

Integrated Behavioral Health Care: Moving Towards Whole Person Care

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Washington State Behavioral Health Integration Conference

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UW Psychiatry & Behavioral Sciences

Vision: Everyone will have access to effective behavioral health care.

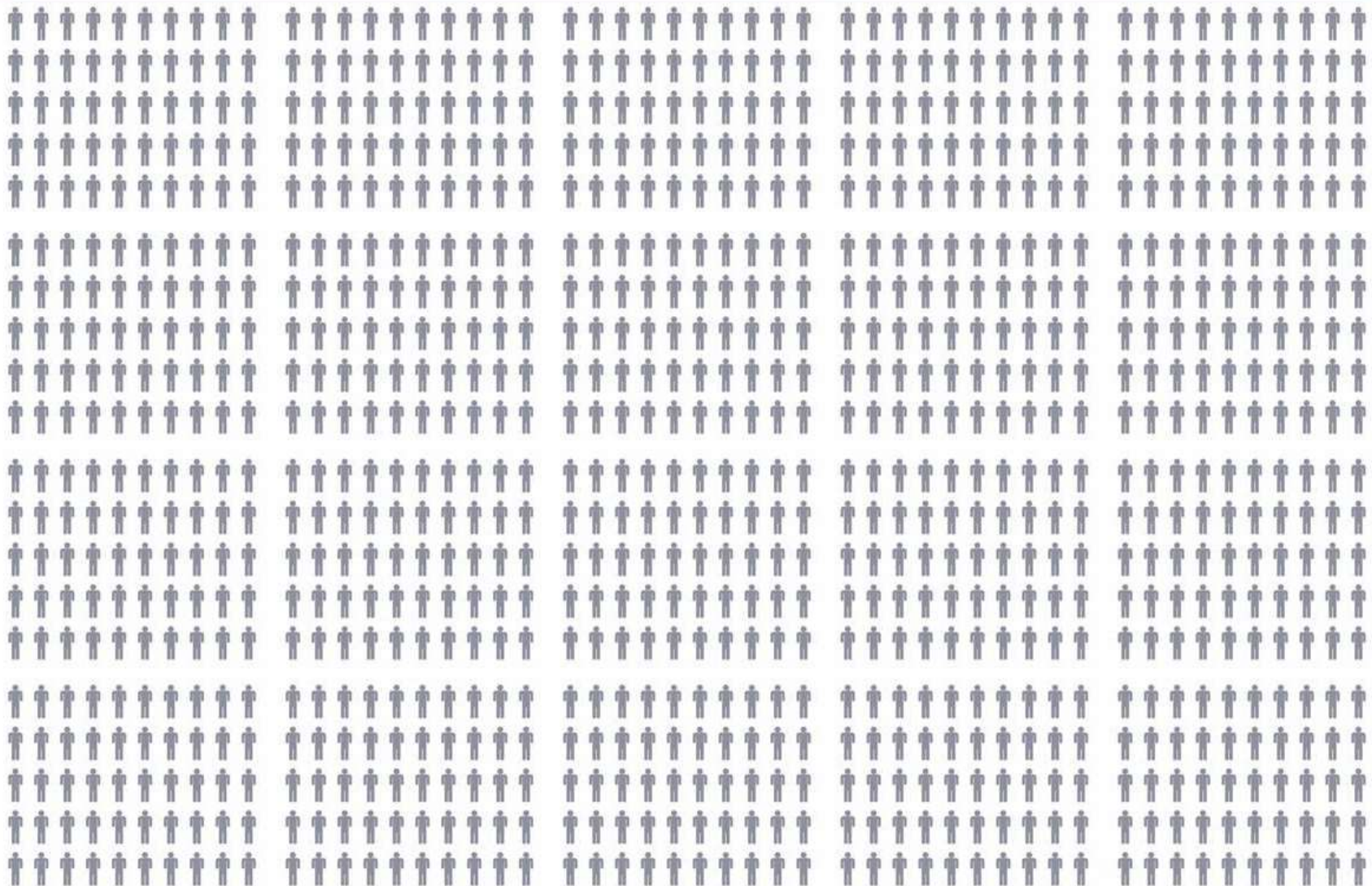
- Clinical: Provide the best care we can today.
- Research: Find better treatments for tomorrow.
- Education: Train, inspire & support the next generation.
- Policy: Support evidence-based policy and practice change.



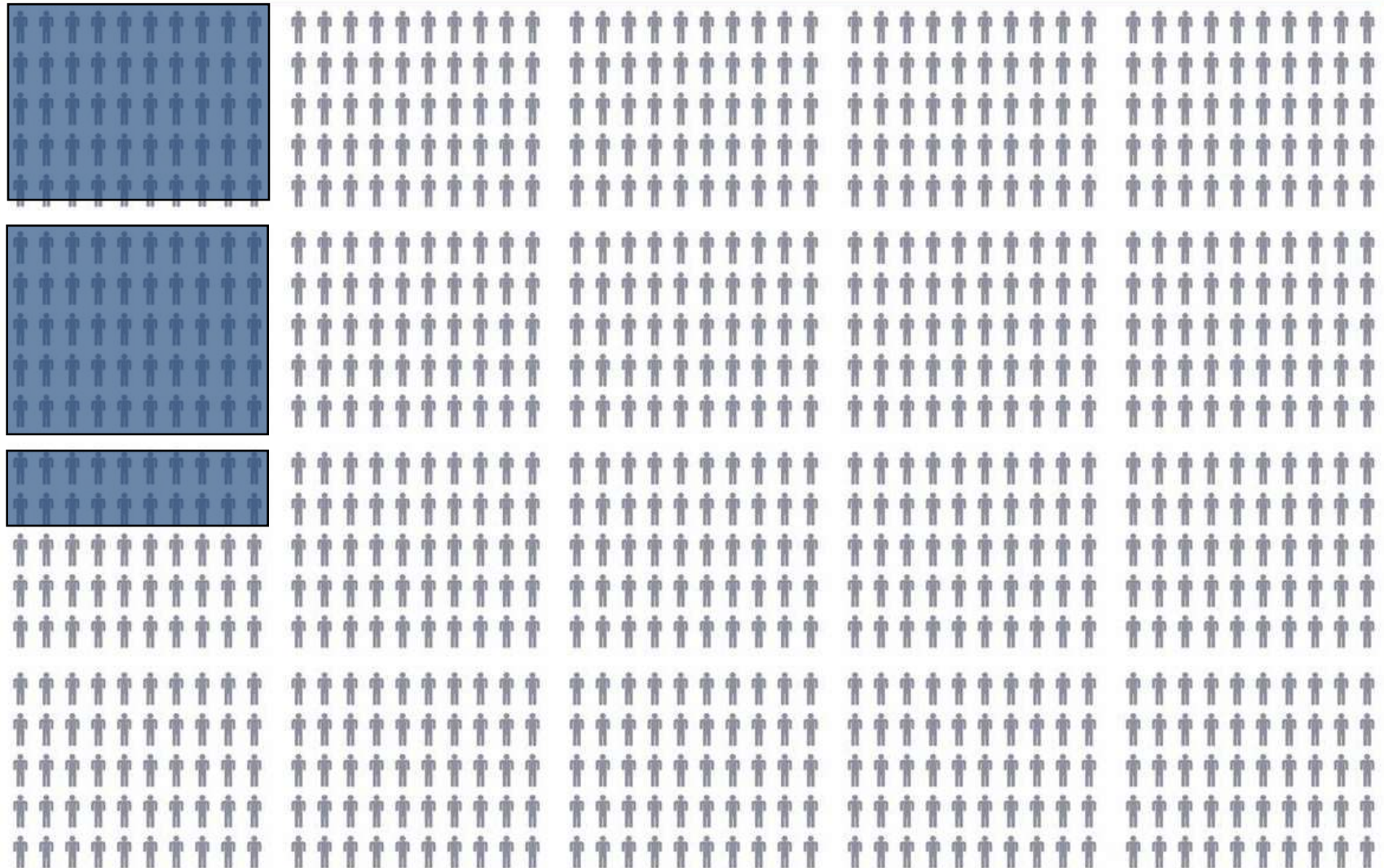
Mental Illness and Substance Abuse

- **Nearly 25 % of all health related disability**
 - More than diabetes, heart disease, or cancer
- **For employers:**
 - Absenteeism, presenteeism, high costs
- **For governments:**
 - Homelessness, involvement with the criminal justice system; high health care cost
- **One suicide every 13 minutes**
 - In WA State alone: 2 – 3 suicides / day
 - More than homicides or motor vehicle accidents
- **No family goes untouched**

