Providing Mental Health and Substance Use Treatment in an Integrated Setting

Presenters

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Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA

Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

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At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Andrew J. McLean and Robin Landwehr and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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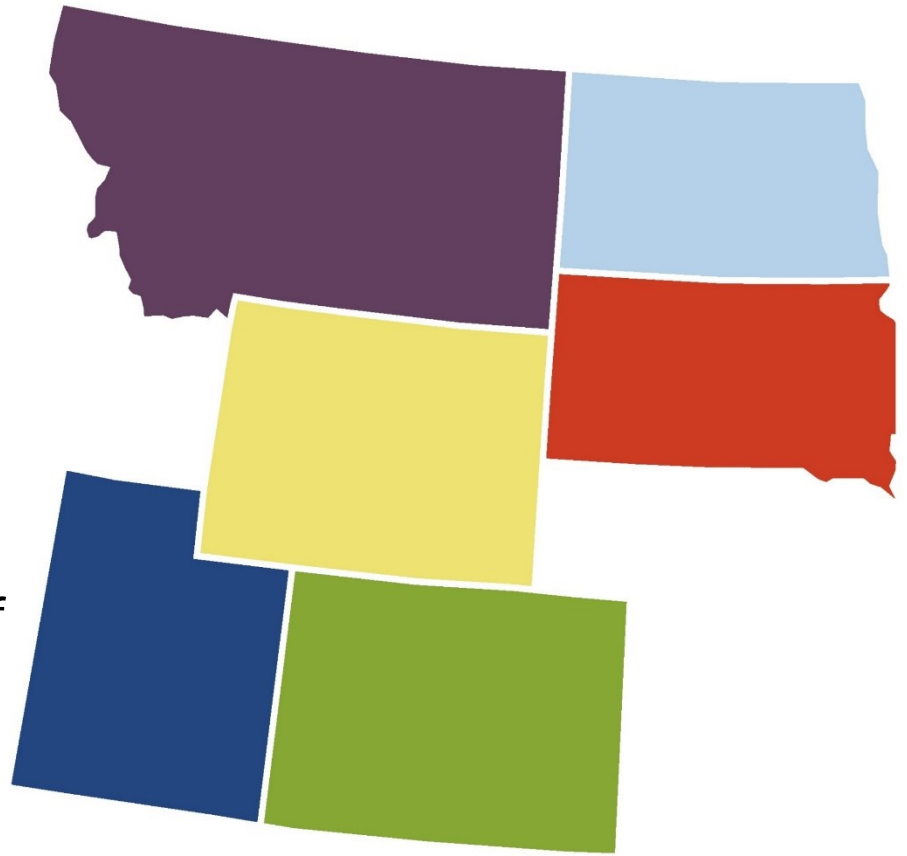
The Mountain Plains Mental Health and Addiction Technology Transfer Centers

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) and Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) provide training and technical assistance to individuals who serve persons with mental health and substance use concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).



The Mountain Plains MHTTC and ATTC belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is funded under a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Mountain Plains MHTTC and ATTC are hosted at the University of North Dakota.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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.

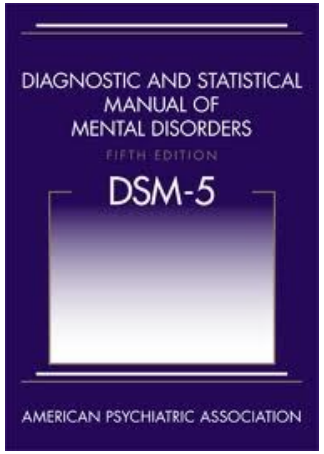
Defining Behavioral Health

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.

Source: Peek, C. J., National Integration Academy Council. (2013). Lexicon 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-IP001-EF*.

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

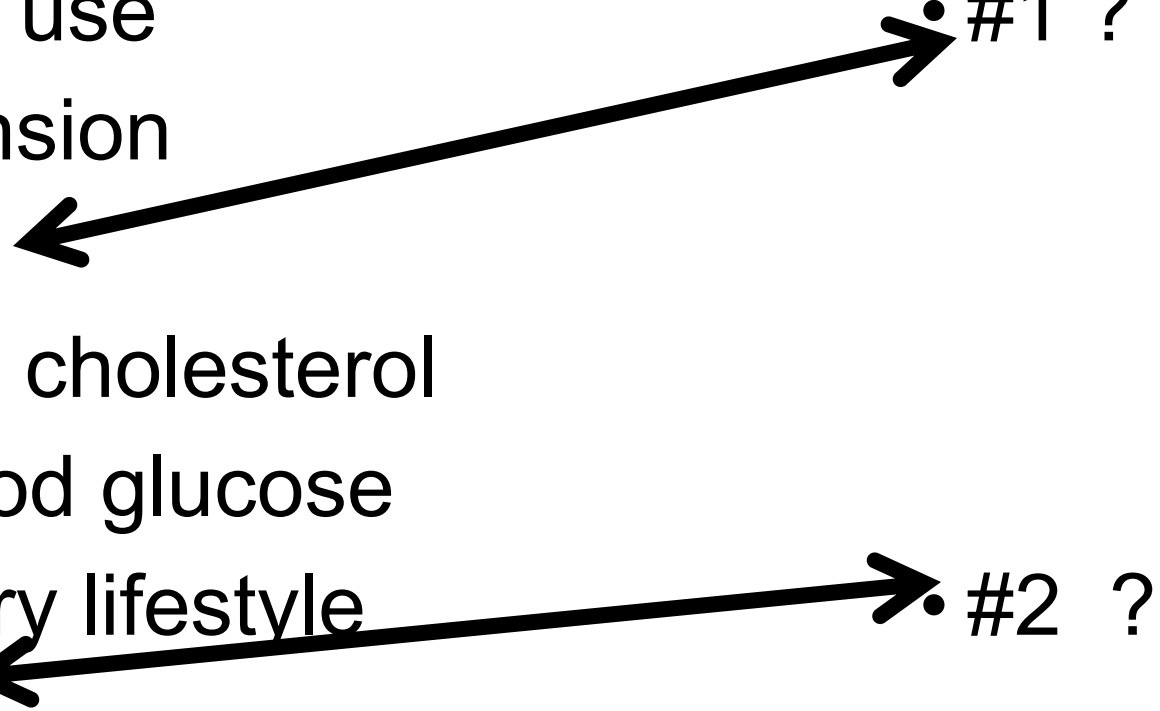
Why is this an issue?

