



**Integrated Care
Training Program**

UW Psychiatry & Behavioral Sciences

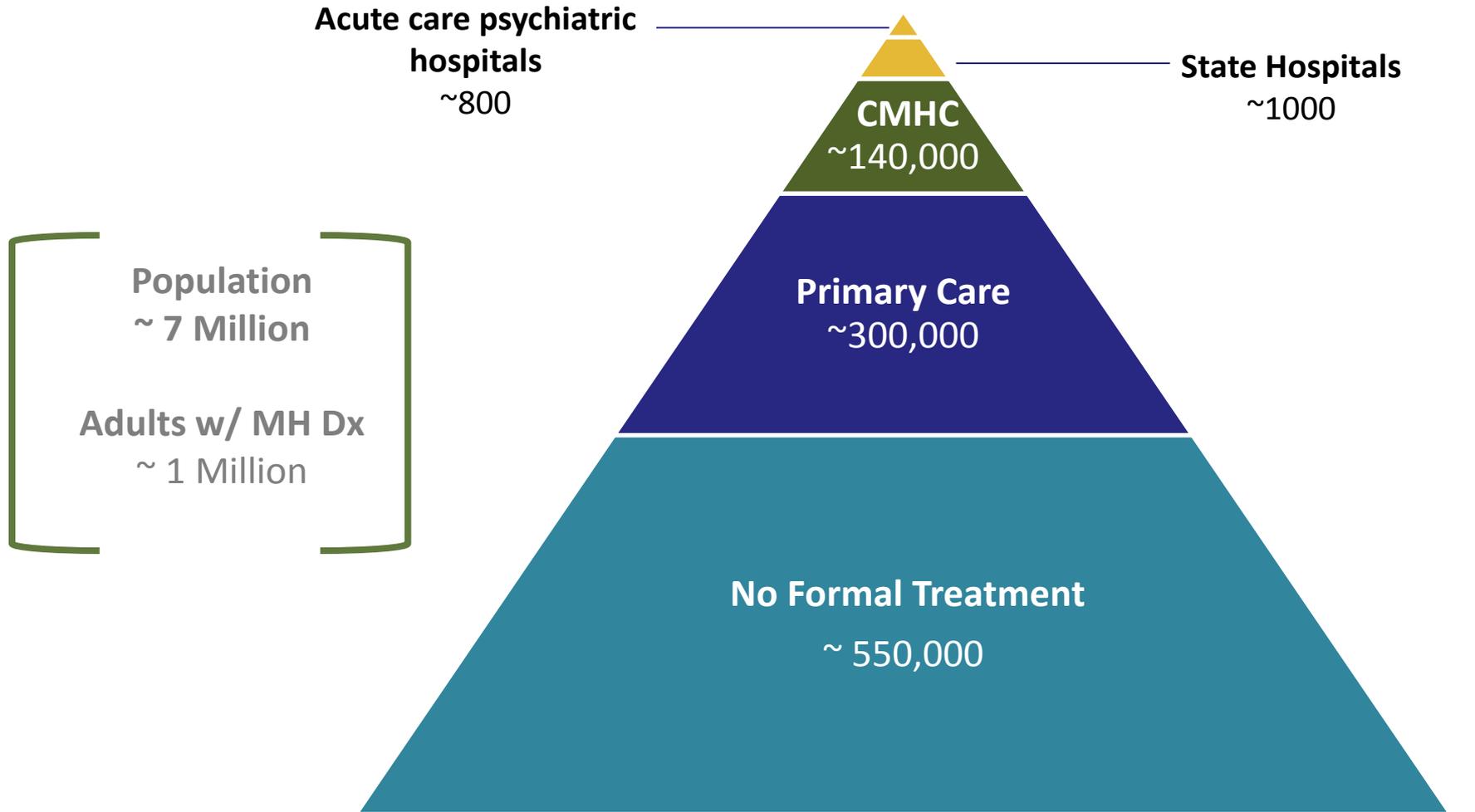
**COLLABORATIVE CARE:
DELIVERING TEAM-BASED MENTAL HEALTH IN
PRIMARY CARE SETTINGS**