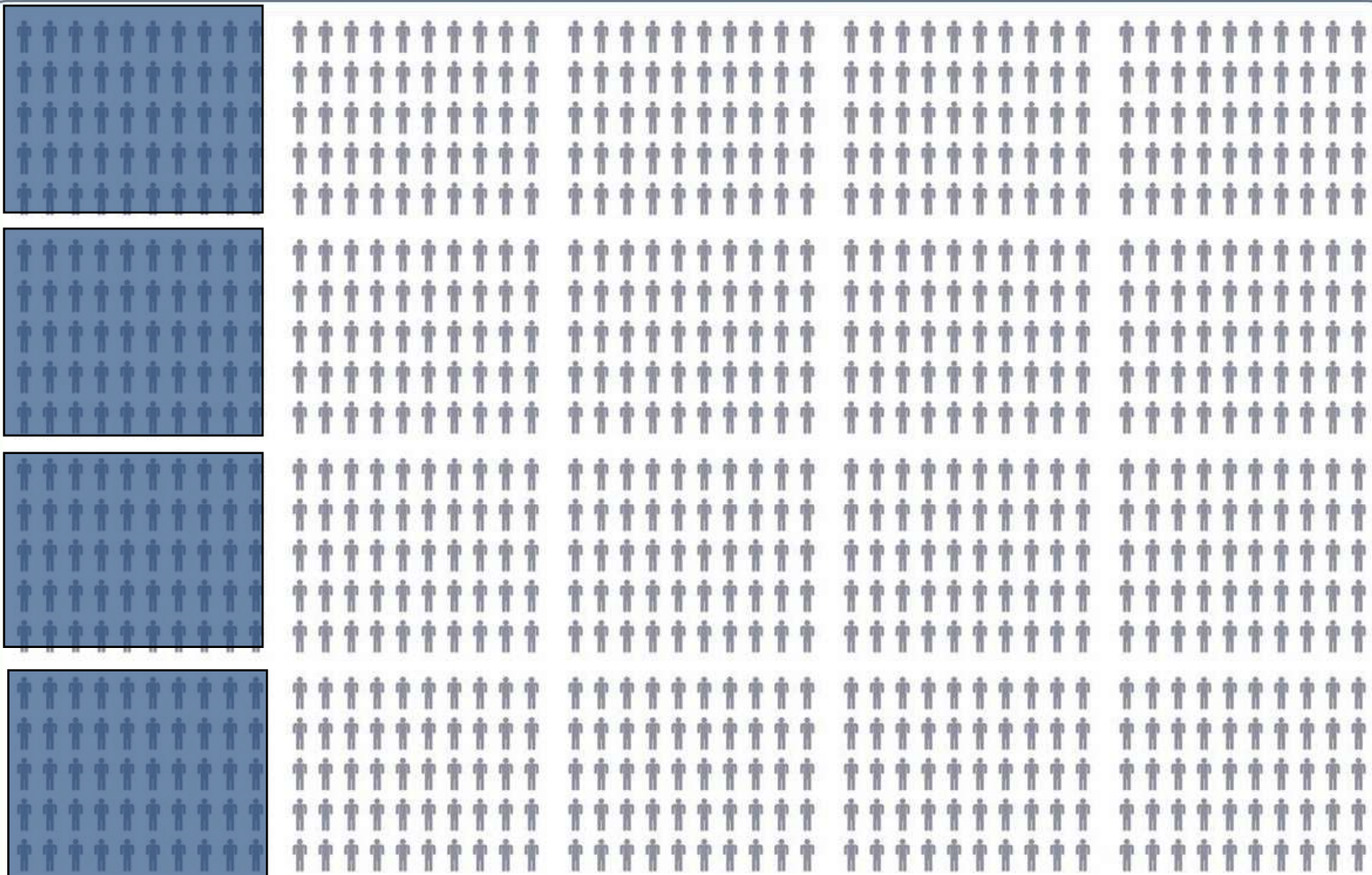
Of all people living with mental disorders



