Integrated Behavioral Health

2023 NASEM Workshop

Mental Health Needs of an Aging Population

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DISCLOSURES

Recent & Current Grant Funding
- National Institute of Health
- Center for Medicare and Medicaid Innovation
- PCORI (Patient Centered Outcomes Research Institute)
- Archstone Foundation

Contracts
- Washington State Healthcare Authority
- Community Health Plan of Washington
- Public Health -- Seattle & King County

Consultant & Advisor
- Archstone Foundation
- World Health Organization

Author with Royalties
- Up To Date

Access to Care

- 1 in 10 older adults with diagnosable mental health disorders will see a psychiatrist in the next 12 months.
- 4 in 10 will get treatment from a primary care provider.
- **6 in 10 will get no mental health care**.

- Half of the counties in the US do not have a psychiatrist or other trained mental health professional.
- ~ 50 % of psychiatrists don't accept health insurance.
- 2/3 of primary care providers report **poor access** to psychiatry for their patients.

Quality of Care

- There is **limited time** to address mental health needs in primary care: '2-minute mental health visit' : Ming Tai-Seale; JAGS 2008.
- 5 million older Americans receive a prescription for an antidepressant each year.
- Few get effective psychotherapy.
- **Only 20 % will improve**.

"Of course you feel great. These things are loaded with antidepressants."

Challenges for Primary Care Providers

- ✓ Limited training & capacity in geriatric mental health care
- ✓ Competing demands & expectations
  - ✓ Preventive care / health screening
  - ✓ Acute care (all ages, all health problems)
  - ✓ Chronic illness care / population health
- ✓ Stigma and fears associated with mental illness
  - ✓ Concerns about being labeled as crazy or incompetent.
- ✓ Limited interest (“I didn’t go to school for this.”)
- ✓ Lack of support (“No one has my back.”)

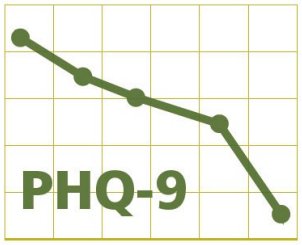
The opportunity: partnering with primary care: Collaborative Care

Primary Care Practice

- Primary Care Physician
- Patient

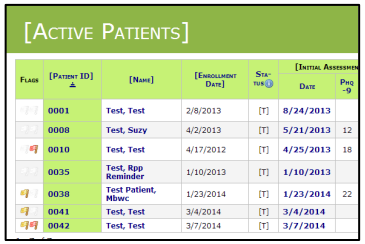
+

- Mental Health Care Manager
- Psychiatric Consultant



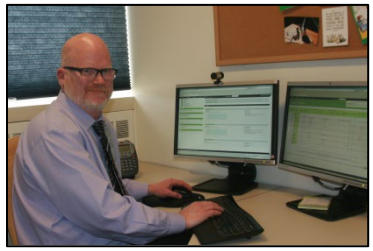
Outcome Measures

Treatment Protocols



Flags	[Patient ID]	[Name]	[Enrollment Date]	Status	[Initial Assessment] Date	[Initial Assessment] Phq-9
	0001	Test, Test	2/8/2013	[T]	8/24/2013	
	0008	Test, Suzy	4/2/2013	[T]	5/21/2013	12
	0010	Test, Test	4/17/2012	[T]	4/25/2013	18
	0035	Test, Rpp Reminder	1/10/2013	[T]	1/10/2013	
	0038	Test Patient, Mbwc	1/23/2014	[T]	1/23/2014	22
	0041	Test, Test	3/4/2014	[T]	3/4/2014	
	0042	Test, Test	3/7/2014	[T]	3/7/2014	

