

## Integrated Care, Serious Mental Illness, and Psychotropic Medication

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### Objectives

- Understand the concept of integrated care
- Identify the criteria for serious mental illnesses
- Recognize particular benefits and risks in the prescribing of psychotropic medications

### Defining Behavioral Health

Behavioral Health is an umbrella term for care that addresses any behavioral problems impacting health, **including mental health and substance abuse 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.

Source: Peck, C. J., National Integration Academy Council. (2013). Lessons for Behavioral Health and Primary Care Integration: Concepts and Definitions. Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No. 13-0001-EP*.

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### Variables re: behavioral health in primary care

- Emergent
- Illness/Behavior
- Urgent
- Severity
- Routine/Chronic Disease Management\*
- Supports

### Definition of Serious Mental Illness

- FEDERAL- “a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment.”
- State-by-state
- Programmatic-
- Insurance-

### Major Categories:

- Neurodevelopmental Disorders
- Trauma and Stressor Related Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Dissociative Disorders
- Bipolar and Related Disorders
- Somatic Symptom and Related Disorders
- Depressive Disorders
- Feeding and Eating Disorders
- Anxiety Disorders
- Sleep-Wake Disorders
- Obsessive Compulsive and Related Disorders
- Sexual Dysfunctions
- Personality Disorders
- Gender Dysphoria
- Neurocognitive Disorders
- Disruptive, Impulse Control, and Conduct Disorders
- Addictions and Related Disorders



### Despite the tagline

- Though this talk includes discussion on psychotropic prescribing, it is VERY important to note that:
- There are other therapies for psychiatric disorders besides, or in addition to psychopharmacology

### Why is this an issue?

- **67% of individuals with a behavioral health disorder** do not get behavioral health treatment<sup>1</sup>
- **30-50% of referrals** to behavioral health from primary care don't make first apt<sup>2,3</sup>
- Two-thirds of primary care physicians reported **not being able to access** outpatient behavioral health for their patients<sup>4</sup> due to:
  - Shortages of mental health care providers
  - Health plan barriers
  - Lack of coverage or inadequate coverage
- **Depression goes undetected** in >50% of primary care patients<sup>5</sup>
- **Only 20-40% of patients improve** substantially in 6 months without specialty assistance<sup>6</sup>

Sources: <sup>1</sup>Kessler et al., NEJM, 2001;312:111-21. <sup>2</sup>Tucker & Ramona, Arch Intern Med, 1997;127:124-131. <sup>3</sup>Wegge et al., JAMA, 2006;295:1023-1032. <sup>4</sup>Cunningham, Health Affairs, 2009; 1:e490-w501. <sup>5</sup>Mitchell et al. Lancet, 2009; 374:609-619. <sup>6</sup>Schulberg et al. Arch Gen Psych, 1996; 53:913-919

### Study reviewing Health Risk data and cardiac disease

- Tobacco use
  - Hypertension
  - Obesity
  - Elevated cholesterol
  - High blood glucose
  - Sedentary lifestyle
  - Stress
  - Depression
  - Excessive use of alcohol
- #1 ?
- #2 ?

J Occup Environ Med 2001, May;43(3):201.

### Impact

- **Individuals with Serious Mental Illness, on average:**
- Die decades earlier than the general population
- Have more medical illnesses associated with their behavioral health disorders
- Receive less effective care

### So, what are our options?

- 1) Business as usual...
- 2) Screening
- 3) Consultation
- 4) Co-location
- 5) Collaboration

### To Fractionate, or Not to Fractionate: That is the Question



### Integrated Care

Care which is provided:

- Systemically
- to address general and behavioral health care
- in a coordinated fashion.

