

Integrating Behavioral Health into the Primary Care Visit for Co-Morbid Disease



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Objectives

- Integrated Care 101
- Primary Care Behavioral Health (PCBH)
- PCBH at ECU Family Medicine
 - Defining, detailing, implementing the integration
 - Who, when, where, what, & how...
 - Data

Illustration: A family tree of related terms used in behavioral health and primary care integration
See glossary for details and additional definitions

Integrated Care

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes" of integration: 1) Integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Patient-Centered Care

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Coordinated Care

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unitzer et al, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

Patient-Centered Medical Home

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jürgen Unitzer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. *Lexicon for Behavioral Health and Primary Care Integration*: AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>.

What is Integrated Care?

- “The linkage of programs and activities to promote overall efficiency and effectiveness and achieve gains in population health” (IOM, 2011).
- “**Team-based, collaborative, unified care plan** integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion.” (WHO, 2001).

Continuum of Collaborative Care

***“Integration is the desired outcome.
Collaboration is the process to achieve integration.”***

Susan McDaniel, Ph.D.



Coordinated care

PCPs and BH providers work in separate facilities and provide separate care; exchange info about pts as needed

Co-located care

BH providers and PCPs in the same building, but provide separate care; communicate regularly, sometimes face-to-face. Separate treatment records and treatment plans

Integrated care

BH providers and PCPs work together in a shared system; the BH provider is part of the PC team; one treatment plan targeting the pt's needs; a shared medical record



U.S. Healthcare Facts

- Healthcare in the US is unsustainably expensive
 - ▣ About 18 cents of every dollar (17.6% of GDP)
 - ▣ Average in European countries is 9.5%
- Evidence of BH needs driving up the cost of medical care, far beyond what is spent on BH treatment



Is Integrated BH Beneficial?

- Improved pt outcomes
 - Earlier recognition and intervention significantly impacts duration and intensity of symptoms
 - Improved pt adherence
- Cost-savings
 - Decreased utilization of healthcare services
- Pt satisfaction
- Provider satisfaction

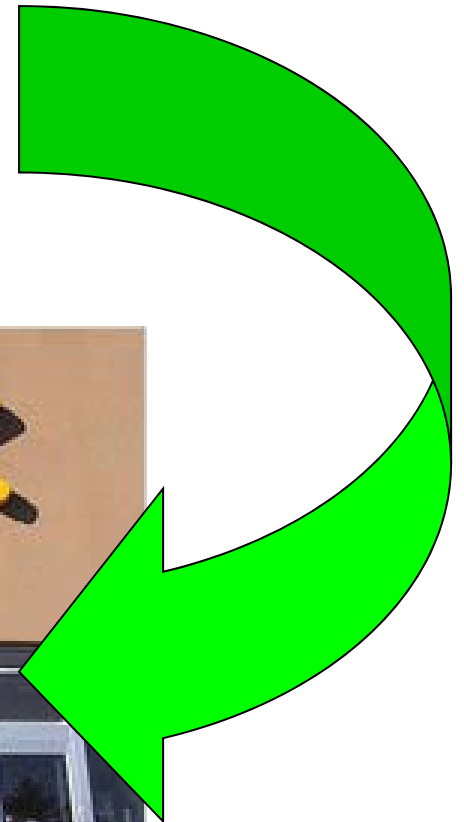
Q: Why Integrated into **Primary** Care?

- Presently, primary care is the “de facto mental health system.” More pts with MH and SA disorders seek services through primary care than from specialty MH providers
(Regier et al., 1993, Mauer, 2007).
- Up to 70% of medical appointments made with a PCP are for problems stemming from psychosocial issues
(Gatchel & Oordt, 2003).
- PCPs provide 67% of all psychotropic medications
(James, 2006).
- 60-70% of PCPs report serious difficulties accessing mental health services for their patients
(Cunningham, 2009).



