

A psychiatric clinic's workforce transformation during COVID-19 pandemic and the great resignation

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ABSTRACT

This descriptive case study describes how a small mental health practice adapted its workforce during the COVID-19 pandemic and the Great Resignation, all while improving the continuity of patient care. The World Health Organization (WHO) categorized the disease attributed to the novel coronavirus called COVID-19 as a pandemic in March 2019. The pandemic affected all aspects of life with significant negative impacts on mental health. The stressors of the pandemic intensified the mental health needs of existing patients and created therapeutic needs for new patients. WHO reports a severe global impact on mental well-being, disruptions in mental health services, and increased suicidal behavior caused by the COVID-19 pandemic (World Health Organization, 2022). NeuStart Psychiatry & TMS (NeuStart), a small mental health outpatient practice located in Salem and Portland, Oregon, pivoted quickly to new workforce approaches to adapt to the pandemic's challenges. NeuStart's workforce transformation maintained a continuity of care and improved patient treatment options, resulting in a 193% increase in patient appointments (NeuStart Psychiatry & TMS, 2022b). As the need for mental health services grew, many clinics struggled to find staff to support the community's needs (Summers et al., 2020). During this Great Resignation, where clinics struggled to keep providers, NeuStart experienced a 550% increase in new providers while remaining solvent (Geisler, 2021; NeuStart Psychiatry & TMS, 2022a). Lessons learned not only have been impactful within the pandemic but offer opportunities within a post-pandemic new normal.

Keywords: COVID-19, mental health clinic, work adaptation, workforce transformation, the great resignation

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A PSYCHIATRIC CLINIC'S WORKFORCE TRANSFORMATION DURING THE COVID-19 PANDEMIC AND THE GREAT RESIGNATION

The World Health Organization (WHO) categorized the disease attributed to the novel coronavirus, COVID-19, as a pandemic in March 2019. The pandemic affected all aspects of life with a significant negative impact on one's mental well-being. The stressors of the pandemic intensified the mental health needs of existing patients and created therapeutic needs for new patients. Social distancing created additional challenges as providers and patients struggled to adapt to the abruptly complicated environment. WHO reported a severe global impact on mental well-being, disruptions in mental health services, and increased suicidal behavior, all caused by the COVID-19 pandemic (World Health Organization, 2022). This descriptive case study describes how NeuStart Psychiatry (NeuStart), a small mental health outpatient practice located in Salem and Portland, Oregon, adopted its workforce during the COVID-19 pandemic and the subsequent phenomenon of the Great Resignation all while improving the continuity of patient care.

COVID-19 IMPACT ON THE MENTAL HEALTH INDUSTRY

The direct and indirect sequelae of COVID-19 caused a global increase in the need for mental health services. COVID-19 survivors are 33% more likely to develop a neurologic or psychiatric condition within six months of recovery (Czeisler et al., 2021). As the socioeconomic disruptions caused by COVID-19 continue, there is an increase in reported adverse mental health symptoms. Reports of loneliness, social isolation, financial insecurity, unemployment, disturbance of conduct, aggressive behaviors, survivor's guilt associated with the unattended deaths of loved ones, and attempts of suicide have increased by 40.9% in the U.S. (Czeisler et al.). Emergency response teams report increased anxiety and suicide attempts among the general public and those with preexisting mental health conditions (Auerbach & Miller, 2020). Healthcare professionals and students are at risk for higher psychological distress with increased demand for care and decreased capacity, challenging situations, and long work hours without relief (Usama et al., 2021). During the pandemic, mental health clinics face challenges while complying with the ever-changing Centers for Disease Control and Prevention (CDC) guidelines and staffing shortages (Chuck, 2020). On March 12, 2020, Oregon Governor Kate Brown enacted Executive Order No. 20-12 Stay Home, Save Lives, which mandated restricted use of childcare facilities and a state-wide closure of Oregon K-12 schools and non-essential businesses (Office of the Governor, State of Oregon, 2020). Closures of schools and reduced available childcare centers forced parents to stay home to care for their children. The non-essential workforce faced unemployment or, if available, became remote workers and, if possible, shifted their working hours to accommodate the family dynamics (Heggeness, 2020). The family kitchen table became the home office as the remote worker attempted to remain employed while caring for their children, some of whom were distance learning (Cynthia & Starr, 2021). In April 2020, Oregon's unemployment rate rose to 13.3%, with 21M unemployment insurance claims awaiting processing (U.S. Bureau of Labor Statistics, 2022a). During this time of despair, Oregon ranked 5th in the U.S. for those aged 12 and over with an alcohol use disorder and 3rd in the U.S. for illicit drug use other than marijuana (National Survey on Drug Use and Health, 2021). Exacerbation of mental health conditions and the pandemic barriers to accessing care reveals that Oregon is challenged to meet this increasing need for substance abuse and mental health