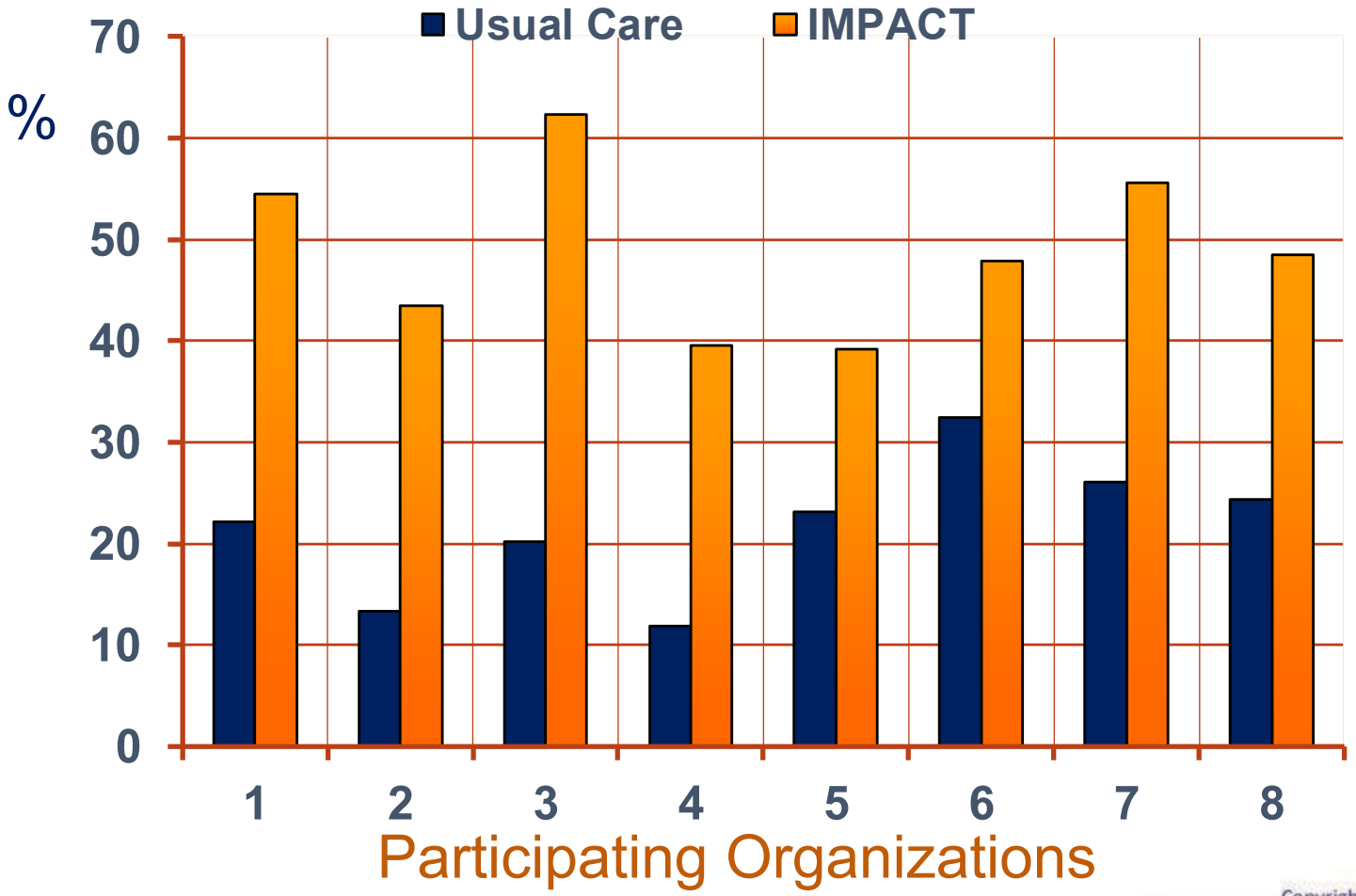
Population Registry



Psychiatric Consultation

Collaborative Care doubles effectiveness of depression care

50 % or greater improvement in depression at 12 months



Unützer et al., JAMA 2002; Psych Clin NA 2004

Wall Street Journal, Sept 2013

A4 | Wednesday, September 25, 2013 THE WALL STREET JOURNAL.

U.S. NEWS

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 MELINDA BECK

Seattle psychiatrist Anna Ratzliff 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. Ratzliff confers weekly with 10 care managers who follow the patients closely, provide counseling and chart their progress in electronic registries. She helps devise treatment plans and suggests changes for those who aren't improving.

"I get to touch so many more lives than I would if I were seeing these patients in person," she said.

