Integrating Behavioral Health into Primary Care: Collaborative-Care Models

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AIMS CENTER
Advancing Integrated Mental Health Solutions

Building on 25 years of Research and Practice in Integrated Mental Health Care
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DISCLOSURES

Employment:
University of Washington
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Associate Director for Clinical Consultation, Division of Integrated Care and Public Health
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Grant funding (current & recent)
Lowenstein Foundation

Contracts (current & recent)
California Institute of Mental Health
Wyoming Health Care Authority
Community Health Plan of Washington, Public Health of Seattle & King County
NAVOS

NO FINANCIAL RELATIONSHIPS THAT PRESENT A CONFLICT OF INTEREST FOR TODAY’s PRESENTATION
I WILL NOT DISCUSS OFF LABEL OR INVESTIGATIONAL USE OF MEDICATIONS OR OTHER TREATMENTS.
The Impact of Untreated Mental Illness

- Suffering
- Disability
- Expense
- Mortality
Mental Disorders Rarely Occur ‘By Themselves’

- Chronic Physical Pain: 25-50%
- Diabetes: 10-30%
- Smoking, Obesity, Inactivity: 40-70%
- Heart Disease: 10-30%
- Neurological Disorders: 10-20%
- Cancer: 10-20%
MHIP for Behavioral Health
Mental Health Integration Program

Co-occurring diagnosis among DL-U clients

DISEASE CONDITIONS

- Chronic Physical: 71%
- Mental Illness: 66%
- Substance Abuse: 38%

72 percent had substance abuse or mental illness identified

15 percent had a chronic physical condition only

SOURCES: MMIS claims, TARGET service encounters, and WSP arrest records, FY 2006-07. Chronic physical and mental illness diagnosis groups derived from CDPS grouper. Mental illness also indicated by receipt of mental health medications.
## Behavioral Health Conditions are COMMON in Dually Eligible

<table>
<thead>
<tr>
<th>Dually Eligible Wa State</th>
<th>Aged</th>
<th></th>
<th>Working-Age Disabled</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>PERCENT</td>
<td>TOTAL</td>
<td>PERCENT</td>
</tr>
<tr>
<td><strong>Alcohol/Drug Treatment Need</strong> (SFY 2008-2009)</td>
<td>1,464</td>
<td>2.2%</td>
<td>9,212</td>
<td>15.9%</td>
</tr>
<tr>
<td><strong>Mental illness Diagnosis</strong> (SFY 2008-2009)</td>
<td>29,335</td>
<td>44.0%</td>
<td>38,379</td>
<td>66.0%</td>
</tr>
<tr>
<td>Psychotic</td>
<td>3,928</td>
<td>5.9%</td>
<td>10,090</td>
<td>17.4%</td>
</tr>
<tr>
<td>Depression</td>
<td>16,617</td>
<td>24.9%</td>
<td>19,779</td>
<td>34.0%</td>
</tr>
<tr>
<td>Delirium and Dementia</td>
<td>13,207</td>
<td>19.8%</td>
<td>2,271</td>
<td>3.9%</td>
</tr>
<tr>
<td><strong>Mental Health Medication</strong> (SFY 2008-2009)</td>
<td>31,498</td>
<td>47.3%</td>
<td>39,028</td>
<td>67.1%</td>
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<tr>
<td>Antipsychotic</td>
<td>5,815</td>
<td>8.7%</td>
<td>15,094</td>
<td>26.0%</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>18,169</td>
<td>27.3%</td>
<td>25,626</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

Data presented by
David Mancuso, PhD
WA DSHS Research and Data Analysis Division
February 17, 2011
Depression Is Expensive
50% higher Annual Health Care Costs

How Are We Doing?

Fewer than 2/10 of persons in need of behavioral health services see a mental health specialist.

Another 2/10 receive treatment in primary care.

20-30 million people take antidepressants, but only 20% improve.

Few get effective psychotherapy.

Wang P, et al., Twelve-Month Use of Mental Health Services in the United States, Arch Gen Psychiatry, 62, June 2005
Services are Poorly Coordinated
IMPACT Team Care Model

Primary Care Practice with Mental Health Care Manager

Outcome Measures

Treatment Protocols

Population Registry

Psychiatric Consultation
Traditional Care

Challenging to effectively treat mental illness
Collaborative Care

PCP

Patient

Care Manager

Consulting Physicians

New Roles
IMPACT Trial Results

18 clinics in 5 states, 1800 patients

• Better patient and provider satisfaction
• Better Clinical Outcomes
• Reduced health care cost
IMPACT doubles effectiveness of care for depression

