COLLABORATIVE CARE

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APRIL 27, 2017
SPEAKER DISCLOSURES

Nothing to disclose
GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.
At the end of this presentation, participants will
1. Understand the core principles and standard workflow of Collaborative Care
2. Consider the role of the PCP in each phase of the collaborative care workflow
3. Learn about new research evidence and policy changes related to collaborative care model
THE CHALLENGE FOR PRIMARY CARE

Behavioral health disorders cause

- 25% of all disability worldwide\(^1\)
  - 10% of Years Lived with Disability (YLD) from depression alone
  - 3x diabetes, 10x heart disease, 40x cancer

- In the US, one suicide every 14 minutes\(^2\)
  - In WA, 2-3 suicides / day

- Increased complications, costs, mortality associated with chronic medical conditions\(^3\)

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https://afsp.org/about-suicide/suicide-statistics/
WHO GETS TREATMENT?

No Treatment

Primary Care Provider

Mental Health Provider

BUT WHAT ABOUT HERE?

THE STATE OF MENTAL HEALTH IN AMERICA

Source: Parity or Disparity: The State of Mental Health in America (2016), Mental Health America
BETTER MENTAL HEALTH CARE FOR MORE PEOPLE

COORDINATION

HOSPITAL

Specialty Care

CMHC

OUTPATIENT CARE

Collaborative Care in Primary Care

COLLABORATIVE CARE MANAGEMENT

Primary Care / Specialty Medical Care

BRIEF BEHAVIORAL INTERVENTION

PRIMARY CARE

SELF CARE / SELF MANAGEMENT
COMPONENTS OF COLLABORATIVE CARE

- Primary Care Physician
- Patient
- Mental Health Care Manager
- Consulting Psychiatrist

Outcome Measures

Evidence-based Treatments

Registry

Consulting Psychiatrist

PHQ-9

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

[Active Patients]

<table>
<thead>
<tr>
<th>Case</th>
<th>Pt ID</th>
<th>Name</th>
<th>Diagnosis Date</th>
<th>Registrar</th>
<th>Referral Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1</td>
<td>123</td>
<td>John</td>
<td>01/01/2016</td>
<td>Dr. Smith</td>
<td>02/02/2016</td>
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<tr>
<td>2</td>
<td>456</td>
<td>Jane</td>
<td>03/03/2016</td>
<td>Dr. Jones</td>
<td>04/04/2016</td>
<td>456</td>
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<td>3</td>
<td>789</td>
<td>Mike</td>
<td>05/05/2016</td>
<td>Dr. Brown</td>
<td>06/06/2016</td>
<td>789</td>
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<tr>
<td>4</td>
<td>1011</td>
<td>Linda</td>
<td>07/07/2016</td>
<td>Dr. Clark</td>
<td>08/08/2016</td>
<td>1011</td>
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</table>

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TWICE AS EFFECTIVE AS USUAL CARE

% of patients with 50% or greater improvement in depression at 12 months

Unützer et al., JAMA 2002;
SUMMARY: THE TRIPLE AIM

- Improved Outcomes:
  - Less depression
  - Better functioning
  - Higher quality of life

- Greater patient and provider satisfaction

- More cost-effective
  - Reduced healthcare costs: ROI $6.5 saved for $1 invested
RESEARCH EVIDENCE

• Meta analysis of more than 80 RCT: collaborative care treatment of depression in primary care (US and Europe)—consistently more effective\(^1\)
• In large (n= 7000) retrospective study, time to remission was 86 days for patients in Collaborative Care, compared to 614 days for usual care\(^2\)
• Evidence for effectiveness
  • Anxiety\(^3\)
  • PTSD\(^4\)
  • Adolescent depression\(^5\)
  • Ob-gyn clinics\(^6\)
  • Depression and poorly-controlled diabetes\(^7\)

CORE PRINCIPLES OF COLLABORATIVE CARE

- Patient-Centered Team Care
- Population-Based Care
- Measurement-Based Treatment to Target
- Evidence-Based Care
- Accountable Care
PATIENT-CENTERED TEAM CARE

PCP

Patient

BHP/Care Manager

Psychiatric Consultant

New Roles
## Population Based Care

### Current Patients

<table>
<thead>
<tr>
<th>Flags</th>
<th>MHITS ID</th>
<th>Name</th>
<th>Population</th>
<th>Enrollment Date</th>
<th>Status</th>
<th>Clinical Assessment</th>
<th>Last Follow Up Contact</th>
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<tr>
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<td>Smith, Sally</td>
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<td>1/27/2012</td>
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</tbody>
</table>

1 - 6 of 6
MEASUREMENT-BASED TREATMENT TO TARGET

• Measurable treatment goals defined
• Outcomes frequently monitored using validated clinical rating scales (PHQ-9, GAD-7)
• Results tracked in a registry
• Treatment frequently evaluated and adjusted until target goals achieved
EVIDENCE-BASED TREATMENT

• Medications
  – More frequent monitoring to adjust treatment
  – Recommendations for switching/augmentation

• Brief Behavioral Treatments
  – Behavioral Activation
    • specific, concrete plan for self-care that patient will do before the next contact.
  – Problem Solving Therapy
  – Interpersonal Therapy
BEHAVIORAL ACTIVATION

Feel Bad → Do Less → Brief Behavioral Treatment → Medications → Feel Bad

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Typically we think of acting from the “inside → out” (e.g., we wait to feel motivated before completing tasks).