- **67% of individuals with a behavioral health disorder** do not get behavioral health treatment[1]
- **30-50% of referrals** to behavioral health from primary care don't make first appt[2,3]
- Two-thirds of primary care physicians reported **not being able to access** outpatient behavioral health for their patients[4] 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[5]
- **Only 20-40% of patients improve** substantially in 6 months without specialty assistance[6]

Sources: [1]Kessler et al., NEJM. 2005;352:515-23. [2]Fisher & Ransom, Arch Intern Med. 1997;6:324-333. [3]Hoge et al., JAMA. 2006;95:1023-1032. [4]Cunningham, Health Affairs. 2009; 3:w490-w501. [5]Mitchell et al. Lancet, 2009; 374:609-619. [6]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



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

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
Precontemplation	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
Contemplation	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
Preparation	The person is prepared to experiment with small changes.	Develop realistic goals and timeline for change Provide positive reinforcement
Action	The person takes definitive action to change behavior.	Provide positive reinforcement
Maintenance and Relapse Prevention	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

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
- Urgent
- Routine/Chronic Disease Management*
- Illness/Behavior
- Severity
- 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

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

Preikestolen

What is “Integrated Care?”

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

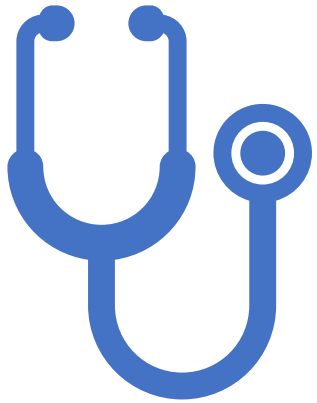
Why do integrated care

Reason # 1: Medical-Cost Offset

- When full integration is implemented into a primary care setting, there is a 20-30% reduction in medical and surgical costs (Cummings and O'Donohue, 2011).

Reason # 2. Patient Care Improvement/Satisfaction

- Patients like to receive all their care, medical or otherwise, from their primary care facility. 85% of psychotropic medications are prescribed by a PCP supports this assertion. Other reasons patients choose this route:
    - Less stigma in primary than a "mental health facility"
    - Patients have an already established, trusted relationship with their PCP. Helps with "warm handoffs"
    - Increases the amount of treatment options available in one place



Reason # 3. Better Disease Management (cont.)

- Physical Disease and Behavioral Intervention Example:
    - BCP can help design weight-loss interventions for patients with cardiovascular disease, diabetes, obesity, etc. (Working with PCP)

Many types of Integrated Care Models- However…

- Behavioral Health in Primary Care.

(By far far far the most common)

