Creating comprehensive systems of integrated Healthcare: the role of behavioral health

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What do you want your mental health system to do?
A CASE FOR INTEGRATING Behavioral Health and Primary Care

PREVALENCE

- 46% of adults will experience mental health illness or a substance abuse disorder at some point in their lifetime\(^1\)
- 28% of adolescents will experience mental health or a substance abuse disorder with distress or severe impairment\(^3\)
- 20% of primary care office visits are mental health related\(^2\)
67% of adults with a behavioral health disorder do not get behavioral health treatment. Depression goes undetected in >50% of primary care patients.

66% of primary care providers report they are unable to connect patients with outpatient behavioral health providers due to a shortage of mental health providers and health insurance barriers.
TOP 5 CONDITIONS DRIVING OVERALL HEALTH COST

- Depression
- Anxiety
- Obesity
- Back/Neck Pain
- Arthritis

When treated in harmony with mental health, chronic physical health improves significantly, along with patient satisfaction.
Mental health and primary care are inseparable; any attempts to separate the two leads to inferior care

- IOM, 1996

# An Afternoon in Primary Care

<table>
<thead>
<tr>
<th>Patient</th>
<th>Presenting Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 yo male</td>
<td>abdominal pain (new)</td>
</tr>
<tr>
<td>40 yo male</td>
<td>depression, diabetes, hypertension (f/u)</td>
</tr>
<tr>
<td>50 yo female</td>
<td>fibromyalgia, insomnia (new)</td>
</tr>
<tr>
<td>44 yo female</td>
<td>chronic pain, suicide attempt (f/u)</td>
</tr>
<tr>
<td>50 yo male</td>
<td>recent heart attack, substance abuse (f/u)</td>
</tr>
<tr>
<td>59 yo female</td>
<td>hypertension, diabetes, coronary artery disease, depression (new)</td>
</tr>
<tr>
<td>54 yo male</td>
<td>panic attacks, morbid obesity (f/u)</td>
</tr>
<tr>
<td>46 yo female</td>
<td>grief from death of child (new)</td>
</tr>
</tbody>
</table>

h/t Dr. Khatri
The cost of care increases in the presence of comorbid behavioral health and physical health conditions. For example, the chart below depicts the monthly cost of care for chronic health conditions with and without comorbid depression.

- **Without Depression**
  - Mental Health Expenditures: $20
  - Medical Expenditures: $840
  - Total Expenditures: $860

- **With Depression**
  - Mental Health Expenditures: $130
  - Medical Expenditures: $1,290
  - Total Expenditures: $1,420
Payment /financing
Community expectation
Training/education

Fragmentation
Our Rationale

- Decrease cost
- Improve outcomes
- Enhance patient experience
Fragmentation keeps us from our goal

**QUALITY**

**SEPARATE CLINICAL SYSTEMS**
- Delayed/Limited Access
- Separate Records
- Minimal Coordination
- Training Silos

**SEPARATE OPERATIONS**
- Different administrative systems
- Different regulations and requirements
- Different processes and procedures
- Health Information Technology Barriers

**EFFICIENCY**

**SEPARATE FINANCIAL SYSTEMS**
- Carve Outs
- Fee for Service model
- Incentivizes for fragmented care
- Regulatory barriers

**COST**
Definition

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, ineffective patterns of health care utilization.

Value of Integration:

Physical/Behavioral Integration is good health policy and good for health.

## A Tale of Two Approaches

<table>
<thead>
<tr>
<th>Component of Care</th>
<th>Traditional</th>
<th>Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Referral</td>
<td>Point of Primary Care</td>
</tr>
<tr>
<td>Scope of Service</td>
<td>Mental Health Diagnoses</td>
<td>Overall Health Function</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Separate</td>
<td>Shared</td>
</tr>
<tr>
<td>Collaboration of Care</td>
<td>Individual Provider</td>
<td>Team Based</td>
</tr>
<tr>
<td>Health Record</td>
<td>Separate</td>
<td>Shared</td>
</tr>
<tr>
<td>Administrative Operations</td>
<td>Separate</td>
<td>Shared</td>
</tr>
<tr>
<td>Payment</td>
<td>Separate</td>
<td>Global</td>
</tr>
<tr>
<td>Communication</td>
<td>Minimal</td>
<td>Frequent &amp; Timely</td>
</tr>
<tr>
<td>Focus of Care</td>
<td>Provider-Centric</td>
<td>Patient-Centric</td>
</tr>
<tr>
<td>Approach to Care</td>
<td>Case by Case</td>
<td>Population-Based</td>
</tr>
<tr>
<td>Efficiency of Delivery</td>
<td>Fragmented &amp; Inconsistent</td>
<td>Coordinated and Aligned</td>
</tr>
<tr>
<td>Structure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Head-to-Head Comparison