### Integration: An Evolving Relationship

**Consultative Model**  
 • Psychiatric provider sees patients in consultation in his/her office – away from primary care

**Co-located Model**  
 • Psychiatric provider sees patients in primary care

**Collaborative Model**  
 • Psychiatric provider gives caseload consultation about primary care patients; works closely with primary care providers (PCPs) and other primary care-based behavioral health providers (BHP)

14 Source: <http://uwains.org>

### Collaborative Care

Collaborative care *optimizes* all behavioral health resources

**Collaborative Team Approach**

15 Source: <http://uwains.org>

### Patient-Centered Medical Home

A PCMH is not a PCMH without Behavioral Health

Core Principles of **Effective** Collaborative Care

**Patient-Centered Care Teams**  
 • team-based care: effective collaboration between PCPs and Behavioral Health Providers.  
 • Nurses, social workers, psychologists, psychiatrists, licensed counselors, pharmacists, and medical assistants can all play an important role.

**Population-Based Care**  
 • Behavioral health patients tracked in a registry: no one 'falls through the cracks'.

**Measurement-Based "Treat to Target"**  
 • Measurable treatment goals clearly defined and tracked for each patient.  
 • Treatments are actively changed until the clinical goals are achieved – "treat to target".

**Evidence-Based Care**  
 • Treatments used are 'evidence-based'.  
 • Pharmacology, brief psychotherapeutic interventions, models.

16 Source: <http://uwains.org>

### Disciplines-(examples)not all-inclusive...

- Nurses
- APRNs
- Social Workers
- LACs
- Physicians
- PA-Cs
- OT
- PT

### What type of individual does it take for this type of model to be successful?

### Following the Practitioner's advice

- When are people ready to take providers' recommendations?



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

### Modifiable Health Risk Behaviors

- Low physical Activity
- Poor nutrition
- Excessive alcohol use
- Sleep
- Tobacco use



**TABLE 6. STAGES-OF-CHANGE CHARACTERISTICS AND STRATEGIES**

STAGE	CHARACTERISTICS	STRATEGIES
<b>Precontemplation</b>	The person is not even considering changing. They may be "in denial" about their health problem, or not consider it serious. They may have tried unsuccessfully to change so many times that they have given up.	Educate on risks versus benefits and positive outcomes related to change
<b>Contemplation</b>	The person is ambivalent about changing. During this stage, the person weighs benefits versus costs or barriers (e.g., time, expense, bother, fear).	Identify barriers and misconceptions Address concerns Identify support systems
<b>Preparation</b>	The person is prepared to experiment with small changes.	Develop realistic goals and timeline for change Provide positive reinforcement
<b>Action</b>	The person takes definitive action to change behavior.	Provide positive reinforcement
<b>Maintenance and Relapse Prevention</b>	The person strives to maintain the new behavior over the long term.	Provide encouragement and support

Source: Zimmerman et al., 2000; Tabor and Lopez, 2004

### Ways in which we assist in health behavior change

- **MOTIVATIONAL INTERVIEWING:**
- It is based on 4 core principles:
- Express empathy (i.e, lecturing/shame doesn't work...)
- Develop discrepancy (between current and desired behavior-change takes time)
- Roll with resistance (everyone is ambivalent)
- Support self-efficacy (individual autonomy)

### Question:

• According to *Psychiatric Services* (2009), roughly \_\_\_\_% of psychotropic medications prescribed by physicians are prescribed by non-psychiatrists.

- 35%
- 50%
- 65%
- 80%

### Ballpark....

# of psychotropics frequently seen in primary care:

- Antidepressants: 15
  - Mood stabilizers: 7
  - Antipsychotics: 12
  - ADHD meds: 10
  - Alzheimer's meds: 4
  - Sleep meds: 5
  - Anti-anxiety meds: 7
- 60



### Again, risks and benefits...

- Shared decision-making
- Non-medication therapies
- For depression, anti-depressants are most effective for moderate/severe symptoms (vs. mild).
  - Watch for bipolar diathesis
  - Black box up to age 25...
- For anxiety disorders, while short-term benzodiazepine use *might* be appropriate, antidepressants are actually the medication of choice
- With use of antipsychotic medications, metabolic syndrome and movement disorder monitoring is recommended.
  - In dementia, black box warning