In BA, we ask people to act according to a plan or goal rather than a feeling or internal state.

Approach: Outside → In
COLLABORATIVE CARE CLINICAL WORKFLOW

- Identify & Engage
- Establish a Diagnosis
- Initiate Treatment
- Follow-up Care & Treat to Target
- Complete Treatment & Relapse Prevention
BEHAVIORAL HEALTH MEASURES AS “VITAL SIGNS”

• Behavioral health measures are like monitoring blood pressure!
  – Identify that there is a problem
  – Need further assessment to understand the cause of the “abnormality”
  – Ongoing monitoring to measure response to treatment
How to Score the PHQ-9

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

For office coding: $0 + 2 + 8 + 6 = Total Score: 16$

PCP ROLE: ENGAGEMENT

• Most important ingredient for success
  – Articulation of plan and team roles critical
  – PCP recommendation powerful

• Existing relationship as foundation

• PCP sees the whole picture

• Key messages:
  – Options
  – Proactive Persistence
  – Hope
BRIEF BEHAVIORAL TREATMENT

• Pros
  – No medication side effects
  – Alternative for poor response to medications
  – Accommodates patient who does not want medication
  – Evidence that could work with older adults who have mild cognitive impairment
    • (Areán et al., 2010, American Journal of Psychiatry; Alexopoulos et al., 2010, Archives of General Psychiatry)

• Cons
  – More time-consuming (30 min to 1 hr sessions)
  – May take longer to work
  – Staff training, mental health professionals
“FRONT LOADING” CARE MANAGEMENT INTERVENTIONS KEY TO IMPROVEMENT

Early intervention is key to earlier improvement

PCP ROLE: DIAGNOSIS

- Consult not always needed
- Sometimes iterative process required
- Sometimes complicated from the outset
- You typically know the patient best
CARE MANAGER TASKS

• Engagement
• Systematic initial evaluation
  – Education about depression
• Regular follow-up contacts
  – Tracks treatment response for caseload of patients
  – Supports medication management by PCP
  – Provides brief, structured evidence-based therapy
• Reviews challenging patients with the team psychiatrist weekly
• Completes relapse prevention with patient
SYSTEMATIC CASE REVIEW

- Weekly 60 to 90 minute meeting between CM and psychiatrist
- In-person or by phone / Zoom
- BH care manager and psychiatric consultant review caseload
- Entire caseload monitored over time (typically over a month)

PCP ROLE: TREATMENT ADJUSTMENT

Complete response to initial treatment
30% - 50%

Need at least one change in treatment
50% – 70%
### AIMS EXCEL® PATIENT TRACKING TOOL

