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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

ADDRESSING COMMON CARE TEAM ISSUES IN INTEGRATED BEHAVIORAL HEALTH

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SPEAKERS DISCLOSURES

- ✓ Any conflicts of interest?
  - ✓ None

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OBJECTIVES

1. Identify several care team issues that may interfere with your integrated care efforts.
2. Discuss implications of some of those interfering problems.
3. Develop some next steps to keep your integrated team working well.

(Collaborative Care Model=CoCM)

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WHY IS THIS IMPORTANT?

- Integrated care has great potential to significantly help a lot of people
- Integrated care teams are costly
- Program sustainability?

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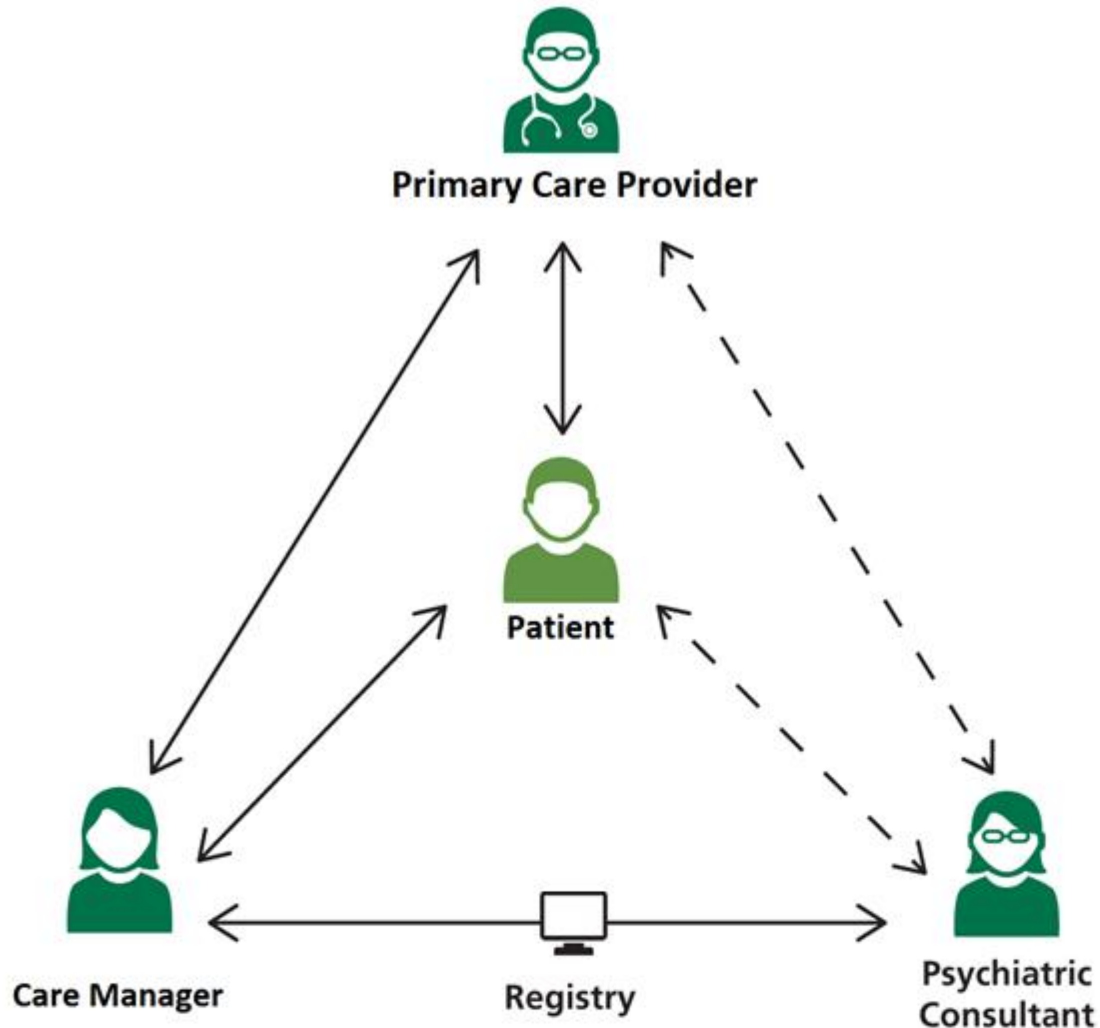
CONTEXT: COLLABORATIVE CARE TEAM



