

Matt (host): Welcome back to Nimble Youth, the podcast where we bring you real talk about raising healthy young minds. I'm your host, Matt Buttermann. We're into our second season of Nimble Youth, but it's been a little while since doctor Gretchen Hoyle has been back on the podcast because she has been incredibly busy getting ready for something really exciting, the launch of MindBridge Behavioral Health right here in the Piedmont Triad region of North Carolina. The practice is opening Tuesday, July 7, and she joins me now to discuss this exciting new venture in greater detail. So it's been quite a journey to get here, but opening day finally arrived.

Dr. Gretchen Hoyle: That's right. We're really, really excited. It's finally here, and it honestly feels a little surreal. We have a media event the morning of the seventh, and then we start seeing patients in the afternoon. And it's really exciting, a little hard to believe after kind of everything that's gone into getting ready over the last few months.

Matt (host): Yeah. Well, I think a lot of people are curious about exactly what MindBridge behavioral health is, and how it's different from other practices that they may have been involved with with their child as a patient, if they're a provider, maybe they haven't been fully informed about what's going on at MindBridge. So, let's bring everybody up to date.

Dr. Gretchen Hoyle: Sure. So, it's a new model that we're using. And I think I could start by just explaining the origin of the name. The name is very intentional. So, the mind part obviously represents the mental and behavioral health, which has really become the focus of my work as a pediatrician over the last several years.

ADHD, anxiety, depression, OCD, trauma, emotional regulation, school struggles, all of those things have been a big, big part of what I've been doing. And those are the things that we've talked about before together on the podcast. The bridge part is really what I think is the heart of the practice. MindBridge exists sort of in this space between traditional pediatrics and traditional psychiatry. In a typical pediatrics office, pediatricians are doing like an incredible job at trying to manage more and more mental health concerns, but they're also seeing the routine general pediatrics problems.

So ear infections and doing sports physicals and working up kids who are sick with strep throat or the flu, and they're seeing newborns all day. And the pace in that setting is really fast and it just has to be. That's just part of the model. And so, what we're wanting to do is to slow down that pace some. The other side of that bridge, if you if you can imagine it this way, is that the psychiatry folks and of course their core focus is mental health.

There's a little bit of a different perspective from what general pediatrics brings to this problem in that, you know, my experience as a general pediatrician for twenty five years, I tend to look at mental health from the lens of the whole child. When I'm thinking about sleep and nutrition, development, school, the things that we consider to be physical ailments. They're friendships and technology, learning differences, chronic medical conditions, stress in the home, trauma, all

of those things that overlap. And because behavioral health issues, you know, are rarely something that happen in just isolation. So, there's a little bit of a difference.

We're sort of in between those two models. So, we want to work collaboratively with both sides of that equation.

Matt (host): Absolutely. I think that's something that families often feel like their child struggles are connected to so many different facets of life and, you know, a treatment that encompasses the whole child, that encompasses really the whole family dynamic and how that influences their mental health, right?

Dr. Gretchen Hoyle: Right. I mean, and that, you know, that model has been used in different settings before and there's been lots of, you know, we've been working with the collaborative care model as well to try to approach things from a more holistic standpoint. But focusing on this entirely in this practice, I think is helpful. And that's part of the way that we designed the practice. So, you know, sort of first off, the environment itself is intentionally different from what I'm used to in general pediatrics.

It's quieter. Just like the pace is much slower. It's more calm. And for a lot of kids, especially for anxious kids or kids who are neurodivergent, medical offices can be really stressful for them. And they associate them with getting shots or getting sick or having uncomfortable exams.

And we really wanted to create a space that feels safer and less overwhelming for them. And so that was sort of a core tenet for us to design the space that we're in now. And we're intentionally seeing fewer people per day because these visits are going to take longer. And so, a lot of times, by the time families come to me, they've been, you know, really working hard to keep things together for some period of time. And it's, you know, it's helpful for me to have more time and my team to have more time to really dig into all that's going on with them, the background of that, and all the other factors involved.

Matt (host): Yeah, for sure. And so we've talked a little bit about the collaborative care model that MindBridge is following, which involves coordination, through a behavioral health coordinator and just getting all the pieces in place that will provide the whole picture of care. And so but I think it's important to point out that what MindBridge is doing is with the other players in the community, in the behavioral health community, is collaboration and not competition, right?

Dr. Gretchen Hoyle: That's right, right. We really want it to be a collaborative setting. We want to we're not, you know, wanting to replace pediatricians or psychiatrists. We really see ourselves as partners with both sides of that coin. Then also partnering with therapists and schools and parents.