50% or greater improvement in depression at 12 months

Usual Care
IMPACT

Participating Organizations

Unützer et al., JAMA 2002; Psych Clin NA 2004
IMPACT reduces health care costs

ROI: $ 6.5 saved / $ 1 invested

<table>
<thead>
<tr>
<th>4-yr Cost Category</th>
<th>Intervention group cost in $</th>
<th>Usual care group cost in $</th>
<th>Difference in $</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT program cost</td>
<td>522</td>
<td>0</td>
<td>522</td>
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<tr>
<td>Outpatient mental health costs</td>
<td>558</td>
<td>767</td>
<td>-210</td>
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<tr>
<td>Pharmacy costs</td>
<td>6,942</td>
<td>7,636</td>
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<tr>
<td>Other outpatient costs</td>
<td>14,160</td>
<td>14,456</td>
<td>-296</td>
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<tr>
<td>Inpatient medical costs</td>
<td>7,179</td>
<td>9,757</td>
<td>-2578</td>
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<tr>
<td>Inpatient mental health / substance abuse costs</td>
<td>61</td>
<td>169</td>
<td>-108</td>
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<tr>
<td>Total 4-yr health care cost</td>
<td>29,422</td>
<td>32,785</td>
<td>-$3363</td>
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Replication Studies Show The Model is Robust

<table>
<thead>
<tr>
<th>Patient Population (Study Name)</th>
<th>Target Clinical Conditions</th>
<th>Reference</th>
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<tbody>
<tr>
<td>Adult primary care patients (Pathways)</td>
<td>Diabetes and depression</td>
<td>Katon et al., 2004</td>
</tr>
<tr>
<td>Adult patients in safety net clinics (Project Dulce; Latinos)</td>
<td>Diabetes and depression</td>
<td>Gilmer et al., 2008</td>
</tr>
<tr>
<td>Adult patients in safety net clinics (Latino patients)</td>
<td>Diabetes and depression</td>
<td>Ell et al., 2010</td>
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</tbody>
</table>
| Public sector oncology clinic (Latino patients) | Cancer and depression | Dwight-Johnson et al., 2005  
Ell et al., 2008 |
| Health Maintenance Organization | Depression in primary care | Grypma et al., 2006 |
| Adolescents in primary care | Adolescent depression | Richardson et al., 2009 |
| Older adults | Arthritis and depression | Unützer et al., 2008 |
| Acute coronary syndrome patients (COPES) | Coronary events and depression | Davidson et al., 2010 |
What DOES work?

Collaborative Care is more effective than care as usual (over 80 randomized controlled trials)
—Gilbody S. et al., *Archives of Internal Medicine*; Dec 2006
—Archer J, et al., Cochrane Collaborative. Oct 17, 2012.: 79 RCTs with a total of 24,308 patients

Collaborative Care also more cost-effective
—Glied S et al., MCRR 2010; 67:251-274.
Large Scale Implementations

**Washington: Mental Health Integration Program**
Managed Medicaid: > 140 clinics; > 35,000 patients

**Minnesota: DIAMOND Program**
6 commercial health insurance plans
Over 80 clinics; > 400 PCPs; > 10,000 patients

**California**
Kaiser Permanente
LA County DMH (>100 clinics), several other counties

**New York**
Department of Health Initiative; > 100 clinics.
Mental Health Integration Program
> 35,000 clients served ... 5 FTE psychiatrists
American Psychiatric Association
Annual Meeting 2012
Principles of Effective Integrated Behavioral Health Care

- Patient Centered
- Population-Based
- Measurement-Based Treatment to Target
- Evidence-Based
- Accountable
# Measurement Based Treatment: Using a Registry

## Current Patients

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<tr>
<th>Flags</th>
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<th>Name, Test</th>
<th>Population</th>
<th>Enrollment Date</th>
<th>Status</th>
<th>Clinical Assessment Date</th>
<th>PHQ-9</th>
<th>GAD-7</th>
<th># of Sessions</th>
<th>WKS in Tx</th>
<th>Last Follow Up Contact Date</th>
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MHIP: P4P-based quality improvement cuts median time to depression treatment response in half.

Practice Change is Hard

everyone wants better.
no one wants change.
Practice Change: Team Building

- Over 600 implementations
- Multi-step process
Practice Change: Training

Clinical Resources

Diagnosis Focused

- Diabetes
- Coronary Artery Disease / Hypertension
- TBI & Dementia
- Cognitive Disorders
- Psychosis in Primary Care
- Differential Diagnosis
- Substance Use
- Mood Disorders
THANK YOU!

Marc Avery, MD

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