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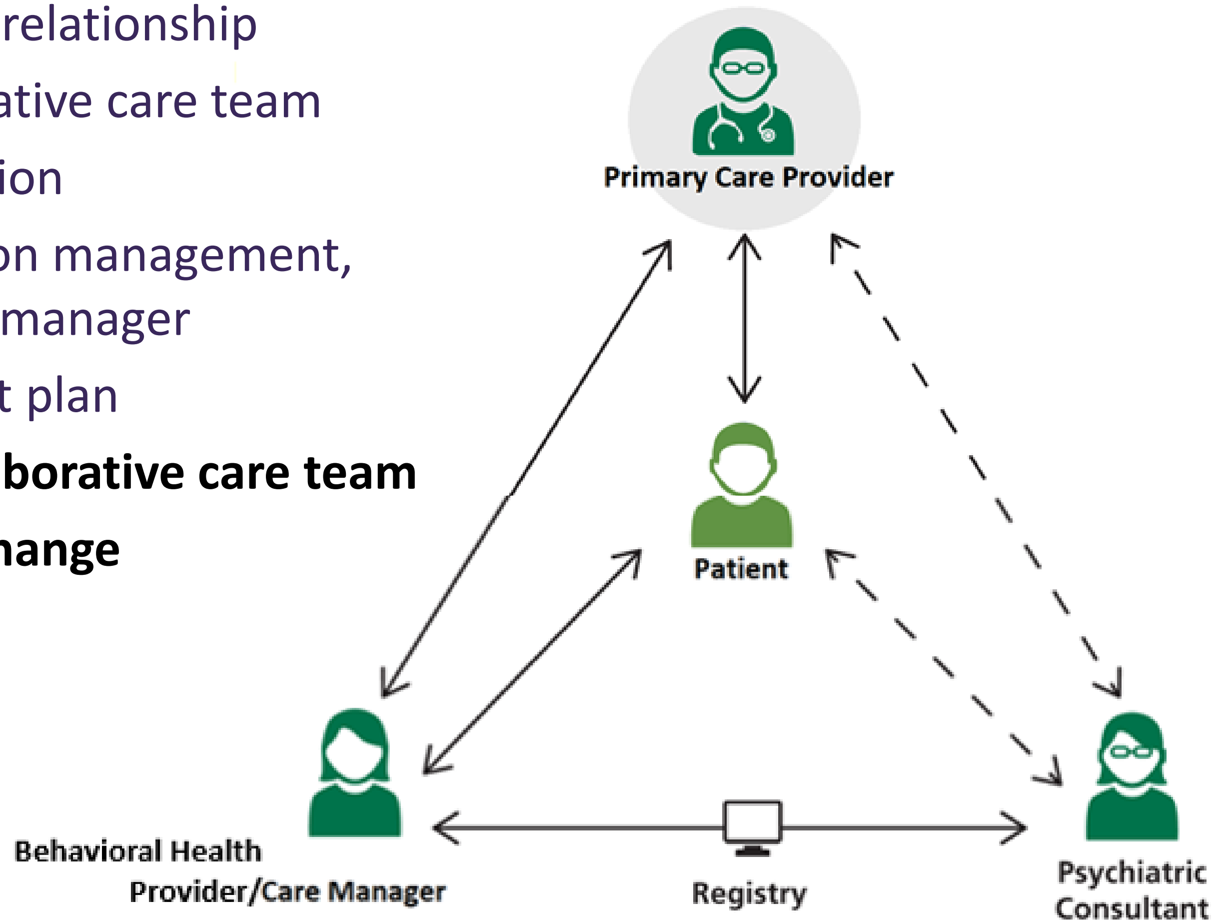
PRIMARY CARE PROVIDER (PCP) ROLE