- Five year, federally funded study
- University of Pittsburgh
- 321 children
  - 160 received treatment at PCP’s office
  - 161 received treatment at mental health provider
- Outcome:
  - PCP: 99.4% initiated care and 76.6% completed
  - MH: 54.2% initiated care and 11.6% complete
Overview – A “Path” Toward Integration

Coordinated: Behavioral and physical health clinicians practice separately within their respective systems. Information regarding mutual patients may be exchanged as needed, and collaboration is limited outside of the initial referral.

Co-located: Behavioral and physical health clinicians deliver care in the same practice. Co-location is more of a description of where services are provided rather than a specific service. Patient care is often still siloed to each clinician’s area of expertise.

Integrated: Behavioral and physical health clinicians work together to design and implement a patient care plan. Tightly integrated, on-site teamwork with a unified care plan. Often connotes close organizational integration as well, perhaps involving social and other services.
RISK STRATIFICATION AND BEHAVIORAL HEALTH INTEGRATION
Identification

• How do you identify and recognize individuals with behavioral health needs that might not currently be addressed?
Identification cont.

• In your practice is there someone responsible for screening/identifying BH?
  – Examples include:
    • Front desk administers a screener
    • Patient self identifies with symptoms and a screener is administered
    • Providers use screener to help assess possible underlying BH condition
  – Once a screener has been administered and it is positive, what next?
    • Who is responsible for following up with the patient?
    • Who stores the data from the assessment tool (and where)?
    • How is the screening tool used to monitor treatment?
Risk stratification

- Risk stratification is a systematic process for identifying and predicting patient risk levels relating to health care needs, services, and coordination
- Often, the goal is to identify those at the highest risk or likely to be at high-risk and focus intervention on these patients to prevent poor outcomes
- Often involves use of algorithms and registries, payer data, etc.
Why risk stratify?

• “Predict” potential patient health risks
• Prioritize resources and focus interventions
• Minimize negative outcomes
Start with the basics

• Create a process for collecting these data that is easily understood by all (not just data guy)

• For example:
  – Which patients are at highest risk?
    • Comorbid behavioral health?
    • Social status?
  – Consistent definitions for which patients meet what category
  – Criteria for different categories in stratification
  – Limitations of decisions (e.g. life event)
Risk stratification

• Look at the patients you are currently treating; what percent have a comorbid behavioral health diagnosis?
  • Examine if the patients you have identified are improving
  • Consider starting your behavioral health interventions with these cohort of patients
  • Patients who may also be in a high risk category who have complex chronic disease but no diagnosis of behavioral health may actually have one
THERE IS NO ONE ONE-SIZE-FITS ALL APPROACH – NEED TO IDENTIFY WHAT WILL WORK BEST IN YOUR PRACTICE

Workflow trumps technology
Designing workflows

Where
• Where are important events happening?
• Examples: clinic, patient’s home, partner site, internet/web

What or How
• What is being done to help integrate care?
• How much time is being spent on this activity?
• Examples: ask questions, look at data, talk with someone, provide instructions, make a decision, connect to a resource

When
• When is the action performed or in what sequence?
• Examples: before, during or after a visit, three months from now, once a year.

Who
• Who is participating, receiving, or doing something?
• Examples: PCP, BH provider, staff, collaborator, patient, computer/Electronic Health Records
Workflows and risk stratification

• Once a risk stratification methodology has been established consider the following:
  – Who identifies?
  – Who intervenes?
  – Who records?
  – Who tracks?
<table>
<thead>
<tr>
<th>Issue</th>
<th>Name of Measure</th>
<th>Number of Items</th>
<th>Score for Positive Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>PHQ-9</td>
<td>9</td>
<td>6-10 moderate, 10-15 moderately severe, 16+ severe</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>AUDIT</td>
<td>3</td>
<td>7 or more for women, 8 or more for men</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>GAD-7</td>
<td>7</td>
<td>6-10 moderate, 10-15 moderately severe, 16+ severe</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Mood Disorder Questionnaire</td>
<td>5</td>
<td>Yes to 7+ items in question 1 AND Yes to question 2 AND moderate to serious to question 3.</td>
</tr>
<tr>
<td>PTSD</td>
<td>PC-PTSD</td>
<td>4</td>
<td>Yes to one or more items</td>
</tr>
<tr>
<td>Montreal Cognitive</td>
<td>MOCA</td>
<td>12</td>
<td>&gt;26 (out of 30) Normal</td>
</tr>
</tbody>
</table>
Are patients improving?