### We couldn't possibly....

- Fill in the blank \_\_\_\_\_

### SBIRT

- **SBIRT CONSISTS OF THREE MAJOR COMPONENTS:**
- **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting
- **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

<http://www.integration.samhsa.gov/clinical-practice/SBIRT>

### Screening Tools

Find one you are comfortable with, such as:

PHQ-2/9 Symptom Checklist

GAD-7

Mood Disorder Questionnaire

AIMS

- Reporting and collaboration (NOMs/PQRS/NCQA)
- Many of the must-pass elements are behavioral health:

- Practice Team (Team-Based Care)
- Use Data for Population Management
- Care Planning and Self-Care Support
- Referral Tracking and Follow-up
- Implement Continuous Quality Improvement

#### Point of Care Guide

#### Screening Tests for Depression, Alcohol Problems, and Domestic Violence

##### Screening for depression:

During the past month:

- Have you often been bothered by feeling down, depressed, or hopeless?  Yes  No
- Have you often been bothered by little interest or pleasure in doing things?  Yes  No

##### Screening for alcohol use disorder:

For men: When was the last time you had more than five drinks in one day?

- Never  In the past three months  Over three months ago

For women: When was the last time you had more than four drinks in one day?

- Never  In the past three months  Over three months ago

##### Screening for intimate partner violence:

Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?  Yes  No

Do you feel safe in your current relationship?  Yes  No

Is there a partner from a previous relationship who is making you feel unsafe now?  Yes  No

##### Interpretation\*:

- Positive screen for depression is answering "Yes" to either question.
- Positive screen for alcohol use disorder is answering "In the past three months."
- Positive screen for intimate partner violence is answering "Yes" to any of the three questions.

\*-Interpretations should not be included on the screening form. They should be memorized by the physician.

Eheli M. *Am Fam Physician*. 2004;May 15;69(10):2421-2422.

### Telemedicine



- Setting
- Equipment
- Credentialing
- Services
- Payment

## Data and communication

- HIPAA
- 42 CFR(2)




## Same Day Services:

- Mental health care services (which, under the Medicare Program, includes treatment for substance use disorder);
- Alcohol and/or substance (other than tobacco) abuse structured assessment, and intervention services (SBIRT services) billed under HCPCS codes G0396 and G0397; and
- Primary health care services.
- Medicare Part B pays for reasonable and necessary integrated health care services when they are furnished on the same day, to the same patient, by the same professional or a different professional. This is regardless of whether the professionals are in the same or different locations.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf>

## Resources

A QUICK START GUIDE TO BEHAVIORAL HEALTH INTEGRATION FOR SAFETY-NET PRIMARY CARE PROVIDERS




**IMPACT** Evidence-based depression care

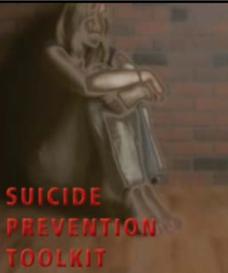
**AIMS CENTER** University of Washington Institute for Health Systems Research and Analysis

Please visit the AIMS Center website for up to date information on other evidence-based Collaborative Care programs and new implementation resources

AIMS.UW.EDU

## Recognizing and Responding to Suicide Risk in Primary Care

Information Brochure



**SUICIDE PREVENTION TOOLKIT**

for RURAL PRIMARY CARE PRACTICES

<http://www.sprc.org/providers/primary-care-tool-kit>

**AIMRC** Agency for Healthcare Research and Quality

**The Academy** Integrating Behavioral Health and Primary Care

Welcome to the Academy

## So, what just happened?

- We discussed psychiatric needs in a primary care setting
- Health issues of those with serious mental illnesses
- Why it might be beneficial for treatment to occur within a primary care setting (and, when it might not)
- What models of care might be useful

