

Collaborative Care In Mental Health



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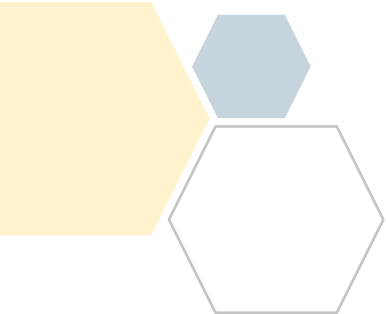
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Objectives

- What is Collaborative Care?
- Why is there a need for Collaborative Care?
- Collaborative Care Models and Outcomes
- Implementing Mental Health Integrated Care
- Challenges to implementing Collaborative Care Programs
- Summary



What is Collaborative Care?



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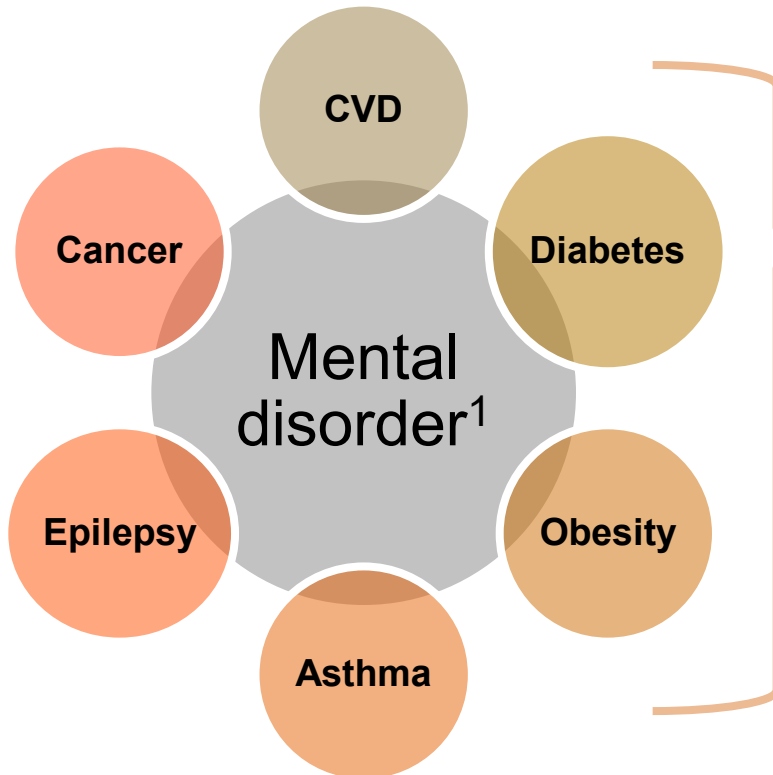
Health Is Complex and Entails Many Factors

“[Health is] a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”
—World Health Organization

1. World Health Organization. https://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf. Accessed July 24, 2017.

Association of Mental and Physical Health Supports Collaborative Care

Mental disorders are associated with chronic physical diseases



- Complex medical and psychiatric medication regimens²
- **Polypharmacy³** (13%-90% prevalence) is often necessary in patients with comorbid conditions
- Issues with polypharmacy include
 - **Drug-drug interactions**
 - **High drug costs**
 - **Noncompliance**

CVD, cardiovascular disease.

1. Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html. Accessed August 10, 2017.

2. Bostwick et al. *Curr Psychiatr*. 2014;13:23-29. 3. Kukreja et al. *Mens Sana Monogr*. 2013;11:82-99.

Collaborative Care Model

Collaborative care is an approach to care that may include the following¹:

- Care manager: works with the patient and the PCP to help develop a unified approach to care of the patient
- Patient education and support, including goals and a specific action plan
- Monitoring of treatment adherence and outcomes
 - Cases are identified and patient progress monitored through the use of instrument screening²
- Coordinating office visits to a PCP and/or a mental health specialist

PCP, primary care physician

1. Butler M, et al. *Integration of Mental Health/Substance Abuse and Primary Care No. 173*. 2008.
2. Barkil-Oteo A. *Yale J Biol Med.* 2013;86(2):139-46.

Integrated Care Is an Approach to Treat Patients With Multiple Healthcare Needs

Coordinating primary care with mental health care can help address physical health issues for people with mental illness^{1,2}

