Integrated Care

A series of presentations on the Integration of Behavioral Health into Primary Care

Presented by:
St. Louis Behavioral Medicine Institute
Integrated Care

Behavioral Health Meets Primary Care: Integrated Care by

Ronald B. Margolis, Ph.D.

St. Louis Behavioral Medicine Institute
• Sidney R. Baer, Jr. Foundation
  FY 2004 – FY 2009

• Crider Health Center
  FY 2008 – FY 2009

• Greater St. Louis Health Foundation
  FY 2009 – FY 2010

• FQHC/CMCH MO Integration Initiative
  FY 2008 – FY 2014
Regional Health Commission Episcopal-Presbyterian Charitable Health & Medical Trust:

Betty Jean Kerr People’s Health Centers Integration Project
FY 2012 – FY 2014

St. Louis County Department of Health Integration Project
FY 2013 – FY 2014
Why Behavioral Health and Primary Care Integration
“Between the health care we have and the care we could have lies not just a gap, but a chasm.”

-Institute of Medicine 2001
U.S. Health Care System

- Highly motivated providers
- Significant resources
- Significant knowledge
U.S. Health Care System

- Yet major gaps in treatment for the insured/uninsured
- Affordable Care Law/Medicaid Expansion
Integrated Care Impact

1. Increase Access
2. Improve Quality
3. Reduce Costs
It’s not so much that we are afraid of change or so in love with the old ways, but it’s the place in between we fear. It’s like being between trapezes. It’s Linus when his blanket is in the dryer. There’s nothing to hold on to.

—Marilyn Ferguson, American Futurist
Heart Attack?
What Steps Can Prevent A Second One

BY RON WINSLOW
AND ANNA WILDE MATHEWS

For heart-attack survivors, eliminating copayments for heart-drug prescriptions can modestly improve the chances of avoiding a second attack, a new study found. Although making medications free had only a small effect on whether patients filled their prescriptions, Aetna Inc., the big insurer that helped fund the study, found "compelling" improvements in the results. The strategy also did not raise Aetna's costs. The company said Monday that based on the results it will begin offering a benefits plan in 2013 that will enable heart-attack survivors to get certain medicines at no or reduced out-of-pocket costs. 'The study suggests that it takes a lot more than financial incentives to make major headway against a per-
Significant failure to detect and treat mental health disorders
Primary Care/Defacto Mental Health System
• 50% to 75% of patients who present to Primary Care with mental health disorders do not receive treatment for their disorders in Primary Care.

• 25% of patients referred to specialty care are actually seen for initial appointments.
Historic Events for Integrated Care

- Air Force
- 2002 Medicare covers Health and Behavior Codes
Key Concepts for Integrated Care

- Support Primary Care Provider teams in identifying and behaviorally intervening with patients who could benefit from behavioral intervention.

- Part of front line interventions with first looking to manage behavioral health needs within the primary care practice.
Key Concepts for Integrated Care

- Focus on managing a population of patients versus specialty care.

- Brief interventions both in time and number of meetings.
Behavioral Health Components in Primary Care

- Adherence
- Chronic medical conditions
- Patient education
- Prevention/health promotion
Behavioral Health Components in Primary Care

- Impact of illness on family systems
- Lifestyle interventions
- Mental health
Mental-Health Care at the Doctor’s Office
Providers Take Integrated Approach, With Patient Numbers Set to Jump Under New Law and Psychiatrists in Short Supply

By Melissa Berg

Seattle psychiatrist Ana Reckiff oversees mental-health care for nearly 500 patients—most of whom she will never meet. As the consulting psychiatrist for four primary-care practices, Dr. Reckiff and her two care managers work with each care manager to follow the patients closely, providing counseling and guiding their treatment plans.

The New Skills of Care

Doctors’ offices are using new ways to deliver more care to more patients at less cost.

Starting next week, plans sold on the new insurance exchanges make people at least some mental-health coverage, with plans that used to be considered cost-prohibitive. A 2009 federal “parity” law bars insurers from capping mental-health benefits on the same medical services. As a result, as many as 60 million more Americans will have access to mental-health coverage, by 2014, according to the National Alliance on Mental Illness.

But while those benefits may be difficult to come by, some 20 million people spend even more time in communities with fewer than one psychiatrist per 100,000 residents, according to government surveys.

The idea of having primary-care providers treat mental-health issues with psychiatrists’ oversight isn’t new, but it is gaining on in community health centers, large health systems including Kaiser Permanente and the Veterans Health Administration, and private Medicaid and Medicare projects.

“We’re seeing more interest in this in the last five years than the last 20,” said University of Washington psychiatrist Wayne Estes, who pioneered the concept in the early 1980s.

Also sparking interest is the growing awareness that mental and mental-health problems are often linked. Patients with diabetes and heart disease have twice the rate of anxiety and depression as the general population, which in turn makes it harder to make healthful changes like losing weight, studies show.