Dr. Ratzliff's practice is part of a burgeoning effort to integrate psychiatric care into pri-

The New State Of Health Care

Body and Mind

Who needs, gets, gives care

25% of U.S. adults experience a mental-health issue in a given year

60% of them receive no treatment

68% of adults with a mental-health disorder have at least one medical condition

29% of those with a medical condition have a mental-health issue

50% of care for mental-health disorders is delivered by primary-care providers

66% of visits to family physicians involve stress-related symptoms

Sources: National Alliance on Mental Illness; National Comorbidity Survey

Dr. Thomas Goforth with patient Magali King, who

ROI for collaborative depression care:$ 6.50 for each $ 1.00 spent

Unutzer et al, *Am J Managed Care,* 2008.

Collaborative Care Billing Codes

Medicare CPT Payment Summary 2018*

CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings	Payment/Pt (Fac) Hospitals and Facilities
99492	Initial psych care mgmt, 70 min/month - CoCM	$161.28	$90.36
99493	Subsequent psych care mgmt, 60 min/month - CoCM	$128.88	$81.72
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	$66.60	$43.56
99484	Care mgmt. services, min 20 min – General BHI Services	$48.60	$32.76

**Please note actual payment rates may vary. Check with your billing/finance department.*

http://aims.uw.edu

Behavioral Health Integration Program (BHIP) at UW Medicine

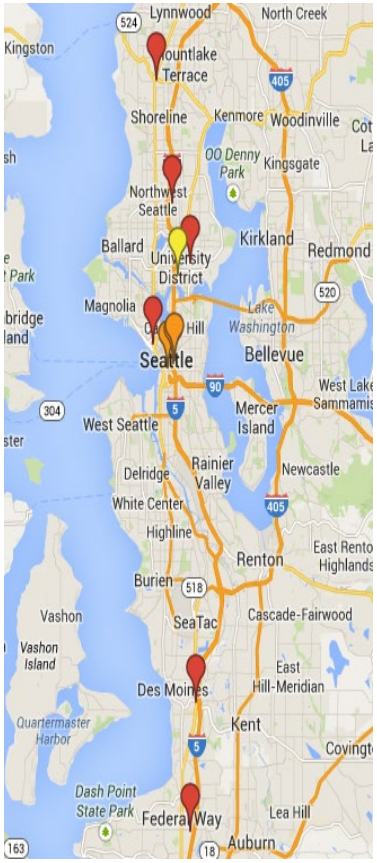
2014 APA Award of Distinction for Model Program

20% of UW Medicine Primary Care Patients have at least one visit with a mental health diagnosis

