BEHAVIORAL HEALTH IN THE PRIMARY CARE
AN INTEGRATED APPROACH

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HOW DO WE MEET THE CHALLENGES OF BEHAVIORAL HEALTH IN SPOKANE?

4 CHALLENGES OF MENTAL HEALTH CARE

Challenge	Solution
Poor access to care	**Improve access** through innovation
Ineffective/untargeted treatment	**Target Treatment** to the individual patient, quickly detect ineffective treatment and alter the course
Mortality gap	**Close the mortality gap** through clinical and public health interventions
Research-practice chasm	**Speed up translation and implementation** of effective care models and evidence based treatments early

INTEGRATED BEHAVIORAL HEALTHCARE

Population-Based Care

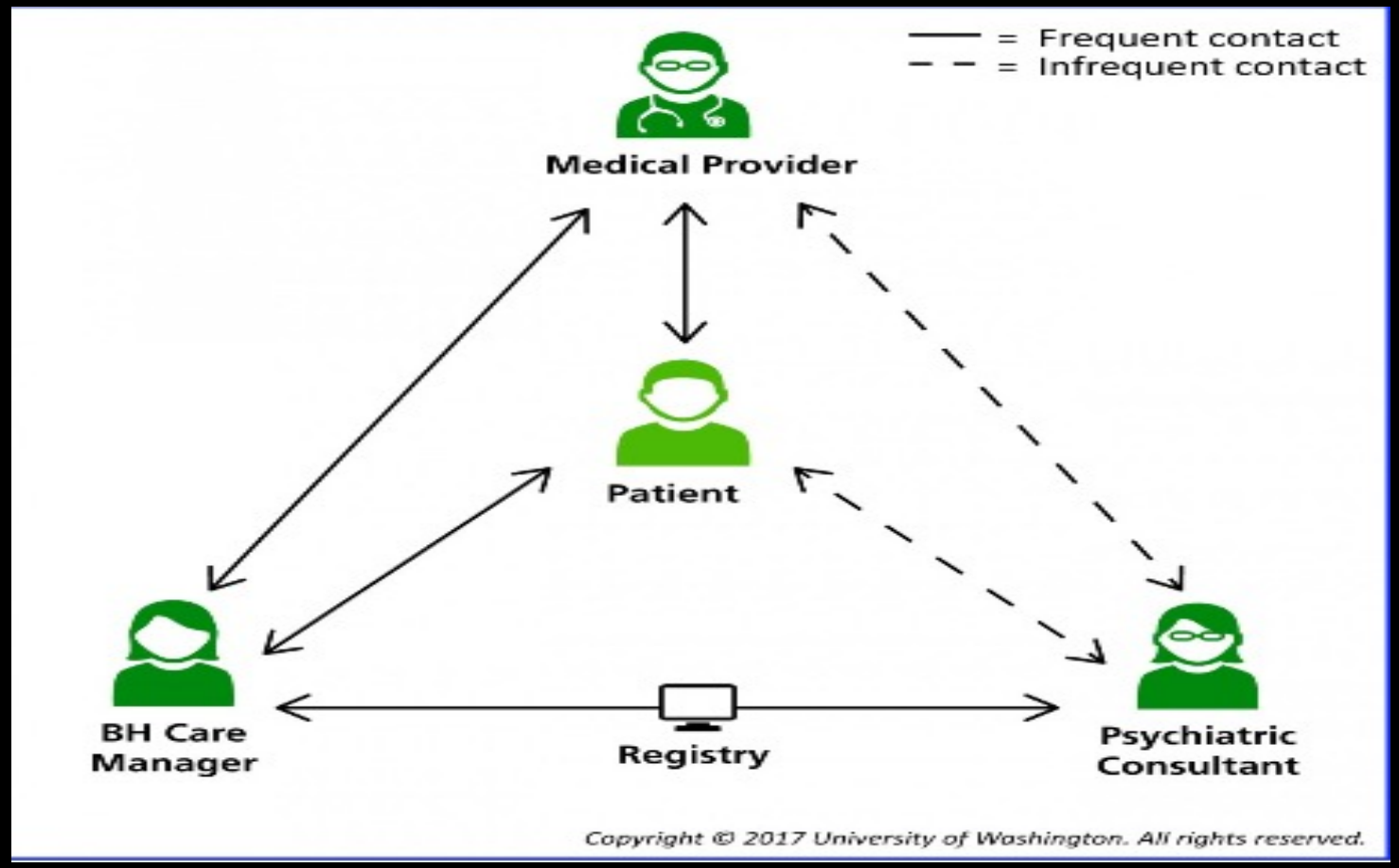
Measurement-Based Treatment to Target

Patient-Centered Collaboration

Evidence-Based Care

Accountable Care

COLLABORATION EQUALS TRANSPARENCY



ACCOUNTABILITY/MONITORING/POPULATION BASED/MEASURING SUCCESS THROUGH REGISTRY

Active Patients

