Behavioral Health Integration and Depression Care Equity: Where Do We Go From Here?

Henry Chung, MD

Professor of Psychiatry
Albert Einstein College of Medicine

Montefiore Einstein

Disclosure

SENIOR ADVISOR:

MCKINSEY AND COMPANY
VALERA HEALTH, INC.

Montefiore Collaborative Care Model (CoCM) Objectives

Universal Screening

- **Validated, age-appropriate behavioral health screening**
  - 5-item screen (PHQ2, GAD 2, binge drinking)
  - Broad range of disorders, across lifespan
  - At 7 primary care sites (~148,000 patients)

Identify and Connect

- **Connect patients to collaborative care model (CoCM)**
  - Identified w/ positive on 5-item screen or PCP referral
  - Onsite & telephonic access

Monitor and Improve

- **Digital Care manager support**
- **Integrate patient registry into EHR**
- **Analyze process & outcome data from EHR & patient registry**

Save and Sustain

- **Utilization and cost analysis**
- **Value-Based Payment model**

Montefiore Einstein

The project described was supported by Grant Number 1C1CMS331333 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The preliminary findings and outcomes presented in these slides may or may not be consistent with or confirmed by the findings of the project's independent evaluation contractor.

Montefiore Einstein

Montefiore CoCM and Co-location Models

Co-location model were implemented throughout Montefiore Medical Group clinics (21) almost 2 years before CoCM implemented in 7 of the sites.

- **Co-location model:** depression screening, licensed social worker on site for evaluation and psychotherapy, PCP psychotropic prescribing, availability of formal psychiatric consultation
- **CoCM:** all of above, plus, screening for anxiety and alcohol binge drinking; measurement informed treatment to target; care manager for case reviews with psychiatrist, self management support, registry management

Depression Outcomes Pilot: Co-location and CoCM

Aim: Compare depression symptom outcomes for Montefiore primary care sites employing usual co-located care (*N* = 12) versus collaborative care model (CoCM; *N* = 7)

Total enrollment = 240 patients

Depression Symptom Outcomes on PHQ-9 at 12 weeks	
Pre – Post Improvement	
CoCM sites; *N* = 118 Mean pre = **15.1** Mean post = **10.0**	Co-location sites; *N* = 122 Mean pre = **15.5** Mean post = **13.3**
Pre to post: **33% improvement** At post: 44% w/ PHQ9 ≤ 10	Pre to post: **14% improvement** At post: 31% w/ PHQ9 ≤ 10
Between Group Differences	
Mean = **-2.81**	*p* = **.0005**

Blackmore MA et al, Psychiatric Services, 2018

Montefiore Einstein

KEY POINT

At Montefiore Primary Care: Racially diverse (75% Hispanic/Black) and lower income (60% Medicaid) depressed patients receiving CoCM treatment improve faster than patients receiving co-location model

Montefiore Einstein

CoCM Results (14 weeks)

Behavioral Health Screening Rates			
Condition	**Scale**	**Screening rate**	**Screening yield**
Depression/Anxiety	PHQ2/9 & GAD2/7	89705/167480 **(87%)**	15925/89705 **(18%)**
Alcohol Use	NIAAA/AUDIT-C	74139/102531 **(72%)**	1955/74139 **(3%)**

Overall Process Outcomes	
Treatment Followup (>=1 contact)	3957/5247 **(75%)**
Psychiatric consult/review for pts not improved	800/1015 **(79%)**

Overall Improvement Outcomes		
Outcomes	**ITT***	**Completers****
PHQ9: 50% decrease or score < 10	1792/3367 **(53%)**	749/1449 **(52%)**
GAD7: 50% decrease or score < 10	1629/3030 **(54%)**	681/1290 **(53%)**

*Pts must score positive at baseline (score 10+) and have 1+ follow up screen. Outcome looks at the last recorded screen.
**Pts must score positive at baseline (score 10+ and have a follow up at 10-14 weeks in tx. Follow up may not contain a scale.

Montefiore Einstein

Medicaid CoCM vs Co-location Cost/Utilization

	Year 2 Subgroup (CoCM vs Co-location)		
Outcome	Estimate/Odds Ratio	95% Confidence Interval	p-value
Change in Cost (PMPY)	-$537.56	[-$2621.08, $1545.95]	0.613
Inpatient Medical Admission	0.87	[0.76, 0.99]	0.033
Inpatient Ambulatory Care Sensitive Admission	0.76	[0.57, 1.01]	0.059
Inpatient Behavioral Health Admission	1.01	[0.77, 1.32]	0.957
Emergency Department Visit	0.84	[0.79, 0.90]	<.001
Emergency Department Ambulatory Care Sensitive Visit	0.90	[0.77, 1.06]	0.214
Primary Care Office Visit	0.94	[0.92, 0.97]	<.001
Medical Specialty Office Visit	0.89	[0.87, 0.91]	<.001
Behavioral Health Office Visit	0.98	[0.96, 1.00]	0.052

Chung H et al, Psychiatric Services, in press

Montefiore Einstein

KEY POINT

At Montefiore Primary Care: CoCM implementation at scale for racially diverse and lower income patients with significant depression and/or anxiety is effective with good patient satisfaction and improved healthcare utilization

BUT: 9297 patients were initially eligible for treatment and while 5247 (56%) agreed to treatment, only 3957 (42%) actually received any treatment

Why? – Stigma, SDOH concerns, delays in timely outreach, others?