ANNA RATZLIFF, MD,PHD

ASSOCIATE PROFESSOR

DIRECTOR OF INTEGRATED CARE TRAINING PROGRAM

Behavioral Health Care in Washington State



 **Integrated Care Training Program**

Evidence Based Integrated Care: Collaborative Care



Prepared, Pro-active
Practice Team



**Effective
Collaboration**



Informed,
Active Patient



Practice Support



Outcome
Measures

[ACTIVE PATIENTS]						
First	[Patient ID]	[Name]	[Encounter Date]	St- tus	[Discharge Date]	[Discharge]
	0001	Test, Test	2/8/2013	[T]	8/24/2013	
	0008	Test, Susy	1/2/2013	[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	
	0020	Test Patient, Mdoc	1/20/2014	[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

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

Treatment
Protocols

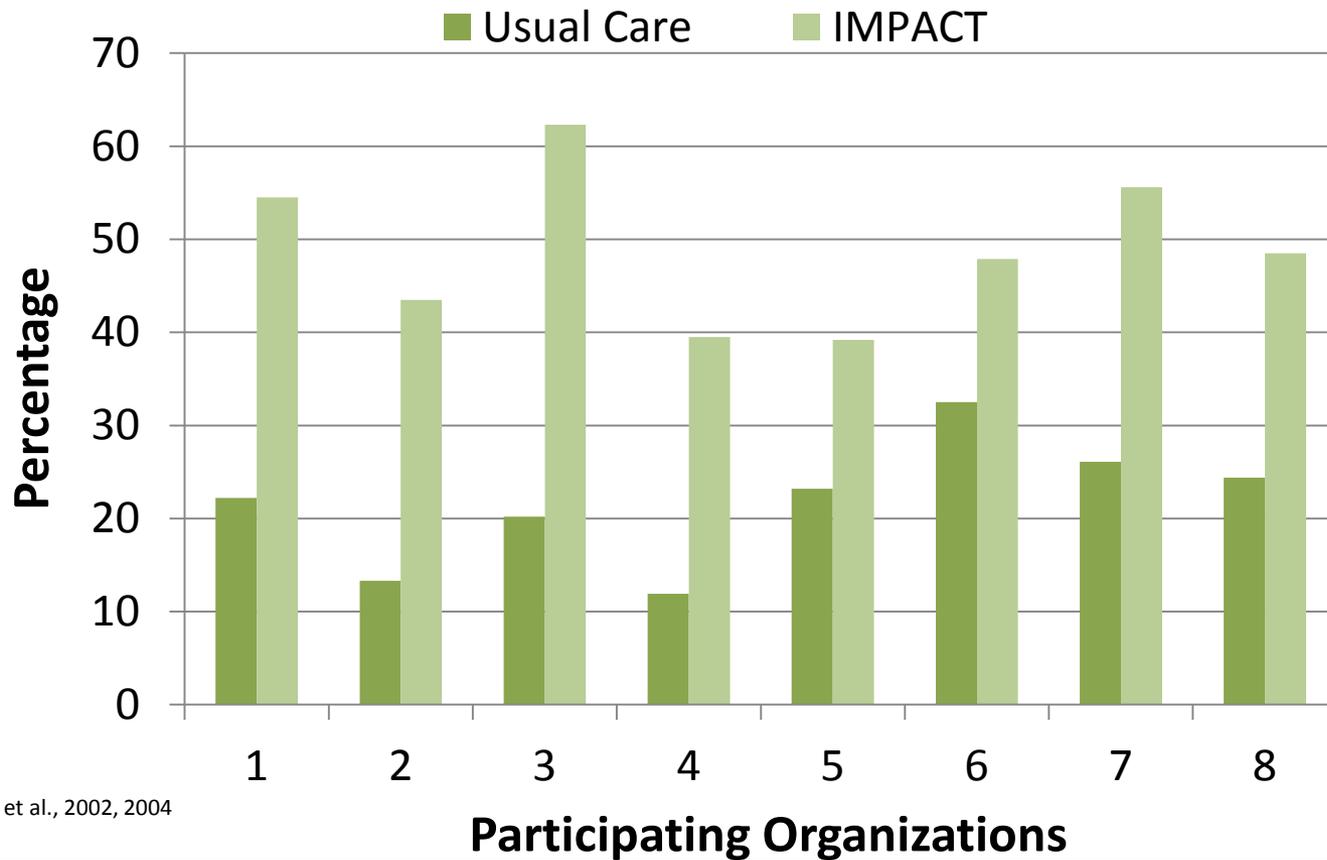


Psychiatric
Consultation

Integrated Care Training Program

TWICE AS MANY PEOPLE IMPROVE

50 % or greater improvement in depression at 12 months



Unützer et al., 2002, 2004

 **Integrated Care Training Program**

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IMPACT: Summary



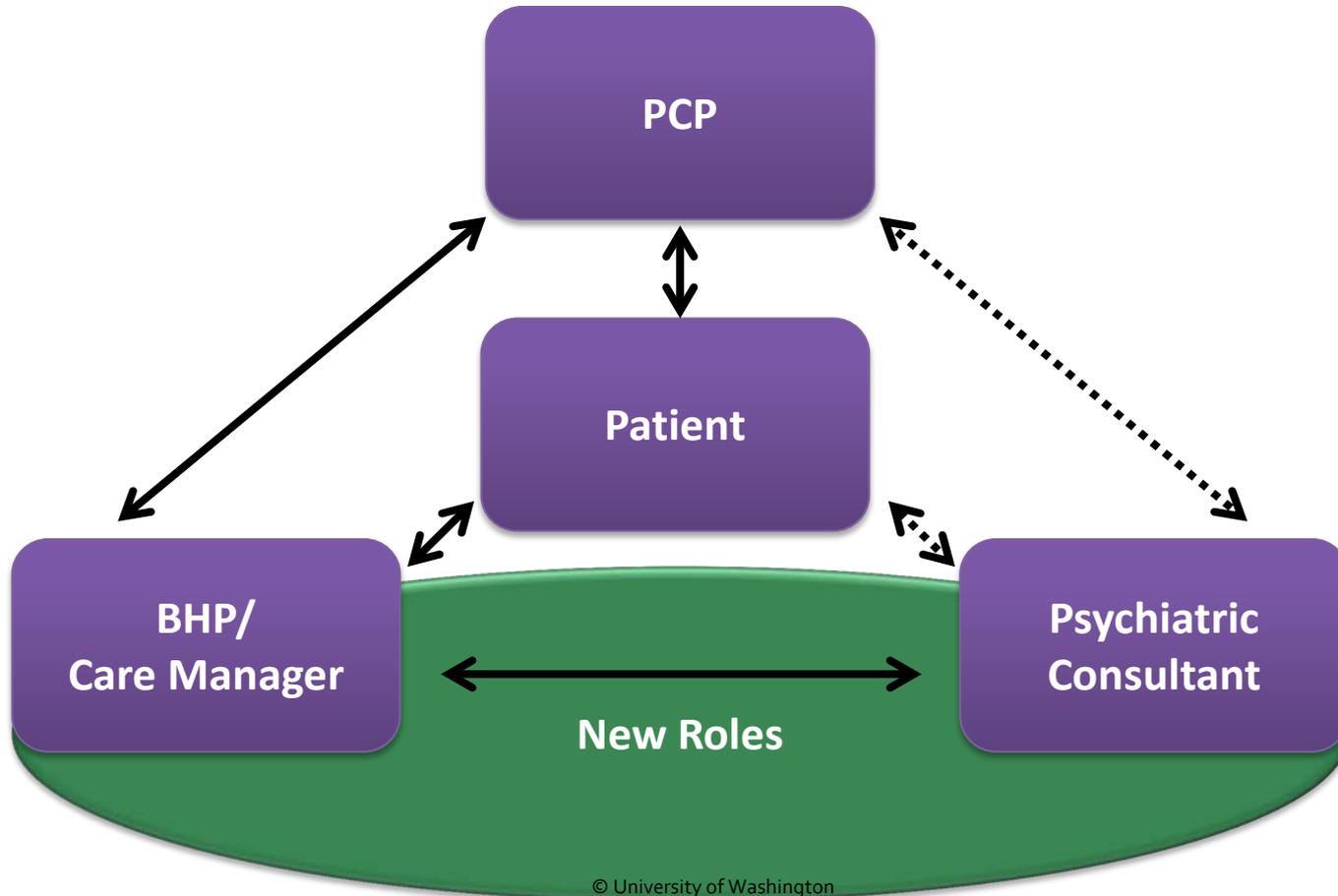
- 1) Improved Outcomes:
 - Less depression
 - Less physical pain
 - Better functioning
 - Higher quality of life
- 2) Greater patient and provider satisfaction
- 3) More cost-effective