Primary Care as Gatekeeper

- Primary care is the only setting for a population approach to behavioral health
 - Majority of people will not accept a referral to specialty mental health offered by a PCP
 - Primary care or nothing

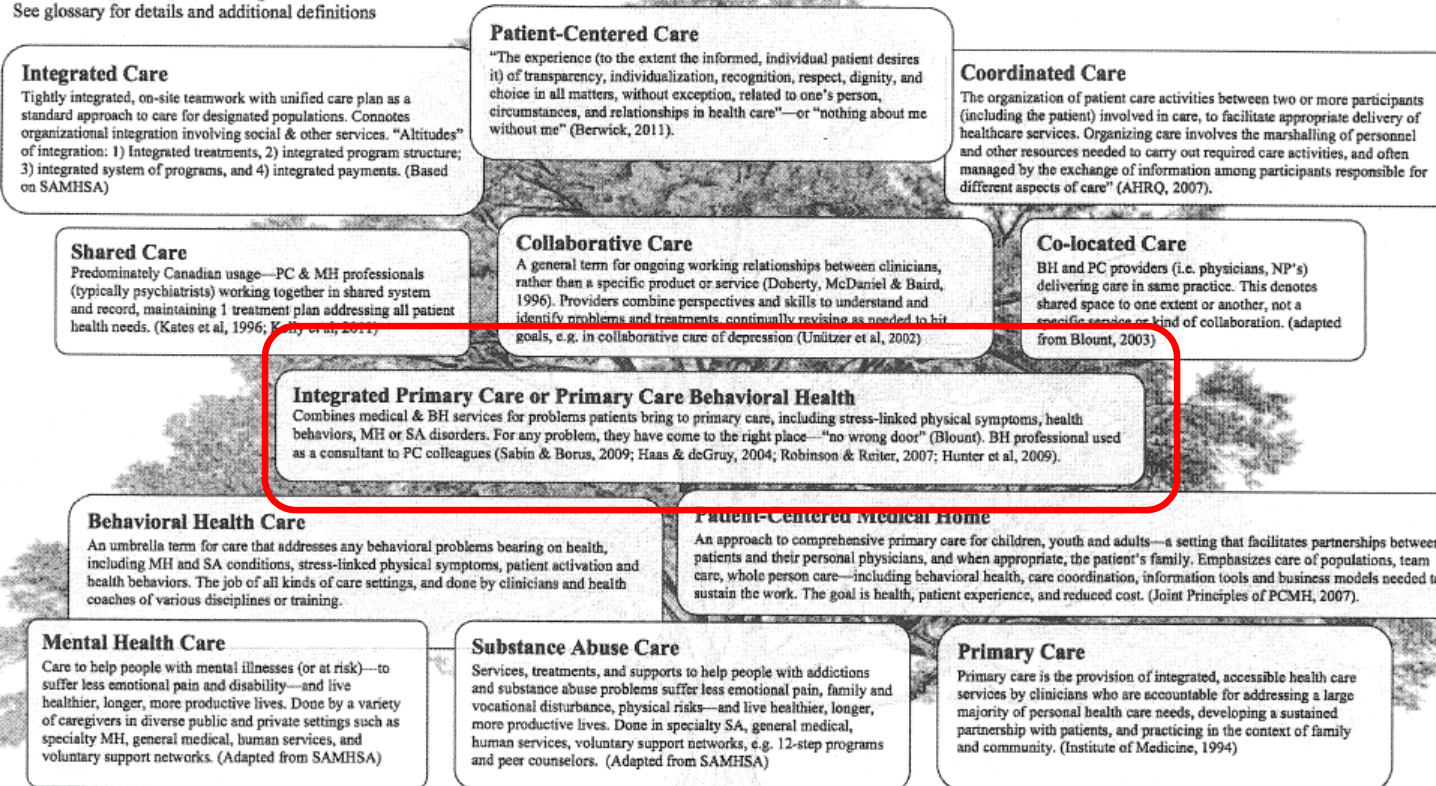




What is Behavioral Medicine in PC?

- Various models of IC
 - Determined by the patient population, the payment structure, workforce
- Primary Care Behavioral Health Model
 - Offer brief intervention services to children, youth, and adults, often on the same day of the patient's visit with the referring PCP or nurse
 - use evidence-based interventions adapted to the brief context of primary care (Robinson & Reiter, 2007; Strosahl, 1994a, 1994b)

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Primary Care Behavioral Health Service Model (PCBH)

- This is a population health-based model of care
- Medical team and behavioral health provider share information regarding patients using a shared medical record, treatment plan, and standard of care
- Behavioral health provider is a consultant to the primary care provider and primary care team in the
 - assessment, intervention and healthcare management of the full spectrum of concerns patients bring to the clinic.

PCBH

- The behavioral health provider:
 - Embedded in the PC clinic as a team member
 - Typically sees patients in appointments that are 30 minutes or less
 - Documents patient encounters in the shared medical record
 - Typically provides same day feedback to the PCP regarding the assessment, intervention started and recommendations regarding how the PCP might manage, support or monitor a behavioral health provider initiated plan.
 - Deliver care in the PC clinic where patients are seen by PCPs
- Consistent with a consultation model, follow-up visits are typically planned until the patient shows signs of improving and has a clear plan that both the patient and PCP intent to follow.