treatment, resulting in 18% of those referred for treatment being unable to receive treatment (National Survey on Drug Use and Health). Pre-COVID-19, regulatory constraints prevented mental health clinics from utilizing an internet video platform to complete the patient visit (Esper et al., 2020). In March 2020, as the implications of COVID-19 became apparent, telehealth policies were enacted granting telehealth privileges to mental health providers, allowing for internet video sessions between the provider and patient (Centers for Medicare & Medicaid Services, 2020). With Federal and state regulations now supporting telehealth services, mental health clinics began rapidly deploying telehealth services to treat new and existing patients during this pandemic. Transforming a physical, mental health clinic into a virtual clinic with the same privacy and staff support requires computers, high-speed internet capabilities, and an adaptable workforce willing to work remotely (Sasangohar, 2020). Challenges surfaced as older patients and staff with limited computer experience struggled to navigate the complexities of logging on to the video sessions (McBeath et al., 2020; Sasangohar, 2020). Telehealth has benefited the patient with easy access to care, yet it has caused significant additional demands on time and energy to the support staff and providers. The rapid shift to telehealth forced providers to transform a space in their homes for virtual sessions while maintaining professionalism and privacy (Chen et al., 2020). The demand for services grew as new patients sought appointments, and the existing patients experienced an exacerbation of illness brought on by the stressors of the pandemic.

Increase in Demand

The demand for mental health services grew, as indicated by self-reports and increased emergency medical services for mental health conditions (Auerbach & Miller, 2020). As of January 2022, an estimated 23.75% of adults in Oregon have a diagnosable mental, behavioral, or emotional disorder, and 9.78% have a substance use disorder, compared to the national average of 19.86% and 7.74%, respectively (Reinert et al., 2022). Once the telehealth restrictions and regulations were waived here in Oregon, the Oregon Health Authority (OHA) mandated that all commercial insurance companies reimburse telehealth appointments at the same rate as in-person appointments, thus removing regulatory and financial barriers from access to care. Mental health clinics could now legally and financially offer telehealth appointments instead of traditional in-person ones. Mental health clinics that were able to adapt to telehealth appointments remained viable, serving both the current patient population and new patients (Torous et al., 2020). Although telehealth improves access to care, Oregon remains one of the highest states in the prevalence of mental illness with poor access to care (Reinert et al.).

Current Patients

Current patients experienced exacerbating anxiety and depressive symptoms, requiring increased patient visits to maintain safety and treatment compliance (Gautam et al., 2020). Patients reported elevated mental distress and self-medicated with alcohol, cannabis, and illicit drugs in hopes of reducing anxiety, depression, and insomnia (Brenneke et al., 2022). Adolescents and young children with preexisting anxiety or depression are more likely to feel overwhelmed and require frequent appointments to ensure their mental well-being (Limandri, 2020). Couples in psychotherapy reported increased aggressive behaviors as the COVID-19 lockdowns forced troubled relationships to interact under the same roof. Families with children

with mental health conditions strained as they attempted to manage emotional outbursts and property destruction (Gautam et al.).

New Patients

The onslaught of increased emotional distress, relationship problems, financial insecurities, unstable employment, and overall despair impacted a large percentage of the population seeking mental health care, some of whom have a mental health stigma and would never consider mental health services in the past. Now with telehealth appointments, patients with a mental health stigma can see their providers privately without being seen at the clinic. Telehealth has reduced the barriers to accessing care, and now more than ever, new patients seek appointments with a mental health provider. Of those Oregonians seeking mental health services, 54.4% are not receiving treatment, and 24.7% report an undersized mental health workforce as a significant shortfall in seeking care (Reinert et al., 2022).