12% see a psychiatrist



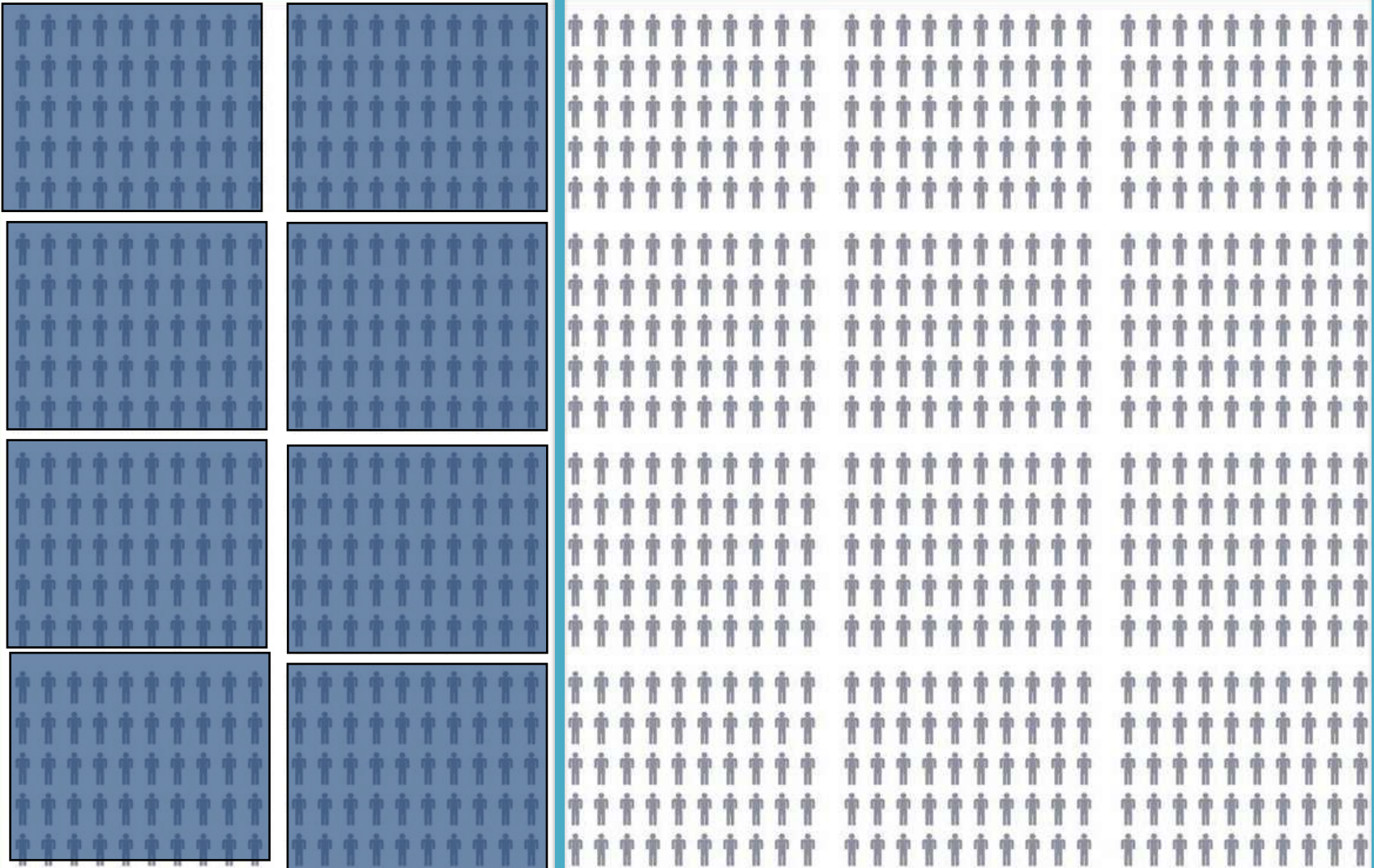
20 % see any mental health specialist



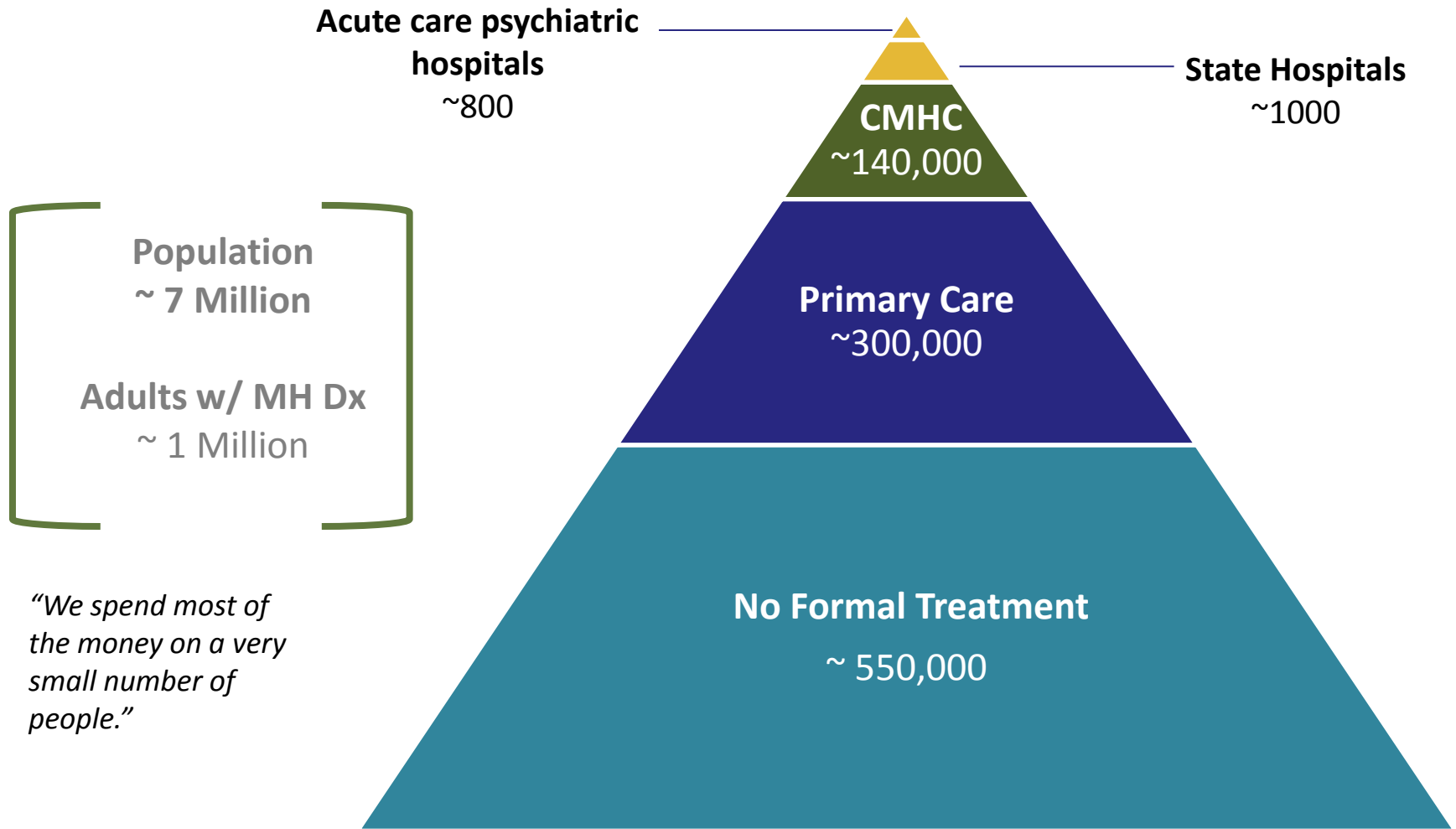
40 % get mental health treatment in primary care



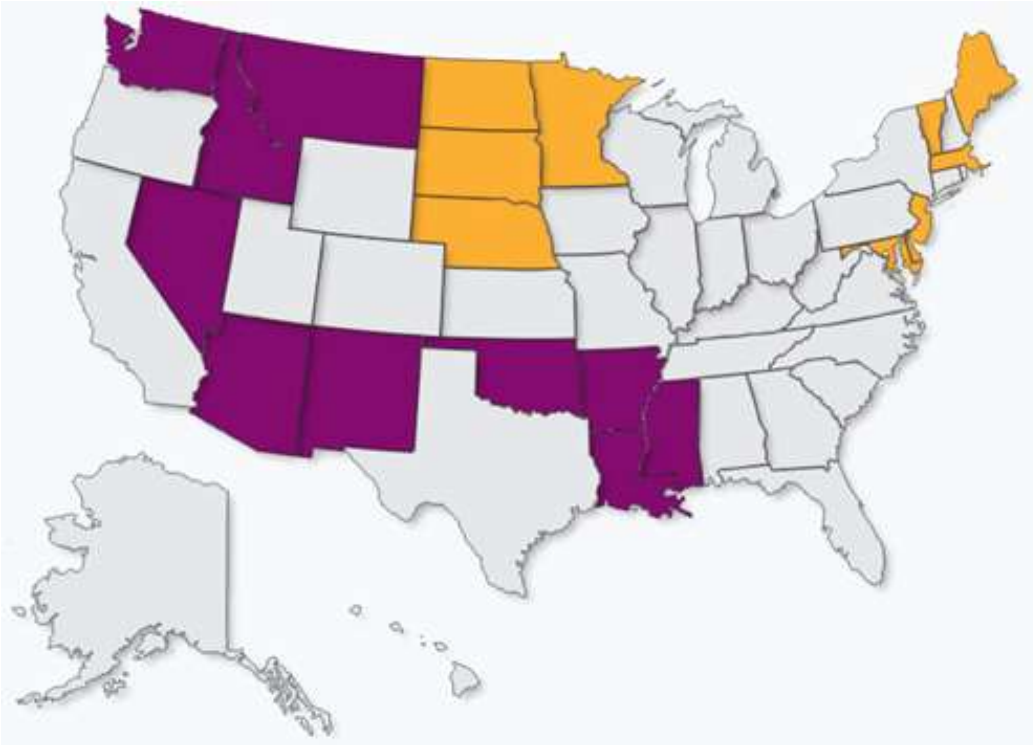
Most get no formal treatment.



Behavioral Health Care in Washington State



THE STATE OF MENTAL HEALTH IN AMERICA



Rank	State
40	Oregon
41	Michigan
42	Idaho
43	Arkansas
44	Montana
45	Oklahoma
46	New Mexico
47	Louisiana
48	Washington
49	Nevada
50	Mississippi
51	Arizona

Source: *Parity or Disparity: The State of Mental Health in America (2015)*, Mental Health America



Behavioral Health Workforce

- **Psychologists (PhD, PsyD); Psychiatrists (MD, DO); Psychiatric Nurses / Nurse Practitioners (RN, ARNP); Social Workers (MSW, LCSW); Counselors (LFMT, LPC, MHC, CADAC, CACC)**
- **Concentrated in urban areas.**

More than half of counties don't have a single practicing psychiatrist or psychologist. Most counties have shortages of prescribing providers.
- **We have a workforce shortage now and we won't keep up with growing demand due to population growth.**

Half of psychiatrists are ≥ 60 .
Retention challenges.
We will never have enough specialists.

Quality of Care

- ~ 30 million people receive a prescription for a psychotropic medication each year (most in primary care) but **only 1 in 4 improve**.
- Patients with serious mental illness **die 10 – 20 years earlier**, in large part due to poor medical care.

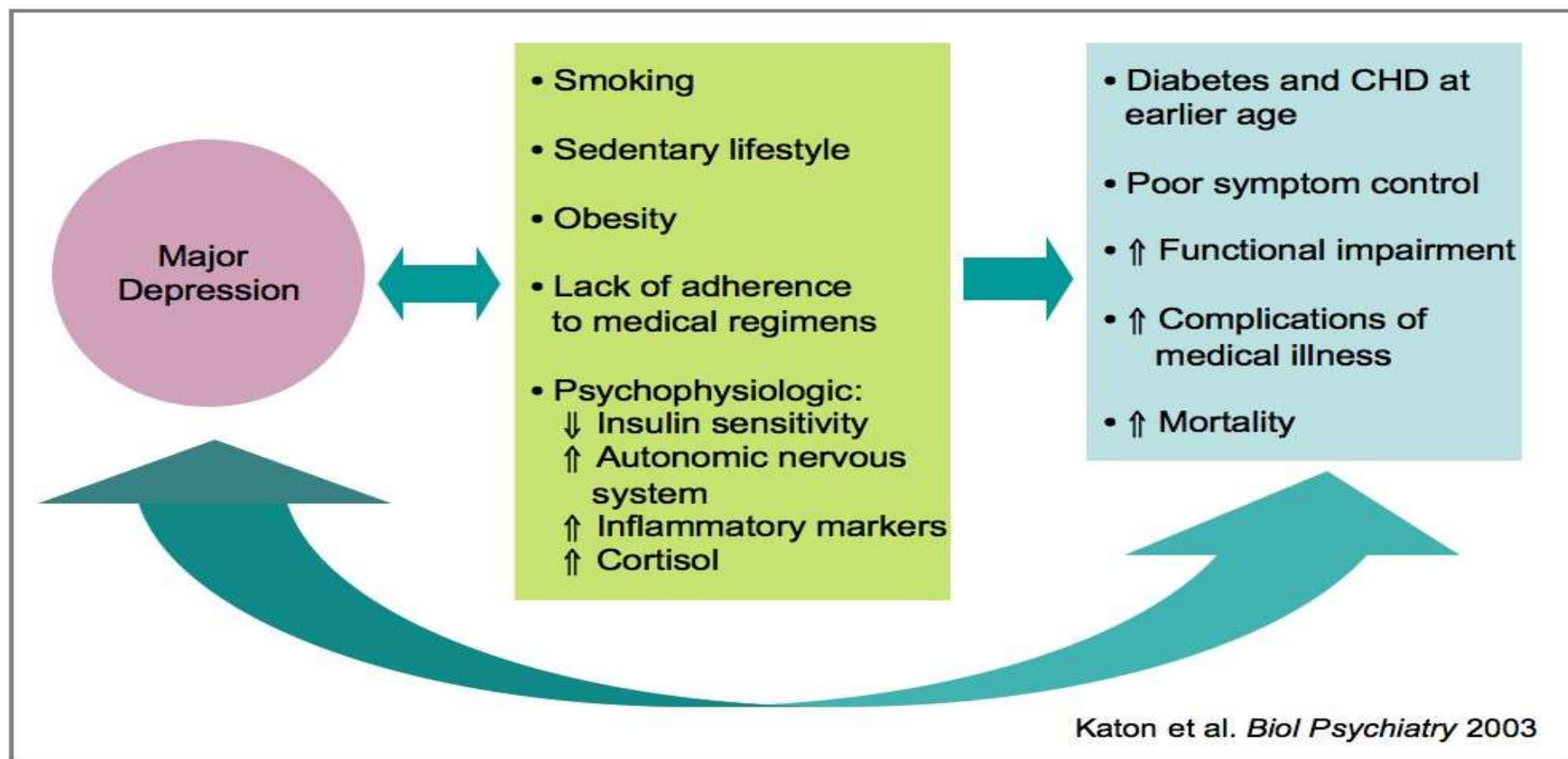
“NOT OK.”



