Current and Future Models of Integrated Care

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Objectives

• After completing this session, the participant/learner will be able to...

1) Understand the concept of integrated care

2) Identify current models of integrated care being utilized in the region

3) Identify models of integrated care that may be utilized in the region in the future.

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.

Major Categories:

• Neurodevelopmental Disorders
• Schizophrenia Spectrum and Other Psychotic Disorders
• Bipolar and Related Disorders
• Depressive Disorders
• Anxiety Disorders
• Obsessive Compulsive and Related Disorders
• Personality Disorders
• Neurocognitive Disorders
• Addictions and Related Disorders

• Trauma and Stressor Related Disorders
• Dissociative Disorders
• Somatic Symptom and Related Disorders
• Feeding and Eating Disorders
• Sleep-Wake Disorders
• Sexual Dysfunctions
• Gender Dysphoria
• Disruptive, Impulse Control, and Conduct Disorders
• Paraphilic Disorders

Why is this an issue?

• 67% of individuals with a behavioral health disorder do not get behavioral health treatment
• 30-50% of referrals to behavioral health from primary care don’t make first appt
• Two-thirds of primary care physicians reported not being able to access outpatient behavioral health for their patients 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
• Only 20-40% of patients improve substantially in 6 months without specialty assistance

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
Modifiable Health Risk Behaviors

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

Assisting 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)

Variables re: behavioral health in primary care

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

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
So, what are our options?

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

What is “Integrated Care?”

- “the systematic coordination of general and behavioral healthcare.”

Many of Integrated Care Models - However...

- Behavioral Health in Primary Care. (By far far the most common)
- Primary Care in Mental Health
- Primary Care in Behavioral Health

State Examples

- California: The Integrated Behavioral Health Project (IBHP)
- The Massachusetts Child Psychiatry Access Project (MCPAP)
- DIAMOND (Depression Improvement Across Minnesota Offering a New Direction)
- Missouri: Community Mental Health Case Management (CMHCM)
- ICARE Partnership North Carolina Project
- Tennessee: Cherokee Health Systems Model
- Vermont Blueprint for Health
- Washington IMPACT program

Integration: An Evolving Relationship

Consultative Model
- Psychiatrists sees patients in consultation in his/her office - away from primary care

Co-located Model
- Psychiatrist sees patients in primary care

Collaborative Model
- Psychiatrist provides caseload consultation about primary care patients; works closely with primary care providers (PCPs) and other primary care-based behavioral health providers (BHP)
Patient-Centered Medical Home (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’.
- 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 are evidence-based.
- Pharmacology, brief psychotherapeutic interventions, models.

Pharmacology, brief psychotherapeutic interventions, models.

Effectiveness
- Increases effectiveness and monitoring care often depends on finding the right level of care often depends on monitoring outcomes.

Patient is required.

Pharmacology, brief psychotherapeutic interventions, models.

Self-Management
- Uses limited resources to their greatest effect on a population basis.
- Different people require different levels of care.
- Finding the right level of care often depends on monitoring outcomes.
- Increases effectiveness and lowers costs overall.

Stepped Care Approach

PCP

Consulting Psychiatrist

BHP/Care Manager

Other Behavioral Health Providers

Substance Treatment, Vocational Rehabilitation, CHHC, Other Community Resources

Additional Clinic Resources

Outside Resources

Self-Management

1st Care + BHP

Psychiatric Consultation

1st Inpatient

Psychiatric Inpatient to BHP specialty short term to BHP specialty long term to

Essential Duties and Responsibilities:
- Essential Duties and Responsibilities:
  - Provides regularly scheduled consultation to participating primary care practices. Consultations will more primarily on patients who are new to behavioral health treatment of who are not improving as expected.
  - Provides ongoing consultation to primary care physicians (PCPs) as requested. Response time should be within 24 hours for low priority calls and 2-4 hours for urgent calls, if possible, within normal working hours.
  - Work with participating practices to track and oversee patient outcomes using an integrated health management model.
  - Suggest treatment plan changes including medication recommendations for patients.
  - Discuss patients who may need referral for additional behavioral health care and advise on treatment plans during the transition period to ensure continuity of care.
  - Utilize electronic medical record (EMR) of the primary care practices to document patient information, referrals or other relevant information as required.
  - Adhere to all compliance procedures relevant to protected health information (PHI) and HIPAA regulations.
  - Communicate closely to PCPs, care coordinators, or other designated contacts for the practices regarding limitations of consultation and treatment recommendations, if relevant.
  - Adhere to all compliance procedures relevant to protected health information (PHI) and HIPAA regulations.
  - Urban e-mail should be responded to as soon as possible.
  - Participants in weekly, monthly, or quarterly consult meetings as assigned.
  - Provides on-site time at each participating practice at least monthly. On-site work may include meeting PCPs, care coordinators, or other designated staff, discussing procedures and coordinating services, providing education, case presentation, and in-person evaluation of patients.
  - Participate in and/or provide training related to this position.
Caseload Review

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https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data

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

We couldn’t possibly...
• Fill in the blank ________________

Disciplines (examples) not all-inclusive...
• RNs
• LPNs
• APRNs
• Social Workers
• Therapists
• Psychologists
• LACs
• Physicians
• PA-Cs
• OTs
• PTs

SBIRT (screening, brief intervention, referral to treatment)

• 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

Screening Tools

Find one you are comfortable with, such as:
• (for substance use/SBIRT): AUDIT, MAST, CAGE-AID, ASSIST
• 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 Mgt.
  - Care Planning and Self-Care Support
  - Referral Tracking and Follow-up
  - Implement Continuous Quality Improvement

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So, all parties must be flexible

• Who is usually the Behavioral Health Care Manager?
  MSW, LCSW, MA, RN
• If also a behavioral health provider, can be PhD, PsyD, LAC, etc..
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 “Yes” to any of the three questions.
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.

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.

[link to CMS website]

What is the Future Looking Like?

Telemedicine

- Setting
- Equipment
- Credentialing
- Services
- Payment

Telemedicine and Collaborative Care

CoCM

Virtual Visit

Case-based Learning

for PCPs

Patient Guided

CoCM

Virtual Visit

Offsite

Didactic each
time

Curriculum

Coaching

Outreach Coordinator

Support Team

Telematics

Text messaging

Remote monitoring

Apps – BA, reminders, fitness

Online CBT

Pediatric
Assess
Lines (PALs)

With thanks to Lori Raney, MD and Health Management Associates

Popular Model

Project ECHO: A Revolution in Medical Education and Care Delivery

ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.

People need access to specialty care for their complex health conditions.

ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.

Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.
Mental Health Start-Up Companies

- Is there an app for that?

- 6 months ago: around 250
- As of this week, 353

Will this

- Increase demand in your office by increasing awareness?
- Reduce demand by allowing other access from other treatment providers?
- Complicate care due to lack of information sharing, or lack of evidence-based treatment?

Data and communication

- HIPAA
- 42 CFR(2)

Resources

- http://www.sprc.org/for-providers/primary-care-toolkit

Questions, thoughts?