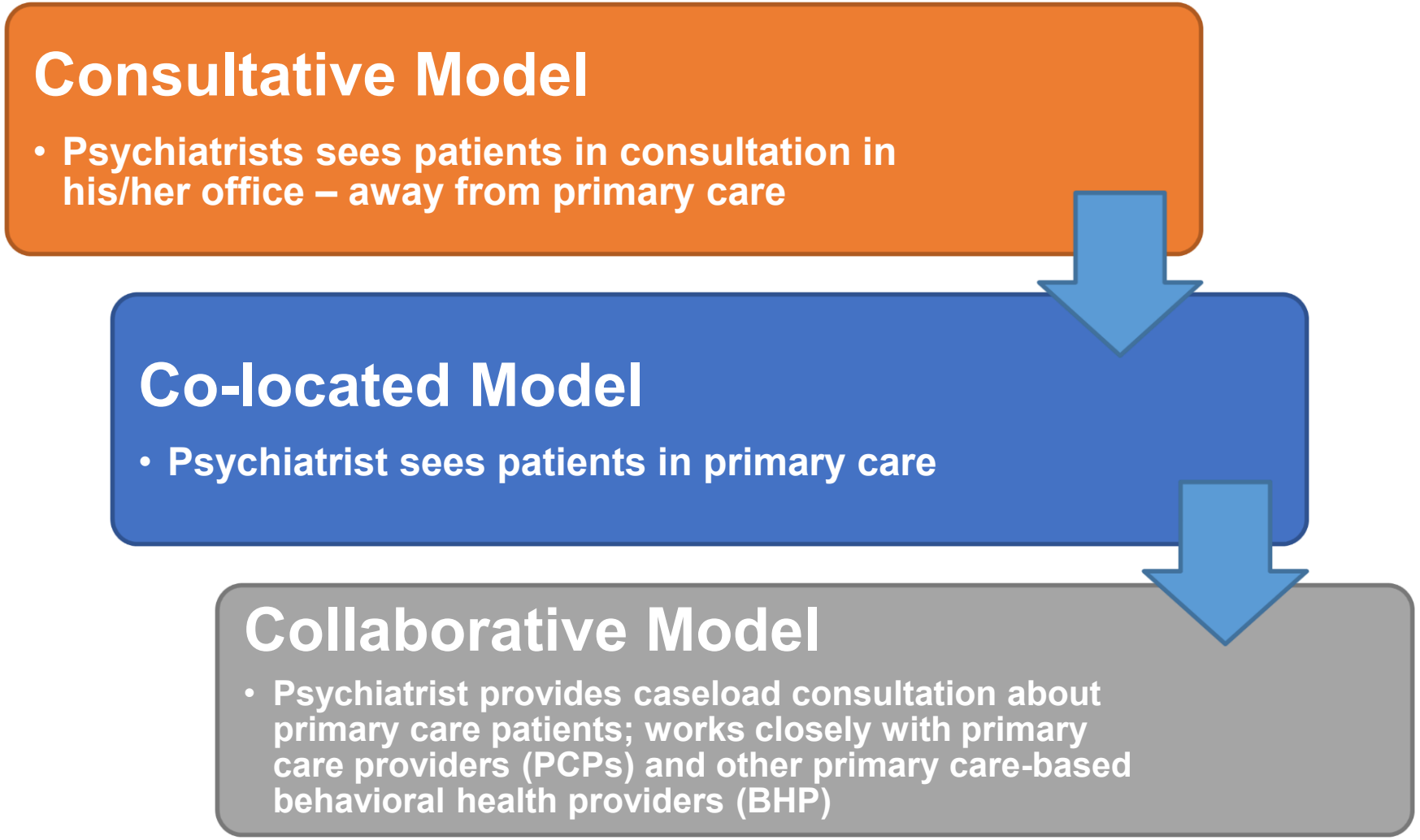
- Primary Care in Mental Health

- 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



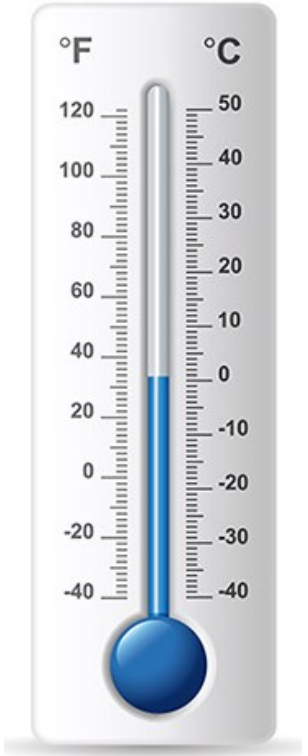
Source: http://uwaims.org

Collaborative Care

- Collaborative Care is a specific type of integrated care that operationalizes the principles of the chronic care model to improve access to evidence based mental health treatments for primary care patients.

- Collaborative Care is:
  - **T**eam-driven collaboration and Patient-centered
  - **E**vidence-based and practice-tested care
  - **M**easurement-guided treatment to target
  - **P**opulation-focused

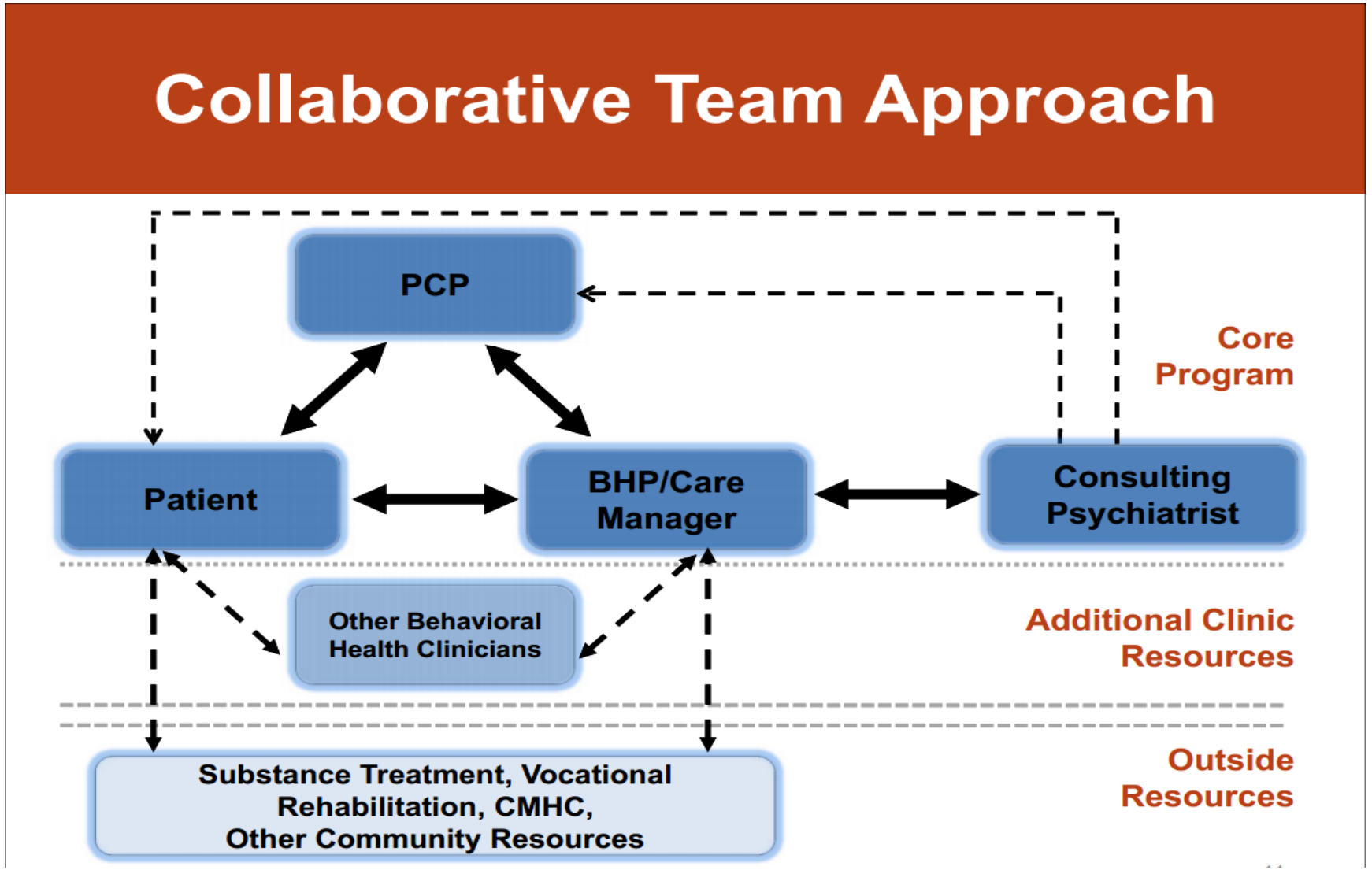
  - **A**ccountable care



http://aims.uw.edu

Collaborative Care

Collaborative care *optimizes* all behavioral health resources



Source: http://uwaims.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"