Flags	Patient ID	MRN	Name	Status	PHQ-9		GAD-7		
					First	Last	First	Last	I/A
	02100001	12345	Smith, Bill	T	25	9	14	7	1/23/20
	02100002	525252525	Smith, Annie	T	12	5	10	4	1/23/20
	02100003	2062593	Smith, Blenda	T	11	11	9	9	1/24/20

1 - 3 of 3

TREATMENT SCHEDULING

TYPICAL TREATMENT LENGTH 3 MONTHS TO 1 YEAR

Intake

90 minutes long

Get to know each other.

Patient can test the waters

Counseling Sessions

30-45 minutes
Review of symptoms
Discuss homework and goal setting.
Practice Brief Intervention skills
What is your plan for the upcoming week.
Summary.

Relapse Prevention

Current medications
Effective practice skills
What tells you that you need help.
Things that make you feel better.
Who do you call for help?

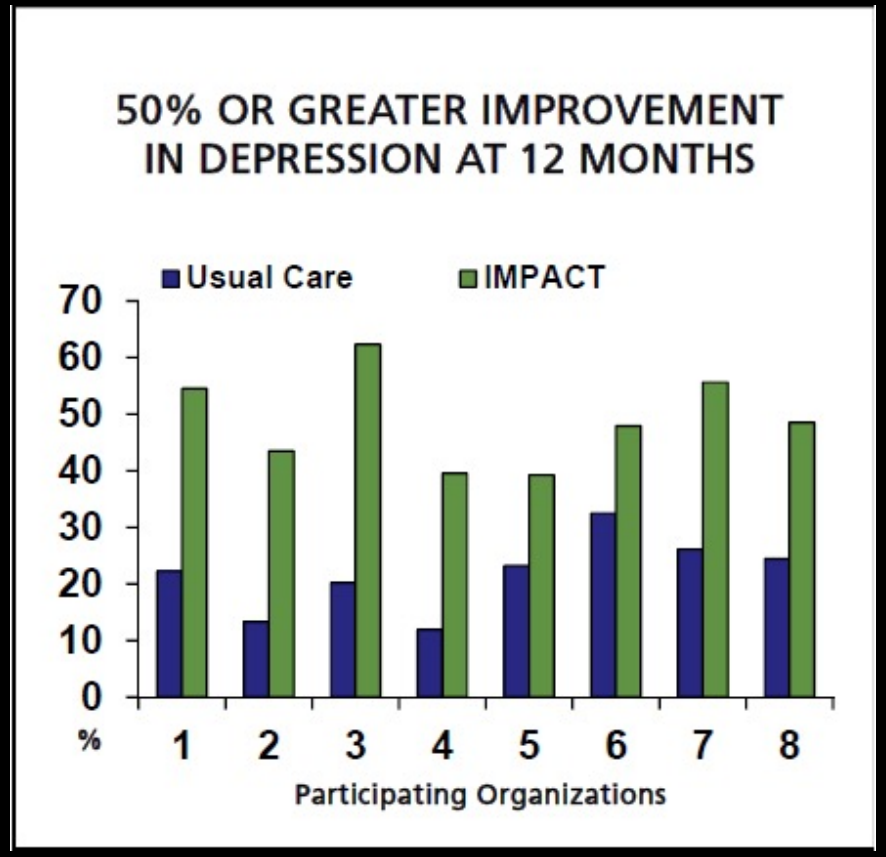
Psychiatric Consultation

Medication Management

Psychotherapy staffing

Risk Assessment

INTEGRATION VERSUS TREATMENT AS USUAL



Annual medical savings of 3365 per patient

Impacts to glucose control, blood pressure, and less emergency room visits.

