Integrated Care, Serious Mental Illness, and Psychotropic Medication

Andrew J. McLean, MD, MPH
Medical Director, ND DHS
Chair, Psychiatry and Behavioral Science, UNDSMH
ajmclean@nd.gov

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.

Variables re: behavioral health in primary care

- Emergent
- Urgent
- Routine/Chronic Disease Management*
- Severity
- Illness/Behavior
- 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 mood disorder, and other mental disorders that cause serious impairment.”

- State-by-state
- Programmatic-
- Insurance-

Major Categories:

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

• 10-50% 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

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)

Collaborative Care

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.

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?

Modifiable Health Risk Behaviors

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

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

Screening Tools

Find one you are comfortable with, such as:

- PHQ-2/9 Symptom Checklist
- GAD-7
- Mood Disorder Questionnaire
- AIMS

Reporting and collaboration (NQMS/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

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.


Resources

- https://www.sprc.org/for-providers/primary-care-tool-kit

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