Primary care has become the gateway to the mental health system



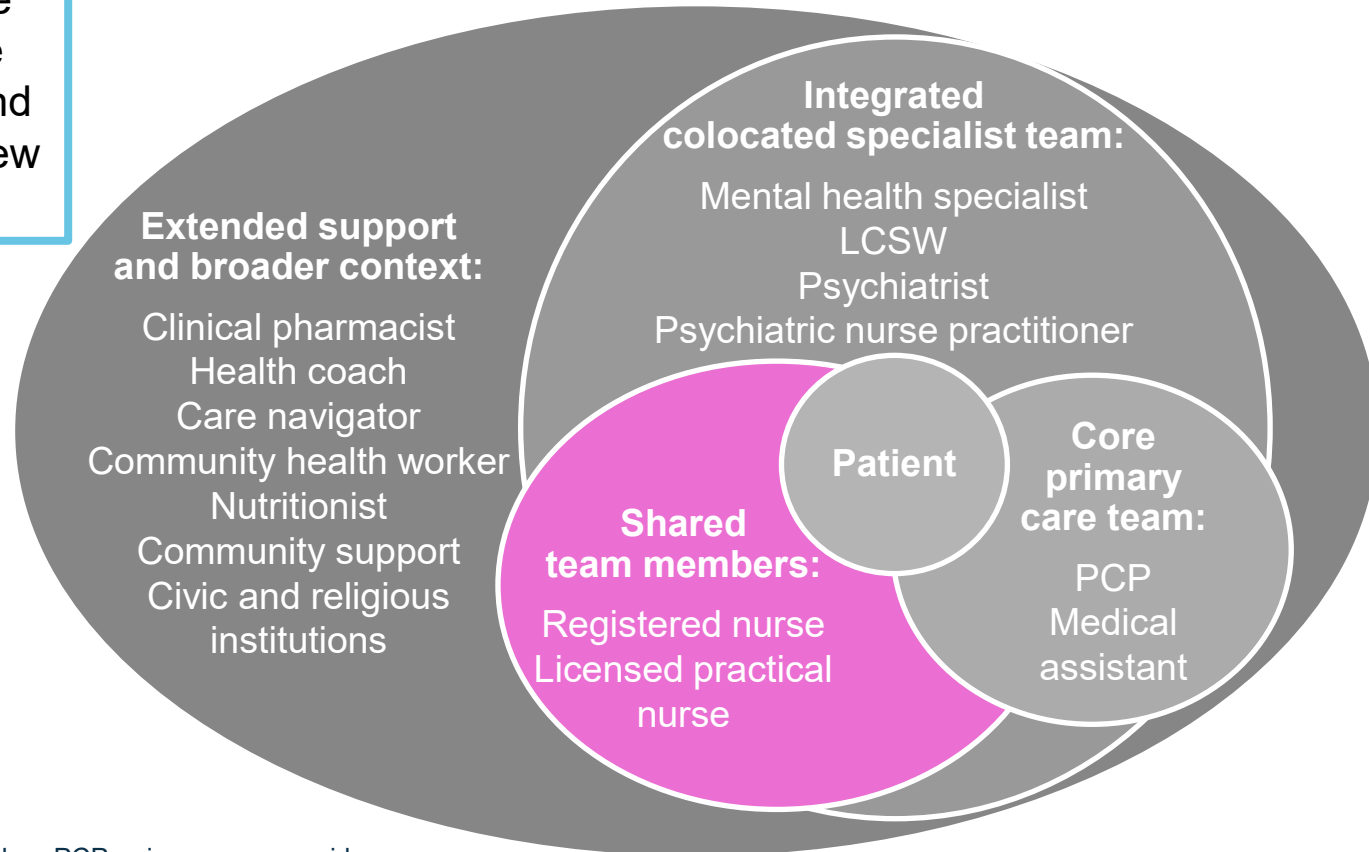
Mental health professionals provide the support and resources that primary care physicians need to screen and treat individuals with mental health needs

Integrated care is the systematic coordination of primary and mental health care services

1. SAMHSA-HRSA Center for Integrated Health Solutions. <http://www.integration.samhsa.gov/resource/what-is-integrated-care>. Accessed March 30, 2017. 2. National Institute of Mental Health. <https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>. Accessed March 31, 2017.

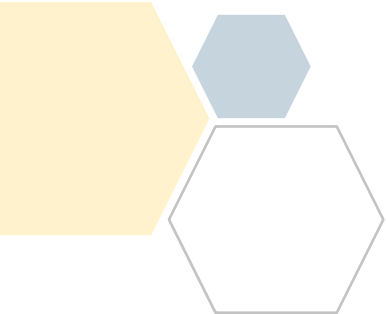
Mental Health Collaborative Care Involves a Team of Healthcare Professionals

Effective teams can be built by expanding the roles of existing staff and adding new staff with new competencies

