Dr. Benjamin Zaniello

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In this Voices interview, Behavioral Health Business sits down with Dr. Benjamin Zaniello, Chief Medical Officer, PointClickCare, to hear his perspective on access to care today's behavioral and mental health care environment. He talks about the biggest challenges around access to behavioral health and mental care services and provides insight into how the industry can work together to deliver care to those who need it most. He also shares his thoughts on the pandemic's impact on behavioral and mental health care delivery as a whole.

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

PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient's healthcare journey. To learn more, visit **pointclickcare.com.**

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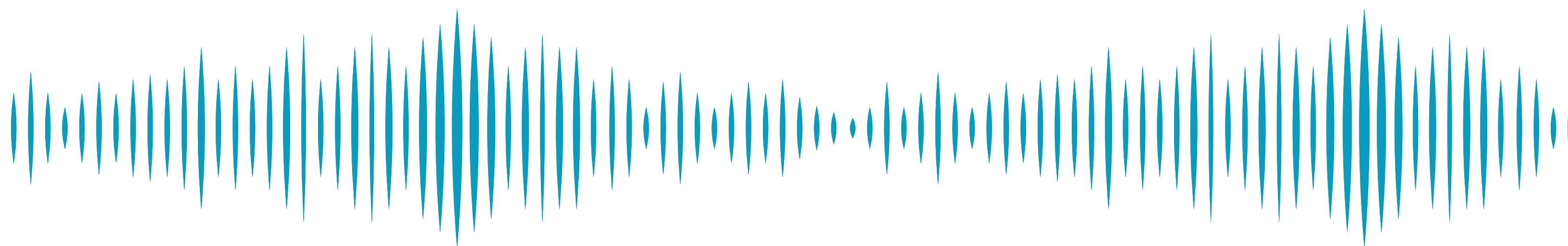
Q: Behavioral Health Business: How has your role as Chief Medical Officer evolved since you first joined PointClickCare in 2020?

Dr. Ben Zaniello: Before I joined PointClickCare, I came from a company that was primarily focused on behavioral health care coordination, which was a drastically different experience from the work I do in the senior care space today. With respect to the challenges and opportunities, however, there are many parallels that exist between behavioral health and senior care.

In fact, the dual-eligible population in particular, which is old enough to be on Medicare but often poor enough to have Medicaid, is in dire need of better behavioral health support in all care settings. In my role today, I am heavily focused on integrating traditional skilled nursing facility settings into the same behavioral health care continuum as emergency departments and clinics.



Q: Behavioral Health Business: Let's start with your perspective as Chief Medical Officer and the current state of behavioral and mental health in America. How are patients and providers feeling about access to care?

Dr. Zaniello: During the pandemic, our primary focus became the management of COVID-19, and a fair amount of data suggests that mental and behavioral health suffered significantly during that time. Even pre-Covid, many facilities that treat these conditions were tough to access due to some of the limitations in our health care continuum, but when the pandemic hit, they became almost impossible to access.

This trend caused virtual behavioral health to increase along with its reimbursement, which I believe is the silver lining of COVID-19. I saw this happen first hand in behavioral health, but the increase in more appopriately reimbursed virtual care is taking place across the entire continuum.

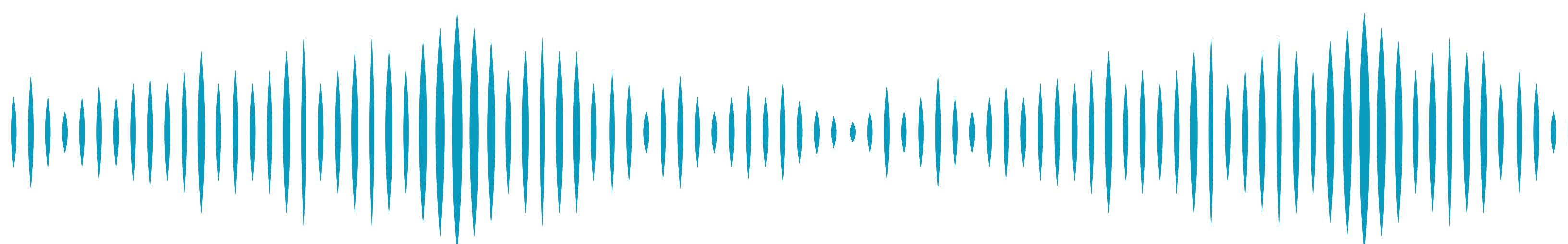
Q: Behavioral Health Business: What is the biggest challenge around access to behavioral health and mental care services, and how can the industry work to get the right care to the people who need it most?

Dr. Zaniello: The first order of business is identifying the people who are most at risk. I hate to use the buzzword "interoperability," but of course, it continues to play a major role in increasing access to care. For example, health plans need visibility across the care continuum. If they only have visibility into one hospital or worse — none — for example, health plans may not know that one of their members has been visiting EDs over and over again for behavioral health crises. That is bad for the health care system from a care perspective because EDs are tough places to get care for mental and behavioral health.

Secondarily, it's bad from a cost perspective. EDs are expensive places to get care, and they're transactional as opposed to longitudinal. They're good at fixing immediate behavioral health crises, but they struggle with longitudinal problems like managing underlying illnesses.