- Primary treatment relationship
- Links with collaborative care team
- Prescribes medication
- Monitors medication management, together with care manager
- Supports treatment plan
- **Consults with collaborative care team**
- **Supports system change**



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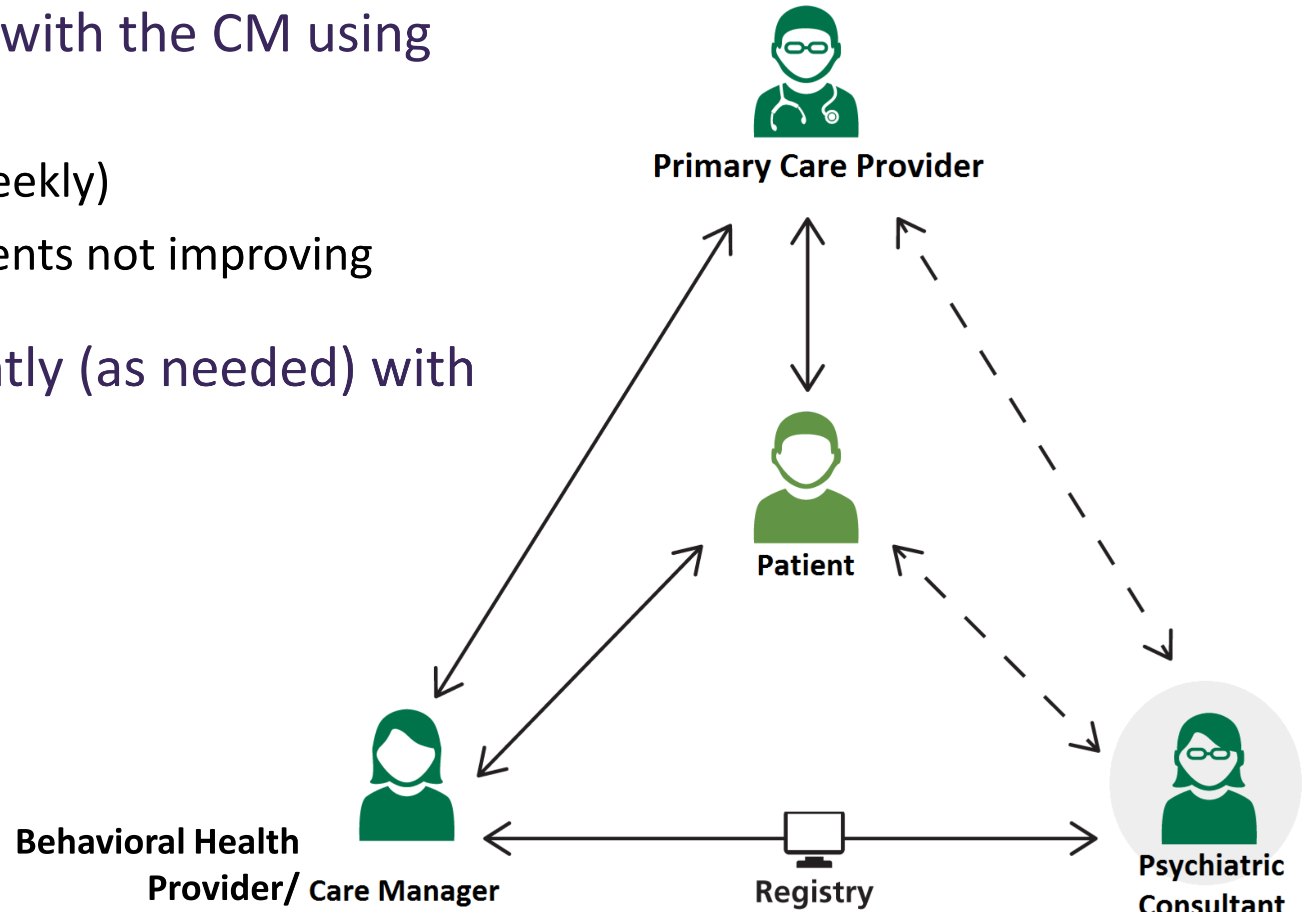
PSYCHIATRIC CONSULTANT (PC) FUNCTIONS