Collaborative Family Healthcare Association PCBH Special Interest Group Charter,
January 2014

PCBH at ECU Family Medicine

How we integrated behavioral health into PC



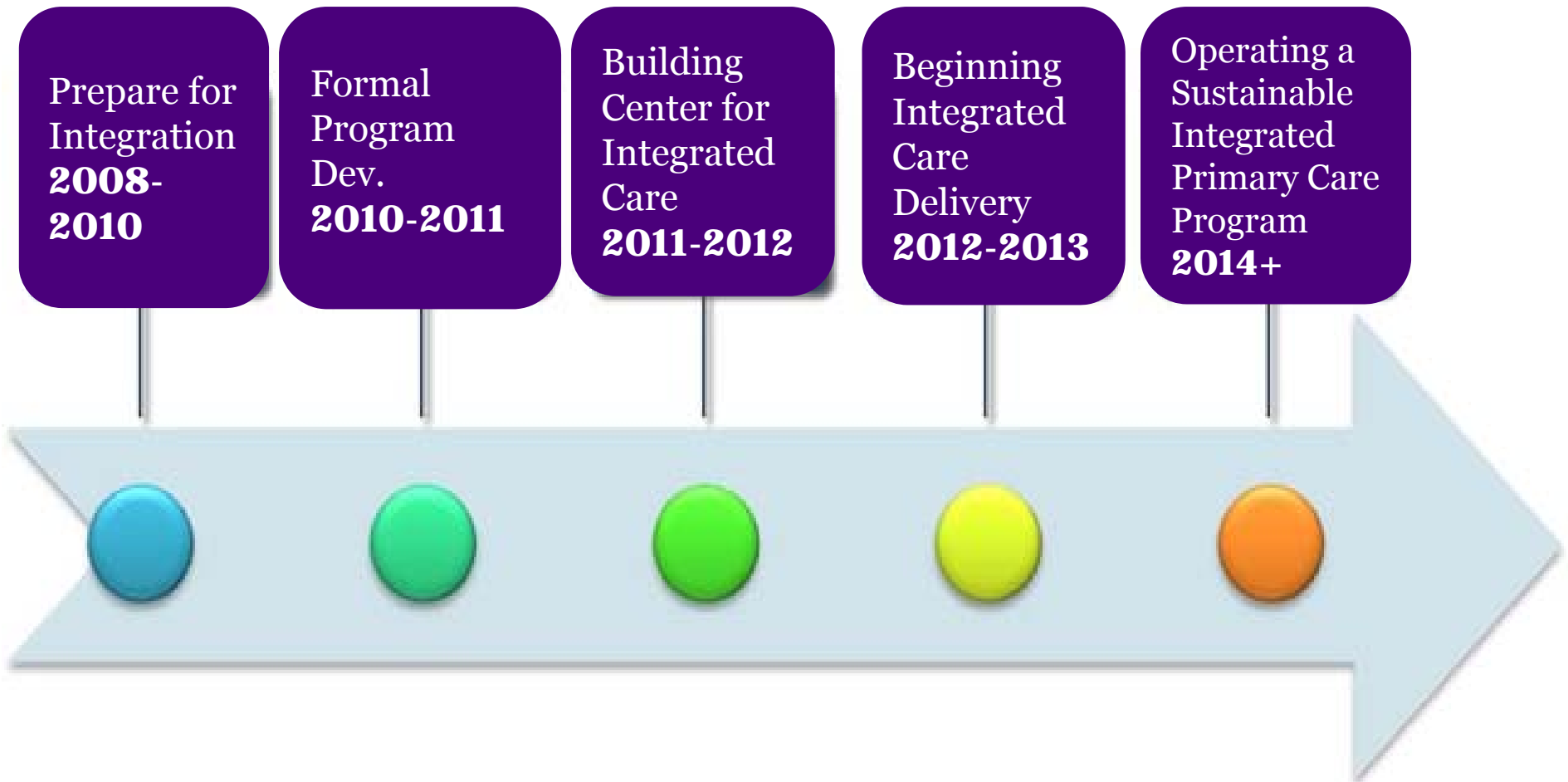
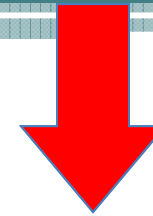