The foster care system is a big part of our mission. Community organizations, and honestly, sometimes even the legal system, depending on the situation with that child. Children do best

when adults around them, you know, communicate and work together. And it's the collaborative care portion of this that I think that's the model that we're wanting to support.

Matt (host): Right. Sort of germane to that is your behavioral health manager at MindBridge is actually an attorney. She has some knowledge of of the legal system as well, which is very helpful because

Dr. Gretchen Hoyle: That is her background. That's right. Yeah. Mhmm.

Matt (host): Yeah. For sure. Yeah. So we've we've talked about the collaborative care model before, but let's for our listeners, let's sort of go over that again and and maybe give us a little explanation about how that plays out.

Dr. Gretchen Hoyle: Right. So how that what that means, like, on the ground at our office is that, you know, patients would come in and see me initially and would get what folks would often, like, conceptualize as like traditional medication management. And the way that I do that is through all of the processes that have been tested and recognized and evidence based to be able to, you know, sort of qualify and quantify a patient's symptoms and diagnoses and then recommend, you know, potential medical interventions. So, medication interventions. Not all kids are going need medicine, but a good portion of the ones that we're going be taking care of are going to be in that group that we would be using medicines for, just like we've been talking about on previous podcasts.

And so, that's a part of our process. But then also for our patients who would benefit from additional interventions, sometimes that's just therapy referral and sometimes that's referral into our collaborative care model where our behavioral healthcare manager comes in and sees the patient and parent. Sometimes they'll do that together and sometimes they'll do it separately. And so that we can get information from both the parent and child in order to get more information about what is needed so that we can make a good treatment plan. And that treatment plan could include referral to certain therapists or certain community resources.

There's a lot of different community resources that are popping up that have to do with kids who are neurodivergent. And so we are sort of plugged into that community and know what's available. Sometimes it's educational advocacy. So our behavioral health care managers do a lot with talking to schools and trying to get kids the, you know, the interventions that they need, sometimes just accommodations that they need. We offer parent coaching.

That's a big part of what the behavioral health care manager does. And then also something called brief therapeutic interventions, which is evidence based interventions that we can do with patients to help them oftentimes be able to control acute anxiety in the moment. And so that often really helps with their function. So, I think one of the, like, the core offerings that we have is that we're going to be able to work in collaboration with all of the resources that are available in the community.

Matt (host): Yeah, for sure. And so when when we put together this this whole picture of of holistic care, of behavioral health care management, I think the elephant in the room and something that both you and I have kind of learned about maybe against our will is insurance coverage, right? Because you can have the best treatment plan in the world and if the family can't afford to pay for medication that's not covered by insurance, then it's about finding that balance there, right? Working with the insurance companies to, you know, make the case for a certain type of medication. So that's maybe an unpleasant part of modern healthcare, but we resources.

And through the collaboration with Privia Health, you know, we kind of know how to play the game now, I think, is fair to say, right?

Dr. Gretchen Hoyle: Yeah. I have a much better understanding of that over the last several months working on this. And I will say for sure that everything I know about health insurance is against my will. But at the same time, it is incredibly important. I mean, from a practical and pragmatic perspective, it plays such a huge role and really has like big impact on whether or not people get the care that they need.

And so, even though, you know, like I would love to be able to say, Well, that insurance company should just pay for that, or, They should, you know, cover that service, or, They should cover that medication. You know, I'm just going to leave it to the patient to argue about it or the parent to try to get that to happen or we'll do, you know, different strategies for that. The reality is that being aware of what is available on that patient's plan. And of course, there are literally hundreds of plans and lots and lots of variables. Do have, like, after really digging into this at a very granular level, I feel like we've got a pretty good take on what the insurance influence is over this type of care.

And I really think that it's just different from the way that it influences, like, what we consider to be traditional, like, general pediatrics or physical care. There's just a lot of additional management layers for behavioral health that are playing a role what's available to patients. And so, we agree with that or not is really immaterial when it comes down to whether or not that child is going to get the help that they need. And so, going through this process and learning about all the different insurance plans and also connecting with the folks in the community have been an extremely helpful thing to do. It's just a really good reset.

There's a lot of what we were doing before, but just there's a lot more clarity for for me at this point.

Matt (host): Yeah. Yeah. And I and I know both of us have been involved with outreach to the community. We've had a couple of open houses at at the practice already, one just for kind of friends and family, but another one for other therapists and providers in the community as well. I think that was well received and probably something we're going to continue to do throughout the year is just build these connections within the community so that, you know, patients that other providers have, have a resource that they can refer to.

And then same deal for us, when we see a patient that would benefit from a certain type of therapy that we don't provide, then we can refer them to them as well, right?