Reduction of Capacity

Nationwide, the need for mental health services is outpacing the current rate of additional mental health providers to the mental health workforce (Reinert et al., 2022). Parallel to the increase in demand for mental health services, a reduction in clinical capacity is ongoing due to social distancing requirements, provider burnout, COVID-19 infections, and deaths (Druss et al., 2021). According to The American Psychological Association (2020) poll of mental health providers, four out of 10 reported emotional burnout due to the increased demand and professional isolation as a remote worker.

The Great Resignation

The phrase, *The Great Resignation*, was coined by Anthony Klotz, an associate professor of management at Texas A&M University, predicting COVID-19 as the accelerant of the post-pandemic surge in employee resignations (Klotz, 2021). According to the U.S. Bureau of Labor Statistics, between May 2020 and May 2022, 92.7M people quit their jobs, compared to a pre-pandemic May 2016 to May 2018 total of 78.2M people quit their jobs (Bureau of Labor Statistics, 2022b). This 18.5% increase in resignations and increased demand for services equates to two job openings for every unemployed person (Gittleman, 2022). Emotional exhaustion, workflow disruptions, and forced minimalism are all crucial elements influencing the employee's epiphany that they can successfully resign from their current employment (Klotz). Emotional exhaustion is a product of overwork and an inability to maintain healthy boundaries that flow from the daily influx of managing crises (Gong et al., 2021). Workflow disruptions prove that employees adapt while discovering their desire for greater autonomy (Miller & Davis-Howard, 2022). The COVID-19 pandemic lockdowns, social distancing, and employment uncertainty encourage forced minimalism, resulting in a decline in consumer spending and an increase in savings (Brodeur et al., 2021).

NEUSTART PSYCHIATRY & TMS

NeuStart is a privately-owned comprehensive mental health outpatient practice located in Oregon. From 2020 to 2022, NeuStart increased the number of physical locations from two to four clinics, treating over 2,500 patients. NeuStart serves a diverse patient population aged seven to 75, many diagnosed with severe and persistent mental illness. NeuStart's mental health workforce consists of one psychiatrist, 14 psychiatric mental health nurse practitioners, one family nurse practitioner, two clinical psychologists, two licensed clinical social workers, one licensed professional counselor, two art therapists, one marriage and family counselor, four professional counseling associates, and two student therapists. This robust group of mental health practitioners provides psychiatry and psychology clinical services both in-person and virtually throughout Oregon. NeuStart's treatment capabilities include traditional psychiatric and psychotherapy services, medication management, ketamine injections, and transcranial magnetic stimulation (TMS). A team of schedulers, scribes, front-line staff, and billing specialists supports the provider services to ensure smooth clinical operations.

The founders of NeuStart initially identified a gap in their local communities for insurance-based mental health services. Although some free and private pay clinics offered availability, those patients with health insurance could not find clinics accepting new patients with their insurance type. NeuStart opened under the directive to work with insurance companies to treat those insured patients requesting mental health services. The simple premise that as long as patients call for services, NeuStart will continue to hire and grow to meet their patient's needs is the basis of NeuStart's business model. NeuStart's mantra, *Feel Better Sooner*, reflects the underlying attitude to treat mental illness and restore a patient's ability to have a meaningful, fulfilling life. The typical course of treatment is less than nine months, with many recovering and returning to a life worth living within four to six months.

NEUSTART'S RESPONSE TO THE CRISIS

Early in March 2020, as COVID-19 death counts grew, patients and staff feared exposure to COVID-19 and elected to stay home. NeuStart's canceled appointments soared from an average of 11% to 34% within days as patients and staff canceled their appointments due to fear of leaving their homes due to possible exposure to COVID-19. NeuStart's leadership team met and assessed the current situation and determined that the best course of action was to pivot from in-person clinics to primarily remote services and operations. Leadership made decisions quickly to support the health of the staff and patients while maintaining operations. The administration provided those staff requesting office equipment and supplies with all the tools they would need to succeed in this new paradigm. As the physical clinics emptied, TMS operations continued in-house, and a few staff chose to work from the clinics, following social distance and face mask guidelines. Patients and staff with varying levels of computer skills are now faced with making remote connections to complete their appointments. NeuStart's cadence slowed as everyone did their best to maintain operations, care for the patients and keep their families safe. NeuStart's responses to the pandemic include implementing telehealth services, redesigning workflow, and increasing flexible working arrangements. These three areas positively and negatively impact NeuStart's ability to deliver patient care and maintain operations.