Health Resources and Services Administration

CENTER FOR INTEGRATED CARE DELIVERY

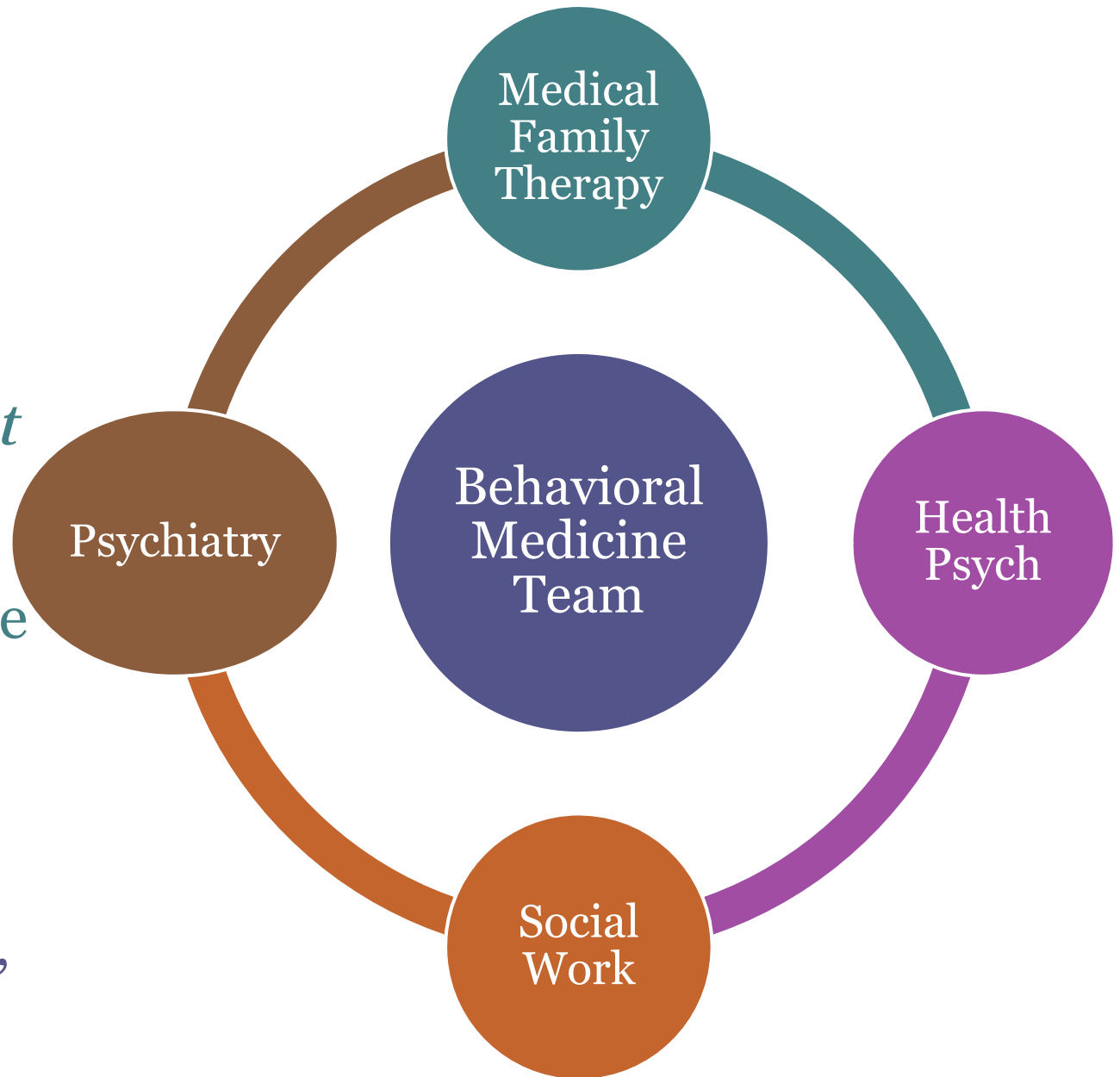
Funded by a grant from Health Resources and Services Administration to The Department of Family Medicine, Brody School of Medicine, East Carolina University

- To establish a Center focusing on training strategies for integrated care management of behavioral issues in chronic disease
- To build, test, and evaluate new curricula for medical students and residents on integrated care for concurrent depression/behavioral problems and chronic disease in primary care settings
- To evaluate and improve care outcomes in underserved populations with chronic diseases and behavioral problems by establishing an integrated care management training program



Defining

- Operationally define ...
 - How we *want* behavioral health to be utilized on the modules
 - What is *feasible*
 - Who, when, where, what, how?