- Review cases with the CM using the registry
  - Scheduled (weekly)
  - Prioritize patients not improving
- Consult urgently (as needed) with PCP or CM



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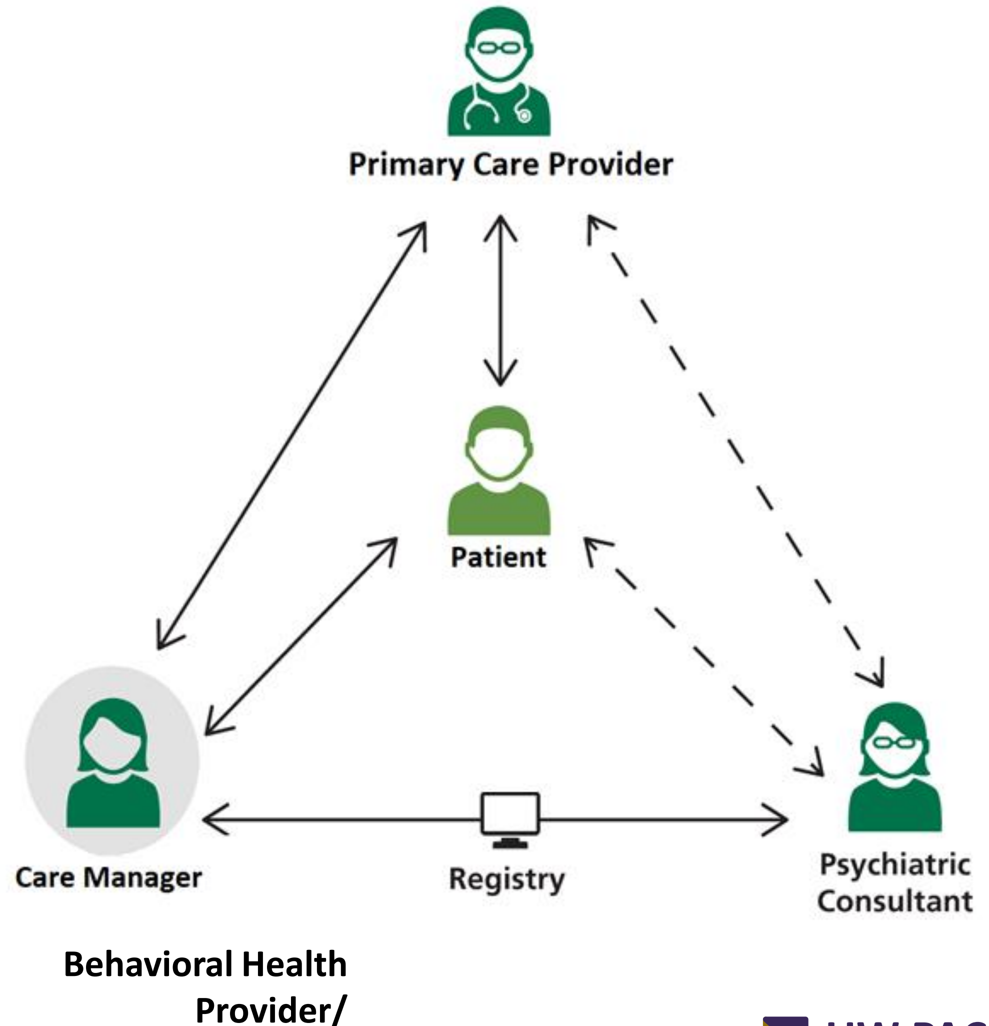
BEHAVIORAL HEALTH CARE MANAGER (BHCM) ROLE

- Track and coordinate care
  - Performs systematic initial and follow-up assessments
  - Systematically tracks treatment response
  - Reviews challenging patients with the psychiatric consultant weekly

- Evidence-based brief behavioral interventions

- Other functions
  - Social work services



Behavioral Health Provider/

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PRINCIPLES OF COLLABORATIVE CARE