Response 1 - Implementing Telehealth Services

Since March 2020, with the implementation of telehealth services, as of January 2022, staff reported an overall increase in job satisfaction with a noted reduction in staff absenteeism. Providers report a greater awareness of the patient's home and surroundings, as displayed during the video session, leading to a more meaningful session (Molfenter et al., 2021). With the convenience of telehealth services, a patient has, in essence, welcomed the provider to their home or workspace.

Positive Effects

Implementing telehealth services positively affected the patient's continuity of care and staff satisfaction. Patients reported they appreciated the ability and convenience of having a session with their provider over their electronic devices. Patients commented that telehealth offered improved accessibility, ease of attendance, no travel time, and scheduling flexibility (Molfenter et al., 2021). Providers expressed gratitude for the additional staff support and encouraged their colleagues to join NeuStart. During this *Great Resignation*, where clinics struggled to keep providers, NeuStart experienced a 550% increase in new providers while remaining solvent (Geisler, 2021; NeuStart Psychiatry & TMS, 2022a).

Negative Effects

A significant negative consideration with telehealth services is that both the provider and patient must have adequate internet connectivity, as many NeuStart patients live in rural areas and cannot connect online from their homes. Patients report they travel closer to town, seeking a stable internet connection, and once connected, will complete their session while in their car. Those providers with poor connectivity at home either returned to the clinic to complete their telehealth sessions or sought a better internet solution at their residence.

As providers continued their workdays via telehealth and support staff transitioned into a remote workforce, some staff commented they felt isolated, lonely, and preferred going into a workplace filled with people. Wang et al. (2021) suggest that social support and job autonomy offset feelings of isolation.

Response 2 - Re-designing Workflow

In a matter of days, in March 2020, NeuStart's workflow transformed into a remote workforce. No more casual hallway discussions; now, each employee is working independently yet still dependent on each other. Each remote worker was responsible for completing their assigned duties without collaboration within the office setting. As shown in Figure 1 (Appendix A), the previous workflow originated with the patient coming into the clinic at their scheduled time, checking in to the front desk receptionist, paying their co-pay, completing paperwork, collecting vital signs, and then seeing their provider for the allotted appointment time. As the patient exits from the session, the front desk checks them out, sets up the next appointment, and completes any outstanding paperwork.

The remote workforce now had the additional duty to contact the patient, complete all check-in duties, provide a link for the patient to connect online for their appointment and

troubleshoot any difficulties the patient experienced. As seen in Figure 2 (Appendix B), NeuStart revised the workflow to reflect a remote workforce. Upon completing the session, the provider makes the follow-up appointment and closes the patient appointment.

The telehealth workflow placed additional duties on the front desk receptionist, patient, and provider. Several revisions to this workflow reflected the constant discoveries made along the way; for example, some patients and providers required coaching as they faced the challenge of technology. Both the patient and the provider connected with the front desk receptionist to help solve connectivity problems. Out of necessity, the front desk receptionist became an internet connectivity specialist. As patient visits increased, the front desk receptionist could not check in scheduled patients just before their appointments. Patients arrived late to their session due to this bottleneck. Providers sat at their desks waiting for their patients, unaware of the delay, and would document the patient no-showed for their appointment when the patient was waiting for the front staff receptionist to check them in. Supervisors made revisions to the timeline, and through a series of communications between the patients and the staff, the check-in process became more automated. Communications were via the patient's preferred method (email, text, phone call). Calls made to the front desk receptionist significantly reduced the staff's time on the phone.

NeuStart maintained the same high standard of protecting the patient's personal health information within the remote setting by utilizing encrypted email communications and limited access to only pertinent areas of the patient's health records via a cloud server. NeuStart managers also audited their staff's computer use to ensure compliance.

