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INTRODUCTION TO INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Learning Objectives

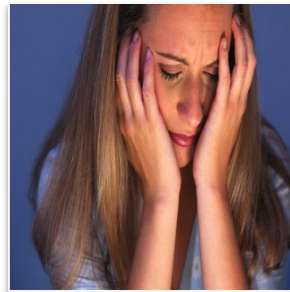
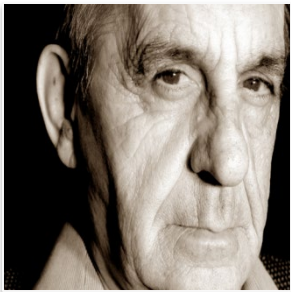
By the end of this didactic residents will be able to:

1. Describe various integrated care models
2. List at least 2 pros and cons of integrated care models discussed
3. Understand the evidence base for the Collaborative Care consultation model
4. Describe the roles of the Collaborative Care team
5. List and describe the principles of the Collaborative Care Model

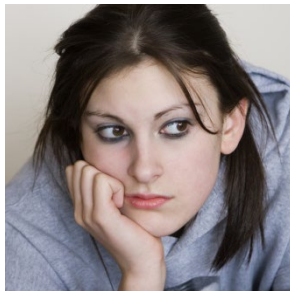
Is there a problem in our mental health care system?

Access to Care

No Treatment



Medical Professional



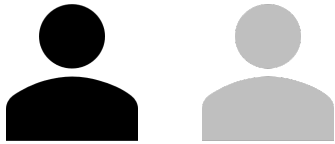
Mental Health Clinician
(Psychiatrist = even less)

Wang et al 2005

 **Integrated Care Training Program**

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Access to Care

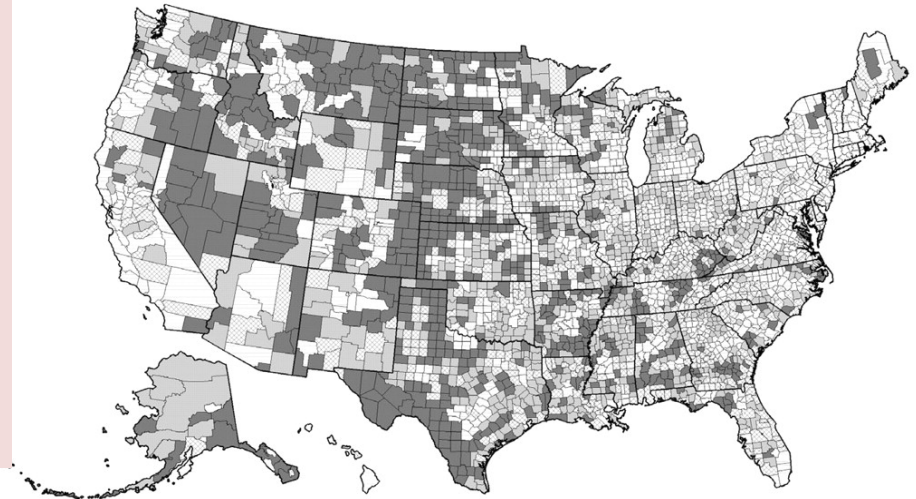


Patients

- Half of referred pts don't come
- Mean # visits: 2
- Cost
- Stigma

Providers

- 96% of US counties have unmet MH needs
- 75% have severe need
- Workforce is contracting



Grembowski, Martin et al., 2002
Simon, Ding et al., 2012

Darker shade = higher unmet need
Thomas KC et al., 2009
Santini et al 2017

WHAT IS INTEGRATED CARE?

What Is Integrated Care?

Blending mental health care with other general or specialized medical services

Why are we blending mental health in different medical services?

- To reach more people

Why are we blending mental health in different medical services?

- To reach more people
- To improve outcomes (for patients who get help)

Why talk about it here, now, to you?

