Implementing Models of Integrated Care

Lori Raney, MD
Collaborative Care Consulting
Dolores, CO
Disclosures

• Royalties: American Psychiatric Publishing for *Integrated Care: Working at the Interface of Primary Care and Behavioral Health*

• *Integrated Care: A Guide for Effective Implementation*

• No pharmaceutical or device manufacturing funding

• No off-label discussion of pharmaceuticals
Stepped Model of Integrated Care
Effective Integrated Care

Effective Collaboration

Informed, Activated Patient

PRACTICE SUPPORT

PCP supported by Behavioral Health Care Manager/BHC

Measurement-based Treat to Target

Psychiatric Consultation

Caseload-focused Registry review

Training

Used with permission, AIMS Center
## Behavioral Health

<table>
<thead>
<tr>
<th>MRN</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Number of Follow-up Contacts</th>
<th>Weeks in Treatment</th>
<th>Average # Contacts per month</th>
<th>PHQ-9</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9</th>
<th>GAD-7</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234501</td>
<td>Active</td>
<td>Bryson Clay</td>
<td>2/28/2018</td>
<td>10/1/2018</td>
<td>9</td>
<td>30</td>
<td>1.20</td>
<td>21</td>
<td>-57.1%</td>
<td>10/1/2018</td>
<td>10</td>
<td>-60.0%</td>
<td>10/1/2018</td>
</tr>
<tr>
<td>1234502</td>
<td>Active</td>
<td>Kayla Ho</td>
<td>3/15/2018</td>
<td>9/30/2018</td>
<td>8</td>
<td>28</td>
<td>1.14</td>
<td>13</td>
<td>30.8%</td>
<td>9/30/2018</td>
<td>5</td>
<td>0.0%</td>
<td>9/30/2018</td>
</tr>
<tr>
<td>1234503</td>
<td>Active</td>
<td>Reed Snow</td>
<td>2/7/2018</td>
<td>9/3/2018</td>
<td>9</td>
<td>29</td>
<td>1.24</td>
<td>10</td>
<td>-60.0%</td>
<td>9/3/2018</td>
<td>18</td>
<td>-22.2%</td>
<td>9/3/2018</td>
</tr>
<tr>
<td>1234504</td>
<td>Active</td>
<td>Princess Hull</td>
<td>4/22/2018</td>
<td>9/17/2018</td>
<td>9</td>
<td>21</td>
<td>1.71</td>
<td>18</td>
<td>0.0%</td>
<td>9/17/2018</td>
<td>19</td>
<td>-5.3%</td>
<td>9/17/2018</td>
</tr>
<tr>
<td>1234505</td>
<td>Active</td>
<td>Ignacio Tanner</td>
<td>4/17/2018</td>
<td>10/1/2018</td>
<td>9</td>
<td>23</td>
<td>1.57</td>
<td>14</td>
<td>-42.9%</td>
<td>10/1/2018</td>
<td>16</td>
<td>-12.5%</td>
<td>10/1/2018</td>
</tr>
<tr>
<td>1234506</td>
<td>Active</td>
<td>Jan Jacobson</td>
<td>2/20/2018</td>
<td>10/2/2018</td>
<td>8</td>
<td>32</td>
<td>1.00</td>
<td>11</td>
<td>-63.6%</td>
<td>10/2/2018</td>
<td>19</td>
<td>-5.3%</td>
<td>10/2/2018</td>
</tr>
<tr>
<td>1234507</td>
<td>Active</td>
<td>Eddie Wu</td>
<td>2/19/2018</td>
<td>9/17/2018</td>
<td>8</td>
<td>30</td>
<td>1.07</td>
<td>16</td>
<td>-50.0%</td>
<td>9/17/2018</td>
<td>10</td>
<td>80.0%</td>
<td>9/17/2018</td>
</tr>
<tr>
<td>1234508</td>
<td>Active</td>
<td>Ulises Rosales</td>
<td>7/30/2018</td>
<td>9/15/2018</td>
<td>4</td>
<td>6</td>
<td>2.67</td>
<td>17</td>
<td>-5.9%</td>
<td>9/15/2018</td>
<td>4</td>
<td>-25.0%</td>
<td>9/15/2018</td>
</tr>
<tr>
<td>1234509</td>
<td>Active</td>
<td>Freddy Keith</td>
<td>7/21/2018</td>
<td>10/15/2018</td>
<td>13</td>
<td>12</td>
<td>4.33</td>
<td>22</td>
<td>-18.2%</td>
<td>10/15/2018</td>
<td>5</td>
<td>-40.0%</td>
<td>10/15/2018</td>
</tr>
<tr>
<td>1234510</td>
<td>Active</td>
<td>Grayson Mcgee</td>
<td>12/19/2017</td>
<td>10/15/2018</td>
<td>7</td>
<td>42</td>
<td>0.67</td>
<td>14</td>
<td>-71.4%</td>
<td>10/15/2018</td>
<td>7</td>
<td>142.9%</td>
<td>10/15/2018</td>
</tr>
</tbody>
</table>