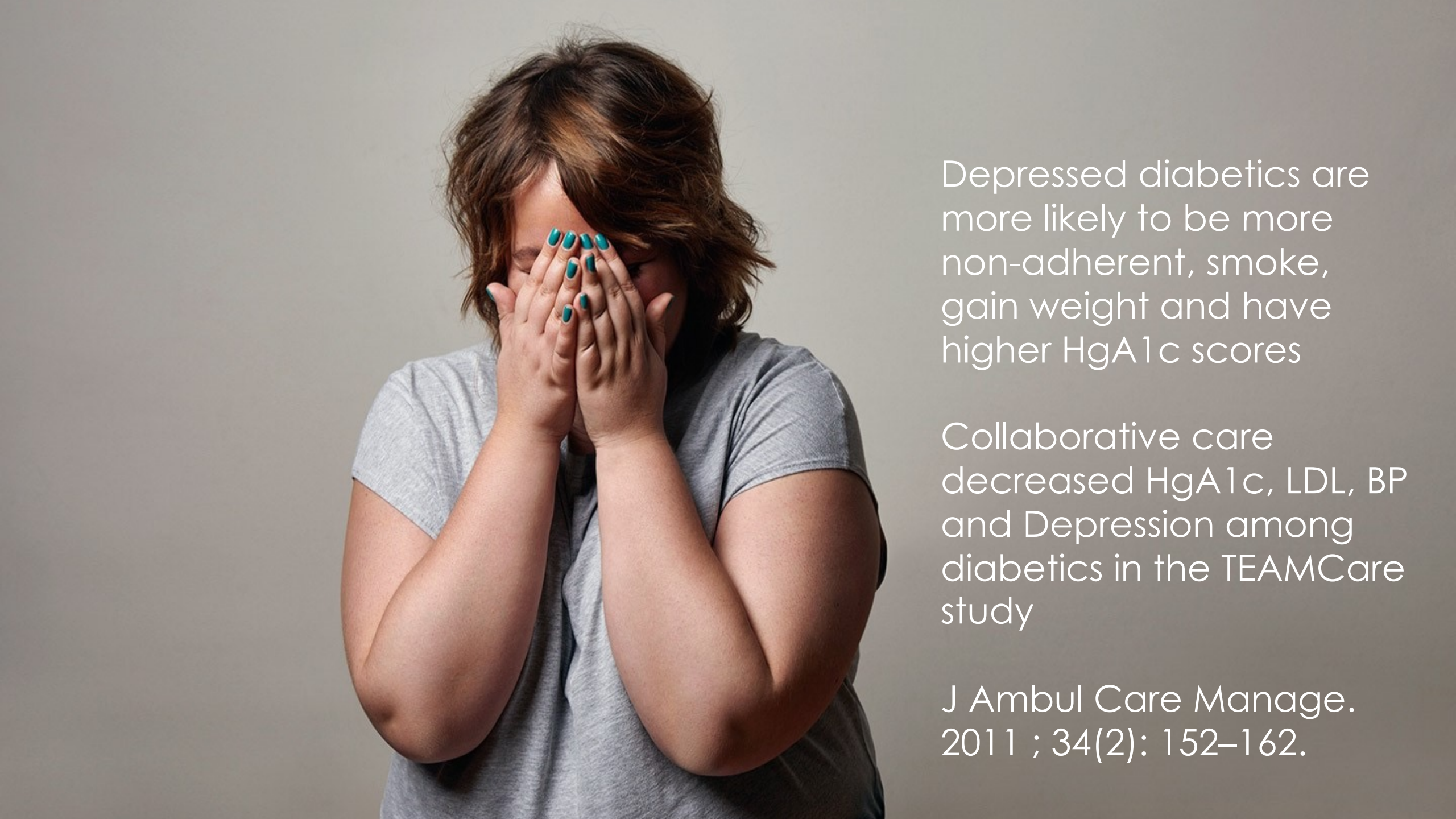
Lowers Stigma

Improving already existing care by Primary Care Providers

University of Wa: AIMS 2017.