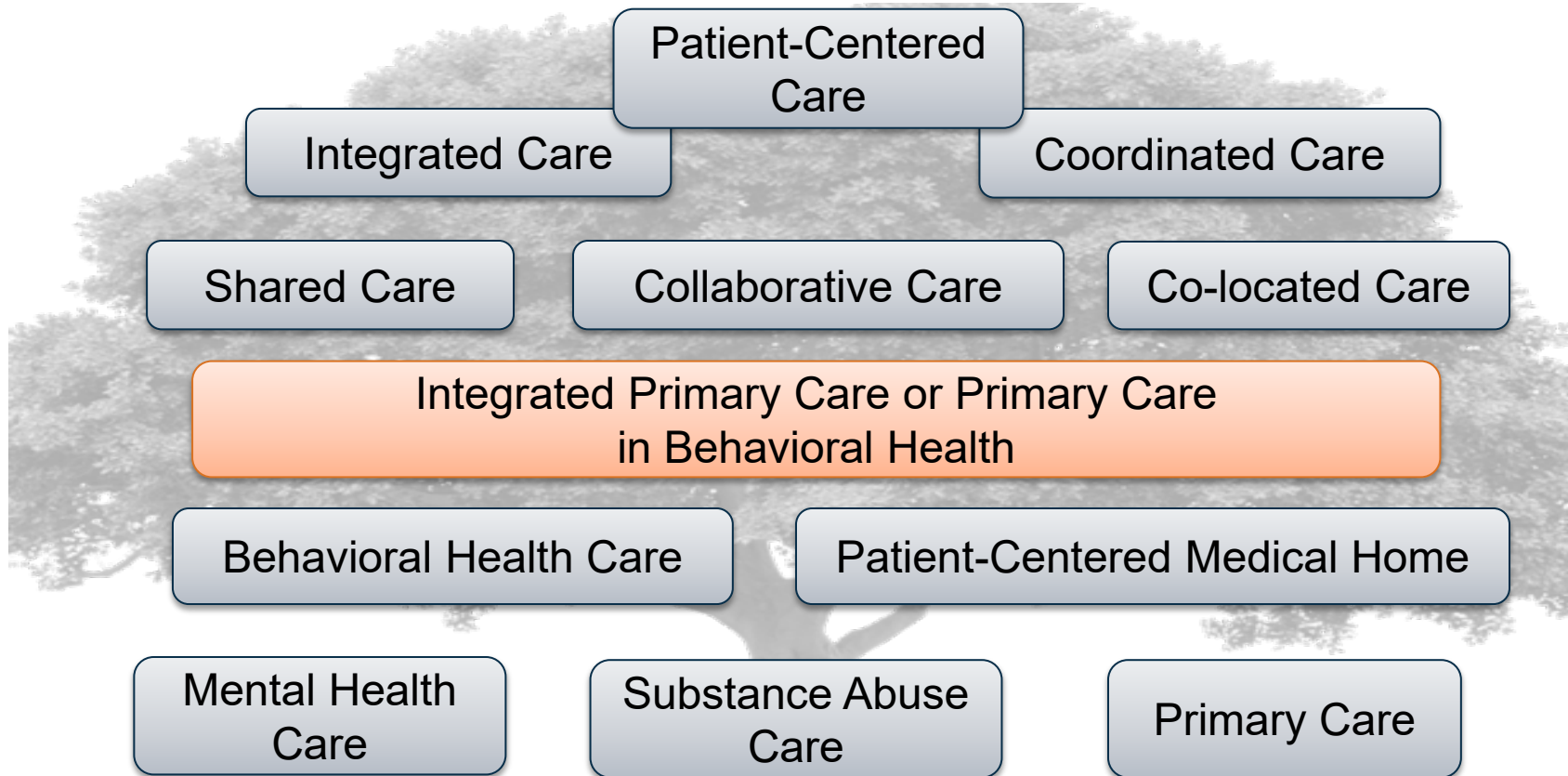


LCSW, licensed clinical social worker; PCP, primary care provider.
Wagner et al. *BMC Fam Pract.* 2017;18:13.

Why is there a need for Collaborative care?



Lexicon for Integrated Care¹



Adapted from: Peek, CJ - A family tree of related terms used in behavioral health and primary care integration

1. Agency for Healthcare Research and Quality. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. April 2013. Peek CJ and the National Integration Academy Council. *Lexicon for Behavioral Health and Primary Care Integration*: AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at: <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>. Accessed March 2017.

Is the Current Behavioral Health Care System Fragmented?¹

Both mental and physical health providers administer mental health services often without much cross-exposure

Care coordination can be difficult due to differences in treatment practices, care delivery models, and communication protocols

Mental and physical health services are typically reimbursed separately

- Mental health coverage is either carved out of the majority of health plans or segmented out to a different set of providers
- This inhibits seamless care provision because payers looking to control health expenditures must deal with 2 different entities

1. Tu T. Fixing Fragmentation in Mental Health: An Opportunity for ACOs. <http://leavittpartners.com/2015/09/fixing-fragmentation-in-mental-health-an-opportunity-for-acos/>. Accessed September 1, 2015.

Integrated Mental and Physical Healthcare¹

- Benefits of integrated mental and physical healthcare:

67% with a BHD do not get behavioral health treatment

50% of all BHDs are treated in primary care

Two-thirds of PCPs report not being able to access outpatient behavioral health for their patients

30% to 50% of patient referrals from primary care to an outpatient behavioral health clinic do not make the first appointment

48% of appointments for psychotropic agents are with PCPs

BHD, behavioral health disorder; PCP, primary care physician.

1. Patient-centered Primary Care Collaborative. Benefits of Integration of Behavioral Health. Available at: <http://www.pcpc.org/content/benefits-integration-behavioral-health>. Accessed Dec 21, 2015.

