



FLORIDA ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR FLORIDA

Behavioral Health Integration in the Patient Centered Model of Care: Challenges and Opportunities


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A Dialogue and Discussion About:

- Why this topic is so important?
- What are the challenges clinically and socially?
- What are the opportunities?
 - For caring for people
 - For delivering healthcare


Why is this topic so important?

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- 84% of the time, the 14 most common physical complaints have no identifiable organic etiology.


Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266

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- 80% with a behavioral health disorder will visit primary care at least 1 time in a calendar year.

Narrow et al., Arch Gen Psychiatry. 1993;50:5-107

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- 50% of all behavioral health disorders are treated in primary care.


Kessler et al., NEJM. 2006;353:2515-23


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- 48% of the appointments for all psychotropic agents are with a non-psychiatric primary care provider.


Pincus et al., JAMA. 1998;279:526-531



Why is this topic so important?

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- 67% of psychoactive agents and 80% of antidepressants are prescribed by primary care providers.

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- 92% of all elderly patients will receive health care from primary care providers.


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- A staggering 70% of all primary care visits are related to behavioral health needs.




Why is this topic so important?

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- 67% with a behavioral health disorder do not get behavioral health treatment.

Kessler et al., NEJM. 2005;352:515-23

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- 30-50% of referrals from primary care to an outpatient behavioral health clinic don't make first appt.

Fisher & Ransom, Arch Intern Med. 1997;6:324-333 and Hoge et al., JAMA. 2006;95:1023-1032

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- Two-thirds of primary care physicians (N=6,660) reported not being able to access outpatient behavioral health for their patients.

Cunningham, Health Affairs. 2009; 3:w490-w501



Importance of BH recognized...

- National Governors' Association MH Task Force: “Integration of services... will reduce the recycling of individuals through... the health system and the criminal justice system.”
- President's New Freedom Commission Report: “Effective....treatments will be more readily available....and more often used in primary care settings.”
- World Health Organization: We need “primary health care workers (who) are able to apply key psychosocial and behavioral science skills in their day to day work in order to improve overall health outcomes in primary health care.....which is the first line of defense.”

Physicians are receptive.....


- New Jersey Academy of Family Physicians survey: although few have an in office BH professional, many would consider and most recognized the “value of collaboration”.
- Florida Academy of Family Physicians annual survey: 86% of members thought mental health (insurance) reform was somewhat or very important to their practices.

Societal Benefits




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Why is this topic so important?

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- BH disorders account for half as many disability days as “all” physical conditions.

Merikangas et al., Arch Gen Psychiatry. 2007;64:1180-1188

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- Annual medical expenses: those with a chronic medical AND a behavioral health condition incur costs 46% more than those with only a chronic medical condition.

Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. "Why there must be room for mental health in the medical home" Graham Center One-Pager



Cost of Unmet Needs

	Annual Cost – those without MH condition	Annual Cost – those with MH condition
All Adults	\$1,913	\$3,545
Heart Condition	\$4,697	\$6,919
High Blood Pressure	\$3,481	\$5,492
Asthma	\$2,908	\$4,028
Diabetes	\$4,172	\$5,559

Original source data is the U.S. Dept of HHS the 2002 and 2003 Medical Expenditures Panel Survey. AHRQ as cited in Petterson et al. "Why there must be room for mental health in the medical home" (Graham Center One-Pager)

Challenges Clinically

- Time
- Difference in treatment approaches
- Lack of appropriate healthcare providers
- Poor communication between providers (The dark side of confidentiality=missed opportunities)
- Lack of follow-up when referrals are made
- Non-adherence to treatment protocols
- Payment structure



Physicians need back up...