WHY IS THIS IMPORTANT?

- Improves physical health
- Lack of resources
- Lowers the stigma
- It's already happening , why not improve the care.
- "50% or greater improvement in Depression over a 12 month period compared to usual care"
- "A savings of 3,365.00 per patient over the year"
- "None patients were more likely to visit the emergency room".
- Direct quotes from Prov Internal Medicine clinic: "I feel like a new person" and "I can't remember feeling this good in a long time".



Depressed diabetics are more likely to be more non-adherent, smoke, gain weight and have higher HgA1c scores

Collaborative care decreased HgA1c, LDL, BP and Depression among diabetics in the TEAMCare study

J Ambul Care Manage. 2011 ; 34(2): 152–162.

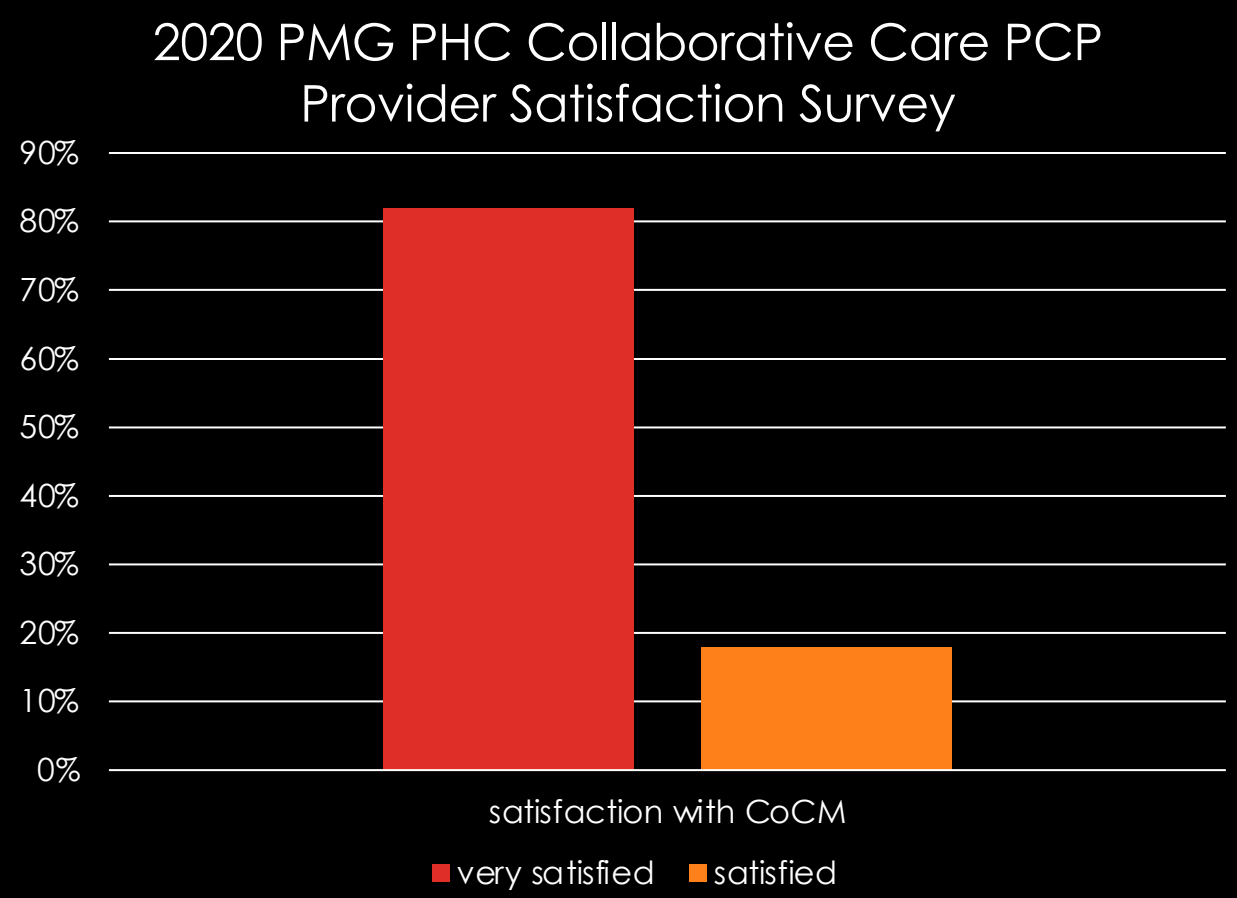
RESULTS

PMG E WA FAMILY MED NORTH	Washington - Montana	17.18%	1.18%	425
PMG E WA FAMILY PHYSICIANS PMP 2100	Washington - Montana	17.74%	3.23%	62
PMG E WA FAMILY PHYSICIANS PMP 3100	Washington - Montana	19.88%	4.45%	337
PMG E WA IM PMP	Washington - Montana	30.73%	8.38%	179
PMG E WA INDIAN TRAIL FAM MED	Washington - Montana	16.97%	1.38%	218
PMG E WA INT MED STE 200	Washington - Montana	30.97%	5.51%	381
PMG E WA INTERNAL MEDICINE NORTH	Washington - Montana	2.50%	0.00%	40
PMG E WA MED HOME NORTH PINES	Washington - Montana	29.11%	5.19%	347
PMG E WA NEWMG CHEWELAH CLINIC	Washington - Montana	23.86%	7.95%	176
PMG E WA NEWMG COLVILLE CLINIC	Washington - Montana	15.95%	8.31%	
PMG E WA NEWMG KETTLE FALLS CLINIC	Washington - Montana	23.53%	5.88%	
PMG E WA NORTHPOINTE	Washington - Montana	20.89%	0.89%	
PMG E WA PRIMARY CARE KENDALL YD	Washington - Montana	20.21%	6.27%	
PMG E WA PRIMARY CARE SOUTH	Washington - Montana	16.84%	2.04%	392
PMG E WA RESIDENCY FAM MED	Washington - Montana	19.41%	4.31%	371
PMG E WA RESIDENCY INT MED	Washington - Montana	15.22%	3.11%	289