Detailing

- Priming the system
 - ▣ Residents
 - ▣ Behavioral health learners
 - ▣ Nursing
 - ▣ Physician Faculty
 - ▣ Staff



Manifest Purpose	Latent Purpose
Impart information- who, when, where, what, and how?	Decrease anticipatory anxiety
Answer questions	Facilitate communication
Address concerns	Increase ownership in Integrated Care Program
Elicit input, feedback, ideas	Obtain “buy in”
	Build <i>relationships</i>



Implementing

- ☐ Start date: September 1, 2012
- ☐ Delineated by the full time presence of a BHC in the resident clinics
- ☐ 40 hours/week

Logistics of PCBH at ECU FM:

Who, When, Where, What, & How?





Integrated Care Consults

- Sept 1, 2012- April 1, 2014
- N = 1036
 - Average of 55/mo
 - Person-powered by students (summers, holiday breaks)

BEHAVIORAL MEDICINE CONSULTANTS 2013-2014

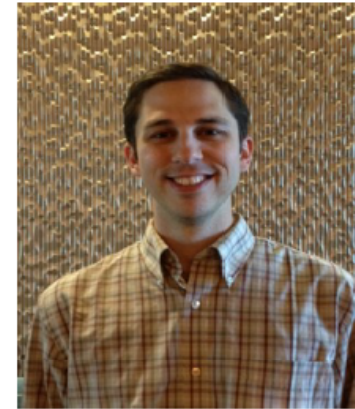


Katherine "Kate" Cutitta, M.A.

Learners will be physically present on the **Purple** and **Gold** modules, but also available via pager for all modules.



Sarah Maton, B.S.



Robert "Bobby" Rhodes, M. Div.



Julia Dodd, M.A.



Scott Miller, B.A.