Montefiore Einstein

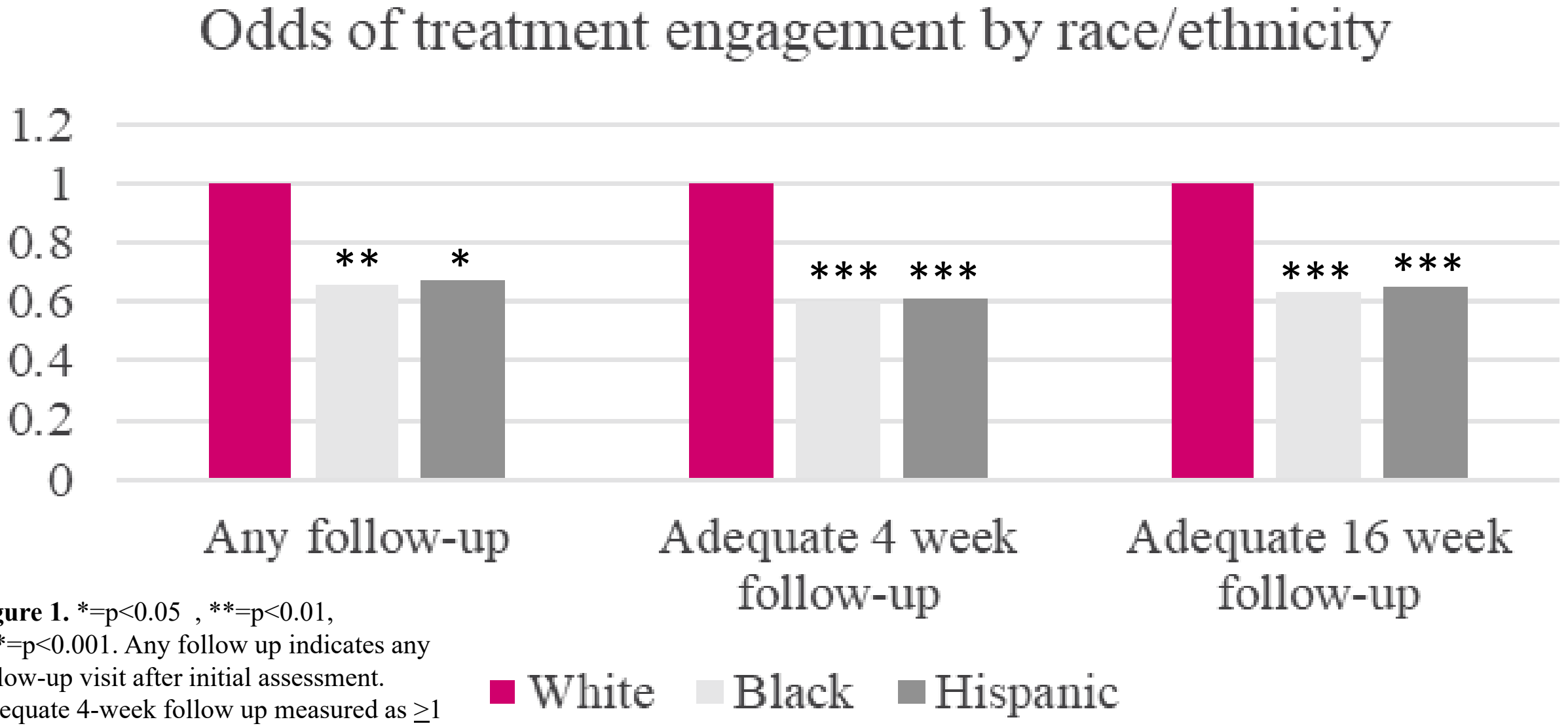

Figure 1. *=p<0.05 , **=p<0.01, ***=p<0.001. Any follow up indicates any follow-up visit after initial assessment. Adequate 4-week follow up measured as ≥1 follow-up visit within 4 weeks (28 days) of initial assessment. Adequate 16-week follow-up measured as ≥3 follow-up visits within 16 weeks (112 days) of initial assessment.