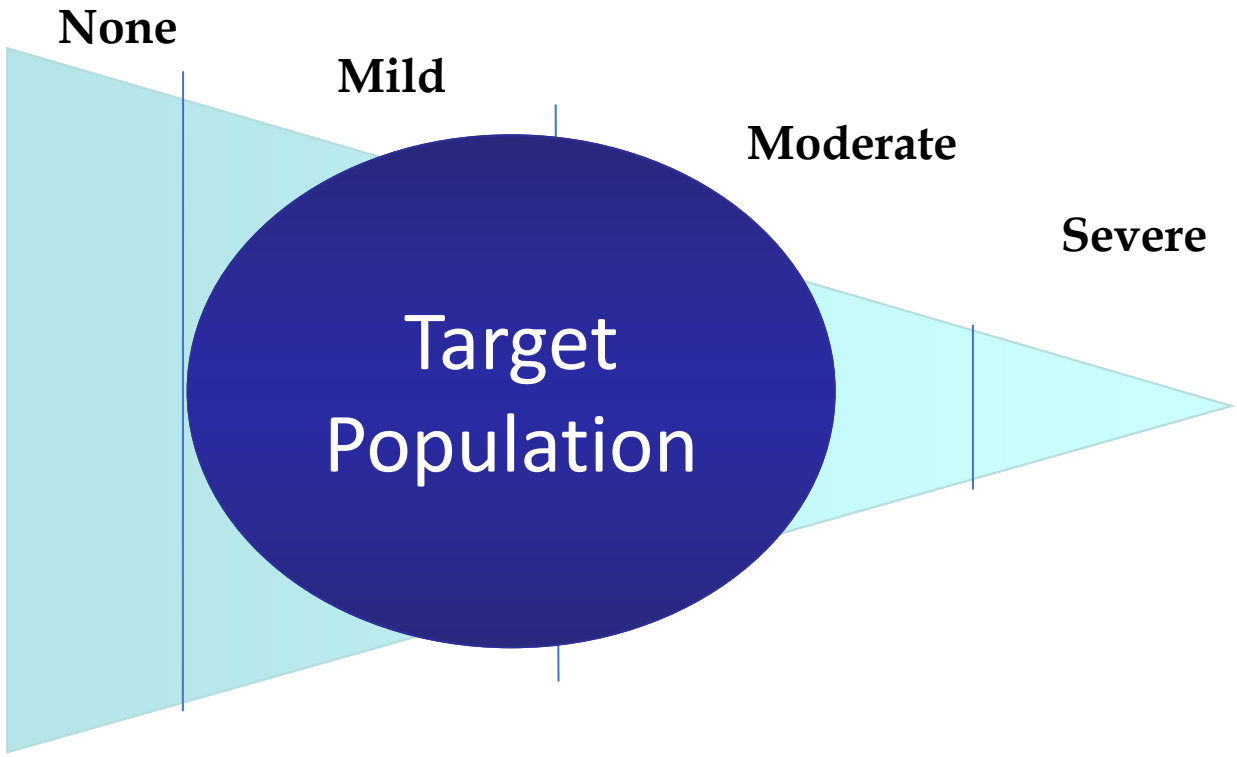
- Measurable treatment goals clearly defined and tracked for each patient.
- Treatments are actively changed until the clinical goals are achieved – "treat to target".

Evidence-Based Care

- Treatments used are 'evidence-based'.
- Pharmacology, brief psychotherapeutic interventions, models.

Source: http://uwaims.org

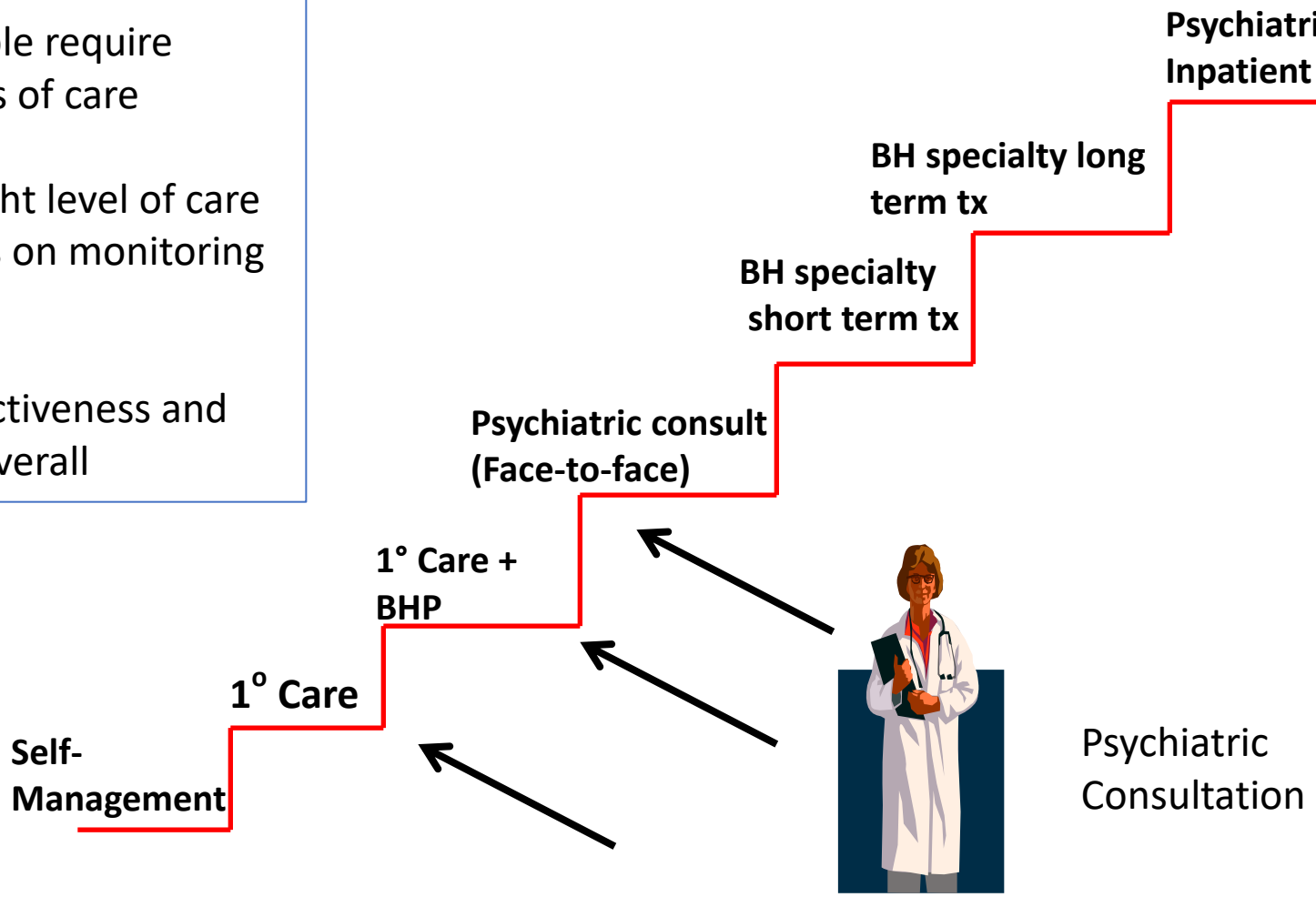
“Sweet” Spot for the Collaborative Care Model