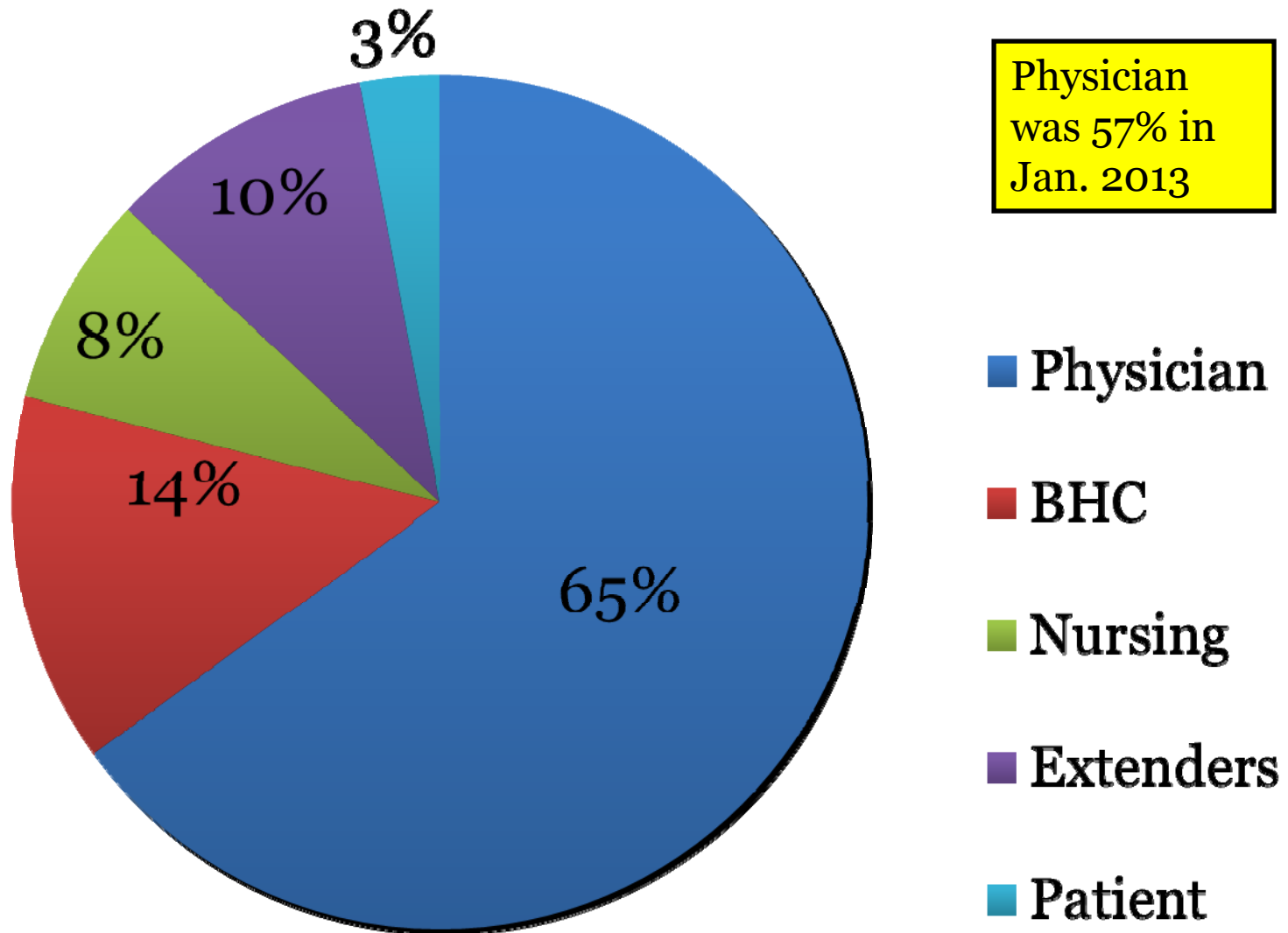


Madeline "Maddy" Todd, BSW

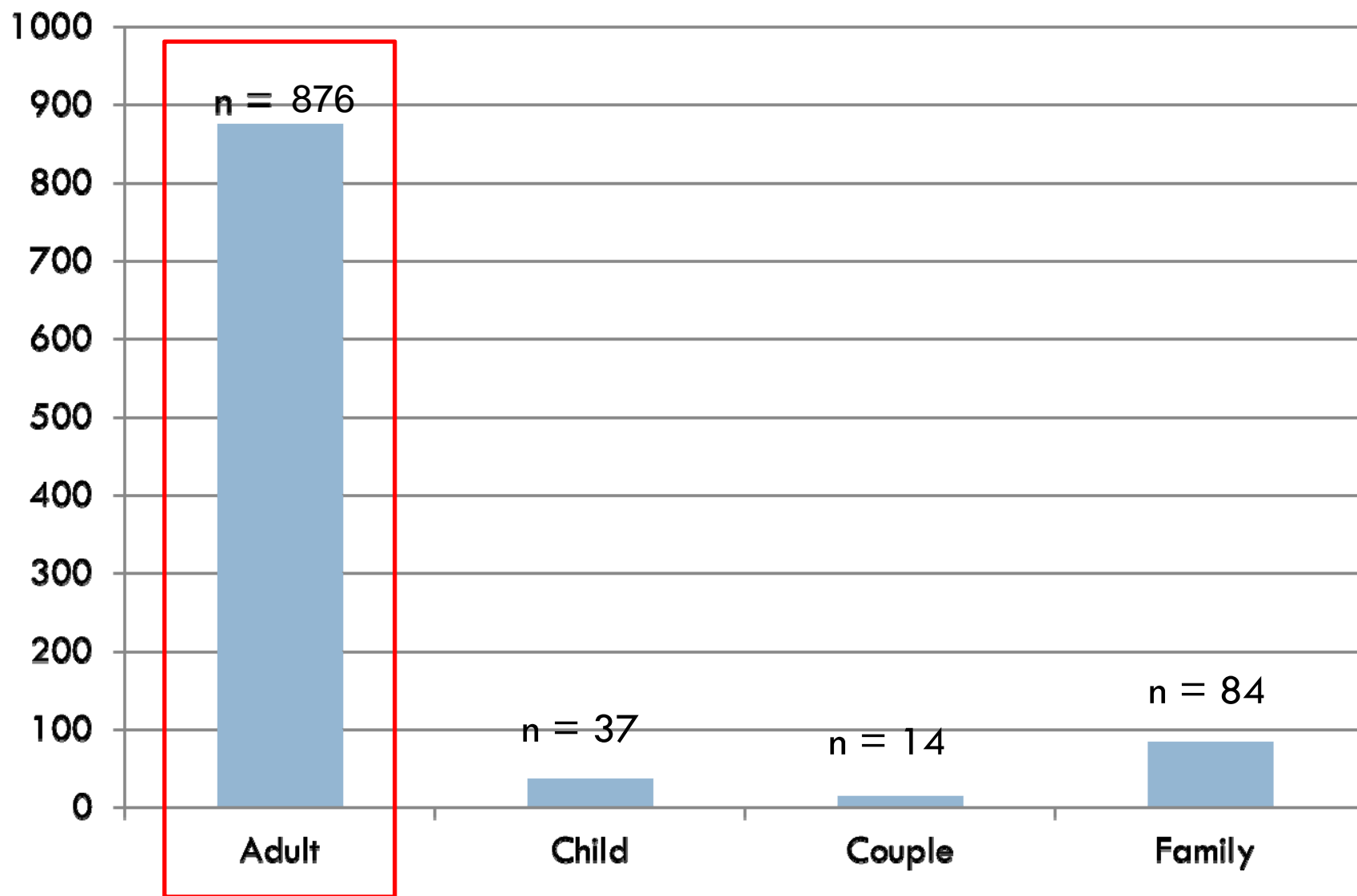
Learners will be physically present on the **Pirate** and **Buccaneer** modules, but also available via pager for all modules.