→ THE TRIPLE
AIM

“I got my life back”

Principle 1: Patient Centered Team Care



Principle 2: Population Based Treatment

Patient ▾ Caseload ▾ Program ▾ Tools ▾ Logout Search Patient :

CURRENT PATIENTS



FLAGS	MHITS ID	POPULATION	ENROLLMENT DATE	STATUS	CLINICAL ASSESSMENT			# OF SESSIONS	WKS IN TX	LAST FOLLOW UP CONTACT				
					DATE	PHQ -9	GAD -7			DATE	PHQ -9	DEP IMPR	GAD -7	ANX IMPR
🚩🚩	000279	U	7/24/2012	L1	7/24/2012			2	32	7/24/2012	17	🚫		
🚩🚩	000258	F	6/18/2012	L1	3/18/2012	9		2	50	5/18/2012	17	🚫		
🚩🚩	000114	G	10/18/2010	L2R	1/18/2011	6		6	111	8/27/2012	17*	🚫		
🚩🚩	000156	S	1/25/2012	L1	11/25/2011		18	5	66	4/17/2012	17	🚫	14*	🚫
🚩🚩	000245	V	6/14/2012	L1	7/15/2012			2	33	7/23/2012	14	🚫		
🚩🚩	000127	UV	5/1/2012	L1	6/14/2012	12	12	5	37	1/9/2013	13*	🚫	10	🚫
🚩🚩	000218	G	4/3/2012	L1	4/6/2012			4	47	5/15/2012	12	🚫		
🚩🚩	000142	O	1/12/2012	L1	1/12/2012			2	59	2/27/2012	12	🚫		
🚩🚩	000277	U	6/8/2012	L1	6/8/2012	9		2	38	6/30/2012	10	🚫		
🚩🚩	000210	T	3/27/2012	L1	1/1/2012	25	19	9	61	6/13/2012	9	🟢	6	🟢
🚩🚩	000216	U	12/30/2011	L1	11/29/2011	27		9	66	11/28/2012	9	🟢		
🚩🚩	000288	V	8/28/2012	L1C	8/16/2012	14		12	28	11/29/2012	6*	🟢		
🚩🚩	000232	V	11/16/2011	L1	3/1/2012	25	21	6	52	10/15/2012	5*	🟢	2*	🟢
🚩🚩	000231	U	12/6/2011	L2G	1/10/2012	24	20	7	60	5/9/2012	5	🟢	5	🟢
🚩🚩	000227	UP	4/3/2012	L1	5/18/2012			1	41					

Principle 3:

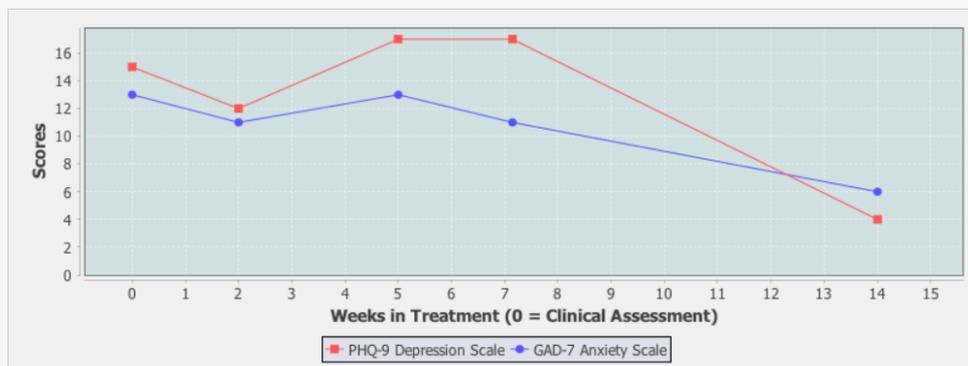
Measurement Based Treatment To Target

DATE OF CONTACT	CONTACT TYPE	WEEKS IN TX	VISIT TYPE	PHQ-9	GAD-7	BIPOLAR SCREEN	PTSD SCREEN	CURRENT MEDICATIONS
1/19/2016	Clinical Assessment	0	Clinic	15	13	√	√	
1/29/2016	Psychiatric Consultation Note	1	Phone w/ CC					
2/2/2016	Follow Up Contact	2	Clinic	12	11			
2/5/2016	Follow Up Contact	2	Phone					
2/10/2016	Psychiatric Consultation Note	3	Phone w/ CC					
2/10/2016	Psychiatric Consultation Note	3	Phone w/ CC					
2/23/2016	Follow Up Contact	5	Clinic	17	13			Fluoxetine HCl (Prozac) 10mg
3/9/2016	Follow Up Contact	7	Clinic	17	11			Fluoxetine HCl (Prozac) 20mg
3/18/2016	Follow Up Contact	8	Phone					†Fluoxetine HCl (Prozac) 20mg
4/26/2016	Follow Up Contact	14	Clinic	4	6			†Fluoxetine HCl (Prozac) 20mg

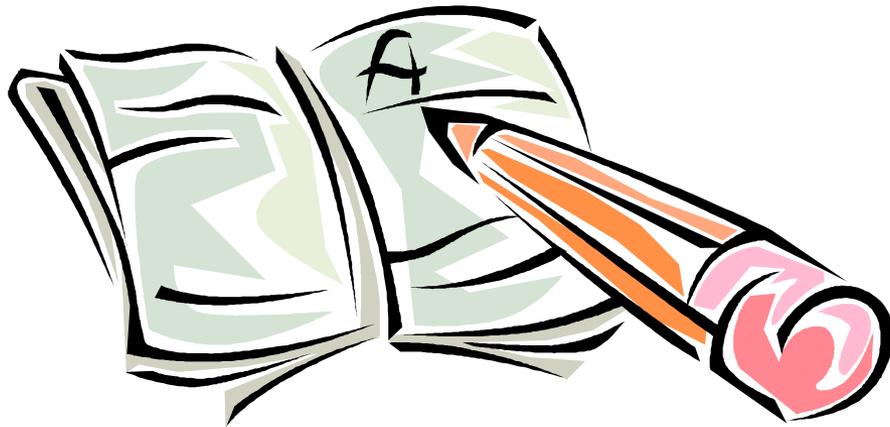
Collateral Contacts

DATE OF CONTACT	NAME	ROLE	AGENCY	CONTACT INFORMATION
No Records Found				

Patient Progress



Principle 4: Evidence-Based Treatment



STAR-D Summary

Level 1: Citalopram

~30% in remission

Level 2: Switch or Augmentation

~50% in remission

Level 3: Switch or Augmentation

~60% in remission

Level 4: Stop meds and start new

~70% in remission

Principle 5: Accountable Care



(Switch to Clinic-stat)