- Issues with depression and substance abuse must be pre-empted, rather than treated once advanced.
- Goal is to detect early and apply early interventions to prevent from getting more severe

Stepped Care Approach

- 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



Van Korff et al 2000

Recent ad for a “consulting psychiatrist”

- **Essential Duties and Responsibilities:**
- · Provide regularly scheduled consultation to participating primary care practices. Consultations will focus primarily on patients who are new to behavioral health treatment or who are not improving as expected.
- · Provide phone consultation to primary care physicians (PCPs) as requested. Response time should be within 24 hours for low priority calls and 1-2 hours for urgent calls, if possible, within normal working hours.
- · Work with participating practices to track and oversee patient outcomes using an integrated health 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 clearly to PCPs, care coordinators, or other designated contacts for the practices regarding limitations of consultation and treatment recommendations, if relevant.
- · Maintain communication flow in relevant e-mail systems including a response time within 2 business days generally. Urgent e-mail should be responded to as soon as possible.
- · Participate in weekly, monthly, or quarterly consult meetings as assigned.
- · Provide 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, provider education, case presentation, and in-person evaluation of patients.
- · Participate in and/or provide training related to this position.

Caseload Review

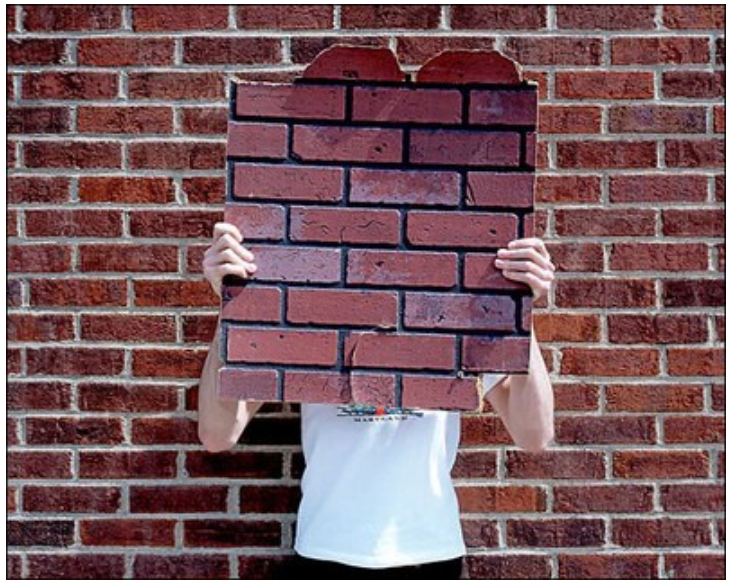
MRN	Name	Status	Date follow up due	Actual contact	PHQ-9	% change	GAD-7	% change
1236	Robert Sled	Active	2/1/17	2/4/17	15	0%	11	0%
			2/15/17	2/15/17	13	-13%	11	0%
			3/9/17	3/10/17	15	0	9	-18%
			3/23/17	3/23/17	13	-13%	6	-45%
			4/6/17	4/7/17	12	-20%	7	-36%
			4/20/17	4/20/17	11	-27%	7	-36%
			5/04/17	5/04/17	9	-40%	6	-45%

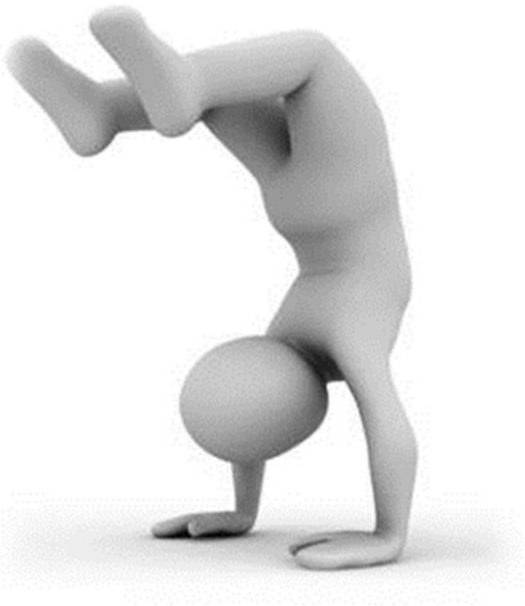
https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data

Disciplines-(examples)not all-inclusive…

- RNs
- LPNs
- APRNs
- Social Workers
- Therapists
- Psychologists
- LACs
- Physicians
- PA-Cs
- OTs
- PTs

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





We couldn’t possibly…

- Fill in the blank_____

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..

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

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

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

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.*

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

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

MAT Models in Primary Care (Chou R, Korthuis PT, Weimer M, et al.)