- 40% of family doctors in a national survey admit they find it difficult to talk about problems with alcohol or drugs, more than double those who report discomfort discussing depression (SAMHSA).
- Physicians typically have little training in SUD, lack knowledge or risk factors or signs, may have negative stereotypes of patients in need of tx, have concerns about “interfering” in patient’s life.
- Worry about stigmatizing patients with a diagnosis that may administratively place them at some disadvantage later.
- Easy consultation key – phone, telecommunication or in person (remove barriers)

Patient Social challenges:

- Stigma
- Embarrassment...easier to talk about a “physical problem” than a psycho-social or emotional issue.
- Increase in risk-taking behaviors
- “Self-medication”
- Economic conditions



New Opportunities



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The Medical Home



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A Model for Integrated Care



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The TransforMED Patient-Centered Model A Medical Home for All



A continuous relationship with a personal physician coordinating care for both wellness and illness

- Mindful clinician-patient communication: *trust, respect, shared decision-making*
 - Patient engagement
 - Provider/patient partnership
 - Culturally sensitive care
 - Continuous relationship
 - Whole person care

Access to Care and Information

- Health care for all
- Same-day appointments
- After-hours access coverage
- Accessible patient and lab information
- Online patient services
- Electronic visits
- Group visits

Practice Management

- Disciplined financial management
- Cost-Benefit decision-making
- Revenue enhancement
- Optimized coding & billing
- Personnel/HR management
- Facilities management
- Optimized office design/redesign
- Change management

Practice-Based Services

- Comprehensive care for both acute & chronic conditions
- Prevention screening and services
- Surgical procedures
- Ancillary therapeutic and support services
- Ancillary diagnostic services

Health Information Technology

- Electronic medical record
- Electronic orders and reporting
- Electronic prescribing
- Evidence-based decision support
- Population management registry
- Practice Web site
- Patient portal

Care Management

- Population management
- Wellness promotion
- Disease prevention
- Chronic disease management
- Patient engagement and education
- Leverages automated technologies

Quality and Safety

- Evidence-based best practices
- Medication management
- Patient satisfaction feedback
- Clinical outcomes analysis
- Quality Improvement
- Risk management
- Regulatory compliance

Care Coordination

- Community-based resources
- Collaborative relationships
 - Emergency Room
 - Hospital care
 - Behavioral health care
 - Maternity care
 - Specialist care
 - Pharmacy
 - Physical Therapy
 - Case Management
- Care Transition

Practice-Based Care Team

- Provider leadership
- Shared mission and vision
- Effective communication
- Task designation by skill set
- Nurse Practitioner / Physician Assistant
- Patient participation
- Family involvement options

What are the opportunities?

- Earlier identification of psycho-social and behavioral health issues in the primary care setting.
 - Screening
 - Increase patient involvement in the “healthcare partnership”
- Strengthening of provider relationships (coordination of care)
 - Use of tele-video technology to “connect” patient with behavioral health provider.

What are the opportunities?

- Integration of behavioral health care into primary care practice
 - Registry function to identify patient populations
 - Portal function to increase follow-up (care management)
 - E-visits (reporting of self-management results)
 - Education and support
 - Data reporting for “quality outcomes”

Medical Home Trial Results for Patients

- Medical use **decreased** 15.7% for those receiving behavioral health treatment while controls who did not get behavioral health medical use **increased** 12.3%.

Chiles et al., *Clinical Psychology*. 1999;6:204–220

- Depression treatment in primary care for those with diabetes lowered total health care costs \$896 over 24 months.

Katon et al., *Diabetes Care*. 2006;29:265-270

- Depression treatment in primary care lowered total health care costs 3,300 over 48 months.

Unützer et al., *American Journal of Managed Care* 2008;14:95-100

Medical Home Trial Results for Physicians

- Physician Satisfaction in Integrated Settings
 - After Collaboration, Physician Satisfaction Increased from 54% to More Than 90%
- Collaborative Care Model for Treatment of Panic Disorder More Effective than Treatment by a Physician Alone

Unutzer, J, Katon, W, Callahan, CM, Williams, JW, Hunkeler, E, Harpole, L, Hoffing, M, Della Penna, RD, Noel, PH, Lin, EH, Areal, PA, Hegel, MT, Tang, L, Belin, TR, Oishi, S, Langston, C (2002).