Depression and Primary Care

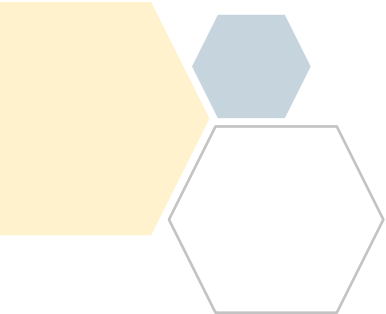
- The primary care sector is becoming the *de facto* treatment setting for depression¹:
 - It is estimated that patients with depression constitute 5% to 10% of patients seen in primary care clinics
 - Nearly 60% of patients treated for depression in the United States receive treatment in a primary care setting
 - Primary care providers prescribe 79% of antidepressant medications
- Effective treatment in a primary care setting can be impacted by many factors, including¹:
 - The physician's attitude and comfort in discussing mental health issues
 - Competing demands on the treating physician
 - Patient-specific factors (aversion to treatment, adherence, etc.)
- Inadequate treatment of depression negatively impacts interpersonal and family relationships, employment, and quality of life²

1. Barkil-Oteo A. *Yale J Biol Med.* 2013;86(2):139-46.

2. Hirschfeld RM, et al. *JAMA.* 1997;277(4):333-40.



Collaborative Care Models



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Advancing Integrated Mental Health Solutions (AIMS)

- The AIMS Center was created to help organizations develop collaborative care in the management of patients with depression and comorbid medical conditions¹

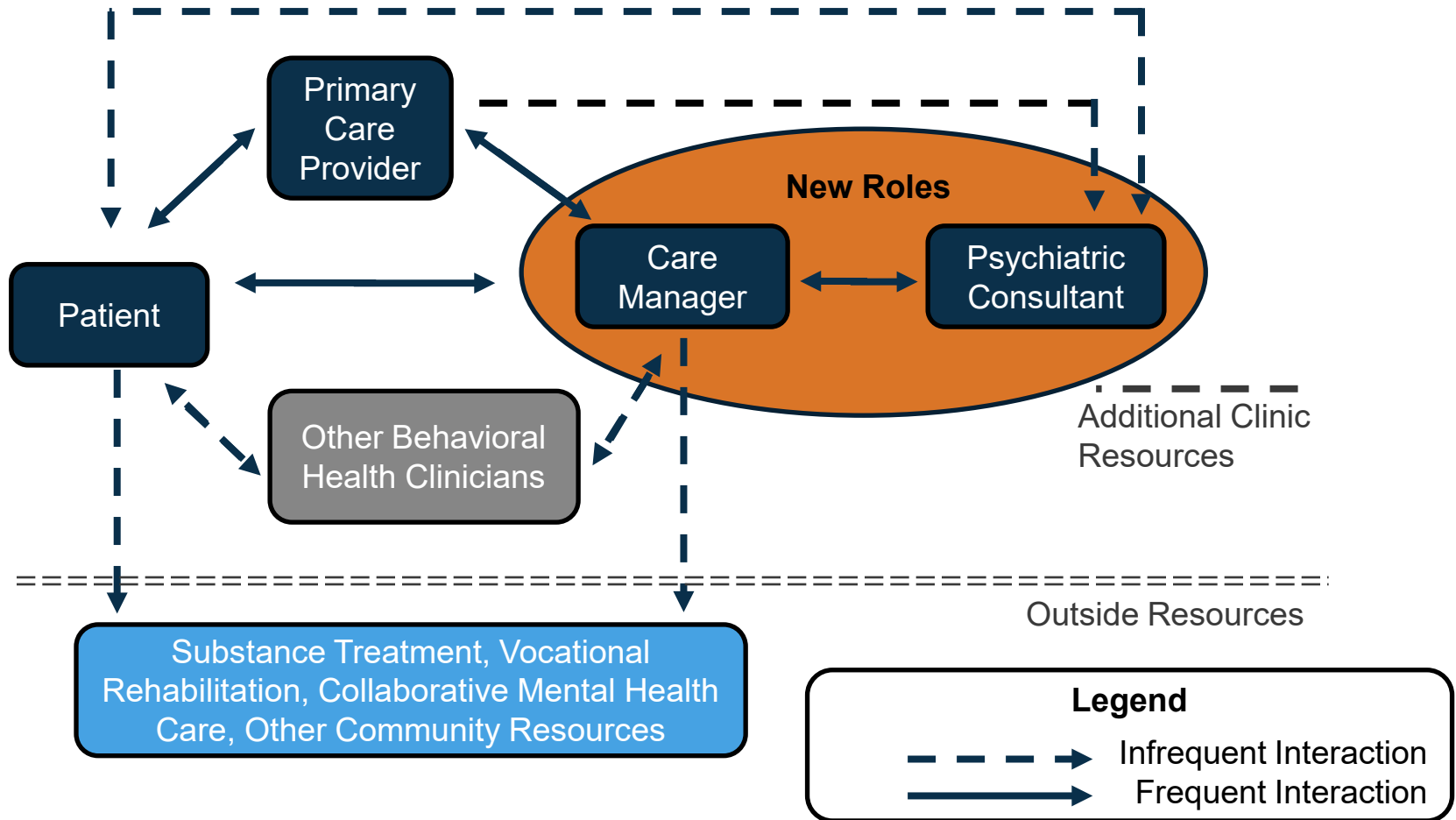
Potential elements for depression care:

