Moving Towards Integration: Essence and Architecture

Behavioral Health/Primary Care Integration Conference

November 16, 2011
Essence and Architecture

❖ Essence
  – Attitudes
  – Beliefs
  – Values

❖ Architecture
  – Model; Clinical
  – Logistics; Operations
  – Finance; Funding

Why?

How?
Why?

Mental Health & Physical Health are Interconnected
Prevalence estimates for psychiatric disorders of individuals seen in primary care range from 26 to 60 percent.

- (Studies of patient populations based on the PRIME-MD)

An estimated 20 percent of children in pediatric primary care have a clinically significant psychosocial problem/condition.

- An estimated 60 percent to 70 percent of physician visits are by patients with no medical illness.
Health and Disease Continuum in a Population, with Cost

People

Perfect Health

Average

Disease Cutoff

Cost

Dollars
Low Follow Through to Mental Health Referrals

Primary Care Clinic

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SHOULD PRIMARY CARE PHYSICIANS TREAT MENTAL HEALTH PROBLEMS?
“Whoa—way too much information.”
Two Categories of Mental Health Issues in Primary Care

- Psychological factors impacting or impacted by medical conditions
  - But not a diagnosable psychiatric condition
- Psychiatric conditions
Coniserations for Behavioral Health Involvement in Primary Care

HEALTH BEHAVIOR / DISEASE MANAGEMENT

- Risk screening and assessment
- Medication Adherence
- Weight Management
- Chronic Pain Management
- Smoking Cessation
- Insomnia / Sleep Hygiene
- Psychosocial and Behavioral Aspects of Chronic Disease
- Any Health Behavior Change
- Management of High Medical Utilization
The Behavioral Health Consultant in Primary Care - Clinical Focus, Interventions and Goals

- Improve Patient Adherence
- Support Patient Self-Management
- Agent of Behavior Change
- Facilitate Management of Chronic Disease
- Decrease Over-Utilization and Under-Utilization
- Reduce Health-Risk Behaviors and Increase Health-Enhancing Behaviors
- Monitor and Improve Population Outcomes
- Address Psychiatric and Substance Use Conditions—Depression, Anxiety, Psychosis,
- Provide Consultation and Training to the Primary Care Team
But sometimes it may make more sense to treat the consumer in the Mental Health Center.
Considerations for Primary Care Involvement in Mental Health Settings

HEALTH BEHAVIOR / DISEASE MANAGEMENT

- Access and communication
- Co-occurrence of physical and behavioral health conditions
- Metabolic syndrome
- Chronic Pain Management
- Drug-to-drug interactions
How?
Blending Cultures

Physician

Patient

Behavioral Health Consultant
Patient-Centered Medical Home (PCMH)

**JOINT PRINCIPLES**

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care that is coordinated and/or integrated
- Quality and safety
- Enhanced access to care
- Payment structure
Models for Integrated Medical and Mental Health Care*

- Facilitated Referral for Primary Care
- Care Coordinator-Manager (RN)
- Collaborative Care between Providers
- Primary Care on-site with Mental Health Provider
- Dually trained Physician/Care Team
- Health Care Home

*Morden et al., 2009
Considerations

❖ The Right People!
❖ Space that is conducive to integration, not just co-location
❖ Information sharing (what to share?)
❖ Financing
<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Traditional Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient may not seek MH care</td>
<td>Patient seeking out MH care</td>
</tr>
<tr>
<td>Short-term, goal oriented</td>
<td>Short or long term, process oriented</td>
</tr>
<tr>
<td>Brief interactions</td>
<td>Longer sessions</td>
</tr>
<tr>
<td>Variable scheduling</td>
<td>Consistent scheduling</td>
</tr>
<tr>
<td>Rapid diagnoses and treatment plans</td>
<td>Comprehensive evaluation and treatment planning process</td>
</tr>
<tr>
<td>Exam room</td>
<td>Private office</td>
</tr>
<tr>
<td>Interruptions</td>
<td>Quiet, lack of interruptions</td>
</tr>
<tr>
<td>Unpredictable schedules</td>
<td>Predictable schedules</td>
</tr>
<tr>
<td>Focus of tx on overall health, may not have psychiatric dx</td>
<td>Focus more on MH issues, usually have psychiatric dx</td>
</tr>
<tr>
<td>Team-based care</td>
<td>Individual-based care</td>
</tr>
</tbody>
</table>
Desirable Characteristics of BH Professionals in Primary Care Clinics

- Flexible
- Adaptable to fast pace, unpredictable schedules
- Comfortable with ambiguity, think on their feet
- Enjoy teamwork
- Comfortable in brief, sometimes one-session interventions
- Naturally gravitate towards Motivational Interviewing techniques regardless of formal training
- Knowledge and skills of health conditions and interactions with psychosocial factors
Desirable Characteristics of Primary Care Physicians in Integrated Care Clinics

- Flexible
- Value the role of BH team members
- Value the role of the patient as an active participant in care
- Enjoy teamwork
- Comfortable in talking together with patient and BHC about psychosocial issues
- Knowledge and skills of psychosocial conditions and interactions with health conditions
Knowledge and Skills Domains

• Physicians and physical health professionals
  – Conditions and diseases that impact health from acute episodic illness to chronic disease such as diabetes, cancer, HIV
  – Prevention, immunizations, blood pressure checks, cancer screening

• Behavioral health
  – Psychosocial stressors and psychiatric conditions related to mood, anxiety, thought disorders, and behavioral interactions and interpersonal relations

• Patients
  – Values, beliefs, attitudes, preferences regarding health and well-being
Physician Survey—Need

(How many of your patients do you believe have a....) N=84

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Physician Survey—Need
(How often during your medical exam do you inquire about....) N=84