Positive Effects

A majority of NeuStart's employees report they prefer working from home. They report increased job satisfaction, reduced stress, and increased autonomy as they design their work schedules to meet their personal and clinic needs. The remote workplace improves worker well-being by eliminating workplace COVID-19 exposures, providing a flexible work schedule, and reducing workplace stress (Lovejoy et al., 2021).

Negative Effects

Although minimal, NeuStart identified gaps in remote workforce policies. Managers made decisions without policy guidance, relying on all team members to continue to work without much oversight, resulting in property and time theft. Unfortunately, some employees could not continue working, and a few refused to return loaned property until threatened with litigation. Patients reported difficulty reaching someone at the clinic, as phones were not being answered in a timely manner. Managers feared that remote employees were now faced with practicing self-discipline, removing distractions, and completing tasks at hand without oversight.

Overnight NeuStart's workforce faced health concerns that negatively impacted daily operations; several team members fell ill with COVID-19. Those employees able to work managed not only their duties but also others. The remote workforce lacked an efficient method to communicate with each other, resulting in duplication of efforts and missed critical areas. NeuStart's primary source of revenue is insurance-based, and now, with location changes, insurance companies require specific charting and billing guidelines for processing insurance claims. NeuStart's one full-time biller could not manage these changes while processing the

1,700-plus claims monthly. Having the remote workflow increased the administrative burden causing NeuStart to hire a billing assistant to support the primary biller.

Response 3 - Flexible Working Arrangements

Having a flexible working arrangement allowed each employee to manage their work schedule, child's remote school schedule, quarantining and caring for those ill with COVID-19 symptoms. Each employee worked with their supervisor to adjust their work schedule to meet the challenges of working from home, instead of working the traditional 8:00 AM to 5:00 PM day with an hour lunch, now they work in fragments clocking in and out multiple times within their workday.

Positive Effects

Employees commented that having a flexible working arrangement reduces stress and helps them to maintain focus to complete their work. Shamsi et al. (2021) found that remote workers' well-being increases with access to supportive user-friendly technology. Supportive leadership during times of crisis equates to providing autonomy within given boundaries through task management and teamwork (Bartsch et al., 2021).

Negative Effects

NeuStart noted an increase in some employee hours exceeding budgeted times with no increase in production. Not all employees could maintain the discipline and focus needed to work from home. Some employees attempted to complete detailed reports and tasks while caring for their children, resulting in poor work and high labor costs.

LESSONS LEARNED

NeuStart's workforce transformation began abruptly out of a necessity to care for patients while remaining in business. Support staff and providers worked remotely to see their patients via telehealth in a few days. This workforce disruption caused both positive and negative events to arise. Overwhelmingly, patients and staff expressed gratitude and appreciation for the ability to continue their relationship with NeuStart from the security of their homes. This shift from a traditional office setting to telehealth was costly to NeuStart. The Federal government's PPP monies offset the additional administrative burdens with the uncertainty of insurance payment; without it, NeuStart would be faced with a difficult decision to remain solvent.

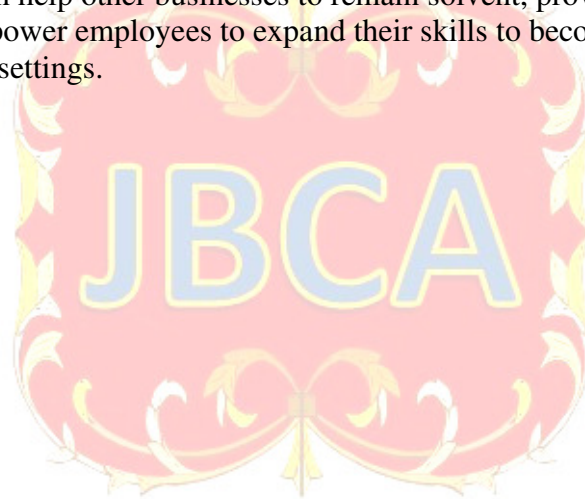
Lessons from this workforce transition include the need for standard operating procedures (SOPs), user-friendly computer hardware and software, and clear job expectations. SOPs that are easy to understand, follow, and audit is essential for business practices. At the time of this workforce transition, NeuStart's policies and procedures did not reflect remote work and did not address each situation faced by the staff. Once SOPs were standardized, made accessible, and reflected in the workflow, communication, and efficiency improved. Computer hardware and software underwent a transformation as staff shifted from working from the office to home. Computer hardware was provided to each staff member with additional security measures in place to protect patients' private information. Additional training was provided for the remote