“Of course you feel great. These things are loaded with antidepressants.”

Mental and Medical Disorders are tightly linked

e.g., Depression & Diabetes





Whole Person Care: Biopsychosocial Approach

- **Bio: brain & body**
 - Physical health, pain, sleep, medications (Rx and OTC), other substances
- **Psycho: life experiences, coping, meaning**
 - Family & peer support
 - Evidence-based counseling / psychotherapy
- **Social: social determinants of health**
 - Safety, housing, financial & social supports



Whole Person Care: Patient Centered

*Silos or “Cylinders of Excellence?”
“don’t you guys talk to each other?”*





How do we close the gap?

- **Workforce development:** train and retain more mental health professionals
- **Work smarter:** leverage mental health professionals through
 - **Collaboration (e.g., primary & community behavioral health care)**
 - **Technology (e.g., tele-mental health, mobile health)**
- **Work ‘upstream’**
 - **Detect and treat patients earlier: (e.g, schools, primary care)**

More of the same may not get us where we need to go.



UW Integrated Care Psychiatry Training Program

WA Legislature: part of Hospital Safety Net Assessment

Current (2016)

- IC training for
 - 107 practicing psychiatrists
 - 70 Psychiatry residents (Seattle & Spokane)
- New IC Psychiatry fellowship program:
 - 5 fellows

Next steps

- Currently reaches 16 counties: expand reach to all counties
 - Train, place, and support consulting psychiatrists
- Include nurse practitioners and other providers

Future

- Common core curriculum for behavioral health providers
 - EB Treatments
 - Team based care
 - Care management
 - Technology
- Train & support trainers across state

Collaborative Care



Primary Care Practice

- Primary Care Physician
- Patient
- +
- Mental Health Care Manager
- Psychiatric Consultant



Outcome Measures

Problem Solving Treatment (PST)
 Behavioral Activation (BA)
 Motivational Interviewing (MI)
 Medications

Treatment Protocols

[ACTIVE PATIENTS]						
Patient ID	Primary Care	Specialty	Referral Date	Referral Type	Referral Status	Referral Date
0001	Yoon, Yoon	0000000	0000000	0000000	0000000	0000000
0002	Yoon, Yoon	0000000	0000000	0000000	0000000	0000000
0003	Yoon, Yoon	0000000	0000000	0000000	0000000	0000000
0004	Yoon, Yoon	0000000	0000000	0000000	0000000	0000000
0005	Yoon, Yoon	0000000	0000000	0000000	0000000	0000000

Population Registry



Psychiatric Consultation



> 80 randomized clinical trials:

- ✓ **Better care experience**
 - Access to care
 - Client & provider satisfaction
- ✓ **Better health outcomes**
 - Less depression
 - Less physical pain
 - Better functioning
 - Better quality of life
 - Lower mortality
- ✓ **Lower health care costs**

“The triple aim of health care reform.”

Wall Street Journal, Sept 2013



ROI for collaborative depression care: \$ 6.50 for each \$ 1.00 spent



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ORIGINAL ARTICLE

Collaborative Care for Patients with Depression and Chronic Illnesses

Wayne J. Katon, M.D., Elizabeth H.B. Lin, M.D., M.P.H., Michael Von Korff, Sc.D., Paul Ciechanowski, M.D., M.P.H., Evette J. Ludman, Ph.D., Bessie Young, M.D., M.P.H., Do Peterson, M.S., Carolyn M. Rutter, Ph.D., Mary McGregor, M.S.N., and David McCulloch, M.D.

N Engl J Med 2010; 363:2611-2620 | [December 30, 2010](#)

BACKGROUND

Patients with depression and poorly controlled diabetes, coronary heart disease, or both have an increased risk of adverse outcomes

MEDIA IN THIS ARTICLE

FIGURE 1






A1c (Diabetes)



Blood pressure



Cholesterol (LDL)

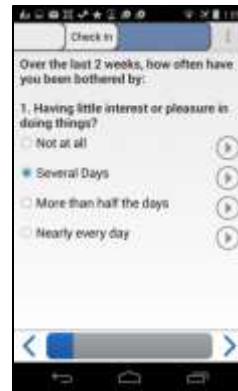
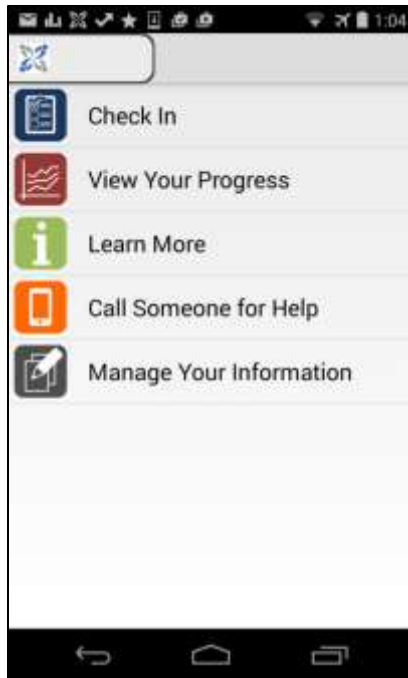


Depression

Smartphone App

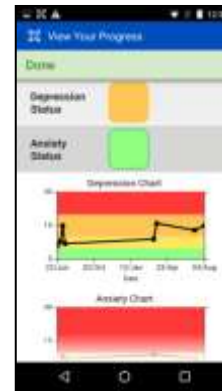
Check In

Outcomes Monitoring



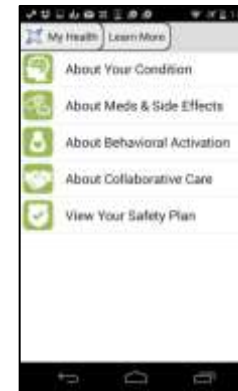
Progress

Graph Scores



Learn More

Educational Content



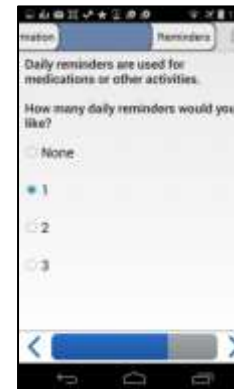
Call for Help

Personalized Contacts



Your Info

Customizable Reminders, Content



FIXING BEHAVIORAL HEALTH CARE IN AMERICA

First in a series, this policy brief calls for integrating and coordinating specialty behavioral health care with the medical system in America

[LEARN MORE ABOUT THE POLICY BRIEF](#)



OUR VISION

The Kennedy Forum is working toward lasting change in the way mental health and addictions are treated in our healthcare system, through:





Translating Research into Practice

“It is one thing to say with the prophet Amos, ‘Let justice roll down like mighty waters,’ and quite another to **work out the irrigation system.”**

-- William Sloane Coffin, Social activist and clergyman

Effective integration requires practice change.





AIMS CENTER

W UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences



*Trained over 6,000
providers in more
than 1,000 clinics in
evidence-based
collaborative care.*

AIMS CENTER

Advancing Integrated
Mental Health Solutions

W UNIVERSITY OF WASHINGTON, PSYCHIATRY & BEHAVIORAL SCIENCES
DIVISION OF INTEGRATED CARE & PUBLIC HEALTH



WHO WE ARE

WHAT WE DO

COLLABORATIVE CARE

Search



Crystal Wong, MD

Primary Care Provider Spotlight: Crystal Wong, MD



COLLABORATIVE CARE IN THE NEWS

Resources for Effective Integrated Care

New implementation guide and planning tool for achieving integrated care.

Approaches to Alcohol Use Disorders

Evidence supporting the treatment of alcohol use disorders in primary care.

Chronic Pain and Psychiatric Care

A call for integrating psychiatrists in the treatment of chronic pain.