(Primary Components)

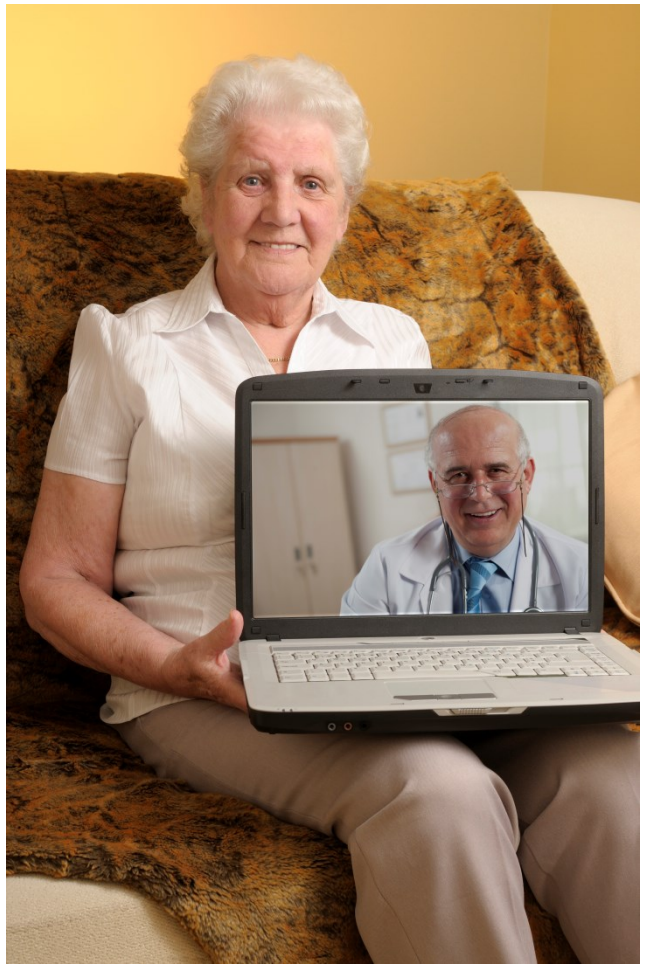
- Pharmacological therapy (Buprenorphine, Naltrexone)
  - Not Methadone- this can only be distributed at a licensed and accredited opioid treatment programs
- Coordination/Integration of SUD treatment and other medical psychological needs
- Psychosocial services/Interventions – Critical
- Provider and community education interventions – decrease stigma, increase providers, improve staff buy-in (Project ECHO)

Other Models (Chou R, Korthuis PT, Weimer M, et al.)

- OBOT
- Hub and Spoke
- Massachusetts Nurse Care Mgr. Model
- Buprenorphine HIV Evaluation and One Stop Shop
- Project ECHO

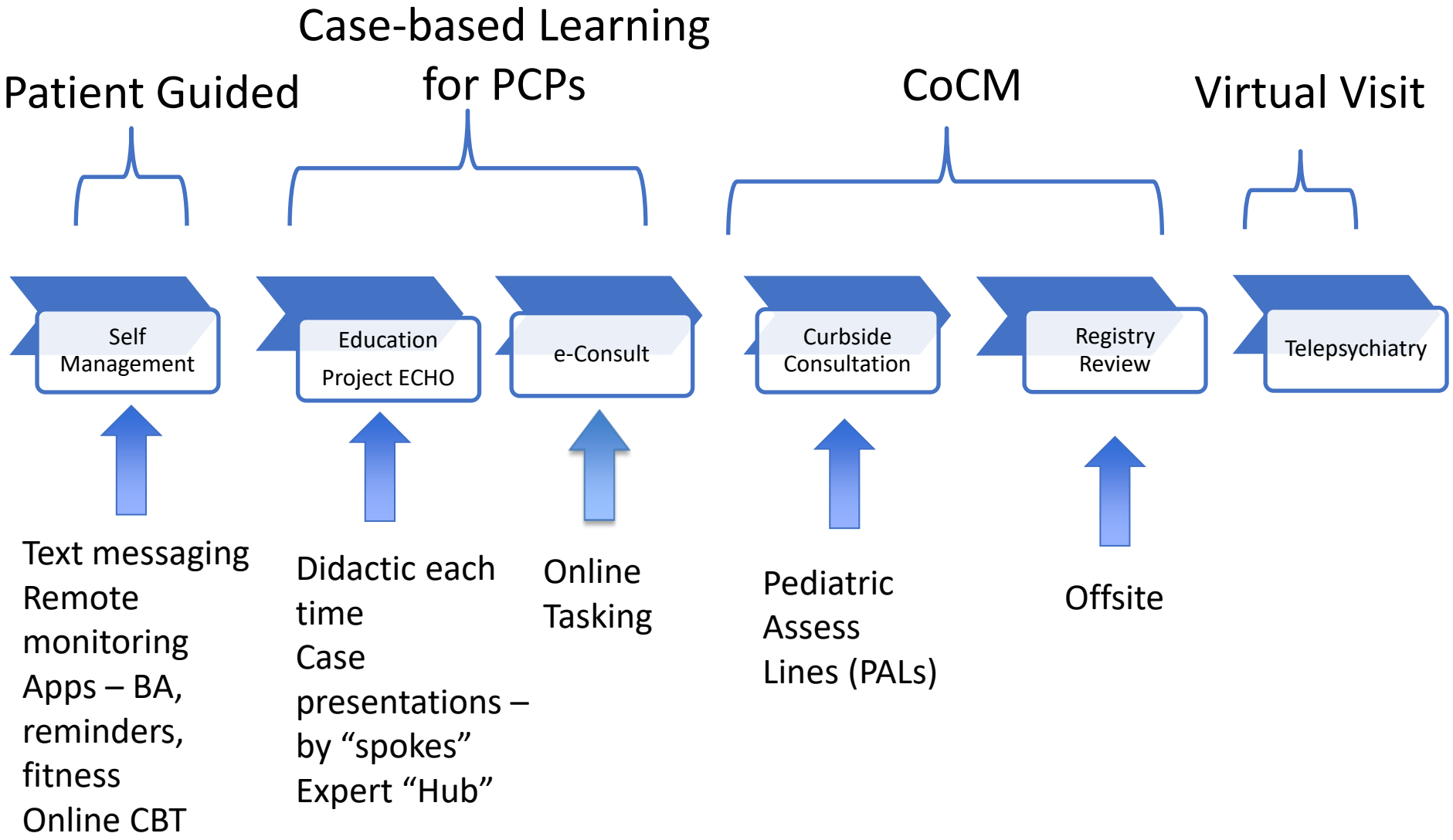
What is the Future Looking Like?