- Recent national growth
- Your future referral & practice



Integrated Care Consultation Models

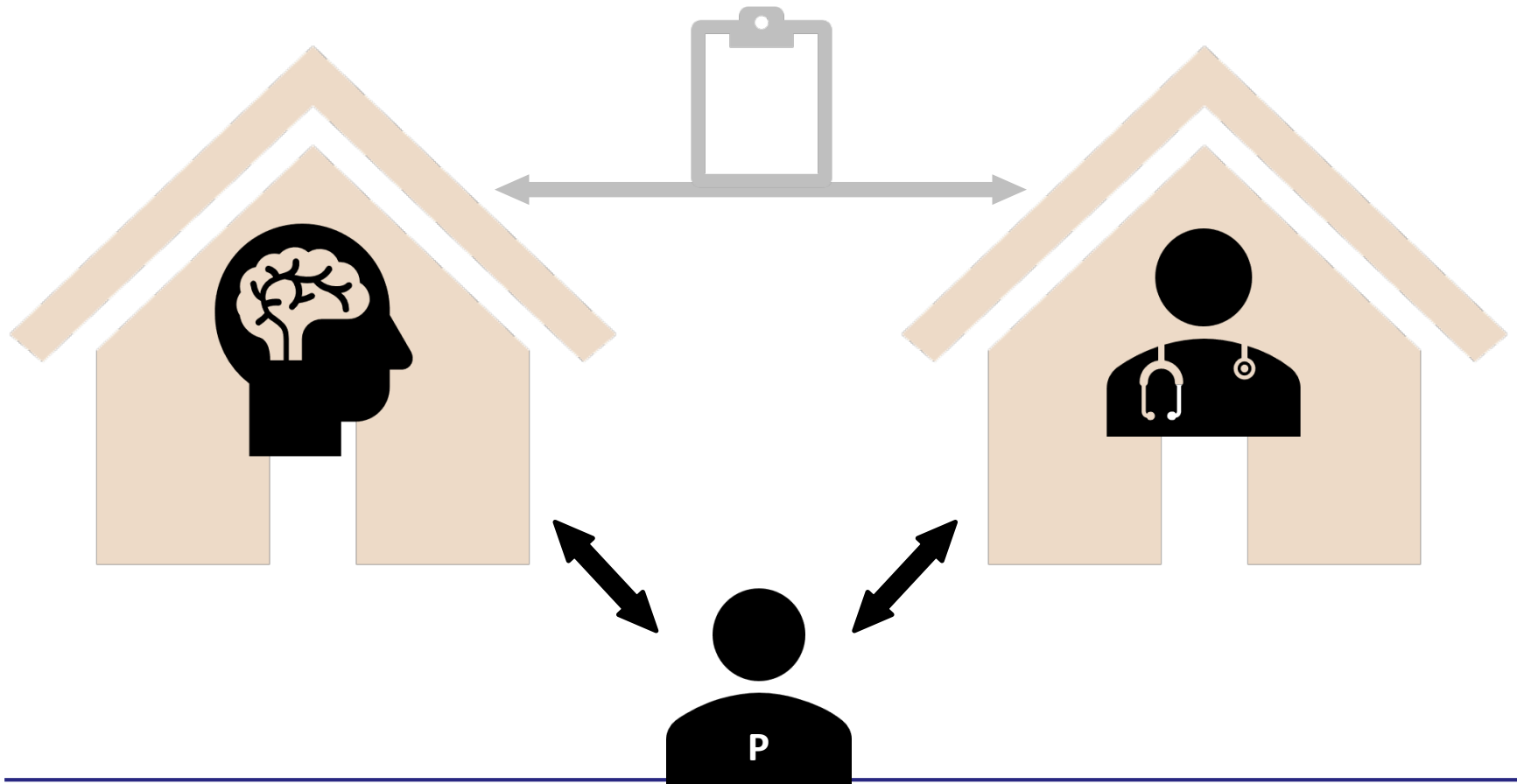
Types of Integrated Care

- What have you encountered?