DANIEL'S STORY

Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life. [▶](#) [↗](#)

IMPLEMENTATION GUIDE

Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington. [▶](#)

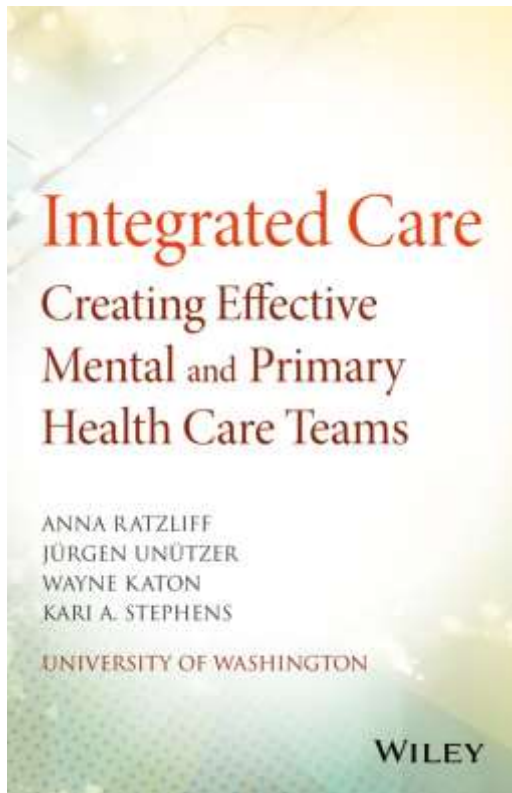
FREE RESOURCES

Looking for something? Search for resources, tools, videos, research and more related to Collaborative Care. [▶](#) [↗](#)

<http://aims.uw.edu>



New Book Focuses on Building Effective Integrated Care Teams



- ✓ Refine clinical approaches used in primary care
- ✓ Learn integrated care best practices
- ✓ Gain practical implementation skills
- ✓ Increase access, improve outcomes, lower costs

AIMS Center Training at a Glance



Pre-Launch Training

- Focuses on building foundational knowledge around the evidence-base and key components of Collaborative Care and team roles
- 1.5 to 2 hours of time required, depending on role
- Delivered as self-paced online learning modules
- Typically completed 1 month prior to in-person training



In-Person Clinician Training

- Focuses on building skills that are critical to teams delivering care in a new way, such as:
 - Effective team communication
 - Identifying common implementation challenges
 - Brief behavioral interventions
 - The Care Manager's Role
- Emphasis on experiential, active learning
- 1-2 days of time required, depending on role
- We recommend that this training occur within 1-2 weeks before launching care



Post-Launch Coaching/Technical Assistance

- Focuses on coaching/technical assistance for care managers and psychiatric consultants
- On-going distance learning
- Monthly 60 to 90 minute webinars & case calls for care managers
- Webinar topics for care managers include:
 - patient engagement
 - treating to target & follow-up
 - relapse prevention
 - working with difficult patients
- Monthly and/or quarterly case calls for psychiatric consultants, with an emphasis on the weekly systematic case review process

Behavioral Health Integration Program (BHIP) at UW Medicine

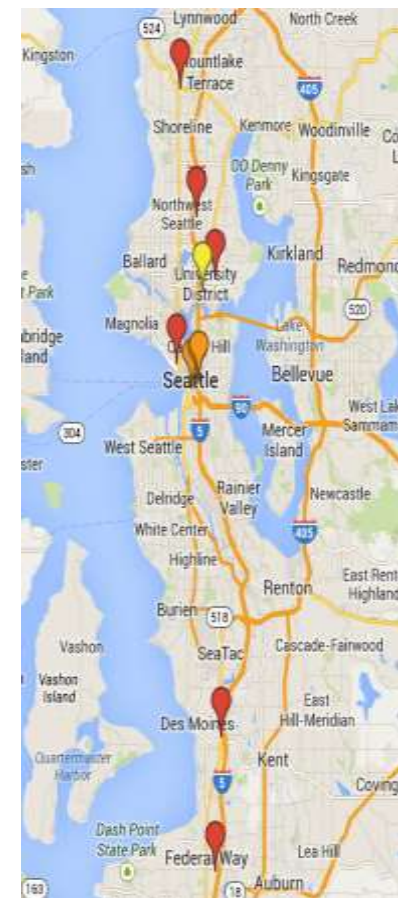
2014 APA Award of Distinction for Model Program

20% of UW Medicine Primary Care Patients have at least one visit with a mental health diagnosis



20 Participating Clinic Sites

- Harborview Medical Center (HMC):
- University of Washington Medical Center (UWMC)
- University of Washington Neighborhood Clinics (UWNC)
- Valley Medical Center (VMC)



UW Partnership Access Line

- **Child Psychiatry Consultation to Primary Care**
 - Telephone line staffed during clinic hours
 - Immediate advice and consultations
 - Follow-up letter
 - Clinical social worker helps with resources
 - Funded by WA and WY state governments



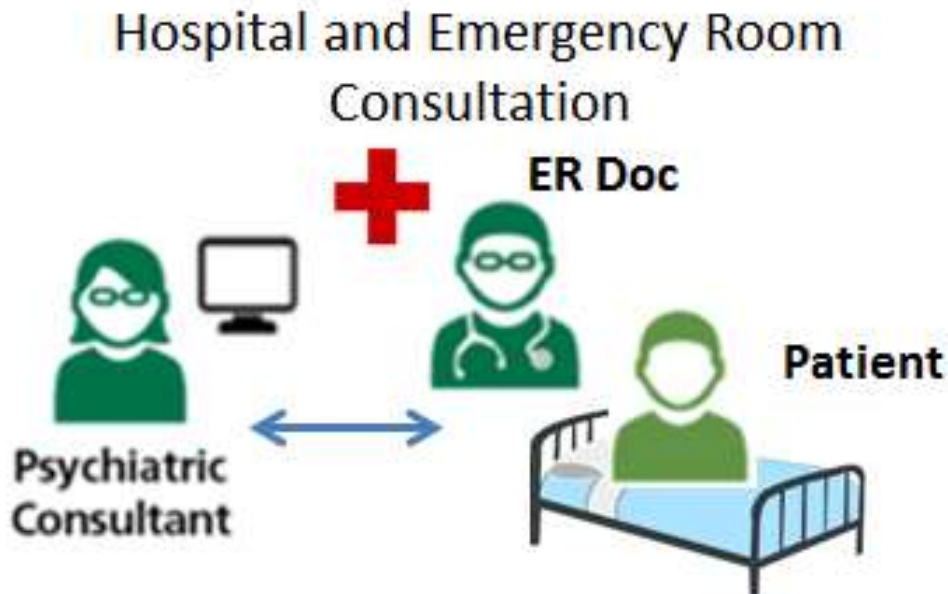


UW Perinatal Psychiatry Consult Line

- Telephone consultation, recommendations
- Available to any provider in WA State caring for a pregnant or postpartum woman with mental health problems
- Staffed M-F 3-5 pm
206-685-2924
ppcl@uw.edu
- Funded by Philanthropic support



ER consultation



ER Telepsychiatry can reduce ER boarding ¹

- Reduced psychiatric hospitalization
- Shorter length of stay
- Improved follow up