2008	2010	2012	2013	2014	2016
3 HMC	1 UWNC	4 UWNC 1 UWMC	1 UWNC 1 HMC	3 UWNC	3UWNC 2 VMC

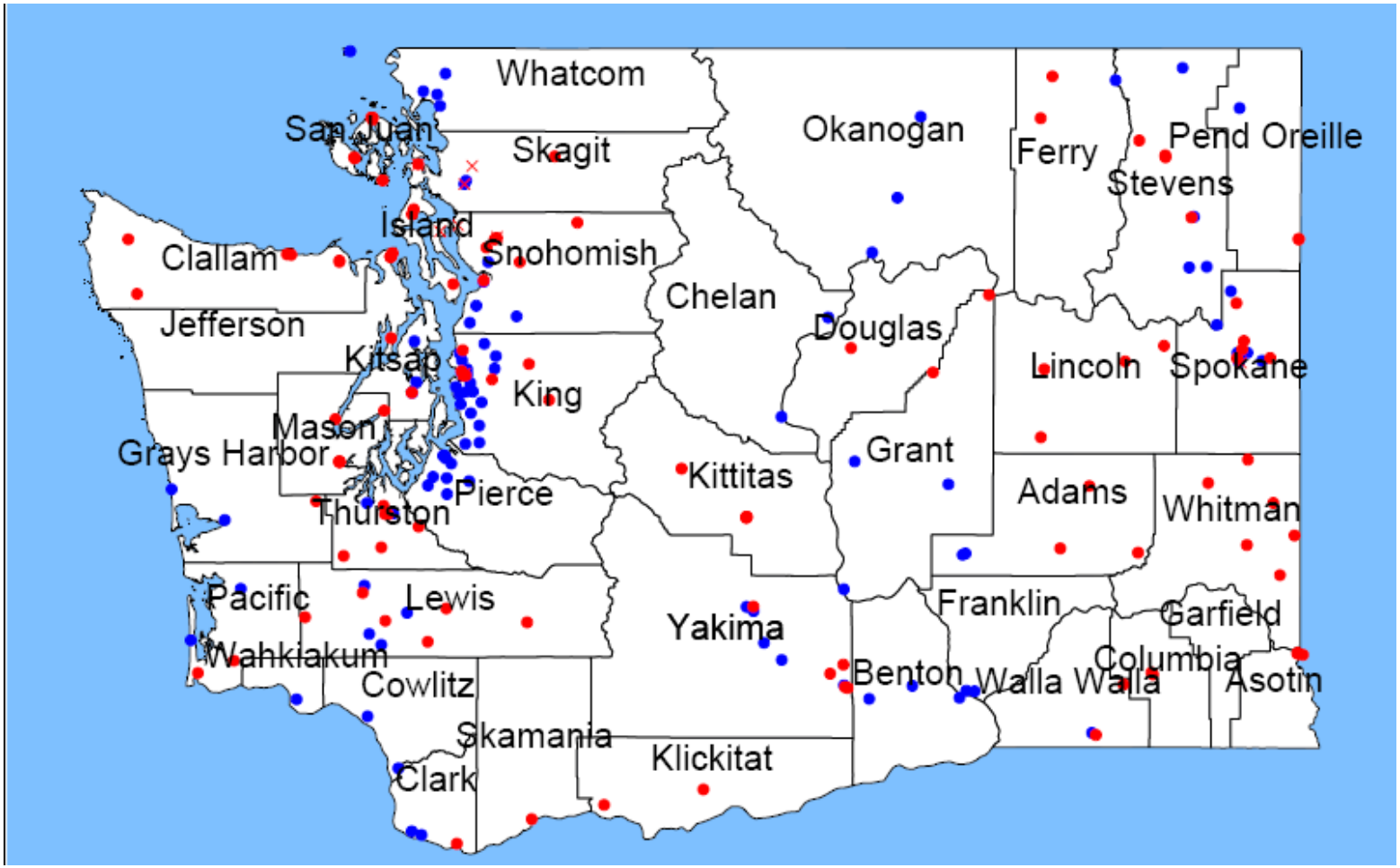
20 Participating Clinic Sites:

- Harborview Medical Center (HMC):
- University of Washington Medical Center (UWMC)
- University of Washington Neighborhood Clinics (UWNC)
- Valley Medical Center (VMC)



Mental Health Integration Program (MHIP)

More than 50,000 clients served in > 100 clinics



In partnership with Community Health Plan of Washington (CHPW)

Psychiatrists are helping more people in need.

"I am helping so many more people than I used to see in traditional office practice."

"The greatest benefit of collaborative care may be in the diagnosis and treatment of patients that aren't even in the program."

(UW Psychiatric Consultant on Collaborative Care Team)