Collaborative care management of late life depression in the primary care setting: a randomized control trial. JAMA, 288 (22), 2836-45.

Levine, S., Utuzner, J, Yip, JY, Hoffing, M, Leung, M, Fan, MY, Lin, EH, Grypma, L, Katon, W, Harpole, LH, Langston, CA. (2005). Physicians' satisfaction with a collaborative disease management program for late-life depression in primary care. Gen Hosp Psychiatry, 27 (6), 383-91.

Roy-Byrne, PP, Katon, W., Cowley, DS., Russo, J. (2001). A randomized effectiveness trial of collaborative care for patients with panic disorder in primary care. Arch Gen Psychiatry, 58, 869-876.

Round Table Discussion Points


Potential Pitfalls

- Lack of knowledge about each other's profession
- Differences in use of terminology
- Differences in practice culture (history, mission, target population).
- Different diagnostic approach, different reimbursement codes.
- Primary care physician's limited time, pressure to see maximum # patients in a day under capitated reimbursement.
- Possibly, different politics
- Funding for Health Care / Mental Health/ Substance abuse caught between political ideologies.


Potential Changes

- Delivery system design, service models
 - integrated clinical assessment and guidelines
- Financing: remove payment barriers to consultation and integrated case management
- Regulatory: HIPAA, confidentiality rules
- Workforce development : training, new skills
- HIT: integrated electronic health records and information exchange
- Effective referral system and coordination of a collaborative network.


View From the Family Physicians Office




- Why are Family Physicians not 'making the diagnosis and instituting treatment and/or the referral, or taking the path of least resistance.



- The doctors and primary health care providers lack the training to address behavioral health problems and the knowledge of how to link persons to needed treatment.




- Many physicians have also confessed to us that they do not search for addiction or mental health disorders because they would not know how to address the problems if they were to be discovered.





- As one Patient mentioned in a planning group: "I would never answer those questions accurately. But, if the doctor would have looked at my fingers, he would have seen the blisters and scars from my lighting the crack pipe". (Shifting the blame.)



View From the Family Physicians Office

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- Finding a behavioral health problem may result in potential liability to the physician.

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- If a substance use or mental health disorder is diagnosed, the doctor becomes responsible for assuring the problem is addressed.

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- The lack of knowledge on how to refer to specialists for treatment and the lack of a feedback loop incents the physician to not investigate for behavioral health disorders from a risk management standpoint.



View From the Family Physicians Office

- Substance abuse is by the endless lists of ‘Priorities’. A partial list of screening tools that various agencies, organizations and associations have suggested that should be used routinely and with certain indications by Family Physicians includes but is not limited to:
 - Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)
 - Beck Anxiety Inventory (BAI)
 - Beck Depression Inventory-II (BDI)
 - Conner’s Rating Scales-Revised (CRS-R)
 - Edinburgh Postnatal Depression Scale (Edinburgh)
 - Generalized Anxiety Disorder 7-item Scale (GAD-7)
 - Guidelines for Adolescent Preventive Services (GAPS)
 - Modified Checklist for Autism in Toddlers (M-CHAT)
 - Cancer screening questionnaires? MANY



View From the Family Physicians Office

- Patient Health Questionnaire Screeners (PHQ 2 and 9)
- Pediatric Symptom Checklists (PSC and Y-PSC)
- Vanderbilt ADHD Diagnostic Parent Rating Scale (Vanderbilt)
- Zung depression scale
- Cage Questions
- PC-PTSD
- Osteoporosis questionnaire
- Smoking Cessation
- Mini cog (Dementia)
- HITS (Intimate Partner violence)
- Osteoporosis Risk Assessment Tool
- SOGS (gambling)
- ECQ (peripheral vascular disease)
- OAP screener (overactive bladder)
- SBT and OMPSQ score (back pain)



Group Discussion

References

- Skoch, E. M. (2010). *TransforMed* [PowerPoint slides].
- Maxwell, L. (2010). *Florida Alcohol and Drug Abuse Association (FADAA)* [PowerPoint slides].