| MRN | Name       | Treatment Status | Display (Hide past x episodes or view only the most recent contact) | Tickler | Episode Number | Follow-up Contact Number | Date Follow-up Due | Type of Contact | PHQ-9 Score (Target is <=10 within 5-7 months of initial assessment) | % Change in PHQ-9 score (Target is <=50% within 5-7 months of initial assessment) | GAD-7 Score (Target is <=10 within 5-7 months of initial assessment) | % Change in GAD-7 score (Target is <=50% within 5-7 months of initial assessment) | Contact Notes and Psychiatric Case Review | Date of Psychiatric Case Review (Date of most recent Psychiatric Case Review) |
|-----|------------|------------------|-------------------------------------------------------------------|--------|----------------|--------------------------|---------------------|-----------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| 1234| Joe Smith  | Active           | 2 Current Episode Initial Assessment 2-week follow-up schedule 3/11/16 | 2      | 1              | Initial Assessment       | 8/1/15             | 19              | 27%                                                                  | 12                                                                             | -14%                                                             |                                                                                 | Date due in 3 days | 3/30/16               |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | 8/15/15            | 16              | 7%                                                                    | 10                                                                             | -29%                                                             |                                                                                 |                                                                   | 10/1/15               |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | Canceled           | 12              | -20%                                                                 | 9                                                                              | -36%                                                             |                                                                                 |                                                                   | 12/1/15               |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | 9/13/15            | 7               | -53%                                                                 | 10                                                                             | -29%                                                             |                                                                                 |                                                                   | 3/30/16               |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | 9/27/15            | 4               | -73%                                                                 | 6                                                                              | -57%                                                             |                                                                                 |                                                                   |                                                                   |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | 10/10/15           | 4               | -73%                                                                 | 5                                                                              | -64%                                                             |                                                                                 |                                                                   |                                                                   |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | 11/1/15           | 2               | -87%                                                                 | 3                                                                              | -79%                                                             |                                                                                 |                                                                   |                                                                   |
| 1234| Joe Smith  |                 |                                                                   |        | 1              |                          | 12/2/15           | 3               | -80%                                                                 | 1                                                                              | -93%                                                             |                                                                                 |                                                                   |                                                                   |
| 1234| Joe Smith  |                 |                                                                   |        | 2              | Initial Assessment      | 3/11/16           | 15              | 0%                                                                   | 14                                                                             | 0%                                                               |                                                                                 |                                                                   |                                                                   |
| 1234| Joe Smith  |                 |                                                                   |        | 2              |                          | 3/25/16           | 16              | 7%                                                                    | 12                                                                             | -14%                                                             |                                                                                 |                                                                   |                                                                   |
| 3456| Bob Dolittle| Active            |                                                                   |        | 1              |                          | 3/5/16            | 23              |                                                                     | 17                                                                             | 0%                                                               | Flag for discussion                                                  |                                                                   |                                                                   |
| 3456| Bob Dolittle|                 |                                                                   |        | 1              |                          | 3/5/16            | 23              | 0%                                                                    | 17                                                                             | 0%                                                               | Flag for discussion                                                  |                                                                   |                                                                   |
| 3456| Bob Dolittle|                 |                                                                   |        | 1              |                          | 3/20/16           | 22              | 4%                                                                    | 17                                                                             | 0%                                                               | Flag for discussion                                                  |                                                                   |                                                                   |
| 3456| Bob Dolittle|                 |                                                                   |        | 1              |                          | 4/3/16            | 4               | -4%                                                                   | 17                                                                             | 0%                                                               | Flag for discussion                                                  |                                                                   |                                                                   |
| 3456| Bob Dolittle|                 |                                                                   |        | 1              |                          | 4/17/16           | 4               | -4%                                                                   | 17                                                                             | 0%                                                               | Flag for discussion                                                  |                                                                   |                                                                   |
| 3456| Bob Dolittle|                 |                                                                   |        | 1              |                          | 5/1/16            | 4               | -4%                                                                   | 17                                                                             | 0%                                                               | Flag for discussion                                                  |                                                                   |                                                                   |

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# AIMS EXCEL® CASELOAD OVERVIEW

<table>
<thead>
<tr>
<th>View</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>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Flag</th>
<th>Most Recent Psychiatric Consultant Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
<td>12/2/2015</td>
<td>7</td>
<td>29</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>12/2/2015</td>
<td>14</td>
<td>10</td>
<td>-29%</td>
<td>12/2/2015</td>
<td></td>
<td>Flag for discussion &amp; safety risk</td>
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</tbody>
</table>
CMS CODES

http://aims.uw.edu/new-bhi-services-fact-sheet

<table>
<thead>
<tr>
<th>BHI Code</th>
<th>BH CM staff time (per calendar month)</th>
<th>Assumed billing practitioner time</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0502 (CoCM first month)</td>
<td>70 minutes</td>
<td>30 minutes</td>
</tr>
<tr>
<td>G0503 (CoCM subsequent months)</td>
<td>60 minutes</td>
<td>26 minutes</td>
</tr>
<tr>
<td>G0504 (add on, any month)</td>
<td>Each additional 30 minutes</td>
<td>13 minutes</td>
</tr>
<tr>
<td>G0507 (general BHI)</td>
<td>At least 20 minute</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

Care team members:

- Treating (Billing) Practitioner: Typically PCP
- Beneficiary
- Clinical Staff (may include BH CM and consulting psychiatrist, but not required)
MEDICAID TRANSFORMATION (1115 WAIVER)

• 5-year demonstration program
• 3 initiatives to improve care
  – better address local health priorities,
  – deliver high-quality, cost-effective care that treats the whole person
  – create linkages between clinical and community-based services
• Initiative 1 builds incentives for changing care delivery
  – Bi-directional integrated care is required project
HTTP://AIMS.UW.EDU
Welcome to the Playbook
A guide to integrating behavioral health in primary care and other ambulatory care settings. To aid in improving health care delivery in order to achieve better patient health outcomes.

About the Playbook

Purpose
AHRO’s Academy for Integrating Behavioral Health and Primary Care developed the Integration Playbook as a guide to integrating behavioral health in primary care and other ambulatory care settings. Integrated primary care (or integrated ambulatory care) is an emerging approach for improving health care delivery in

Sign Up

Benefits of Creating an Account

- Access to an online

http://integrationacademy.ahrq.gov/playbook/about-playbook