I think there is a massive opportunity for health plans to get more insight across the care continuum, perhaps via the government's Trusted Exchange Framework and Common Agreement (TEFCA), which supports more robust data exchange and reduces information blocking. In HIPAA, the "P" is not privacy, it's portability — that in fact we're supposed to be able to share this data. It should allow everyone, including health plans, to get insight into their most high-risk members and manage accordingly.

I recognize that we're not going to solve this data problem tomorrow, but we can obtain a more global view of each patient and intervene with those who are most at risk. Activating all of our health care resources and focusing them on patients who have the most immediate need can make a significant impact. But this process is only possible with interoperability — with cross-care continuum data exchange that helps identify the patients who need our help the most.



Q: Behavioral Health Business: With the host of mental health challenges created by the pandemic, how has the pandemic impacted mental health care delivery and the technology used?

Dr. Zaniello: Virtual health care is effective in many situations and we need more access to it, but we also need better reimbursement to ensure the best possible licensed professional is on the other side of that screen. From a health plan perspective, virtual health needs to be reimbursed more appropriately now that we know it can produce good outcomes. The plans also win because virtual health can be done at a lower cost to all stakeholders.

Twenty years ago, the student body transitioned from paper-based charts into electronic medical records via Meaningful Use, which just codified all the bad elements of manual recordkeeping. Instead of being able to talk to someone as we write something down, now we have to look at a screen as we're interviewing our patients. As you can imagine, this is a terrible way to conduct a meaningful dialogue with a patient about their health. We need technology that facilitates that dialogue instead of undermining it.

Additionally, COVID-19 put the spotlight on mental and behavioral health as a problem for everyone. The New York Times used the term "languishing," but that was a nice way of saying that we all struggled with our mental and behavioral health during COVID. We need to recognize that this is a universal condition, and it ultimately affects all aspects of our health in all age groups.

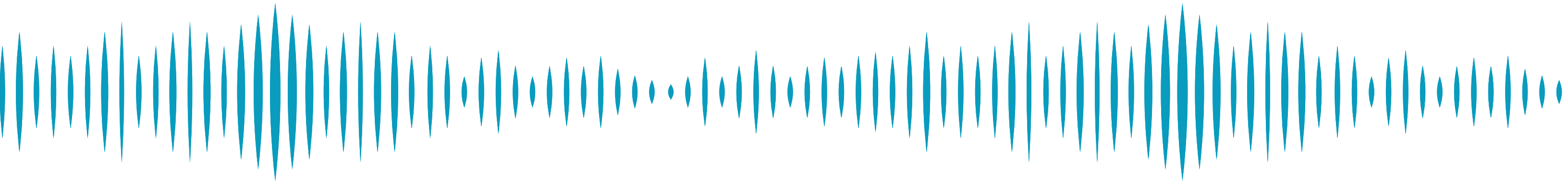
Unlike adults, kids are less likely to be found in the emergency room. Our frontline workers, in the case of pediatric mental health, are actually the teachers. So the pandemic taught us about the importance of supporting and educating teachers so that they can best identify kids at risk.

We also have to support our nurses in that setting. One negative trend in the last 10 years is the reduction of full-time nursing hours within public schools. Almost anyone over 30 remembers how involved their school nurse was in the social fabric of their school. That tight social fabric had a lot to do with good pediatric mental and behavioral health.

Further, we are a first-world nation with the ability to provide some of the best health care possible, but if you look at our maternal mortality rates, both for moms and babies, the U.S. has higher rates than almost every developed nation. Yet we actually spend the most on health care. We need to be embarrassed about this.

Q: Behavioral Health Business: **With the host of mental health challenges created by the pandemic, how has the pandemic impacted mental health care delivery and the technology used? (Continued)**

I don't mean to end on a negative note because I'm actually optimistic, and the fact these problems are being identified is progress. More research, more funding and better interventions are starting to happen. We have recognized that nurses are the lifeblood of health care and that they need better support. We are using virtual health to go to patients who would have otherwise not come to us. And we've acknowledged that maternal mortality is a health equity issue — this is all positive momentum.



Q: Behavioral Health Business: **We continue to see the lingering impacts of COVID-19, and there has been an increase in patients with behavioral health and substance abuse issues given the ongoing opioid epidemic. What needs to be done to move the needle?**

Dr. Zaniello: The opioid epidemic predated the COVID-19 pandemic, and in the past three years, we saw more opioid deaths than we have ever seen before. When coupled with the rise in other behavioral health diagnoses, the preexisting crisis became even worse, and we cannot afford to delay action anymore.

Fortunately, as the opioid settlement money is distributed across the U.S., I believe we will see a renewed focus on operating at scale to support these patients. The pandemic highlighted that the opioid epidemic is not just limited to a drug-seeker stereotype, but also to the metaphorical mom of three who is coming in for chronic migraines. She has a transactional relationship with her health care system, which means that if she has a headache, she gets a pill. As a result, more Americans like her are at risk of developing Opioid Use Disorder than ever before.

Technology can be helpful in identifying these patient patterns to spark an intervention before the patient's condition gets worse, and it can also benefit our health plans. Care managers generally have a global view of the patient, often more so than the patient's primary care doc. And if the two parties can work together, more effective and timely interventions will take place. There's already a model for this in physical health and we need to support the same system on the behavioral health side.

Q: Behavioral Health Business: Finish this sentence:

In the behavioral health industry, 2023 will be the year of…

"…better-targeted interventions."