PAGER # 383-1450

Consult Initiated By



Identified Patient





Chief Patient Concerns

- Medical concerns
 - DM, CVD, pain, obesity, CA
- Behavioral concerns
 - Depression, anxiety, adjustment to new dx, substance use/abuse, treatment adherence, health behaviors, stress-linked physical symptoms

Location and Time of Service

□ LOS:

- ▣ Pt exam room- 93%

□ Bulk of IC/BH services provided:

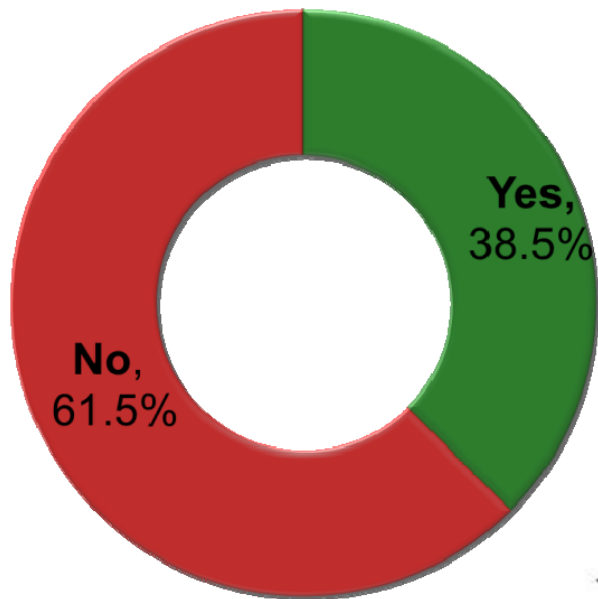
- ▣ Before pt saw PCP- 21%

- ▣ Alongside PCP- 12%

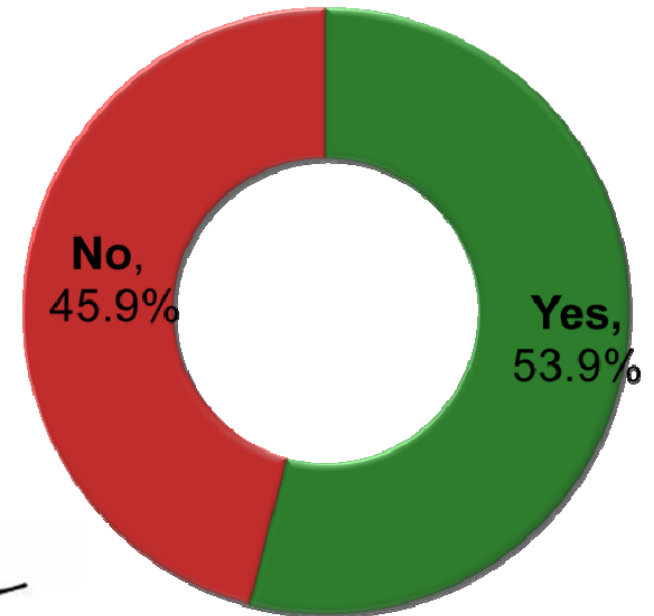
- ▣ **After pt saw PCP- 77%**

Warm Hand-off

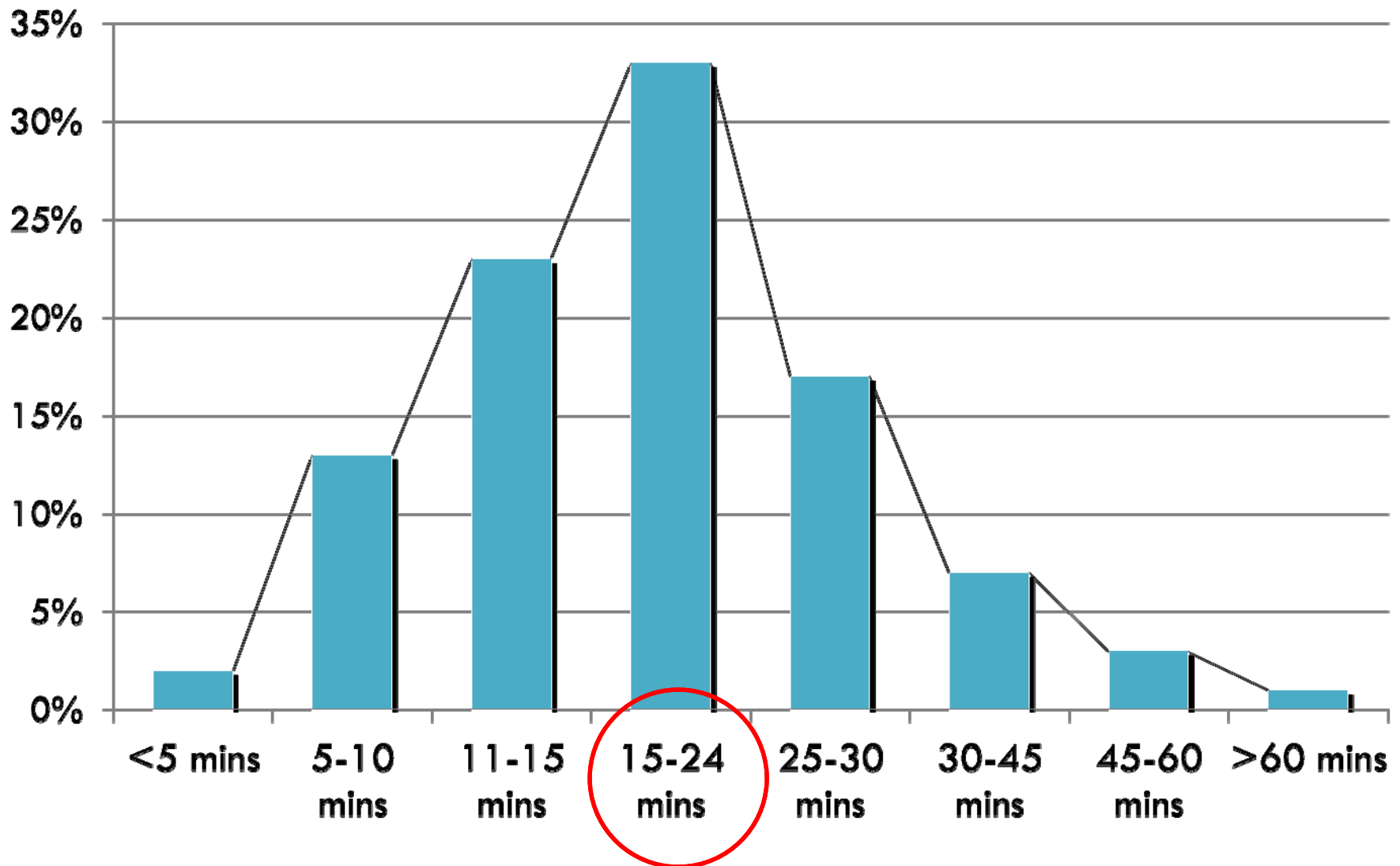
January 2013



April 2014



Duration of Integrated Care Consults





BH in the Primary Care Clinic

- Diagnostic clarifications
- Curbside consultations
- Provide recommendations and assistance with treatment planning
- Assist residents in developing skills related to behavioral health and pt interactions
- Staff and Medical resident support
 - Difficult pts



BH in the Primary Care Visit

- Integrated care consultation visits
 - Introduction and information about BH services
 - Supportive counseling
 - Crisis management
 - Brief behavioral intervention
 - behavioral activation, decisional balance, relaxation training, goal setting, motivational interview strategies, problem-solving, self-monitoring
 - Psychoeducation
 - Brief screening assessments



Brief Screening Measures

- Symptoms of depression
 - (Patient Health Questionnaire/PHQ-9; Geriatric Depression Scale/GDS)
- Symptoms of anxiety
 - (Generalized Anxiety Disorder/GAD-7)
- Symptoms of postpartum depression
 - (Edinburgh Postnatal Depression Scale/EPDS)
- Symptoms of ADHD
 - (Vanderbilt Assessment Scale)
- Cognitive impairment
 - Montreal Cognitive Assessment (MoCA)

Questions? Comments?

Thank you.