Dr. Gretchen Hoyle: Right. I mean, that has been, like, one of the most fun things about this whole process is meeting people who I've referred patients to for therapy for years, but I'd almost sort of thought of them as mythical creatures in that, like, I'd never really met them or seen them. And it was just amazing. I mean, I was just so humbled at the turnout that we had of therapists to come to see what we were doing and getting to meet them in person and getting there's just nothing like talking to somebody one on one person. I mean, that just was a huge thing.

And so, getting to meet them and having that connection, it really helps me conceptualize who is the right person for this patient to see based on what's going on with them. And, that's one of the biggest, you know, things that I've really enjoyed. So, we did that, and then I really am expecting that we'll have a gathering like that hopefully like every six months or so or maybe even more frequently because it was really well received. There are other gatherings for that community as well that sometimes they're sponsored by the therapy offices and other organizations that do that. But it's just such a vibrant and amazing group of people, and so I really want to connect with them as much as possible, and I think our patients will benefit from that.

Matt (host): Right. And it's just, you know, it's a having new practice in town is a win win for everybody, right? I mean, the sort of collective mental health care of the community is just raised every time we have someone new entering the arena because the problem, the crisis in the community is so vast, and anyone so that can help with that, I think, is welcomed. Alright. So, let's talk about some of the other visitations that you've made to local schools and some specialty schools and getting the educational institutions in the area aware of of this practice and and how it can perhaps help special needs students.

Right?

Dr. Gretchen Hoyle: Right. And so that's also been just so fun and and exciting and information, just huge new connections, I feel like, in my own brain being made by going and visiting these educational settings. But, you know, we're in an area that really does have a lot of very creative, innovative educators, and there are educational environments that just work better for kids who are sort of nontraditional learners or neurodivergent. And so we've been meeting and touring some of these facilities. And if there's folks out there that we haven't met with yet and you would like for us to come, we would love that.

Still wanting to continue that process, but we've had the time over the last few months to be able to do it during the day. And it's just been, you know, remarkable understanding what's available out there. And I, you know, it's just going to help me again conceptualize what things would look like in a different environment for certain types of kids who are feeling, you know, particularly

overwhelmed in, like, a traditional setting. And so, this is, you know, one of the things that I was really wanting to understand, and it's been a it's been a really fun journey to do that.

Matt (host): Yeah, absolutely. So, I think a lot of listeners are probably wondering, How do we connect with MindBridge? How do I get my child involved with the new practice? Can you tell us a little bit about that process?

Dr. Gretchen Hoyle: Absolutely. So we are in our physical space, and we are at Westbrook Plaza Drive. So we are kind of on the road that runs parallel behind, like, Haineswell Boulevard. And so we're not

Matt (host): This far is in Winston Salem. Winston Salem.

Dr. Gretchen Hoyle: That's right. Yeah. Sorry. Yeah. So we're in Winston Salem at a fairly accessible location, and we have just a regular, you know, landline that we take calls on.

The number for that is (336) 510-0156. And so, we're answering phones and getting folks registered and getting folks on the schedule. But probably the most efficient way to do that is to just register online because you can do that any time. So, we on our MindBridge website, so www.mindbridgebehavioralhealth.com. I don't have a long one, but it's very descriptive.

And that is a place where parents can register their child, where patients who are 18 can register themselves. So we go through age 22, so through college age. And so if you're on the site and you go to the patient registration, click on the top navigation bar. It'll give you two options. So 18 and then 18 and up, and you can fill out whichever one is appropriate.

And then these are all private HIPAA compliant forms. They come to us, and then our scheduling team will reach out to you and schedule your child. We also have some referral forms online for professionals. So, for physicians, therapists, counselors, even educators, we have a medical referral form, a behavioral health professional referral form, and one for educators. And we are happy to take information in that way as well.

So, again, HIPAA compliant forms. All of this is private. And we will take that information, the contact information, from the referral source and reach out to the patient and the family and see if we can help and get them scheduled if that's appropriate. And a lot of times, like, is really our best way to contact us and get us squared away with having an actual appointment. I will say we are getting pretty full for July and August.

Really yeah. It's been my, like, pattern or habit to try to see all of my patients who have behavioral health challenges in the summer because it's a really good time.

Matt (host): Yeah. Time is to have these conversations before you into school. Right?

Dr. Gretchen Hoyle: Right. Right. And so, you know, we can sort of look back at the previous school year and be like, okay. Well, how'd that go? And then, like, what's gonna be happening this coming school year?

And, of course, every year is a little bit different. There's always, you know, new teachers, new kids, and new levels of responsibility and things that are happening with families. And so I really do love the summer for that reason. So I love to try to get people in. We do have you know, there's still some availability during that, during the summer, during July and August.

