at-risk population. This is wonderful for patients and wonderful for our communities, because it's all proactive and preventive care.

> **"The health system I work with in Utah, Intermountain, sent over 50 critical care doctors, nurses and other staff to support New York City's ICUs at the height of their COVID-19 spike last year. About nine months later, Utah had its own spike, and New York Presbyterian sent a large group of physicians and nurses and other care staff to support Utah care. That heartens me, and it shows people do have the right orientation toward patient care and their health care mission when it matters."**

Q: Behavioral Health Business: What behavioral health challenges are you anticipating for 2022?

Zaniello: Well, as one example, I'm hoping we'll see a renewed focus on managing opioid use disorder. Given the quantum change that we saw with tobacco and smoking, my hope is that opioid use settlement money, along with the new approaches to how we manage mental and physical health, will renew the effort and interest in opioid use disorder at a regional level.

As an important side note: I think most of us recognize that health care, more than anything else in our lives, is fiercely regional. It's based on who lives in a particular area, who manages their care in that area and the state and regional regulations that support their care.

Q: Behavioral Health Business: Entering this year, no one knew fully what to expect in the behavioral health space. What has been the biggest surprise to you in the industry in the first half of the year, and what impact do you think that surprise will have on the industry for the remainder of the year?

Zaniello: I think the momentum and interest in support for telemedicine have been really wonderful. If anything good came out of COVID-19, it was the recognition that telemedicine is critical to providing effective, safe and cost-effective health care in any discipline. This will enable us to scale our limited resources against some of the most thorny issues like opioid use disorder.

Another thing I've seen in COVID is a resurgence of the mission orientation amongst health care professionals. In the noise of private equity and federal funding disputes, some of our mission focus was deprioritized. During the COVID-19 pandemic, I've seen the provider community come together to focus on patient care at all costs.

There are just so many wonderful examples of this, both in behavioral health and between health systems. The health system I work with in Utah, Intermountain, sent over 50 critical care doctors, nurses and other staff to support New York City's ICUs at the height of their COVID-19 spike last year.

About nine months later, Utah had its own spike, and our ICUs began to fill with patients. Due to COVID outbreaks among our caregiver population, we were understaffed, and New York Presbyterian sent a large group of physicians and nurses and other care staff to support Utah care.

That sort of thing has never happened before in our country, or at least in recent memory. That heartens me, and it shows people do have the right orientation toward patient care and their health care mission when it matters.