Approximately 85% of primary care patients have one or more psychiatric diagnoses—most anxiety, depression or substance abuse, according to a JAMA study.

Primary-care doctors typically hand such patients a referral to a mental-health specialist, but only 80% of patients followed through, according to a 2003 study in the Archives of General Psychiatry.

In an integrated-care practice, doctors can do a “warm handoff” instead, personally introducing patients to a counselor on site.

“It’s more important to capture that moment,” said internist Thomas Golightly, medical director of the Family Health Center of Harlem, an integrated-care center in New York City. “If a patient gets comfortable with a counselor before ever leaving the building, he’s much more likely to return.”

In some practices, psychiatrists and psychologists who work alongside primary care providers on cases. In others, primary-care doctors prescribe antipsychotics or other medications, and care managers—typically licensed clinical social workers—coordinate closely with patients to monitor progress, often using a standardized nine-question depression scale.

Many care managers also provide cognitive behavioral therapy and other counseling. “The goal is to give patients the skills to approach problems differently,” said Jorgen Unutzer, a University of Washington psychiatrist, who has helped more than 1,000 clinics nationwide adopt the model.

Many studies have shown that integrated care can reduce patient depression and anxiety. A 2013 study of 1,800 patients found that a year of integrated care cost $450 a patient but saved an average of $3,400 in lower medical bills over the next four years.

Still, integrated care is big for psychiatrists whose training typically focuses on one-on-one relationships.

Moreover, some critics say it provides superficial, cookie-cutter care and reduces too heavily on medication. In cities where psychiatrists are plentiful, patient care can be lost, often using a standardized nine-question depression scale.

Many care managers also provide cognitive behavioral therapy and other counseling. “The goal is to give patients the skills to approach problems differently,” said Jorgen Unutzer, a University of Washington psychiatrist, who has helped more than 1,000 clinics nationwide adopt the model.

Many studies have shown that integrated care can reduce patient depression and anxiety. A 2013 study of 1,800 patients found that a year of integrated care cost $450 a patient but saved an average of $3,400 in lower medical bills over the next four years.

Still, integrated care is big for psychiatrists whose training typically focuses on one-on-one relationships.
Population-based Approach to Psychiatry in Primary Care
Levels of Integration

Traditional Model

Co-located Model

Behavioral Health Consultant

Less Integrated  More Integrated
Traditional Model

- Refer to clinicians in the community
- Most referrals Mental Health
- Problem of collaboration with Primary Care Team

© 2014 St. Louis Behavioral Medicine Institute. All Rights Reserved.
Traditional Model

- Impact small percentage of practice
- Who keeps the appointment
Co-located Model

• Improvement over community referral
• Co-located care – “House Shrink”
• Traditional Mental Health – 50 min
Co-located Model

• Majority work with Mental Health

• Impact small percentage of practice
Behavioral Health Consultant Model

- Move to Population based models versus Specialty Care
- Greater collaboration with Primary Care Team
Behavioral Health Consultant Model

- Impact both Medical and Mental Health issues
- Impact greater percentage of practice
What PCPs should expect from the Behavioral Health Consultant

- Support the mission of primary care practice
- Understand Pace/Needs of primary care
- Openness to medical issues
What PCPs should expect from the Behavioral Health Consultant

- Help develop care paths (vertical integration) with the practice
- Help identify patients with significant psychosocial needs.
What PCPs should expect from the Behavioral Health Consultant

- Impact psychosocial drivers of health and illness
- Co-manage patients/support improved practice productivity
- Action/Change/Problem Solving Orientation
What PCPs should expect from the Behavioral Health Consultant

- Increased patient satisfaction
- Provide primary care team information on behavioral disorder
How the PCPs/System can help the BHC model succeed

• Support the BHC as members of the primary care team delivery system

• Introduce the BHC to patients as a “colleague”

• Help educate the BHC about primary care and practice patterns
How the PCPs/System can help the BHC model succeed

- Provide information on common conditions/challenges
- Think psychosocial drivers for BHC consult
- Feel comfortable interrupting the BHC when the BHC is with a patient
How the PCPs/System can help the BHC model succeed

- Word referrals to the BHC the same as other referrals
- Provide feedback to BHC
- CEO/Admin support
Key Factors in the Future

- “Reforms” of the Affordable Care Law
- Medicaid Expansion
- Regulatory Agencies
Key Factors in the Future

- Utilization of the Health and Behavior Codes
- Medical/Healthcare Homes
- How is “Value” delivered
Key Factors in the Future

- Who can deliver Integrated Care
- Reimbursement Impact on models of Integrated Care
- Process/Outcome Research for Continuous Improvement
Key Factors in the Future

- Support PCPs training in Mental Health/Psychopharmacology
- Train Psychiatrists in a population based model
Integrated Care/Behavioral Health Consultant Model

“All politics are local.”

-Tip O’Neil
The End

Thank You