- AIMS identified the following 5 important elements for effective, evidence-based depression care²
 1. Collaborative care
 2. Depression care managers
 3. Designated psychiatrists
 4. Outcome measurement
 5. Stepped care

1. University of Washington. Advancing Integrated Mental Health Solutions (AIMS) Center. AIMS center history. <https://aims.uw.edu/who-we-are/aims-center-history>. Accessed April 16, 2015;

2. University of Washington. Advancing Integrated Mental Health Solutions (AIMS) Center. IMPACT key components. <http://impact-uw.org/about/key.html>. Accessed April 28, 2015.

Advancing Integrated Mental Health Solutions (AIMS) Collaborative Care Team Structure¹



1. University of Washington. Advancing Integrated Mental Health Solutions (AIMS) Center. Collaborative Care Team Structure. Available at: <https://aims.uw.edu/collaborative-care/team-structure>. Accessed January 20, 2017.

IMPACT^{1,2}

- The IMPACT (Improving Mood: Providing Access to Collaborative Treatment) study focused on collaborative care in adults with MDD >60yr/old (n=1801)
- IMPACT intervention gained access to a depression care manager, supervised by a psychiatrist and a PCP

MDD, major depressive disorder; PCP, primary care physician.

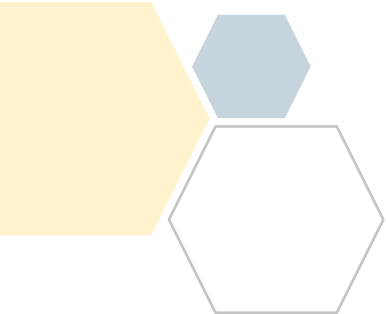
1. Unützer J, et al. *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes*. 2013.
2. University of Washington. Advancing Integrated Mental Health Solutions (AIMS) Center. AIMS center history. <https://aims.uw.edu/who-we-are/aims-center-history>. Accessed April 16, 2015

Mercy Behavioral Health Program

- **Certified Community Behavioral Health Clinic**
 - Section 223 of the Protecting Access to Medicare Act (PAMA) of 2014 supports states in establishing **certified community behavioral health clinics (CCBHCs)** through the creation and evaluation of a CCBHC 223 Demonstration Program
 - States are selected to participate in a 2-year demonstration project (prospective payment rate system). Pennsylvania was one of 8 states chosen to participate
 - The primary objective of the CCBHC demonstration is to improve behavioral health outcomes for targeted populations through innovation and transformation of the way primary and behavioral health care is delivered
 - CCBHC program objectives also include the integration of behavioral health with physical health care, increasing consistent use of evidence-based practice, improving access to high-quality care and demonstrating cost efficiency



Collaborative Care Outcomes



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Collaborative Care vs Usual Care in Depression

- A systematic review of 79 randomized controlled trials of depression or anxiety found that collaborative care was more effective than usual care in terms of¹:
 - Depression outcomes
 - Antidepressant use
 - Mental health quality of life
 - Physical health quality of life
 - Patient satisfaction post-intervention
- A study evaluating a primary-care–based, collaborative-care intervention for depression and chronic illness reported improved depression and medical outcomes (eg, cholesterol, blood pressure) compared with usual care²
- A survey assessing attitude after implementation of collaborative care in primary practice reported improved perceptions regarding burden of time required for depression care³:
 - Attributed to support provided by care manager
 - Use of a screening tool (Patient Health Questionnaire-9 [PHQ-9]) was identified as assisting in communication

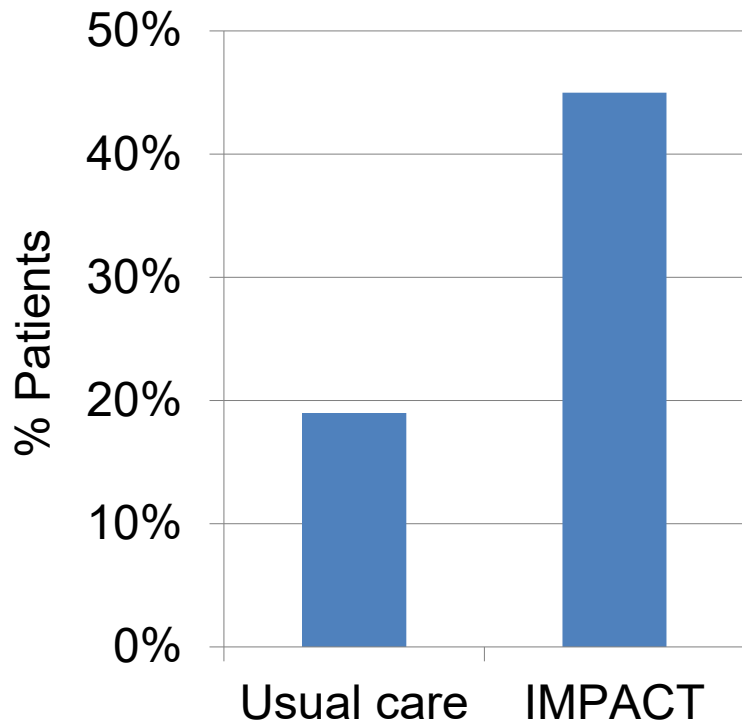
1. Archer J, et al. *Cochrane Database Syst Rev*. 2012 Oct 17;10:CD006525.