• Use standard screening tools for behavioral health conditions (e.g. PHQ-9 for depression, GAD-7 for anxiety)
  – Integrate these tools into the workflow
  – Use tools repeatedly to assess effectiveness of treatment (e.g. TREAT to TARGET, case review consultation)
  – Store these data in structured fields
Identify the disease(s)

Identify the risk factors

Set the goals for each “tier”

Intervene

Tier I: High Risk
- Diabetes mellitus, type I and type 2
- Chronic kidney disease/ end stage renal disease/ post kidney transplant
- Post-heart transplant
- Kawasaki disease with current coronary artery aneurysms

CV RISK FACTORS / CO-MORBIDITIES
- Family history of early CVD in expanded 1st degree pedigree (≤ 55 y; ≤ 65 y)
- Fasting lipid profile
- Smoking history
- BP (3 separate occasions), interpreted for age/sex/height percentile (%ile)
- Height, weight, BMI
- Fasting glucose (FG)
- Diet, physical activity/exercise history

Tier II: Moderate Risk
- Kawasaki Disease with regressed coronary aneurysms
- Chronic inflammatory disease
- HIV
- Nephrotic syndrome

Tier I: High Risk
- BMI < 85th %ile for age/sex
- BP < 90th %ile for age/sex/ ht%ile
- Lipids(mg/dl): LDL-C ≤ 100,
  TG < 90, non-HDL-C < 120
- FG < 100 mg/dl, HgbA1c<7%

Intensive lifestyle management
  (*) Activity Rx **
  Weight loss as needed***
  Condition Specific Management – Table 11–3

PLUS

Tier II: Moderate Risk
- BMI ≤ 90th %ile for age/sex
- BP ≤ 95th %ile for age/sex/ht%ile
- Lipids(mg/dl): LDL-C ≤ 130,
  TG<130, non-HDL-C < 140
- FG < 100 mg/dl, HgbA1C < 7%

Intensive lifestyle management
  (*) Activity Rx **
  Weight loss as needed***

If goals not met, consider medication per risk-specific guideline recommendations
Where are the behavioral health services?

• Which BH are part of the practice care team or staff resources your system provides you (for those practices that are part of systems), and which are available through established coordinated relationships in the medical neighborhood?
  – Factors to consider:
    • Finding the behavioral health providers in your community
    • The ability to track referrals or communicate with external partners
    • Availability of behavioral health provider to come onsite
    • Role behavioral health provider will play (e.g. brief interventions or more specialty mental health services)
Patients who need Integrated behavioral health

“Buckets”
- Mental Health and Substance Abuse conditions commonly presenting in primary care
  e.g. depression, anxiety, PTSD, or other depending on
- Medical conditions with strong MH or SA contribution, even if pt doesn’t see self as having MH or SA problem
  e.g., diabetes, CV, asthma or

“Zones”
- Straightforward situations: Typical protocols apply—usual care and decision-making with usual team arrangements
- Complex situations: Interferences with usual care and decision-making that require unusual attention, non-standard care processes or team arrangements

Defining functions for both “buckets” and both “zones”:
1. Teams defined at the level of the patient “bucket” and “zone”
2. Shared care plans and targets that integrate behavioral health
3. Clinical systems to support Integrated treatment to target
What are the range of behavioral health services offered?
Building practice capacity

• Creating a team oriented practice
  – Offer internal practice team staff, training
  – Consultation/co-management relationships with behavioral health
  – Coordinate relationships within medical neighborhood
  – Share workflow to foster multidisciplinary teams
INTEGRATED PRIMARY CARE TEAM

- Access, Communication, Collaboration at Point of Care
- Shared Space, Workflow, Documentation, Support Staff
- Collaborative treatment planning
- Anchored in Patient Engagement

INTEGRATED POPULATION BASED CARE

- Integrated Operations
- Global Payment for Integrated Services
- Integrated Health Record
- Clinical Informatics to address population health needs
- Flexible Healthcare delivery to appropriately distribute resources
- Integrated Health Record for quality improvement and assurance
- Clinical informatics at population level
Resources

NCBH Day 1 PPT.pdf
http://www.integration.samhsa.gov/
   http://www.advancingcaretogether.org/

http://www.youtube.com/CUDFMPolicyChannel
   http://coloradosim.org/
   : http://www.cfha.net/
http://www.pcpcc.org/behavioral-health
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