Telemedicine



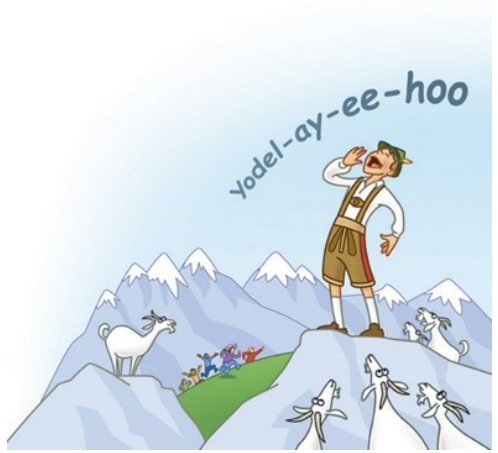
- Setting
- Equipment
- Credentialing
- Services
- Payment

Telemedicine and Collaborative Care



With thanks to Lori Raney, MD and Health Management Associates

Popular Model



Project ECHO: A Revolution in Medical Education and Care Delivery

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

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

There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.

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

- Over 1000 and climbing

- Is there an app for that?

Will this

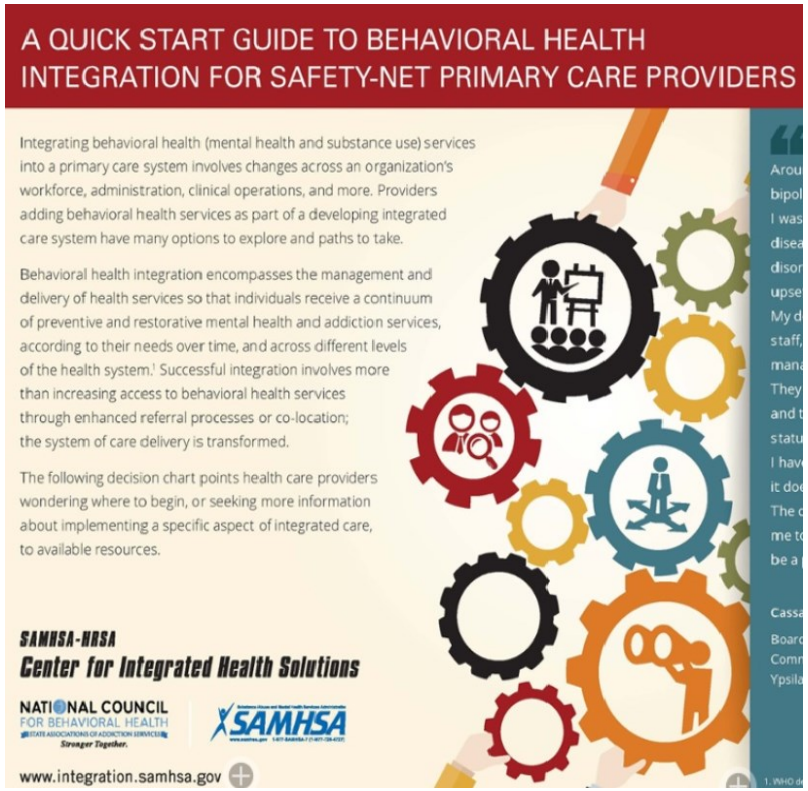
- Increase demand in your office by increasing awareness?
- Reduce demand by allowing other access from other treatment providers?
- Complicate care due to lack of information sharing, or lack of evidence-based treatment?

Data and communication

- HIPAA

- 42 CFR(2)

Resources

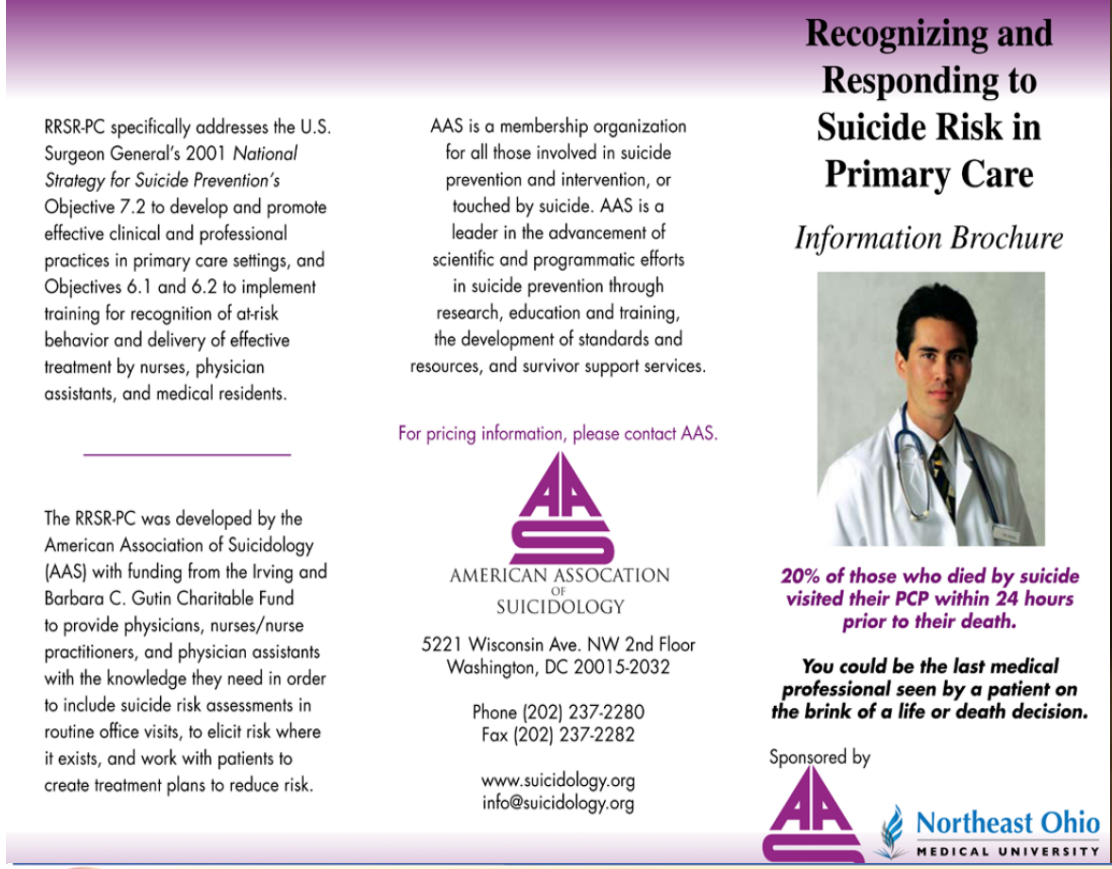


Center *for* Rural Health
University of North Dakota
School of Medicine & Health Sciences

IMPACT Evidence-based depression care
AIMS CENTER | UNIVERSITY of WASHINGTON Psychiatry & Behavioral Sciences

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



RRSR-PC specifically addresses the U.S. Surgeon General's 2001 *National Strategy for Suicide Prevention's* Objective 7.2 to develop and promote effective clinical and professional practices in primary care settings, and Objectives 6.1 and 6.2 to implement training for recognition of at-risk behavior and delivery of effective treatment by nurses, physician assistants, and medical residents.