2. Katon WJ, et al. *N Engl J Med*. 2010;363(27):2611-20.

3. Upshur C and Weinreb L. *Prim Care Companion J Clin Psychiatry*. 2008;10(3):182-6.

IMPACT Improves Outcomes, Saves Money*

12-Month depression response rate



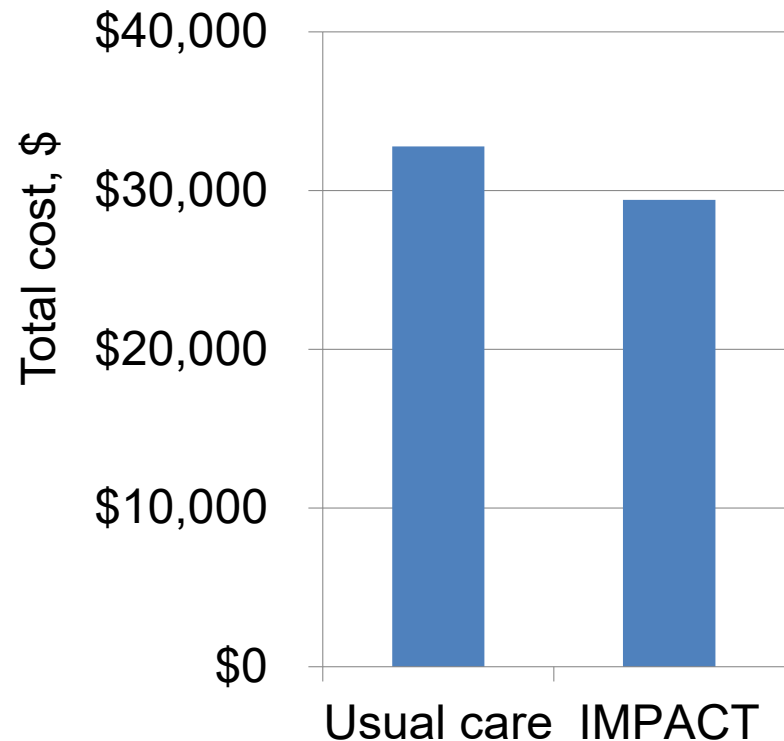
IMPACT, Improving Mood: Providing Access to Collaborative Treatment.

* In a geriatric population

** Includes intervention costs

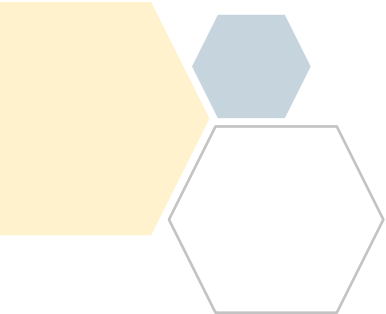
1. Unützer J, et al. *JAMA*. 2002;288(22):2836-45.
2. Unützer J, et al. *Am J Manag Care*. 2008;14(2):95-100.

4-Year healthcare costs**





Implementing Mental Health Integrated Care



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Multiple Factors Should Be Considered When Implementing Integrated Care

Many components and potential challenges should be considered when translating large-scale integrated care models into primary care¹

Patient population²

Practice setting²
(eg, urban, rural)

Choice of model²

Policy barriers²

Financial barriers²

1. Goodrich et al. *Curr Psychiatry Rep.* 2013;15:383-383. 2. Chaple et al. *J Subst Abuse Treat.* 2016;60:62-69.

Many Components Are Involved in Integrating Mental Health Care Into Primary Care

Each component of integration is associated with multiple steps

Clinical information system

Adopt EMR/electronic registries and standardized outcome measures and negotiate performance measures

Delivery system redesign

Adopt care management/team care and develop standardized protocols

Self-management support

Identify mental health diagnosis for treatment; engage patient in care; identify evidence-based treatments; implement counseling and determine provider; make referrals to community and specialty care; and establish space/delivery mode

Provider decision support

Train staff/physicians in guidelines and measurements, establish mental health specialist services, and define care manager functions

Community linkages

Create network of community resources (eg, specialty mental health transportation, housing, wellness, employment)