### Two crucial data points:
- 50% reduction PHQ-9
- Remission (PHQ 9 < 5)
# Addressing Psychiatric Workforce Shortage

<table>
<thead>
<tr>
<th>Approach</th>
<th>Who’s Patient</th>
<th>Reduced Need Referral</th>
<th>Published effectiveness benchmarks</th>
<th>Insurance covers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic presentations</td>
<td>PCP</td>
<td>maybe</td>
<td>No</td>
<td>no</td>
</tr>
<tr>
<td>Consults (one and done)</td>
<td>PCP</td>
<td>no</td>
<td>No</td>
<td>yes</td>
</tr>
<tr>
<td>eConsult/curbside</td>
<td>PCP</td>
<td>yes</td>
<td>No</td>
<td>Yes Medicare</td>
</tr>
<tr>
<td>Psychiatry access line</td>
<td>PCP</td>
<td>yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Case Reviews with team</td>
<td>PCP</td>
<td>yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Asynchronous consult</td>
<td>PCP</td>
<td>yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Project ECHO</td>
<td>Some Sharing</td>
<td>yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Collaborative Care management</td>
<td>Shared</td>
<td>yes</td>
<td>Yes</td>
<td>CoCM codes Medicare</td>
</tr>
<tr>
<td>Direct patient care and follow up</td>
<td>Psychiatrist</td>
<td>Temporarily</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Consultative Approaches to Leveraging the Psychiatric Workforce for Larger Populations in Need of Psychiatric Expertise Lori Raney, M.D., Mark Williams, M.D., Patty Gibson, M.D., Tom Salter, M.D. Psych Serv in advance: 2020 doi: 10.1176/appi.ps.202000052
Waitlist Reduction for Psychiatric Services with CoCM

Implementation Challenges

- Reimbursement
  - CPT codes
  - Bundled codes (CoCM)
- Start up costs
  - Training costs
  - Salaries of BHPs until enough patient volume
  - Registry build
- Workforce recruitment and hiring
  - Psychiatry
  - Therapists
- Leadership and PCP buy-in
- Patient engagement
Task Sharing – Non-Specialist Workforce

BHP 1.
Paraprofessional Staff

BH Screening
Registry Tracking
Health Promotion

BHP 2.
Paraprofessional Staff with Advance Training

Brief Intervention for Situational Stress and Education on Health Changes

BHP 3.
Licensed Behavioral Health Provider

Diagnostic Clarification
Brief Intervention
Complex BH Needs

Specialty Behavioral Health
Shared BHP Tasks

• **Support and closely coordinate** mental health care with the patient’s primary care provider and, when appropriate, other mental health providers.

• **Screen and gather** information from patients regarding common mental health and substance abuse disorders.

• **Provide the patient with information** about common mental health and substance abuse disorders and available treatment options.

• **Use measurement based tools to track** patients (in person or by telephone) for changes in clinical symptoms and gather information about treatment side effects or complications; cue other members of the treatment team as needed to address these issues.

• **Support psychotropic medication** management prescribed by PCPs by asking questions about treatment adherence, side effects and other complications, and effectiveness of treatment; cue other members of the treatment team if interventions are needed.

• **Discuss with patients their current activities**, discuss how being more active improves depression and plan additional activities with patients.

• **Facilitate in-clinic or outside referrals** to evidence-based psychosocial treatments (e.g., PST, CBT, IPT) as directed by other team members. Follow up that patient has connected and attended.

• **Participate in regularly scheduled (usually weekly) caseload consultation** with the psychiatric consultant. Facilitate communication regarding treatment recommendations to the patient’s PCP. Consultations will focus on patients new to treatment or who are not improving as expected, as evidenced by PHQ9 scores.

• **Support patient engagement** and follow-up in care.

• **Document patient follow-up and clinical outcomes using a registry.** Document in person and telephone encounters in the registry and use the system to identify and reengage patients.
PCP “Buy-In”

Before Implementation

• This is going to slow me down
• I don’t have time to address one more problem
• I have liability concerns
• I already do a good job of treating mental illness

After Implementation

• This takes a load off my plate
• This speeds me up
• I always want to practice like this
• I am giving better care to my patients
• This gives me time to finish my note

“If you aren’t uncomfortable with your practice you aren’t practicing integrated care.”

PCP - Colorado
ADAPTATIONS POSSIBLE
Centralized Care Manager Supporting Multiple Small Practices
CPT Codes for CoCM

99492 – first 70 minutes
99493 – subsequent months Billed once a month under PCP’s NPI
99494 – each additional 30 minutes
G2214 – 30 minutes of CoCM any month
G0512 -(FQHCs/RHCs only)

• Outreach and engagement by BCM
• Assessment of the patient, including administration of validated rating scales
• Entering patient data in a registry and tracking patient follow-up and progress
• Participation in weekly caseload review with the psychiatric consultant
• Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.
Demonstrating Value: Measures and Processes That Matter to Payers

- **Process Metrics:**
  - Percent of patients screened for depression
  - Percent with follow-up with behavioral care manager within 2 weeks
  - Percent not improving that received case review and psychiatric recommendations
  - Percent treatment plan changed based on advice
  - Percent not improving referred to specialty BH

- **Outcome Metrics**
  - Percent with 50% reduction PHQ-9 – Clinical Response
  - Percent reaching remission (PHQ-9 < 5 ) NQF 710 and 711

- **Satisfaction** – patient and provider
- **Functional** – work, school, homelessness
- **Utilization/Cost**
  - ED visits, 30 day readmits, med/surg/ICU, overall cost
Panel Discussion

**Jacob T. DeMenna MD**, Medical Director of Integrated Behavioral Health for Valleywise Health and Clinician Educator in the Department of Psychiatry at Creighton University School of Medicine

**Sara Salek, MD**, Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS)

**Karen Weihs, MD, DFAPA**, Professor of Psychiatry, University of Arizona College of Medicine, Tucson; Medical Director of Integrated Psychosocial Services at Banner University Medicine – Tucson, including Psychosocial Support and PsychoOncology Services, Arizona Cancer Center

**Rodgers M. Wilson, MD, MFA, DFAPA**, Arizona and Colorado Market Medical Executive/Senior Medical Director, A Cigna Health Equity Advocate Leader, Cigna