The RRSR-PC was developed by the American Association of Suicidology (AAS) with funding from the Irving and Barbara C. Gutin Charitable Fund to provide physicians, nurses/nurse practitioners, and physician assistants with the knowledge they need in order to include suicide risk assessments in routine office visits, to elicit risk where it exists, and work with patients to create treatment plans to reduce risk.

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

For pricing information, please contact AAS.

AMERICAN ASSOCIATION OF SUICIDOLOGY

5221 Wisconsin Ave. NW 2nd Floor
Washington, DC 20015-2032

Phone (202) 237-2280
Fax (202) 237-2282

www.suicidology.org
info@suicidology.org

Recognizing and Responding to Suicide Risk in Primary Care

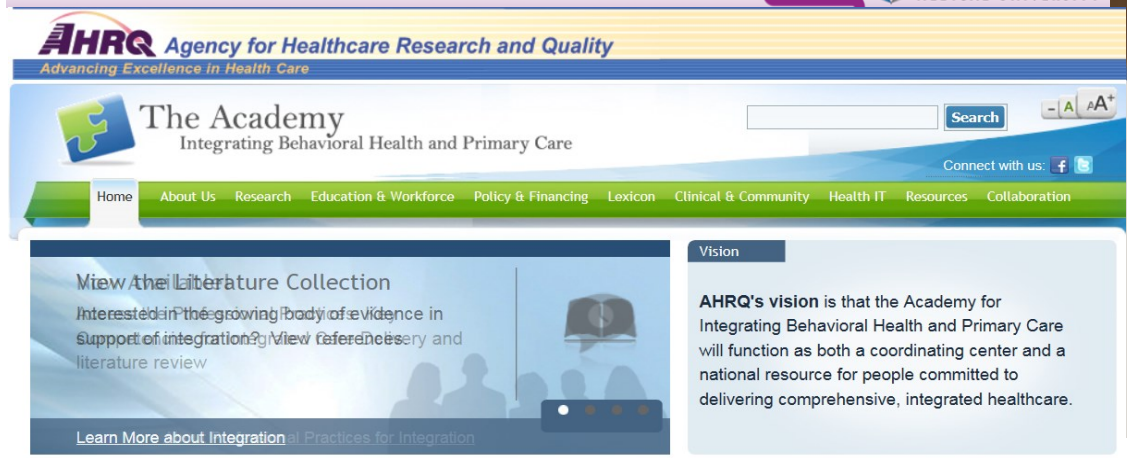
Information Brochure

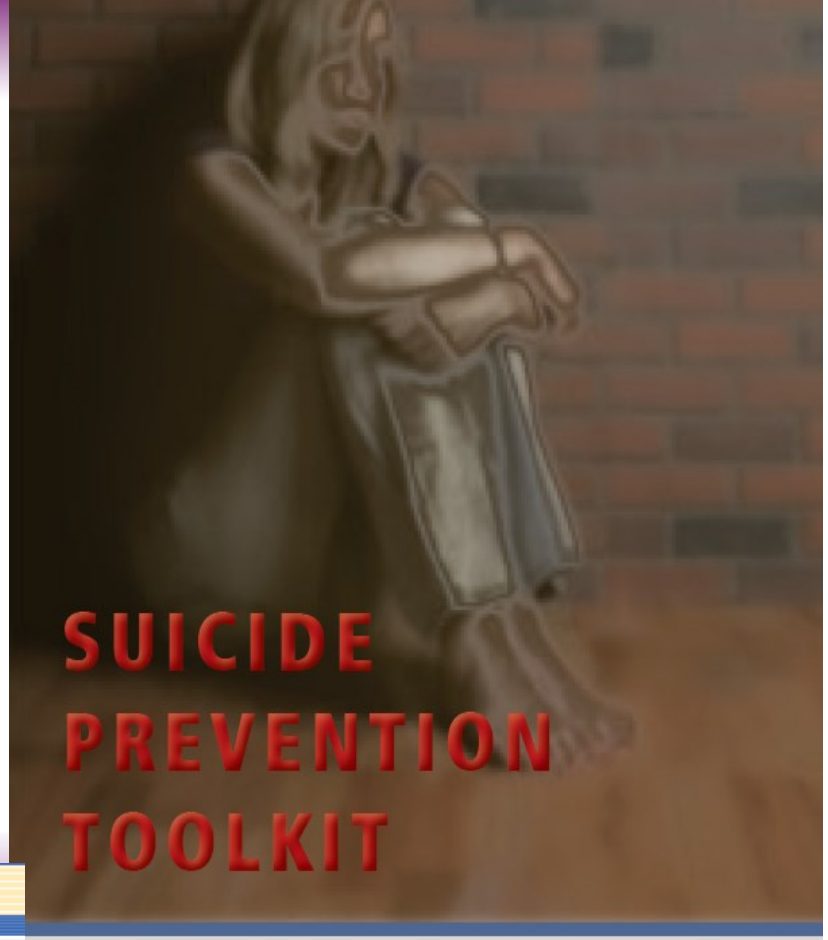
20% of those who died by suicide visited their PCP within 24 hours prior to their death.

You could be the last medical professional seen by a patient on the brink of a life or death decision.

Sponsored by

Northeast Ohio MEDICAL UNIVERSITY





for
RURAL
PRIMARY CARE
PRACTICES

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

Thank you so much for Joining!

Questions?

Comments?

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