Loc Zip Region:
PCP Clinic:
Patients 12 Mo

Those circled in red do not have Behavioral Health

The depression response rates (diagnosis of depression plus PHQ >10 with 50% response on PHQ) in clinics with IBH are double those for clinics without IBH.



"Collaborative care is the best thing that has happened to me in my job."

"I would quit if we did not have collaborative care at my clinic."

DAY IN THE LIFE OF A CARE MANAGER

- Pull up EPIC and review daily schedule
- Get out patient folders I have prepared for today
- Notes about what things I want to work on with patient today,
- ACT SKILLS, Planning, goal setting, additional screening, LEVEL II or indirect recommendations
- Bring first patient back to my office and quickly review their PHQ9/GAD7 30/45 FU appointments
- We will then review:
- What happened since we last met (which can evolve into planning/goal setting)
- Sleep
- Medications
- Current session: I check my notes to see what to work on(see what pt. wants to address)
- Listen, practice tools in session if appropriate
- Teach new skills, patient education about how our thoughts work
- I almost always have a hand out of some sort to send home with the patient.
- Escort pt to waiting room for them to check out and reschedule if needed
- Then I bring back the next patient or try to get the case note completed before I see the next patient. I always send a short note to PCP as part of my "signing" of a Progress note.
- Then there's always email to check, Staff messages and Charts to review if needed from providers or CC psych. Teams messages from other staff. . Letters to patients to get sent out if they have no showed for enough times, providers to contact with patients who fail to follow through with referrals ……. Prepare for CC psych consults.