Mayo Clinic Study of over 7,000 patients

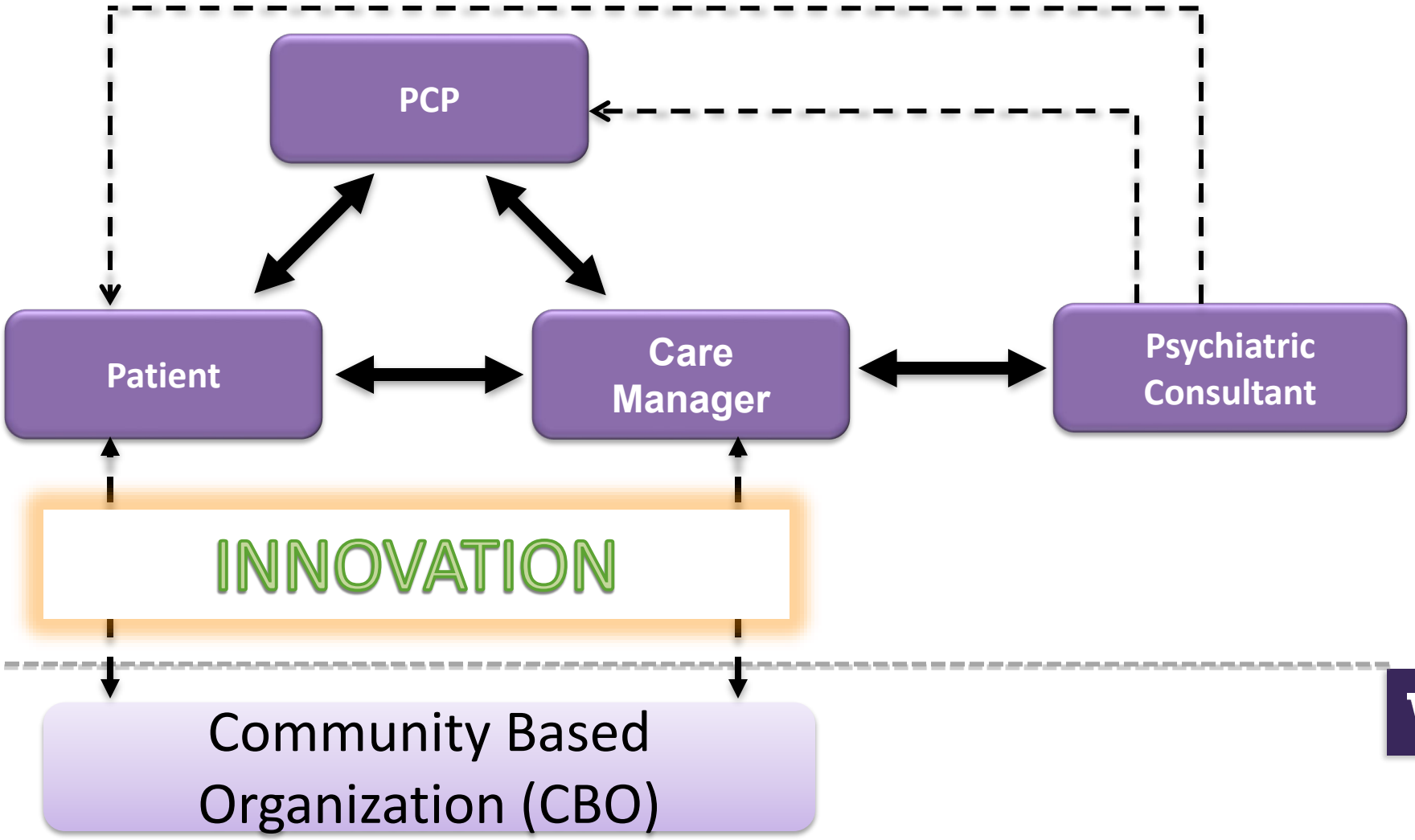
- Time to depression remission was 86 days for patients in Collaborative Care program
- Time to remission in usual care was 614 days

Time to Remission for Depression with Collaborative Care Management in Primary Care http://www.ncbi.nlm.nih.gov/pubmed/26769872

ARCHSTONE FOUNDATION

Care Partners

- Involving Community-based Organizations (CBOs) and / or family/ friend(s) in care to improve:
  - Access to care
  - Engagement in treatment
  - Patient care experience
  - Quality of care
  - Support if/when depression relapse
  - Addressing social determinants of health


PCP
Patient
Care Manager
Psychiatric Consultant
INNOVATION
Community Based Organization (CBO)

CBO Partner Roles

- Care partners are supporting:
  - Outreach
  - Screening
  - Diagnosis
  - Patient education
  - Case management to address unmet needs
  - Medication management and/or
  - Brief psychotherapy
- Focus on vulnerable populations
  - home visits, case management

https://cp.psychiatry.uw.edu/resources/

UNIVERSITY of WASHINGTON
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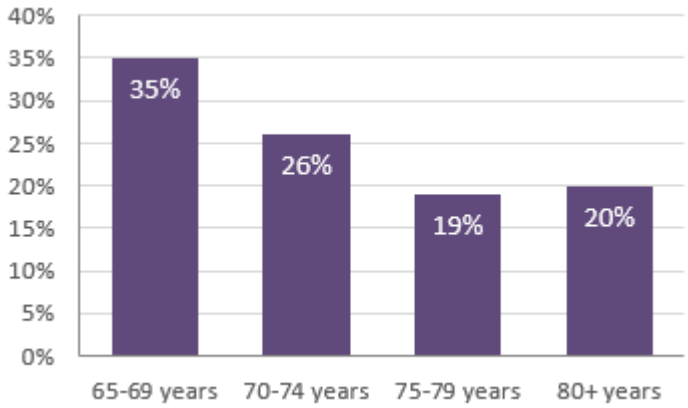
Care Partners Program Participants