workforce to ensure each staff member was competent and comfortable using the various computer programs needed to complete their tasks. And finally, one of the greatest lessons learned for NeuStart was the importance of clear job descriptions and duties for each employee. Early on, managers made assumptions regarding what their staff was actually doing from home and, at times, differed significantly from what the staff members understood as their job duties.

Moving Beyond the Pandemic

Post-pandemic operations at NeuStart will incorporate a hybrid model for remote work. This hybrid model is a blend of both remote and in-clinic work. Before implementing a hybrid model, policies, procedures, clear workflow, and effective communications must be operational. The uncertainty of insurance reimbursements for telehealth appointments will also steer patients from an in-person visit to a telehealth visit. By far, NeuStart patients prefer telehealth appointments yet would return to the clinic if dictated by their insurance carrier.

During the crisis, NeuStart was operational and transitioned from a traditional mental health clinic to a telehealth clinic, meeting the needs of its patients and staff. Lessons from NeuStart's experience can help other businesses to remain solvent, provide a viable service to their community and empower employees to expand their skills to become proficient in in-person and remote clinic settings.



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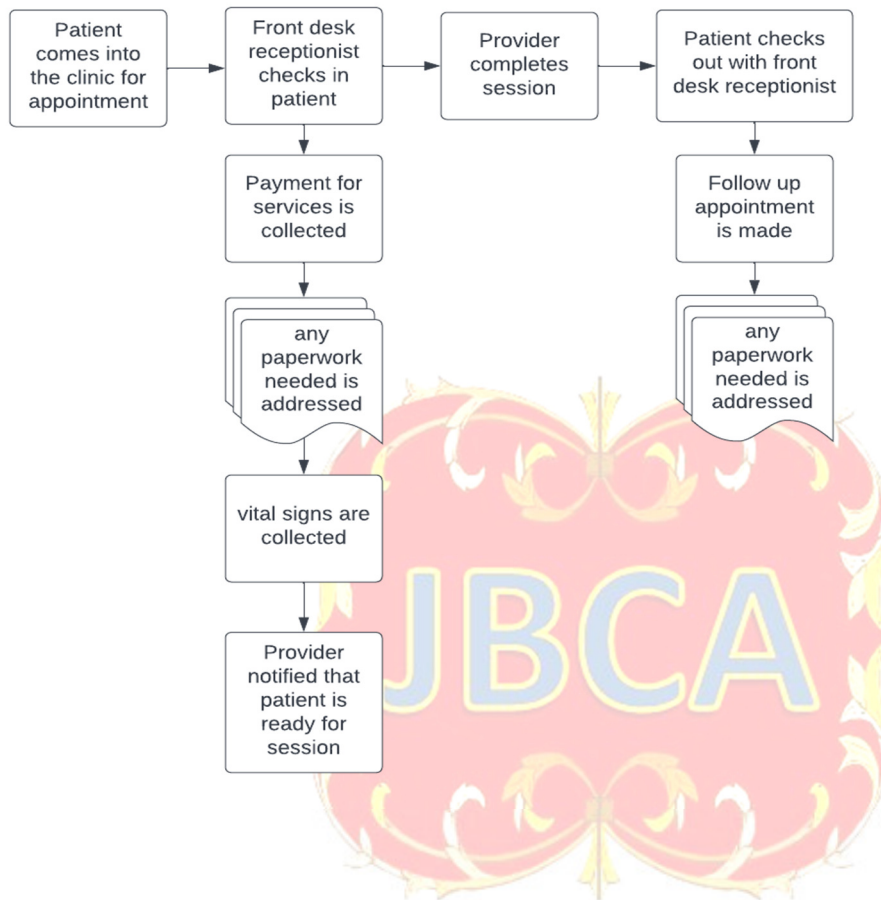
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Appendix A

Figure 1
Previous Workflow



Appendix B

Figure 2
Remote Workflow