Population-Based Care

Measurement-Based Treatment to Target

Patient-Centered Collaboration

Evidence-Based Care

Accountable Care

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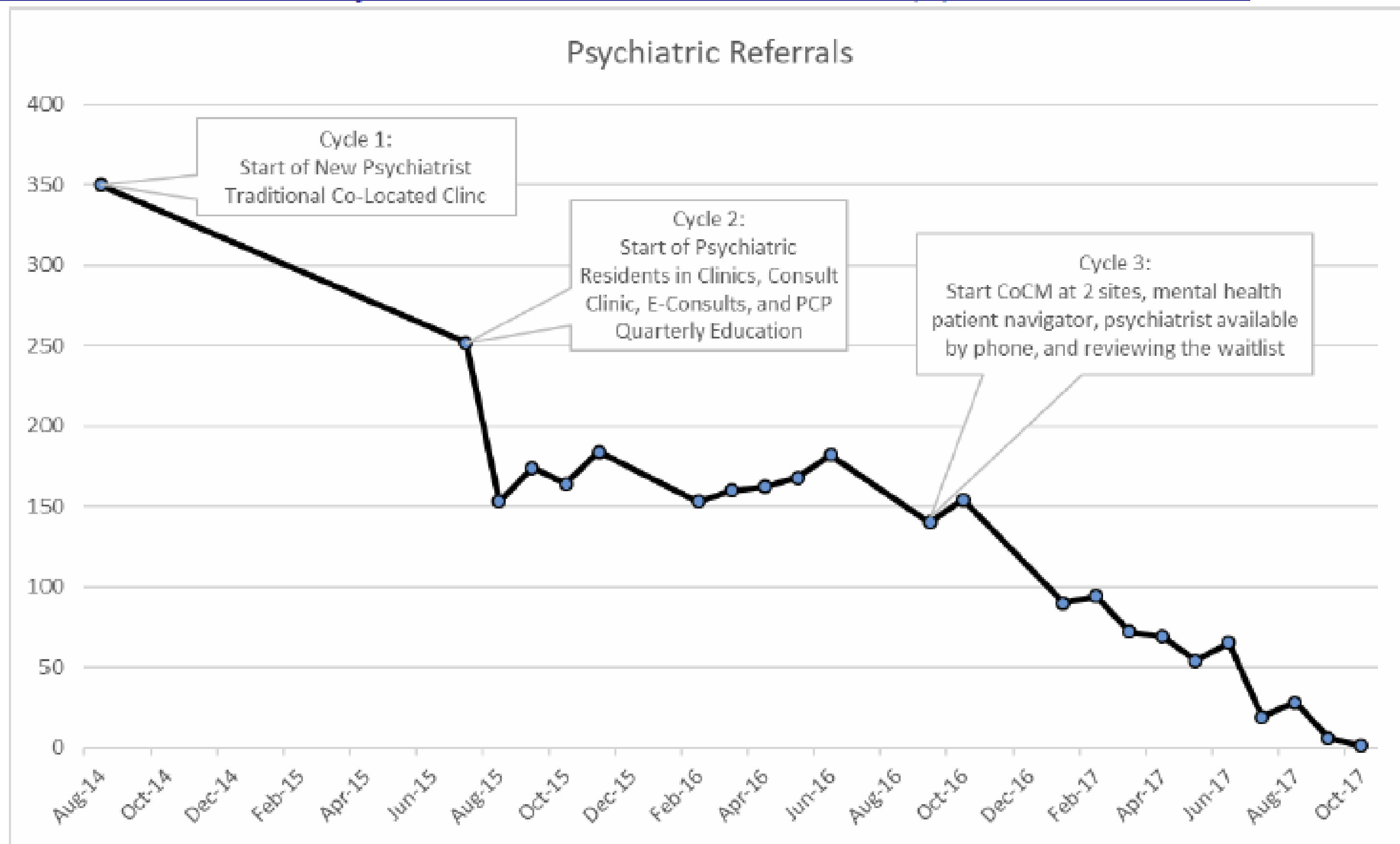
HOW A HEALTH CENTER ELIMINATED THE WAITING LIST FOR PSYCHIATRIC SERVICES.