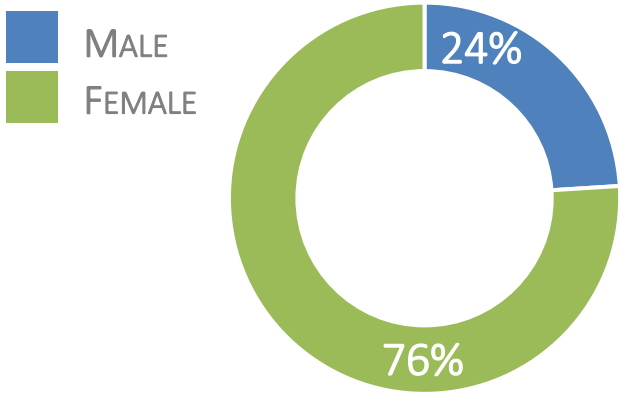
Depressed, 65 years+

Enrollment
Patient Age

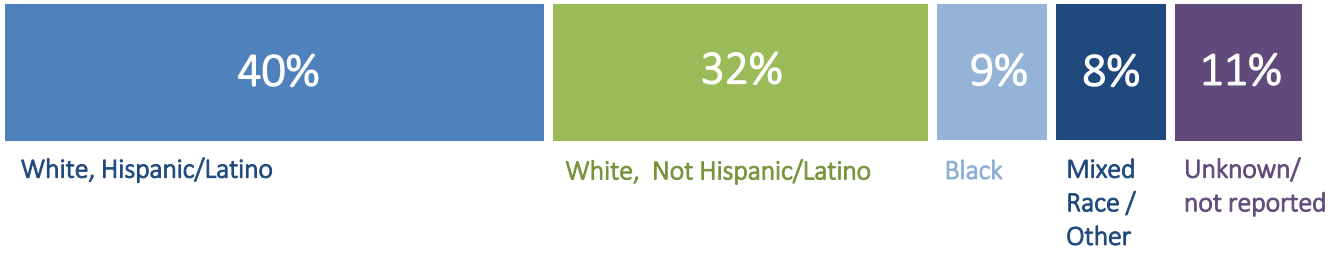
780 TOTAL PATIENTS ENROLLED



Patient Gender



Patient Demographics – Race and Ethnicity



Care Partners Program Exposure

Cohort 1 August 2017 – July 2020, Cohort 2 July 2018 – June 2021

PROGRAM EXPOSURE*

Contacts, mean	10
Completing follow-up *(2+ contacts)*	89%
At least 3 contacts with CBO *(clinic-CBO partnerships)*	75%
At least 3 contacts with family members *(clinic-family partnerships)*	55%
At least 1 psychiatric consult	75%

**Patients age 65+ with an initial PHQ≥10 and at least one follow-up*

Care Partners Clinical Outcomes

Phase 2, Cohort 1 August 2017 – July 2020, Cohort 2 July 2018 – June 2021

CLINICAL OUTCOMES*

Baseline PHQ-9, mean	15
PHQ-9 50% improvement or last PHQ-9 < 10 after 10 weeks	70%
PHQ-9 > 5+ point improvement	69%
PHQ-9 change baseline to last, mean	7.4 points

**Patients age 65+ with an initial PHQ≥10 and at least one follow-up*

UNIVERSITY OF WASHINGTON, PSYCHIATRY & BEHAVIORAL SCIENCES
DIVISION OF POPULATION HEALTH

IMPACT

AIMS CENTER

Advancing Integrated
Mental Health Solutions

WHO WE ARE | WHAT WE DO | COLLABORATIVE CARE | Search

CMS publishes final rules covering collaborative care services

COLLABORATIVE CARE IN THE NEWS

CMS Payment Codes Explained
A New England Journal of Medicine article explains Medicare payment for CoCM.

CMS Finalizes Payment Rule
The APA describes impact of CMS' finalized rule for collaborative care tasks.

Payment for Collaborative Care
A discussion on measurement-based care and payment for Collaborative Care.

DANIEL'S STORY

Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life.

IMPLEMENTATION GUIDE

Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington.

FREE RESOURCES

Looking for something? Search for resources, tools, videos, research and more related to Collaborative Care.

NONE OF US IS AS SMART AS ALL OF US

http://aims.uw.edu


Thank you
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