CASELOAD STATISTICS L1

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Pl:

Daniel's Story

The screenshot shows the AIMS Center website. The header includes the AIMS Center logo with the tagline 'Advancing Integrated Mental Health Solutions', the University of Washington logo, and the IMPACT logo. Navigation links for 'WHO WE ARE', 'WHAT WE DO', and 'COLLABORATIVE CARE' are visible, along with a search bar. A sidebar on the left lists 'QUICK LINKS' such as 'RESOURCE LIBRARY', 'IMPLEMENTATION GUIDE', and 'AIMS CENTER NEWSLETTER'. The main content area features the video title 'DANIEL'S STORY: AN INTRODUCTION TO COLLABORATIVE CARE' and a video player. The video player shows a man with glasses speaking, with a title overlay 'Daniel's Story: an Introduction to Collaborative Care from Integrated Care & Public Health'. The video player interface includes a play button, a progress bar at 07:25, and 'HD' and 'vimeo' logos.

<http://aims.uw.edu/daniels-story-introduction-collaborative-care>

 **Integrated Care Training Program**

UW Integrated Care Psychiatry Training Program

Funding

- Funded and supported by the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout the State of Washington.

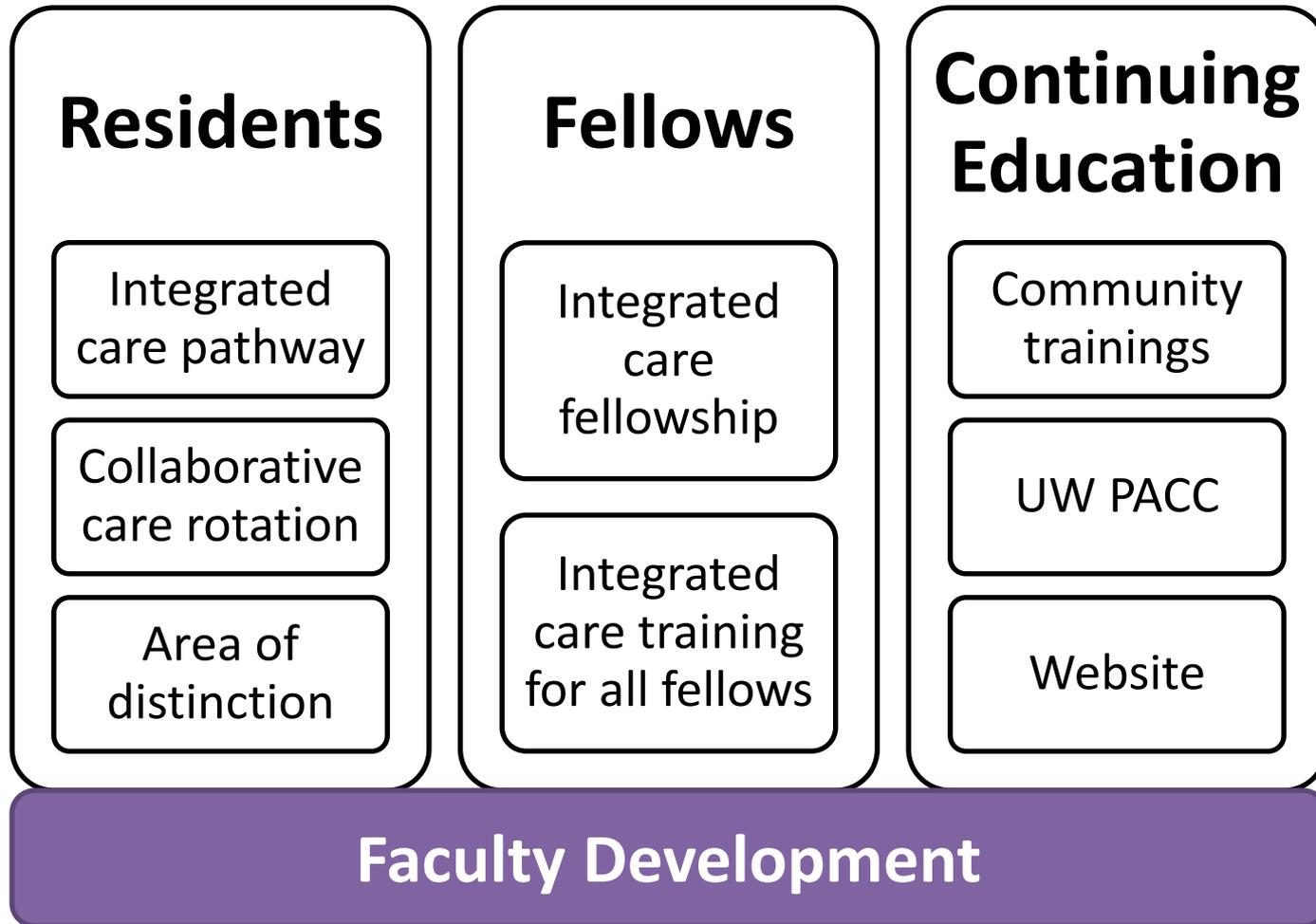
Mission

- The mission of the University of Washington Integrated Care Training Program (UWICTP) is to improve the health of Washingtonians by preparing a workforce to advance effective, integrated behavioral healthcare.

Vision

- We believe there is no health without mental health and that by training psychiatrists and other healthcare providers in evidence-based integrated care, we will increase the access to effective mental health care across Washington State.

Strategies For Psychiatrist Education



Psychiatry Residency Spokane

Medical Student	Resident	Psychiatric ARNP
2017-18 development of psychiatry core clerkship Integrated care block	Required Integrated Care Training PGY2-4 Required Collaborative Care Medication Assisted Treatment Clinic Primary Care Integrated Care Electives	One reserved care coordinator position for an RN in ARNP training Behavioral skills training in MI and CBT Clinical rotation on residency consult service