THE PANDEMIC: RESPONDING TO A BOTTLE NECK: TIME TO BE FLEXIBLE

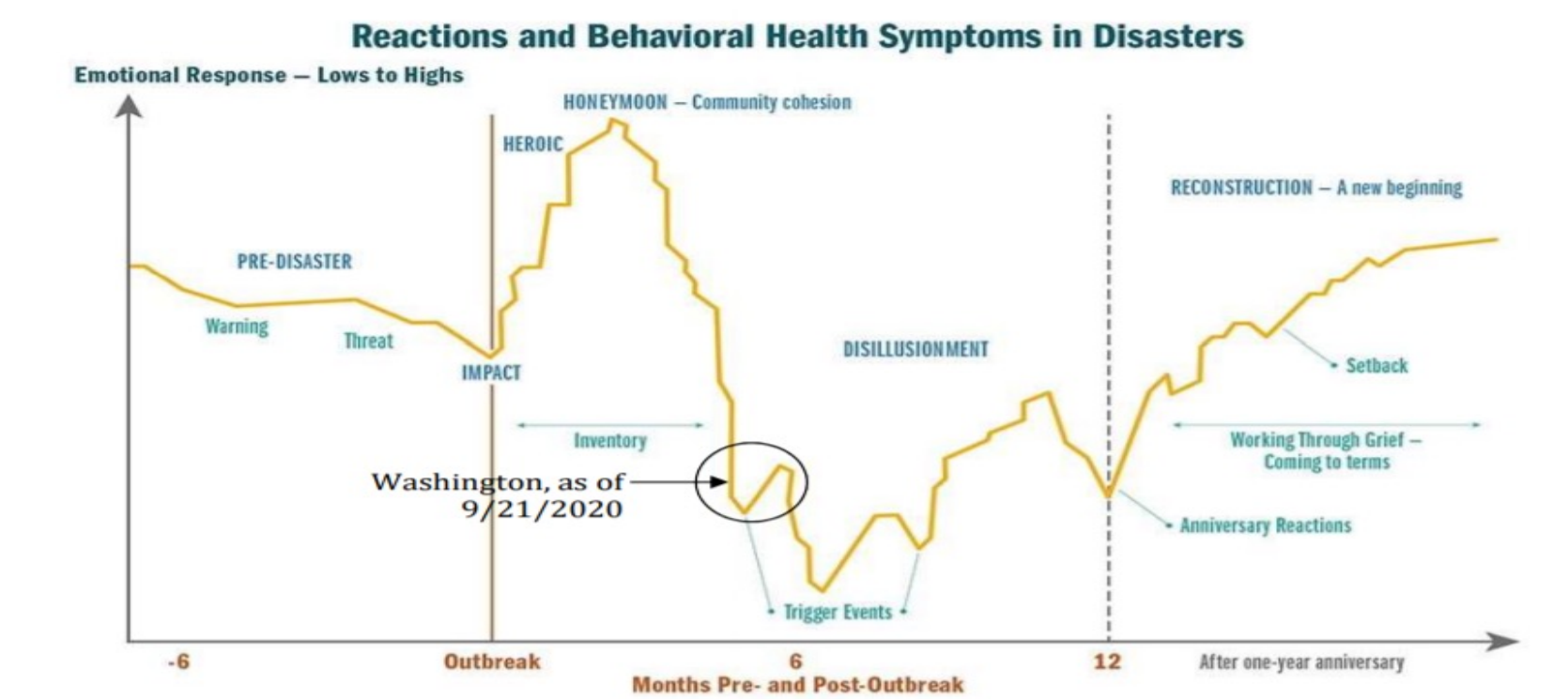


Figure 1: Phases of reactions and behavioral health symptoms in disasters. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) [7]

BEHAVIORAL HEALTH IMPACT

- Prevalence of depression symptoms in the US has increased more than 3-fold during the COVID-19 pandemic (from 8.5% to 27.8%)[1]

- 41% reported at least one adverse behavioral health symptom related to the pandemic[2]:
  - 75% aged 18-24
  - 66% who hold less than a high school diploma
  - 54% essential workers
  - 52% aged 25-44
  - 52% Hispanic ethnicity