- Psychiatric Condition
  - 60% or More
  - 40% to 59%
  - LT 40%

- Substance Use
  - 60% or More
  - 40% to 59%
  - LT 40%
Physician Survey—Need

(How much time during a typical patient visit do you spend in addressing a psychiatric or substance use disorder?) N=67

- LT 20%
- 20% to 39.9%
- 40% to 59.9%
- 60% to 79.9%
- 80% to 100%

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**Attitude and Value**

(It is important in the evaluation and treatment of health conditions to address any co-occurring...) N=85
Barriers

(It takes too long to obtain an appointment; there are too many logistics to make a referral; too little time to make a referral…) N=70 to 78
Knowledge and Skills

(“I am able to address a patient’s co-occurring depression, anxiety or relationship issues) N=85
Knowledge and Skills

(“I am able to address a patient’s co-occurring bipolar, psychosis, or personality disorders) N=85
Knowledge and Skills

(“I am able to address a patient’s alcohol, or substance use disorders) N=85

Knowledgeable
Skilled
Comfortable

Agree/Strongly Agree
Neither A/D
Disagree/Strongly Disagree

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Behavioral Health Professionals

- Understanding the nature of practice in outpatient medical settings
- Knowledge and skills to practice in a co-located, integrated care setting
- Comfort and confidence for working in primary care
- Nature of interactions between physical and behavioral health conditions
Interactions with Primary Care Physicians
(n=28)

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Comfort and Confidence

![Chart showing Comfort and Confidence levels for interviewing in an exam room, brief consultations, physician consultations, and confident in knowledge and skills, with baseline and follow-up data.]
Consumer Perceptions and Preferences Related to Co-located Care

- Standardized questions asked by research assistant
- Rating likelihood of service use by type of service
- Preference for service location
- Interest in timing, type, and frequency of services
- A convenience sample of 211clinic consumers
## Accessing BH Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of respondents</th>
<th>Somewhat more likely</th>
<th>Very Much More Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>208</td>
<td>12%</td>
<td>64%</td>
</tr>
<tr>
<td>Prevention Counseling</td>
<td>201</td>
<td>16%</td>
<td>55%</td>
</tr>
<tr>
<td>Talking to a peer advocate</td>
<td>204</td>
<td>21%</td>
<td>52%</td>
</tr>
<tr>
<td>Talking to BH Professional</td>
<td>209</td>
<td>15%</td>
<td>59%</td>
</tr>
<tr>
<td>Talking to BH professional with family/other</td>
<td>200</td>
<td>19%</td>
<td>45%</td>
</tr>
<tr>
<td>Group therapy/support group</td>
<td>205</td>
<td>23%</td>
<td>41%</td>
</tr>
<tr>
<td>Educational presentations</td>
<td>203</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td>Medication for mental health</td>
<td>209</td>
<td>14%</td>
<td>47%</td>
</tr>
<tr>
<td>Drug or alcohol treatment</td>
<td>203</td>
<td>10%</td>
<td>36%</td>
</tr>
</tbody>
</table>
## Importance of BH Service Features
(N=211)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at All Important</th>
<th>A Little Important</th>
<th>Somewhat Important</th>
<th>Moderately Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locate BH Services in Clinic</td>
<td>1%</td>
<td>1%</td>
<td>6%</td>
<td>9%</td>
<td>83%</td>
</tr>
<tr>
<td>BH Providers share information with doctor/nurse</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>9%</td>
<td>83%</td>
</tr>
<tr>
<td>Doctor/nurse share information with BH Provider</td>
<td>7%</td>
<td>2%</td>
<td>11%</td>
<td>17%</td>
<td>63%</td>
</tr>
<tr>
<td>All Providers Work as a team</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>94%</td>
</tr>
</tbody>
</table>
Rate How You Would Prefer to Set Up BH Visits  
(N=207-211)

<table>
<thead>
<tr>
<th>Scheduling</th>
<th>Not Interested</th>
<th>A Little Interested</th>
<th>Somewhat Interested</th>
<th>Moderately Interested</th>
<th>Very Interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>When attending HIV Medical Visit</td>
<td>10%</td>
<td>11%</td>
<td>16%</td>
<td>15%</td>
<td>48%</td>
</tr>
<tr>
<td>At Clinic but different time from med visit</td>
<td>19%</td>
<td>14%</td>
<td>20%</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>Away from the Clinic-another location</td>
<td>61%</td>
<td>10%</td>
<td>14%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Drop-in without appointment</td>
<td>25%</td>
<td>10%</td>
<td>20%</td>
<td>15%</td>
<td>31%</td>
</tr>
</tbody>
</table>
Preference of Frequency of BH Service
(N=211)

- Weekly
- Every other Week
- Monthly
- Less than Monthly

Frequency to attend
Models of Integration

- **Usual Care**—informal referral patterns
- **Collaboration**—structured and formalized referral to specialists; memorandums of agreement established
- **Co-location**—operate as separate programs, referrals are facilitated as the behavioral health specialists is onsite
- **Integration**—working together as a health care team in promoting the health of the individual from a holistic perspective
Core Activities in Integrated Model

- Screening and early detection
  - Depression in primary care; high blood pressure in mental health clinic

- Patient engagement, activation, and self-management
  - Health promotion

- Treatment
  - Psychotherapy, individual and group
  - Medical management of acute conditions

- Care coordination, monitoring and follow-up
  - Disease Management (chronic conditions)
Desired Outcomes of Integration

- Increased availability of/access to care
- Improved patient/consumer health/mental health status
- Improved patient/consumer satisfaction
- Improved cost management and cost savings
- Administrative simplification and continuity
Getting Started

What can you do now?

- Referral processes – warm transfers
- Care management
  (as opposed to case management)
- Health education
Presenters

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Thank You!!