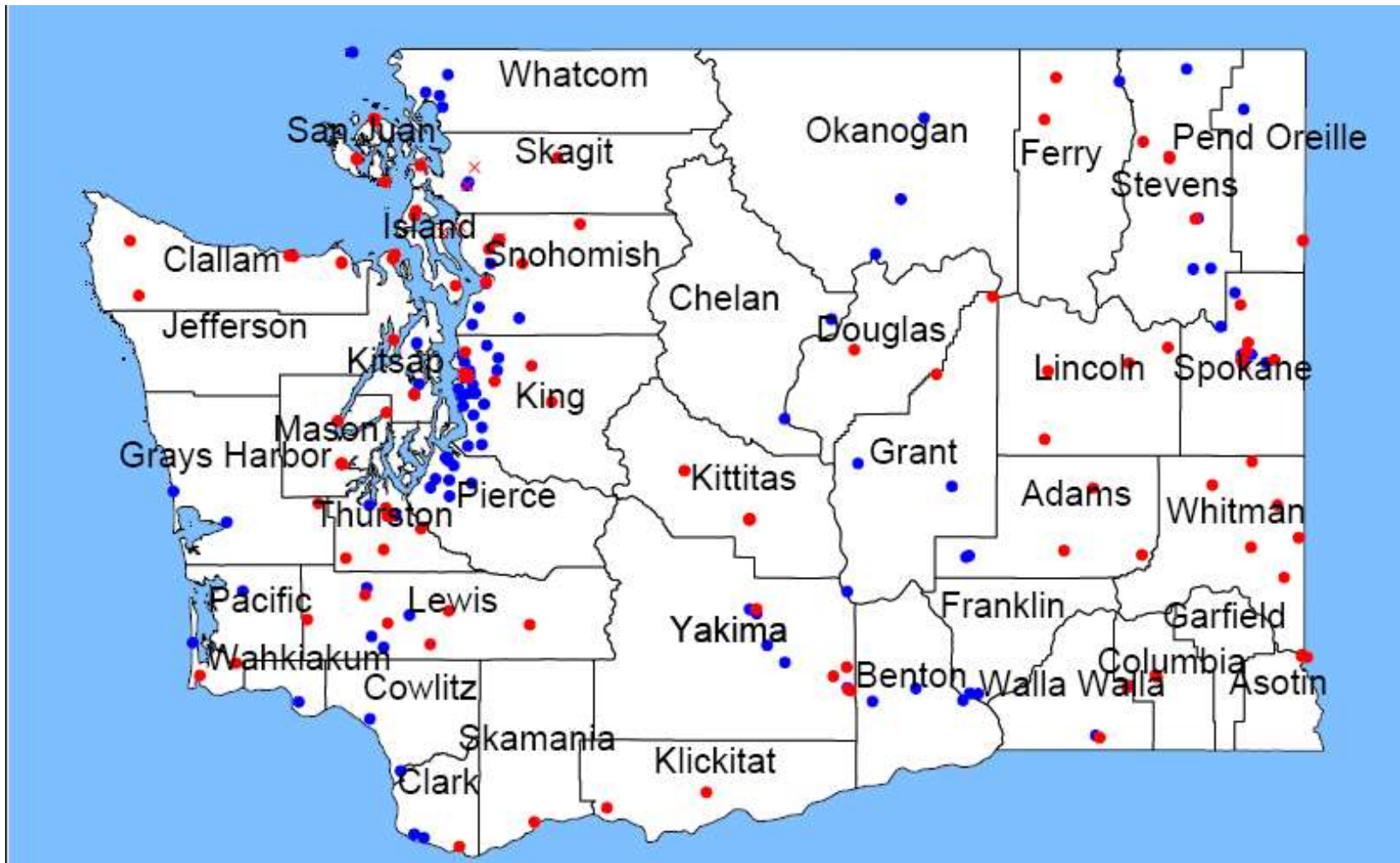
¹ Narasimhan et. al., 2015



- Washington State Healthcare Authority
- Community Health Plan of Washington
- Public Health Seattle & King County
- Started in 2008

Mental Health Integration Program (MHIP)

More than 50,000 clients served in > 150 primary care clinics



Care Management Tracking System (CMTS®)

- Access from anywhere.
- Population-based.
- Supports effective care
- Keeps track of 'caseloads'.
- Facilitates consultation.
- Allows research on highly representative populations

CASELOAD STATISTICS L1

ID	# of Patients	Clinical Assignment	Follow Up	Last Available	Caseload
10001	10	10-2 (10-2)	10-2 (10-2)	10-2 (10-2)	10 (100%)
10002	10	10-2 (10-2)	10-2 (10-2)	10-2 (10-2)	10 (100%)

Caseload summaries help manage

- Clinical productivity
- Quality improvement

Supporting care of over 100,000

PCP SUMMARY

Working Diagnosis:

Formulation:

Treatment Program:

Safety Concerns:

Current Psychiatric Medication:

Activity Goals:

Behavioral Goals:

Psychiatric Risks:



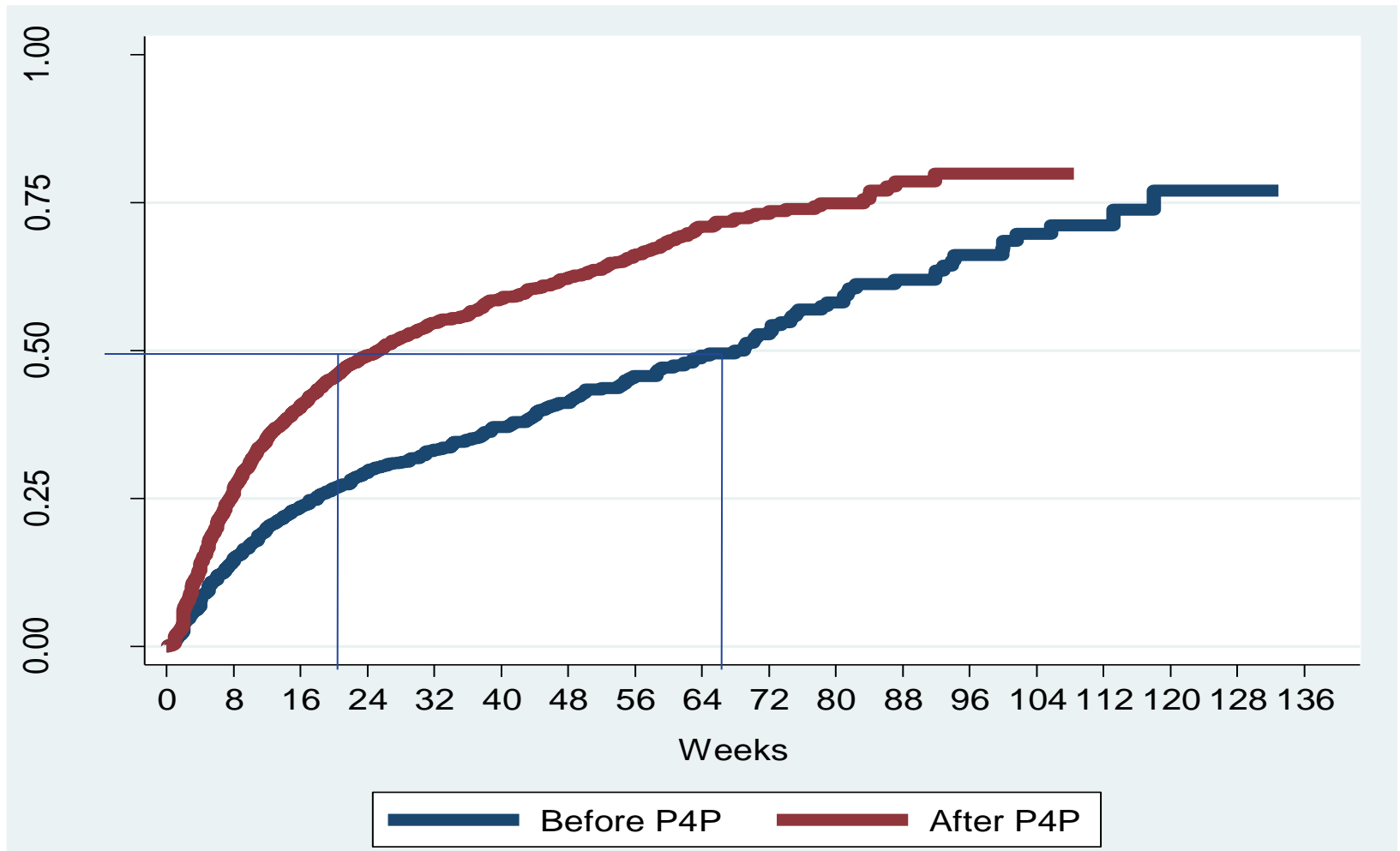
MHIP Client Diagnoses

Diagnoses	%
Depression	71 %
Anxiety (GAD, Panic)	48 %
Posttraumatic Stress Disorder (PTSD)	17 %
Alcohol / Substance Abuse	17 %
Bipolar Disorder	15 %
Thoughts of Suicide	45%