UW PACC: Psychiatry and Addictions Case Consultation

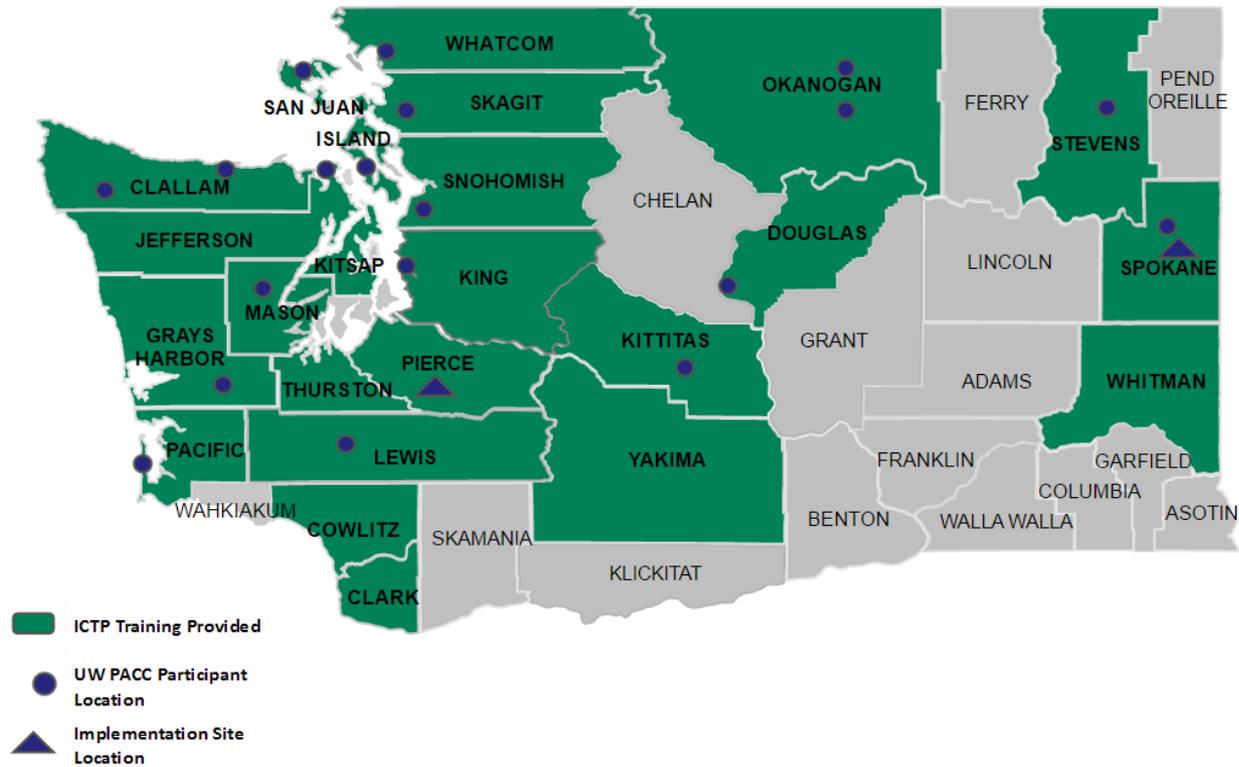
FREE to providers in Washington

- Started July 2016
- Available through tele-video
- Weekly sessions
 - Mental health and addictions lectures
 - Case consultation
- Training opportunity



Impact

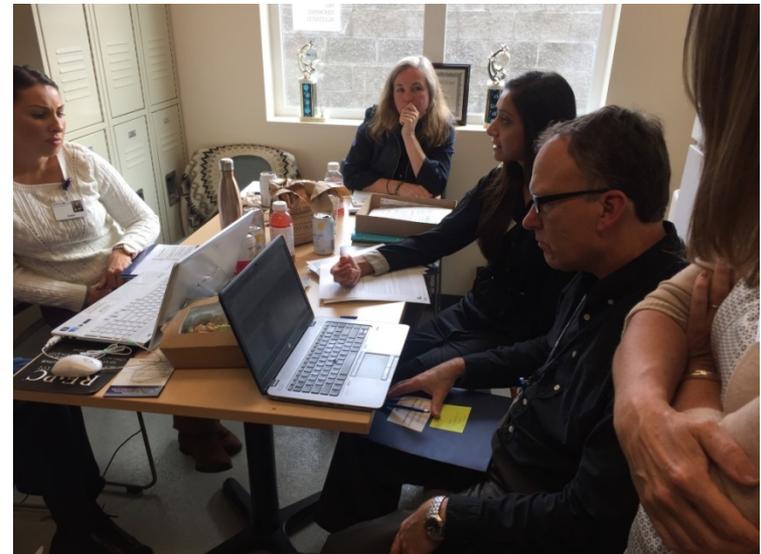
Impact of ICTP by County May 2017



Integrated Care Training Program

Impact

- 2 Integrated Care Fellows
- 1 Accepted for 2017–2018 Fellowship Program
- 39 Faculty contributing to Fellowship Program
- 1161 Attendees for 39 UW PACC Sessions
- 45 Cases presented at UW PACC by 30 providers
- 99 Community-Based Psychiatrists received training
- 11 Psychiatry Fellows received training (6 Psychosomatic and 5 Addictions)
- 20 UW Psychiatry Residents received training
- 2 Implementation sites
- 7 staff trained at Multicare Clinic in Eatonville; 20 patients supported in this clinic by one of our Fellows
- 20 staff trained at Providence in Spokane
- 26 PCPs/others trained on bipolar disorder, Suboxone treatment, and collaborative care



Questions?



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