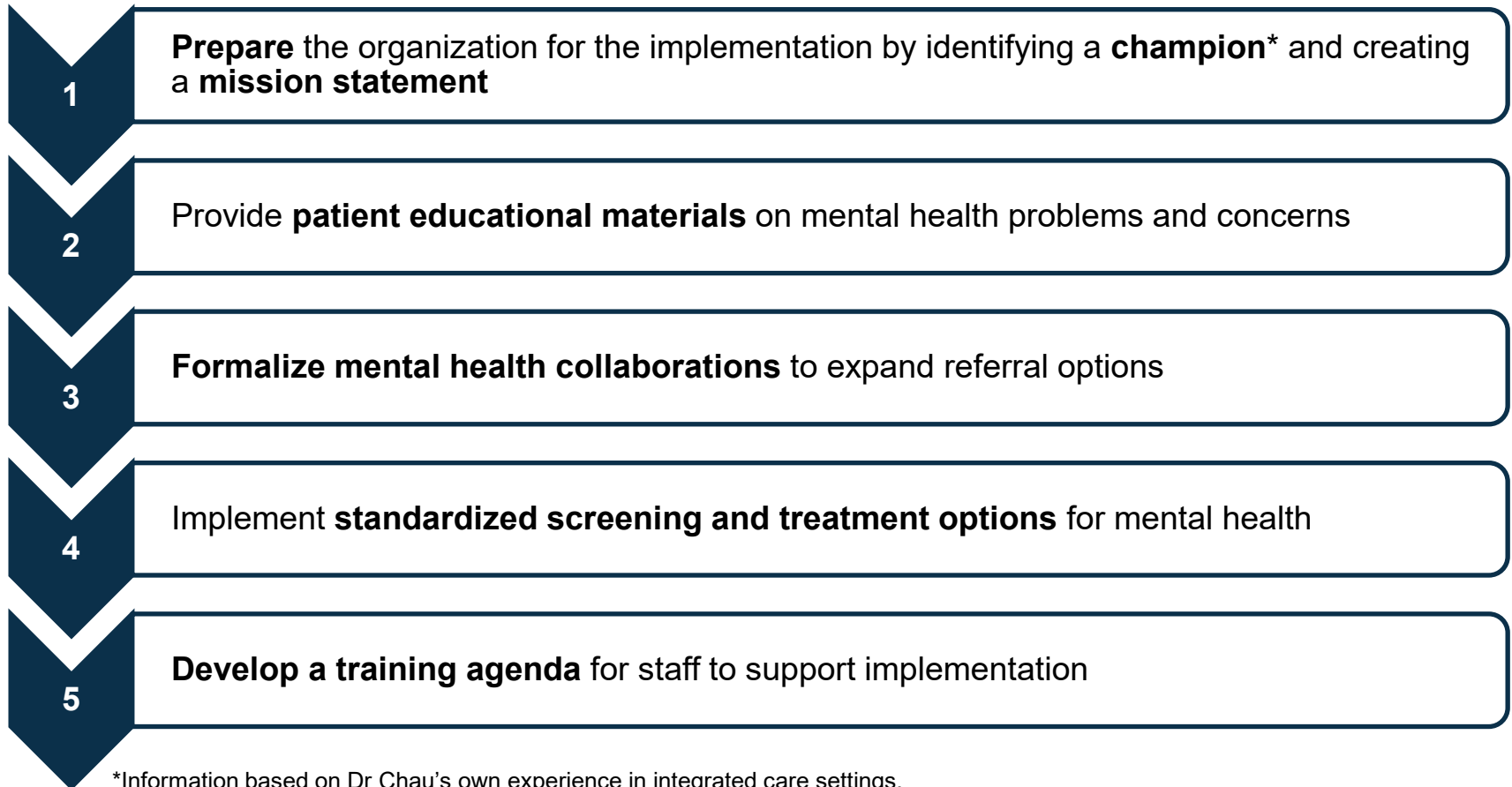
Leadership and organizational support

Ensure leadership buy-in and support, establish priority for system redesign with integrated care components, and create a sustainable business model

EMR, electronic medical record.
Goodrich et al. *Curr Psychiatry Rep.* 2013;15:383-383.