And then I do typically, my habit as well is to plan to see patients back, and it's, like, towards the end of September and early October because they've been in school for a little while at that point. And, we'll see back and follow-up and see how things are going. But we'll be taking new patients all year round, and we are open five days a week, so Monday through Friday. And our hours are a little different from like a traditional, like, physician's office. So we're going to go from like eleven to seven.

And the reason for that is because, most most of the patients that I'm taking care of are going to be in school. A lot of the reason that they're seeing me is because they're having trouble with school, and so we don't want them to miss school. And so, that allows me to have lots of availability in the after school hours. I've got, you know, I've got available slots between three and seven every well, that's that's happening Monday through Thursday. We're gonna stop at five on Fridays, but most people don't wanna come.

Matt (host): Right. Right. Exactly.

Dr. Gretchen Hoyle: So, yeah, so that's sort of the plan. And and so it's just we're trying to make it as accessible for kids who are in school and working parents. And and then, also, we will be doing, you know, video visits like I have done in the past. The first visit does need to be in person, and so that's why I'm really working with folks to try to get people physically in during the summer. And I'll continue to see my college students.

So, college students, I want to try to see them in the summer if they're in town and while they're in town. Then that way, I can continue to see them through the school year while they're at school and do that on video. So, just lots of sort of those are my priorities to kind of get things rolling this summer. But the more, the merry. So we're we're really excited about this model.

We really think that it can provide care in sort of a different way, and we can sort of focus on just this one slice of the pie as far as what, like, pediatric patients need and, like, young adult patients need. And so, we're just really excited. I mean, I think, like, I've just learned so much in the last few months in trying to get this set up in a way that made the most sense and was gonna work the best. And it'll be I'm sure that there will be you know, it's gonna be a live and learn, but we're really excited about getting started.

Matt (host): Yeah. And just going back to you were mentioning about college students coming in to see you and then you providing video visit care. How does that apply for maybe a student who lives in Winston Salem or lives somewhere in North Carolina but is going to school in, say, Virginia or Georgia? Can you still see that?

Dr. Gretchen Hoyle: That's a great question. So, yeah. So, there have been recent updates in the rules for across state video visits. If you have an established relationship with the doctor or the patient, then that is allowable. And so that's another good reason that I really just want to get everybody in during the summer.

Yeah. Physically see you in person and make sure, even if it's somebody who I haven't been seeing in the past, I still will not be able to do that. Establish that preexisting relationship, and then we're kind of unclear going forward.

Matt (host): Right. Right. Excellent. So we've talked about the need in the community, which is great, but the response has been gratifying, I assume, and maybe even a bit overwhelming, but gratifying, right?

Dr. Gretchen Hoyle: Yeah. I'm really excited. I mean, it's and, you know, I would mention as well that, you know, part of what's been so great about this for me is just my the team at MindBridge is just amazing. And so you've been helping us out, get the word out. And then I've got great folks who are doing my clinic administration and a behavioral healthcare manager.

And then I also have my secret weapon is Doctor. Allen, who is a developmental behavioral pediatrician who has been working with us in the collaborative care model in my previous practice. And she's going to continue to mentor me in this way. And so that, you know, makes it feel a little less overwhelming for me because I know that I have access to her amazing amount of information and experience. And so, I'm just wanting to be able to extend her reach and her gifts to the community through this practice.

Matt (host): Excellent. Well, congratulations. It's an exciting time. And again, for our listeners who are interested in accessing care, please visit our website, www.mindbridgebehavioralhealth.com, or call us directly. You can call us directly at (336) 510-0156.

Again, Doctor. Will, thank you for joining us and we'll be back, I'm sure, with some sort of refresher episodes on common mental health conditions that you see in your practice. And we'll be, I think, doing some episodes on kind of the ABCs of behavioral healthcare for the patients who would benefit from seeing or listening to a podcast episode that kind of explains what can't be fully explained perhaps in a in a visit. But with longer visits, you'll have a bit more opportunity now.

Dr. Gretchen Hoyle: That's right. Yes. Yeah. And I'm I'm excited about that. And I also, like, I feel like that I'm excited about getting back into the podcasting stuff because with school

approaching, I mean, we're just now in July, but we know that it's on the horizon and that often brings up lots of good topics for us to cover.

Matt (host): Absolutely. We look forward to doing that. And for our listeners, thank you for joining us today. If you have any comments or questions, please visit our website at www.nimbleyouthpodcast.com. Please do rate us on Apple Podcasts or Spotify wherever you listen to your podcasts.

You can also visit us on YouTube if you want the video versions there. We also have some clips which we post on our shorts page as well. So thank you for listening and and or watching, and we'll see you next time. Bye for now.