- One in ten adults reported having seriously considered suicide in the past 30 days[2]:
  - 26% aged 18–24 years
  - 22% essential workers
  - 19% Hispanic respondents
  - 15% Black respondents

1. JAMA, September 2020
2. CDC, Morbidity & Mortality Report, August 2020

PROGRAM DEVELOPMENT
ACADEMIC TO AMBULATORY

Provider Champions will be critical as we build up our ambulatory behavioral health component

The AMA is committed to accessible and equitable treatment for behavioral, mental and physical health needs, and the BHI Collaborative will provide physicians with a proven playbook for implementing a holistic approach to physical, mental and behavioral health to meet the needs of all patients."
To guide physicians through the barriers to successful behavioral and mental health integration, the BHI Collaborative is building an online compendium that will offer the collective resources of eight national physician organizations.
FierceHealth.com by Heather Landi | Oct 13, 2020

PROGRAM CHANGES

- Psychiatric Advanced Nurse PR actioners providing indirect consultation to primary care providers
- Psychologists Support to Behavioral health at PMG
- Psychologists to meet weekly with newly hired LICSWs to provide patient registry support, brief treatment skill development, and consultation training.
- Psychologists to meet monthly for one hour with entire LICSW team to complete case staffing and teach brief skill based psychotherapy in the primary care.
- Level 2 therapy clinic for stepped up care for the collaborative care patients (Trauma Based Care).

CENTRALIZED CARE COORDINATION AND REFERRALS FOR SYSTEM OF CARE

- Social workers could contribute by supporting patients by improving there social determinants of health.
- This could be one or two full time MSW or BSW for the entire service area.
- PCPs and LICSWs could refer to these providers who would follow-up with patients to provide advocacy, resource allocation, insurance connection, benefits clarification, and social connections.

Quartet

Am currently working with PMG to pilot a Primary Care referral service to connect patients to community behavioral health in three clinics. Stacey is asking for volunteer practice man in PMGs.

FINANCIAL VIABILITY

2019 Behavioral Health Services by Type of Services Provided by Group

	BHI (Psychotherapy) Only	Both BHI & CoCM	CoCM (Collaborative Care) Only
# Individual Patients	441	403	305
# Services Billed	1565	3230	1267
Average # Billed Services Per Patient	3.5	8.0	4.2
Highest # Services Billed Per Patient	29	60	23
Average Charge Per Patient	$811	$1,975	$1,237

THE FUTURE
FEE FOR SERVICE VS VALUE BASED
"FLEXIBLE AND ADJUSTABLE"

Outside of Case Load clinic support

1. Staff mindfulness training that decreases burnout, compassion fatigue, and can increase productivity
2. Primary Care Suicide Assessment training to decrease ER visits and find less restrictive alternatives
3. Outreach to patients outside of program to provide risk assessment CoVid support
4. I assisted with assessment of risk and planning safety with the family and put together and provided a resource packet. This was 90 minutes blocked from schedule.
5. I had a PCP request assistance with 13 y/o that had a SA within the past month. She has a therapist and family is requesting support to access a higher level of care. Provided follow up calls to mother, community agencies, coordination with PCP.
6. Working with PCPs to establish rapport with patients lacking emotional distress tolerance.
7. Patient increased medical visit attendance by seeing LICSW in between.

Historically, for behavioral health outpatient care, everyone gets on the one escalator that leads to a face-to-face visit regardless of level of need

Rethinking Behavioral Health: Chronic Care Model

Other conditions like diabetes and hypertension have well-developed chronic care models

- Care and resources match the level of acuity

Focus on:

- Early intervention/screening
- Access to care
- Treatment outcomes

Behavioral health hasn't had this well-developed continuum of care

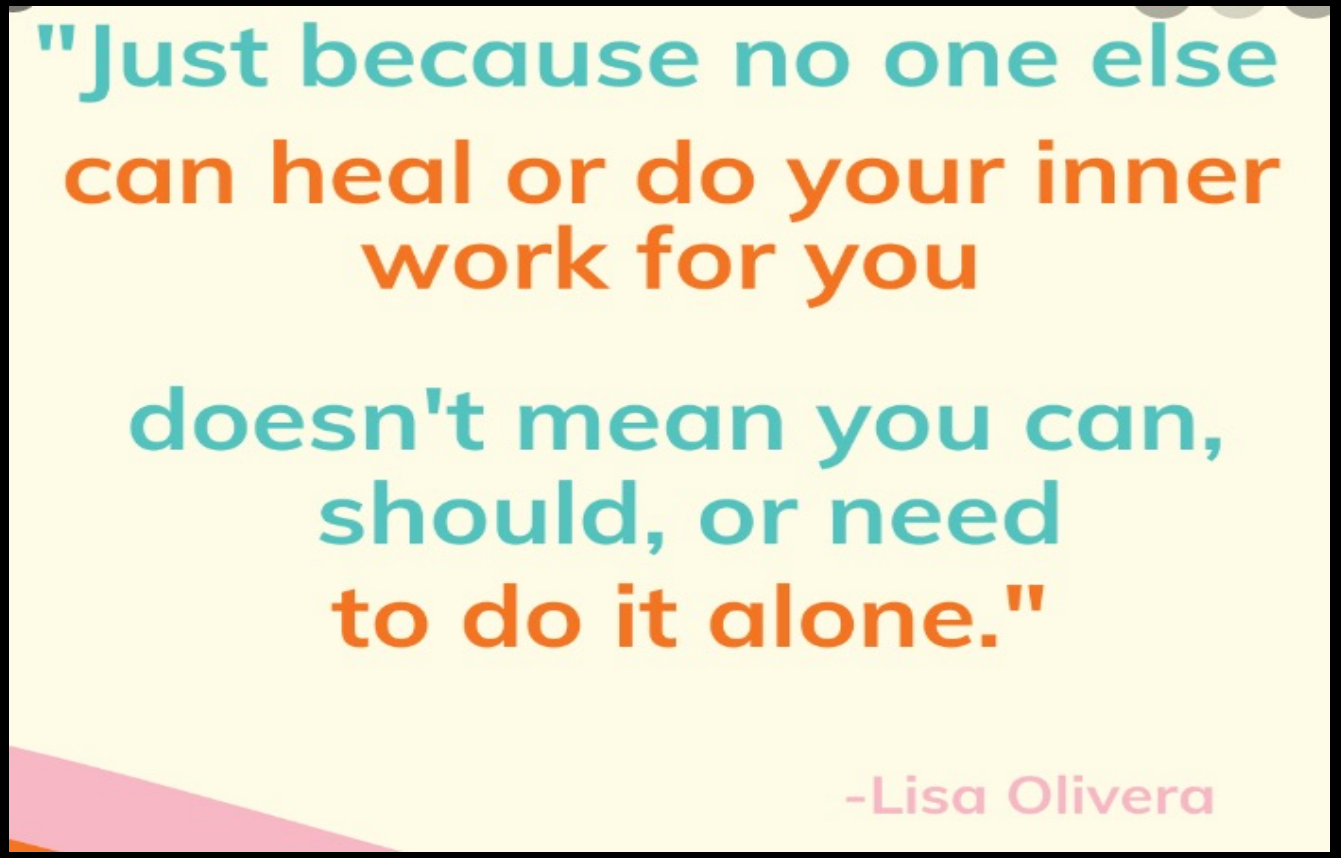
- Limited traditional options: medication, talk therapy, and inpatient/residential treatment

Results in poor access to care

MULTI-LAYER CLINICS

- Primary Care: Silver Cloud and Care Coordination
- Level I: Integrated Behavioral Health
- Level II: Specialty Care for Trauma
- Team Based Care: In the moment Care with Small Case Load. No more than three after care visits.
- Referral Management Through TBC and Interns.
- Tier II therapy through Psychologists
- Ambulatory Indirect Psychiatric Consultation and Direct Psych Care.

QUESTIONS


"Just because no one else
can heal or do your inner
work for you
doesn't mean you can,
should, or need
to do it alone."
-Lisa Olivera