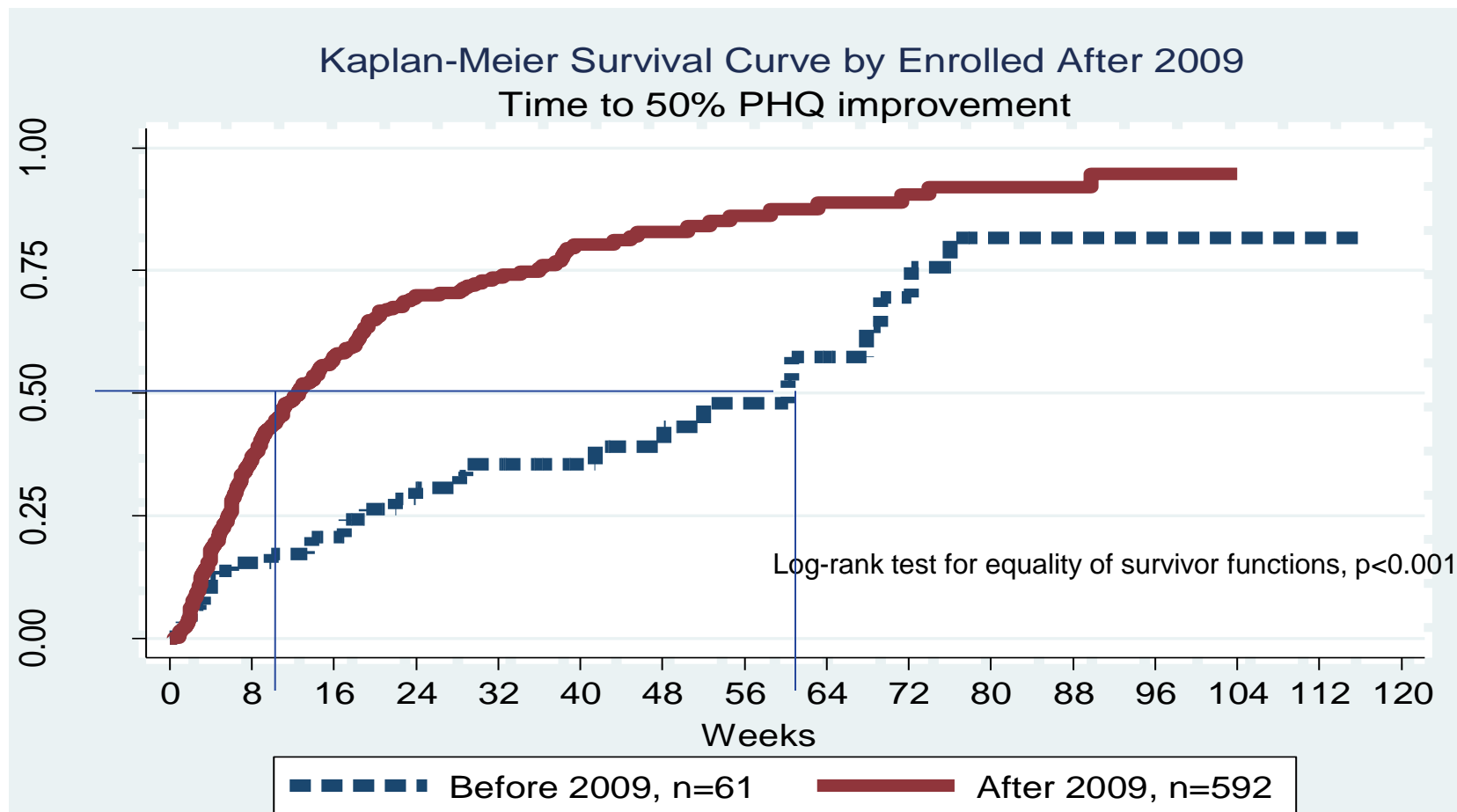
... plus acute and chronic medical problems, chronic pain, substance use, prescription narcotic / opioid misuse, homelessness, unemployment, poverty.

MHIP: Pay for Performance initiative

cuts median time to depression treatment response in half



Particularly effective in high risk moms



Among Mom Population (African American, Asian, Latino & White) with baseline PHQ9 ≥ 10 (n=653)



Models (vs) Principles of Care

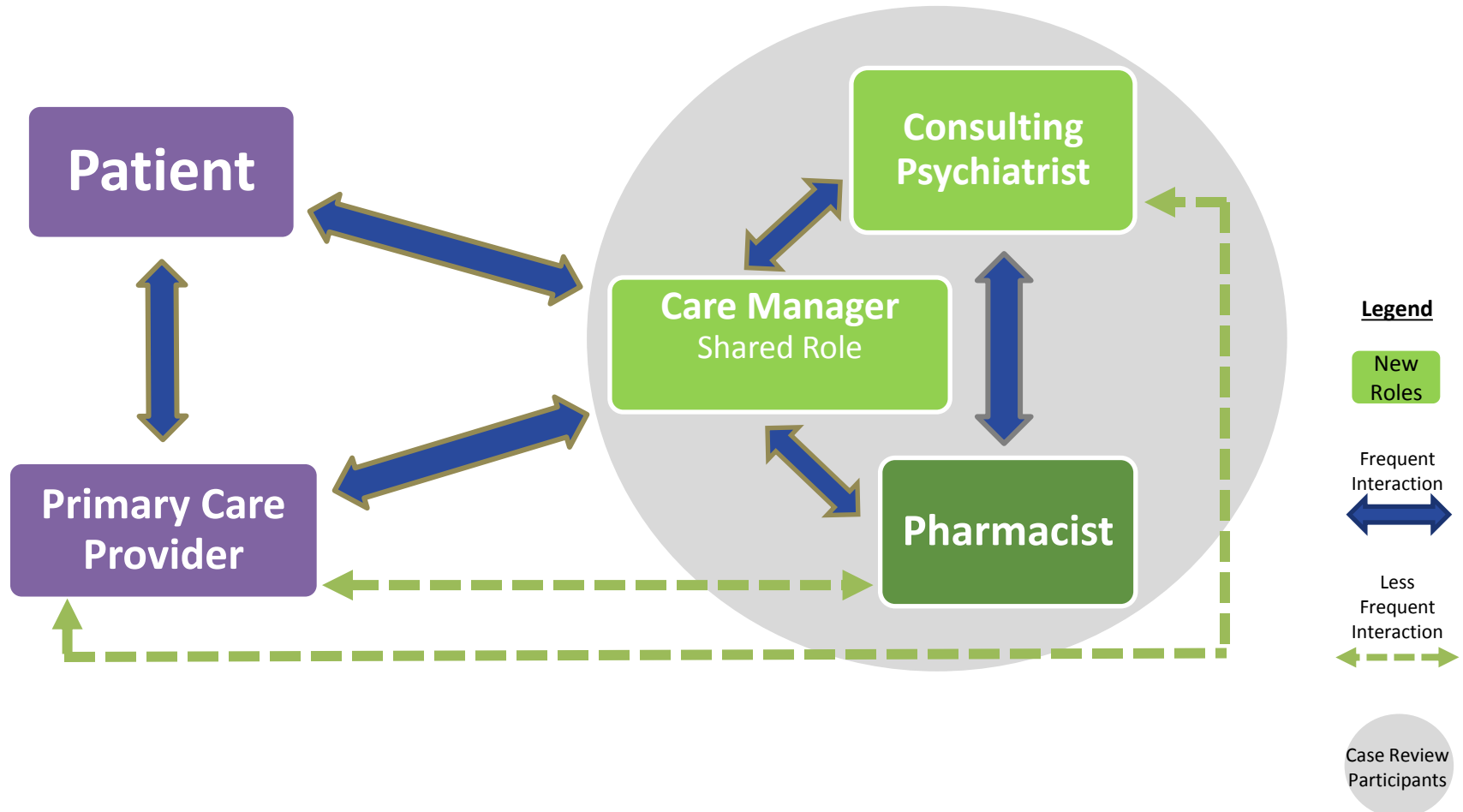
- **There is no model that fits all**
 - Arguing about the best model is a bit like arguing about the best religion.
- Evidence-based models have to be adapted to local settings in order to be successful.

BUT

- There are important principles that need to be followed in order to reach the triple aim
 - **Value = Reach * Effectiveness / Cost**

Not All CC Teams Have to Look Alike

Example: *WA State Providence team includes pharmacists for diabetes management*





BH Consultants & Collaborative Care

BHC / PCBH Model

- BH Consultant on team
- Aim for immediate access, minimal barriers
- Broad focus on wide range of behavioral health conditions
- Brief visits: typically no more than 2-6 visits
- Limited follow-up