Yang K et al, Psychiatric Services 2024

Montefiore Einstein

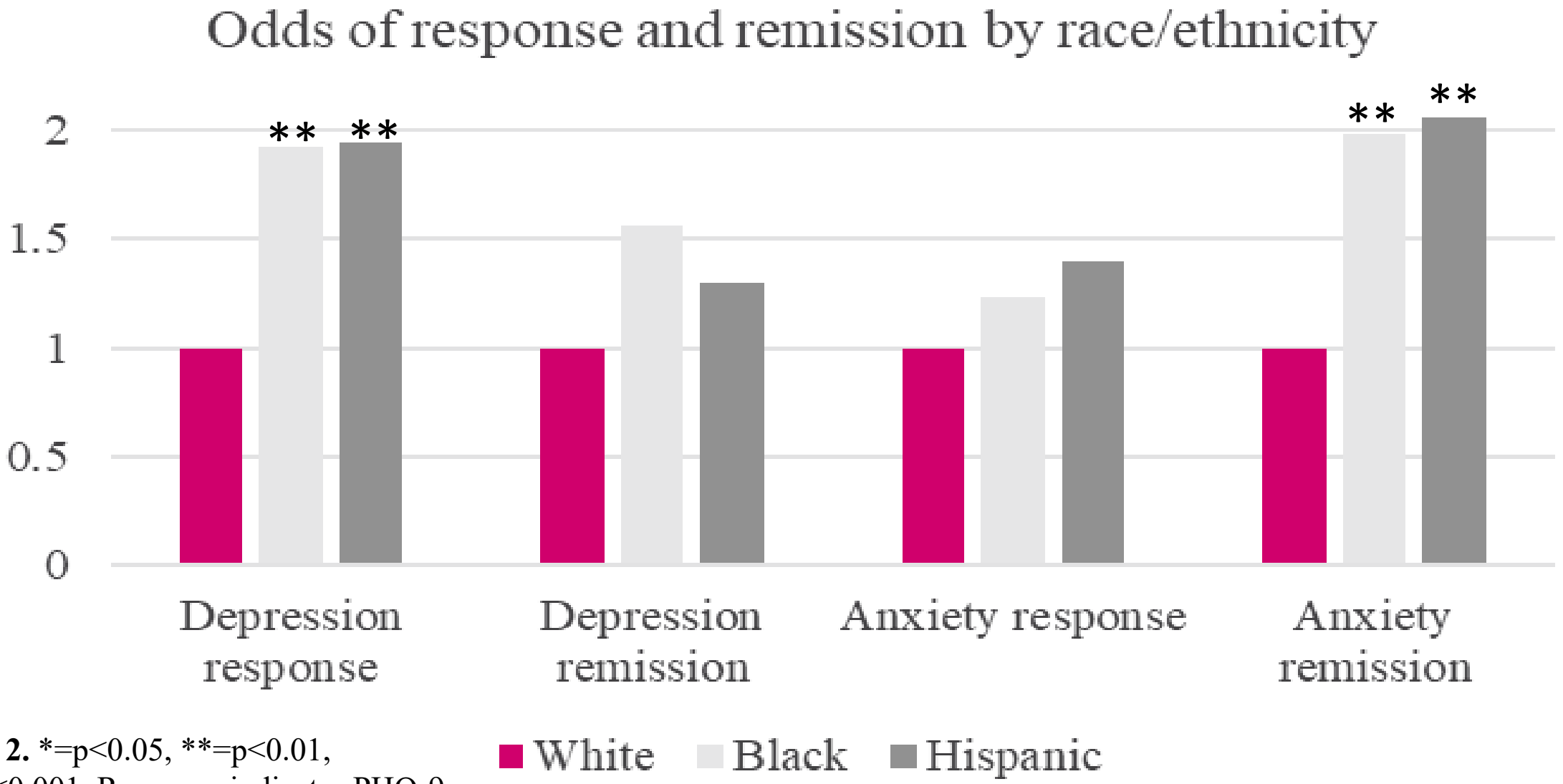

Figure 2. *=p<0.05, **=p<0.01, ***=p<0.001. Response indicates PHQ-9 or GAD-7 score <10 or a >50% reduction in the initial score. Remission indicates PHQ-9 or GAD-7 score of <5.

Montefiore Einstein

KEY POINTS

At Montefiore Primary Care:

Black and Hispanic patients are less likely to receive minimally adequate CoCM followup

BUT: Black and Hispanic patients have better outcomes compared to Whites when receiving minimally adequate CoCM followup

Workforce Needs : SDOH screening and response; add role of CHW/Peers?; role of community engagement (see Community Partners in Care at UCLA – Bowen Chung and Ken Wells)

Montefiore Einstein

Suggestions to improve Depression Care Equity

More research is needed!!

- SDOH screening as part of the CoCM model for high needs populations
- Ask about perceived barriers to depression treatment and address early in treatment planning (SDOH needs)
- Community education efforts to discuss benefits of behavioral care in primary care
- Use and provide access to more means of contact including confidential asynchronous approaches (portal, apps, etc)
- Role of peers in BH integration?
- More consistent and flexible reimbursement models

Discussion

Montefiore Einstein