Implementation Plans Should Be Individualized as Necessary

Sample 6-month implementation plan for integrated care



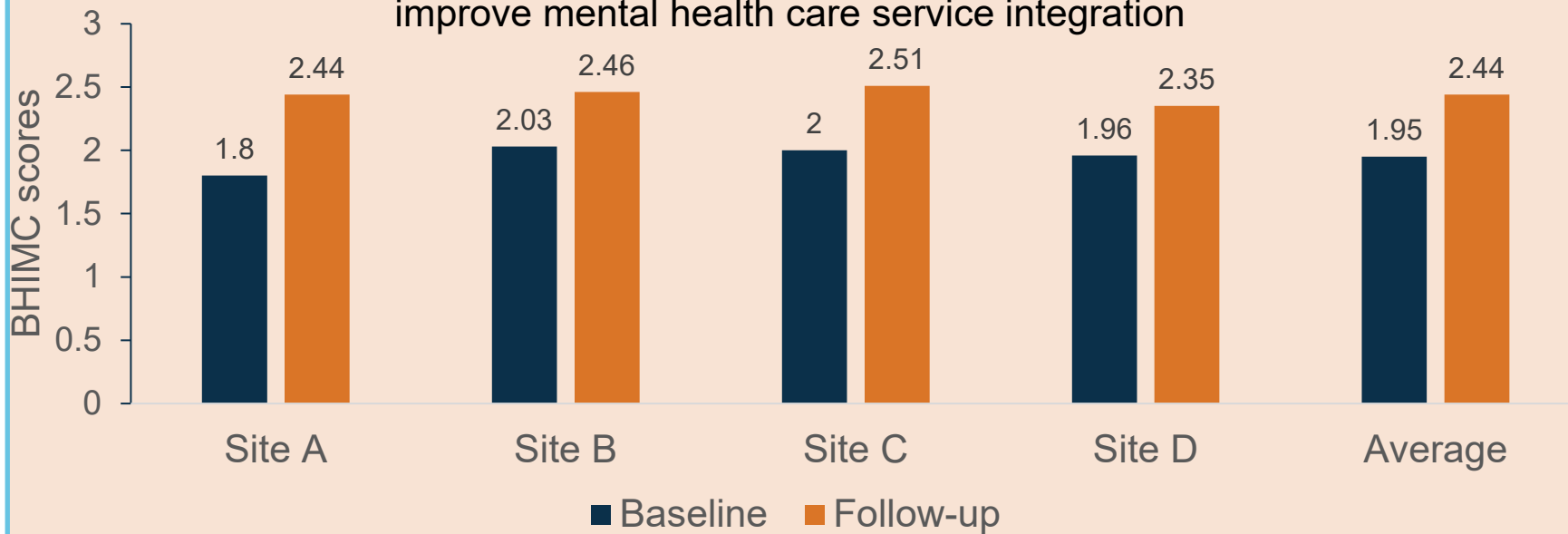
*Information based on Dr Chau's own experience in integrated care settings.

Chaple et al. *J Subst Abuse Treat.* 2016;60:62-69.

Providing On-site Assistance Helps With Integrated Care Implementation

Effect of adding mental health services to a primary care setting

Technical assistance that provides appropriate staff for on-site assessments, assessment reports, implementation planning and guidance, training, and follow-up assessments may improve mental health care service integration

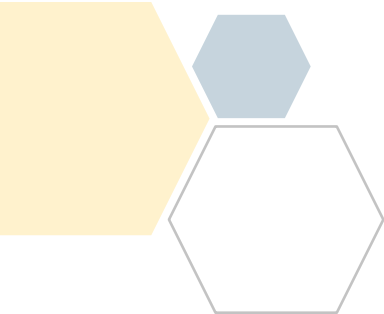


BHIMC, Behavioral Health Integration in Medical Care.

Chaple et al. *J Subst Abuse Treat.* 2016;60:62-69.



Challenges to implementing Collaborative Care Programs



Challenges to Collaborative Care

- **Clinical¹:**
 - Patient reluctance to enroll
 - Low patient appointment attendance
 - Limited insurance coverage
- **Organizational²:**
 - Limits on the length of time providers can allocate to addressing mental health concerns
 - Workforce shortages of professionals trained in evidence-based interventions
 - Information-sharing obstacles between PCPs and mental health specialists due to privacy protection laws
- **Financial²:**
 - Lack of reimbursement for mental health treatment (eg, depression screening, psychiatric consultation, and care management)
 - Billing restrictions for same-day medical and mental health visits
 - Lower reimbursement rates for depression treatment compared with medical evaluation

PCP, primary care physician.

1. Thota AB, et al. *Am J Prev Med.* 2012;42(5):525-38.
2. Sanchez K. *Patient Prefer Adherence.* 2017;11:71-74.

Summary

- Mental illness is associated with increased risk of morbidity and mortality relative to the general population¹
- Collaborative care involves the coordination of PCPs, mental health specialists, and care managers²
- Studies of collaborative care models such as IMPACT have reported improved outcomes and reduced costs in comparison to usual care²⁻⁴
- Implementation of collaborative care can be difficult due to clinical, organizational, and financial constraints⁵

IMPACT, Improving Mood: Providing Access to Collaborative Treatment; PCP, Primary Care Physician.

1. Newcomer JW. *Am J Manag Care*. 2007;13(7 Suppl):S170-7.
2. Pietruszewski PB, et al. *Psychiatr Serv*. 2015;66(1):101-3.
3. Huffman JC, et al. *Psychosomatics*. 2014;55(2):109-22.
4. Unutzer J, et al. *Am J Manag Care*. 2008;14(2):95-100.
5. Sanchez K. *Patient Prefer Adherence*. 2017;11:71-74.

Questions

Closing



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