KINNAN S, EMERSON MR, KERN J, RATZLIFF A. *PSYCHIATR SERV*. 2019;70(12):1176-1179.



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YOUR TEAM

- Any of the members of the team can make or break your integrated care program

- Example: the PCP
  - Referral source
    - All or nothing phenomenon
  - Explains the program and consents the patient
  - Sets expectations
  - Receives/implements recommendations
  - Exerts positive peer pressure

Whitebird, et al. Am J Manag Care. 2014;20(9):699-707

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THE PCP IMPACT

- PCPs come to CoCM from various backgrounds
  - Personal experience
  - Training experience
  - Clinical experience

- PCPs bring different expectations to your integrated care program
  - "Take Over"
  - Teammate

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THE PSYCHIATRIST IMPACT

The consulting psychiatrist can impact PCP engagement.

- "The Engaged Psychiatrist"
  - Highest correlation to depression remission rates at 6 months in large state-wide implementation of CoCM
- Helps build expertise of team
  - Provides timely feedback
  - Educational sessions
  - Friendly

Whitebird, et al. Am J Manag Care. 2014;20(9):699-707

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THE CARE MANAGER IMPACT

- The anchor of the team
  - Need to know evidence-based therapies
  - Communicate between team members
  - Maintain the registry

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Mr. B is a 65-year-old patient with no prior past psychiatric history and longstanding mild back pain. He is referred from his PCP to the CoCM team for new-onset anxiety and panic attacks (heart palpitations, flushing, SOB, lightheadedness) in the last two months in the setting of increased work stressors. On reviewing the referral, you note no prior psychotropic medication trials.

PE: unremarkable

Labwork, including CMP, CBC, and TSH, are WNL.

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65YO M WITH ANXIETY AND NO TREATMENT TRIALS

- Is there anything that could have been done differently at the time of this referral.

- How can you communicate back suggestions for improvement to your PCP teammate?

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65YO M WITH ANXIETY AND NO TREATMENT TRIALS

- What are some areas of clinical competency that may need to be addressed that emerge from this referral?

- Is this PCP engaged, to what extent, and how could this be improved?

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65YO M WITH ANXIETY AND NO TREATMENT TRIALS

- The PCP perspective

- The Consulting Psychiatrist perspective

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The PCP has a patient with suicidal ideations and is looking for the behavior health provider to do a “warm handoff”. The behavioral health provider is seeing a patient.

In an all-provider meeting the next week the PCP expresses frustration that the behavioral health team. In particular, the provider noted that they could not get help with the patient with SI and that other referrals have been deferred to specialty care.

They have admitted they are, “No longer using these services.”

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NO ACCESS?

- What are some of the issues at work?
- What are opportunities for improvement in the delivery of care?
- What are some communication strategies to help the program work better?

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NO ACCESS?

- The PCP perspective
- The Consulting Psychiatrist perspective

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TAKE AWAYS

- Get feedback on your integrated care program
- Expectations?
    - Triaging patients
    - Scope of care
    - Access of care
    - Roles
- What is working or not working?

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TAKE AWAYS

- Look at your referrals carefully to provide insights into your PCP skillset
  - Any trends to address?
  - Is a targeted intervention needed?
- Look to stay "Engaged" with you PCP teammates
  - Remote work makes it harder

Craven, MA, et al. Can J Psychiatry. 2006;51(6 Suppl 1):7S-72S

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MAKE ALL PCPS INTO CHAMPIONS!?!

- How well do you know your PCP teammates and their mental health skill set?
  - Clues from the caseload review
    - Missed diagnoses
    - No medication trials
    - Limited referrals
    - Others?

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TAKE AWAYS

- Is the SYSTEM a problem?
  - extensive physician education that spanned a 12-month period
    - Included case-by-case consultations, didactics, academic detailing (eg, clearly stating the educational and behavioral objectives to individual physicians), and role-play of optimal treatment.

Result: No change in use of meds, depression outcomes, etc

Lin, EH, et al. Med Care. 1997;35(8):831-842

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TAKE AWAYS

- Is the SYSTEM a problem?
  - Behavioral Health providers are asked to do too much

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THANKS

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