Integration of Behavioral Health within Primary Care: A Stepped Model

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Disclosures

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- UC Davis Practice Management Board
- Archstone Foundation
Goals for next 15 minutes

- Rationale for behavioral health integration within primary care
- Tiered Integrated Programs at UC Davis
  - Screening initiatives
  - Electronic Consultations
  - Ambulatory Case Management Team
  - Collaborative Care Model (CoCM) + Family Partnership
  - Tele psychiatry Implementation
  - Embedded Psychiatric Consultants
- Training / Research / CQI Initiatives
- 25-30% of primary care patients have a mental illness

- Only 50% of patients referred to specialty mental health actually follow through with making an appointment

- Cunningham, Health Affairs 2009
The Problem (cont.)

- **Stigma**

- Poor access to behavioral health treatments for primary care patients
  - Shortage of behavioral health providers

- Patients with behavioral health conditions
  - High rates of medical complexity
  - Poor cardiovascular outcomes
Mental Health Problems
Rarely Occur in Isolation

- Chronic Physical Pain: 25-50%
- Cancer: 10-20%
- Neurologic Disorders: 10-20%
- Diabetes: 10-30%
- Heart Disease: 10-30%
- Smoking, Obesity, Physical Inactivity: 40-70%

Percentage with comorbid behavioral condition

Patient-centered care?
Collaborative Care Model (CoCM)

- Primary Care Provider
- Patient
- Psychiatry consultant
- Behavioral Health Clinician
Population Health – Strong Evidence

- **Strong evidence base for behavioral health integration:**
  - Improve health outcomes / access to care
  - Lower health care utilization

- **Collaborative care model (CoCM)** now has over 80 randomized control trials (RCTs) demonstrating clinical efficacy in a variety of common conditions
UC Davis – Behavioral Health Integration
A Phased Approach to Integration

- Screening
- E-consults
- Ambulatory Case Management
- Collaborative Care Model (CoCM)
- Telepsychiatry
- Embedded Psychiatric Consultants
Depression Screening -- Back Office Workflow

UC Davis Primary Care Sites

Now screening 1,800 patients per week
E-consults

- PCPs ask questions to specialists
- Straight forward questions don’t need a psychiatry referral
- If not appropriate, refer for another intervention
Case Management and Collaborative Care Model

- **Ambulatory Case Management**
  - Care Transitions
  - Education
  - Resources

- **Collaborative Care Model**
  - LCSWs in clinics
  - Evidence based psychotherapy
  - Follow outcomes in registry
Health Management and Education

Leadership Team
- Ann Boynton, Director
- Michael Hooper, M.D., Medical Director
- Nicole Hansen, RN, MSN
- Kelly Grady, MSN
- Monica Delson, RN, BSN
- Glee Van Loon, RD, CDE
- Anita Watson, RN

Case Managers and Educators
- Nurses (RN)
- Social Workers (LCSWs)
- Pharmacists
- Health Educators
- Dieticians
- Health Psychologist
- Hospital Discharge Call Program
Implementation of Collaborative Care Model (CoCM)

- LCSW functions as behavioral health clinician (BHC) in a primary care clinic
- Referrals from PCPs
- Short-term behavioral interventions
  - Behavioral activation (BA)
  - Problem solving therapy (PST)
- Use of registry
- Weekly case consultation with embedded psychiatry consultant
Collaborative Care Model Data

Of 500 patients participating, results include:

- **33%** of patients are in remission within 12 weeks
- **56%** of the above patients have achieved a response to treatment within 12 weeks
- **59%** of the above patients have achieved significant clinical improvement within 12 weeks
Tracking Performance Improvement

- Hemoglobin A1c
- Blood pressure
- BMI
- PHQ9 (depression)
- GAD7 (anxiety)
- Substance Use Screenings
Embedded psychiatrists

- Consultative model
  - Diagnostic clarification
  - Recommendations to PCP

- Weekly team meetings with case managers and therapists
  - Registry review
  - Treat-to-target
Program Development
Program Development (cont.)

- Clinical Quality Improvement
- Education
  - PCP education
  - Trainees
- Research
  - Telepsychiatry
  - Population health
A program built from QI projects

- **2011** – Depression Care Management – Pay for Performance Initiative
  - 2 clinics – improved depression outcomes
  - Highly rated by patients and PCPs

- **2012** – Depression Care Management – expanded
  - 3 clinics – replicated 2011 results

- **2013** – Care Coordination Program
  - Now Ambulatory Care Management (ACM)
Clinical Quality Improvement (cont.)

- 2015 – Asynchronous Telepsychiatry (ATP) for Depression in Primary Care
  - Improved outcomes in both depression and anxiety

- 2016 – PRIME – Public Hospital Redesign and Incentives in Medi-Cal
  - Behavioral health quality metrics
  - Depression screening / 12-month remission / substance use screening
Clinical Quality Improvement (cont.) / Research

- 2016 – Universal Depression screening
- 2017 – E-Consult launch
- 2018 – Collaborative Care Model (CoCM) implementation
- 2019 – Care Partners Grant for Late-Life Depression (Archstone Foundation)
Telepsychiatry and Virtual Care

More Telemedicine Benefits

Telepsychiatry

- Synchronous (STP)
  - Real-time

- Asynchronous (ATP)
  - Video-recorded interviews
Telepsychiatry (ATP) Funded Projects

- BHCE (200k). Xiong et al. ATP in Nursing Homes – pilot feasibility and RCT of ATP v STP
- PMB (350k). Scher et al. ATP for depression in primary care – feasibility and QI project
- BHCE (200k). Yellowlees, Chan et al. Technological approaches to Interpretation
Asynchronous Telepsychiatry: A Component of Stepped Integrated Care

Peter Yellowlees, MBBS, MD, Michelle Burke Parish, MA, PhD(c), Álvaro González, MA, Steven Chan, MD, MBA, Don Hilty, MD, Ana-Maria Iosif, PhD, Robert McCarron, DO, Alberto Odor, MD, Lorin Scher, MD, Andrés Sciolla, MD, Jay Shore, MD, and Glen Xiong MD

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Clinical workflows across primary and specialty care using stepped choices of electronic solutions can make mental healthcare more efficient.

Integrated care models involve the development of patient registries: team-based clinical reviews of panels of patients and online provider-to-provider e-consultations and electronic versions of the traditional curbside consultation. Technologies such as electronic medical records (EMRs), e-mail, telephone, and secure electronic messaging through patient portals have created a series of electronically supported consultation choices for patients and providers. When PCPs are able to combine direct care with synchronous and asynchronous consultation options, a multitude of care possibilities become
Archstone Foundation -- Late-Life Depression

• 3 year grant (2018-2021)

• Enhance the collaborative care model using care partners

• Family members / friend friends given specific tasks within the CoCM
Education is the key to success
Many opportunities to teach

- **Integrated Teaching**
  - Every consultation is an opportunity to teach!
  - PCP / BHC

- **Structured Teaching**
  - "Lunch & Learns" on topics in Primary Care Psychiatry
  - CME

- **Formal educational content**
  - Journal articles / handouts / protocols
• Training PCPs

• Training Psychiatrists
  • C-L Fellows
  • PGY-5 Combined Residents
  • PGY-4 General Residents

• Medical Student rotations
Alternative Payment Models
- Pay-for-Performance / Outcomes
- PRIME
- Health Homes

New billing codes for Collaborative Care
A team approach to care

Interdisciplinary and patient centered
Thank you

Questions?