



## Mandira Singh, SVP and GM

Acute & Payer Markets  
PointClickCare

In this Voices interview, Behavioral Health Business sits down with Mandira Singh, SVP and GM, Acute & Payer Markets at PointClickCare, to learn about what providers are doing to adapt and improve care transitions in the behavioral health space. She breaks down the greatest challenge around data sharing in the industry and explains how incentive and education can combat it.

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

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**Q: Behavioral Health Business:**  
What career experiences do you most draw from in your role today?

**Mandira Singh:** I studied opera in college and was a vocal performance major. I draw from that a lot in terms of how to project confidence, engage a group of people and motivate a team around a specific mission. Sometimes it's about storytelling too. It's driving empathy in clients and team members, and meeting them where they are. That often means you have to project confidence and use your voice in a way that might not feel particularly natural. And now, in a Zoom world, being able to engage a team through a screen means I draw on that experience a lot.

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**Q: Behavioral Health Business:**  
The collective aging industry has been on a path to full care continuum connection for some time. How did COVID 19 change that need and how did that need change the demand for behavioral health and the ability to deliver it?

**Singh:** I think a lot of the need for collaboration across the continuum has accelerated during COVID-19. Being able to understand, intervene and glean insight when you're not in the room with a patient or when you're not in the room with your provider has become necessary, not optional. This explains the uptick in the use of connected devices, telehealth and other mechanisms to help us get to the same conclusions without relying on that in-person connection.

This is particularly true of both chronic patients and the aging industry. In terms of behavioral health, yes, that's impacted the aging industry as well. In fact, COVID-19 has forced us to expand our definition of behavioral health. I've been inspired seeing that definition extend for the first time to working parents, or to teens and children who have been affected by being out of school.

It sometimes feels like we're in a giant case study or experiment to see how removing personal connections will impact us and the industry. Luckily, I think the industry has reoriented around the importance of behavioral health and expanded the definition of "patient" when it comes to behavioral health or mental health intervention.



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**Q: Behavioral Health Business:**  
If you had to pick one, what is the biggest challenge today around data sharing and why?

**Singh:** We continue to see data silos at both a national level and an individual, organizational level. Even among providers, there's been a lot of movement toward creating more compliance around data sharing. I'm not sure enough has been done around the incentives for data sharing. Rather than carrots, it feels like there's more sticks for skilled nursing facilities or clinics that might not feel like they have as big of a footprint or as much leverage to share data across all stakeholders.

One of the biggest problems with respect to siloed data is there's not enough education around why it's important to share data. There also isn't enough incentive to make it happen in a way that's scalable and reliable.



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**Q: Behavioral Health Business:**  
When you talk about incentive and education, how can care providers overcome that challenge?

**Singh:** Unfortunately, it falls on them and requires them to do more beyond the full schedule of day-to-day work. That said, making sure there's understanding around the “why” of data sharing is important. At this point, I'm convinced there are a lot of providers who get asked to sign a piece of paper, send something over or create a feed. It can feel like, “Why am I doing this? Who are you going to show it to? This data is mine.”

This is what we try to do as your trusted partner, the trusted vendor, the team you've worked with. We seek out why the information might be important and how it affects patient care. I find that across the industry, if we can all go back to the common goal of driving better outcomes for patients, then a lot of those incentives and a lot of that alignment happens more naturally.

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**Q: Behavioral Health Business:**  
How have providers adapted to COVID to continue to best serve behavioral health patients, and what more can they do going forward?

**Singh:** I think it's impossible to answer this question without talking about the huge rise in telehealth during the pandemic. I've been really excited to see more behavioral health treatment and engagement. The other thing I've seen happen is more providers meeting the patient where they are. Sometimes that patient isn't a patient — there's this spectrum where a person goes from person to patient, and with behavioral health, that gradient is particularly hard to navigate.

I've been encouraged by the light touch models, where it's actually less about you getting a medical consult and more about what you need to get through your day. But the other side of the spectrum still exists in more provider-patient relationships. The new models of care and the willingness to deliver necessary care remotely, or even asynchronously through an app, has broadened the access for that average patient. It's been impressive that the provider community has adapted to that as well.



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**Q: Behavioral Health Business:**  
How can behavioral health providers improve care transitions across the continuum?

**Singh:** The best way to think about care coordination in behavioral health is similar to care coordination for any segment, where it is not obvious from looking at the patient what is wrong. That's the tricky thing about behavioral health, right? If a patient walks into a doctor's office, you cannot easily identify a history of behavioral or mental health issues, or that there may be stakeholders in their health that are not easily identified. That's where our solution and platform can play a really important role in driving insight across the continuum of care.

It starts with the provider thinking of that as part of their responsibility, which is not just to treat the patient, but to ensure that the next provider who meets with that patient understands everything about this patient.

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**Q: Behavioral Health Business:**  
What do you view as the top health care challenges for 2022?

**Singh:** The problems that COVID-19 has exposed are just going to extend right into 2022. I think a lot of the trends we're looking at are going to stay the same, behavioral and mental health being at the top of that list. We are going to come out of this pandemic with a whole new cohort of patients who, prior to the pandemic, may not have had the need for behavioral health and mental health treatment. How we manage that cohort, again, ranging from school-going children all the way to the aging, is a community-level problem.

We also continue to have a rampant substance use disorder problem, particularly in the U.S. I don't think that has gone away during the pandemic. If anything, some of the dynamics that have caused that to rise in the past have only increased. But what we've reduced is the ability to identify and intervene with these patients on a day-to-day basis. Those are two areas that I think will continue to pose challenges for us into next year.

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**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 first half of the year, and what impact do you think that surprise will have on the industry for the remainder of the year and moving forward?

**Singh:** The biggest surprise is the breadth of voices and attention around the range of behavioral health issues. We are actively talking about working mothers, burnout of the average employee and the impact on the aging population. In these cases, behavioral health isn't a comorbidity but an underlying condition that has been exacerbated by all of the dynamics of the pandemic.

These issues are getting a voice for the first time, which is surprising but also really exciting. I think it reduces the stigma around behavioral health as an avenue for individuals to feel better and perform better. My hope is that the impact will mean more individuals find the help they need while the industry and care delivery models adjust to the new definition of what a behavioral health patient looks like and what they need to recover.



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