Collaborative Care Model

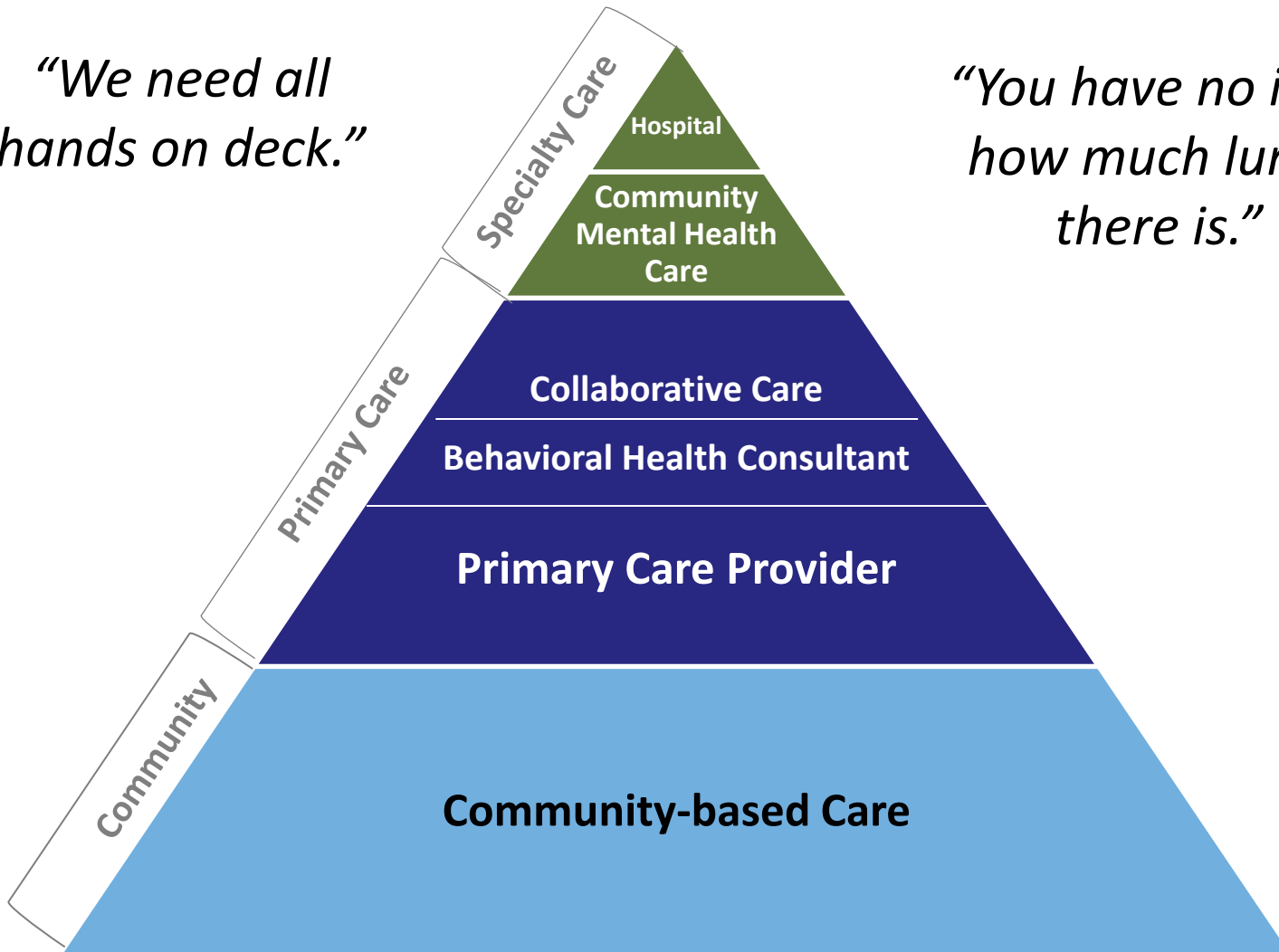
- BH care manager and psychiatric consultant on team
- Evidence-based psychotherapies and medication management
- Close follow up until specific clinical targets reached: average enrollment around six months

Further Reading: [Psychiatryonline.org/All Hands on Deck](https://www.psychiatryonline.org/All_Hands_on_Deck)

Task Sharing

“We need all hands on deck.”

“You have no idea how much lunch there is.”





But: not all integration efforts are effective

- **Approaches that don't work:**
- Screening without adequate treatment
- Referral to specialty care without close coordination and follow-up
- Co-located behavioral health specialists without systematic tracking of outcomes or evidence-based treatments

Patients 'fall through the cracks' or stay on ineffective treatment for too long.



Principles



Patient-Centered Collaboration. Primary care and behavioral health providers collaborate effectively using shared care plans.



Population-Based Care. A defined group of clients is tracked in a registry so that no one falls through the cracks.



Evidence-Based Care. Providers use treatments that have research evidence for effectiveness.



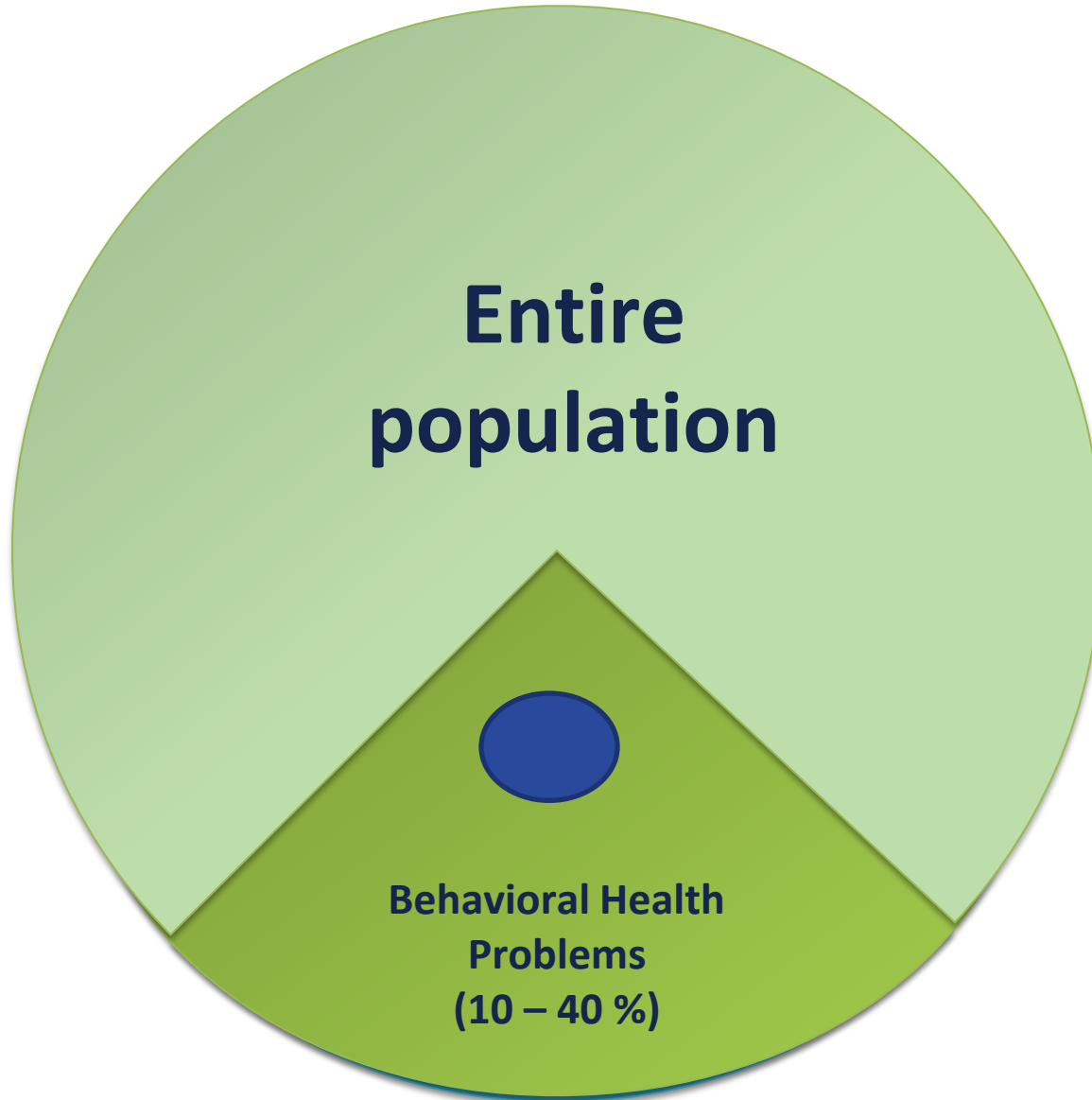
Treatment to Target. Progress is measured regularly and **treatments are actively adjusted until clinical goals are achieved.**



Accountable Care. Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.



$$\text{Value} = \text{Reach} * \text{Effectiveness} / \text{Cost}$$



How are we doing?



"I'm afraid you've had a paradigm shift."



2016 Policy Context

- **ACA & Medicaid expansion**
 - Parity: 50 million Americans eligible for new or better MH coverage.
 - Strain on existing specialty mental health provider network
 - Primary care not sufficiently resourced to provide behavioral health care
- **Accountable Care (ACOs)**
 - Patients with BH conditions have 2-3 times higher health care costs
 - Alternative Payment: Value-based purchasing.
 - Value = Reach * Outcomes / Cost
 - Quality Metrics part of alternative payment (e.g., PHQ-9 screening & remission)
- **NCQA: Patient Centered Medical Homes (PCMH) and Health Plans (HEDIS)**
 - Depression screening and remission rates (PHQ-9)



2016 Policy Context (cont'd)

- **Center for Medicare and Medicaid Services (CMS):**
 - **Billing (G codes) for Collaborative Care in 2017 Physician Fee Schedule (PFS)**
- **State Medicaid Programs are working towards integrated care:**
 - **Washington: Integrate Behavioral Health and Medical Services by 2020**
 - Medicaid 1115 Waiver
 - **New York: Medicaid Collaborative Care Program**
 - Bundled case rate with 25 % VBP / Pay for Performance component
 - **Missouri:**
 - **Health Homes Program**



Summary

- **Mental illness & substance use:**
 - Major drivers of disability & cost
 - **Fewer than half of those in need have access to effective care.**
 - **Current care is often not effective:**
 - More of the same may not get us where we need to go
 - **Effective integration of behavioral health care and primary care:**
 - Better access to care
 - Better health outcomes
 - Lower costs
- } The Triple Aim of Healthcare Reform

We have learned a lot and there is much we can do. **Let's get to work.**

Thank you



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<http://uw.aims.edu>