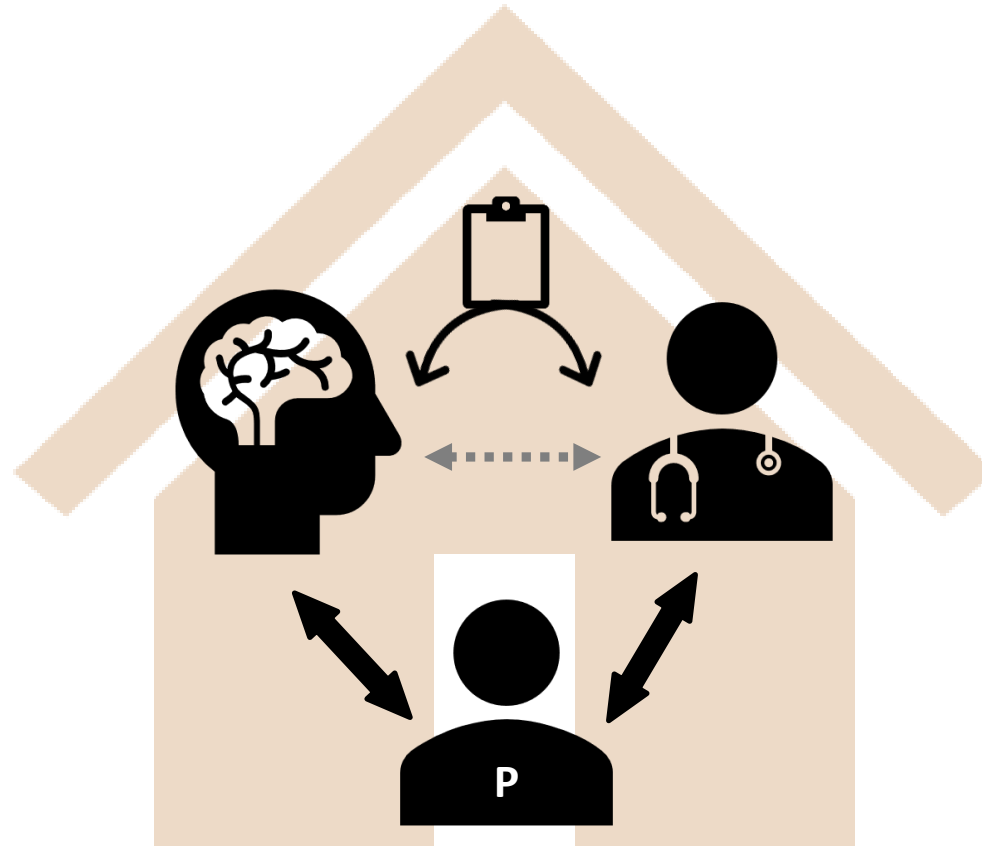
Types of Integrated Care

- Traditional Consultation
- Co-located Care
- Collaborative Care
- Other models!

Traditional Consultation



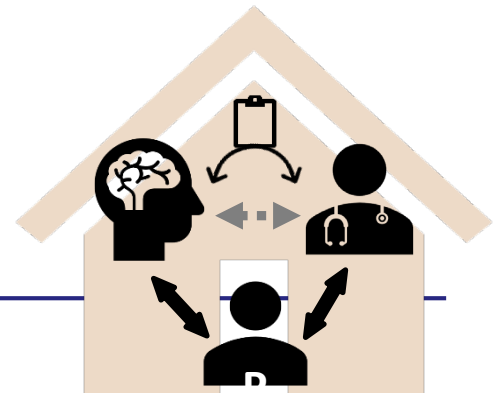
Co-located



Co-located Model

Pros

Cons



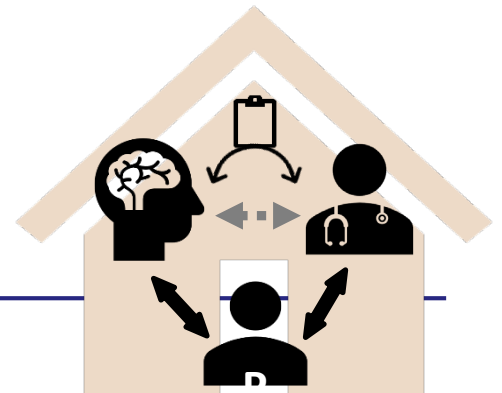
Co-located Model

Pros

- Requires few new resources
- Option of informal interactions/curbside
- Better communication

Cons

- Access, capacity still a problem
- Lacks many of the benefits of Collaborative Care



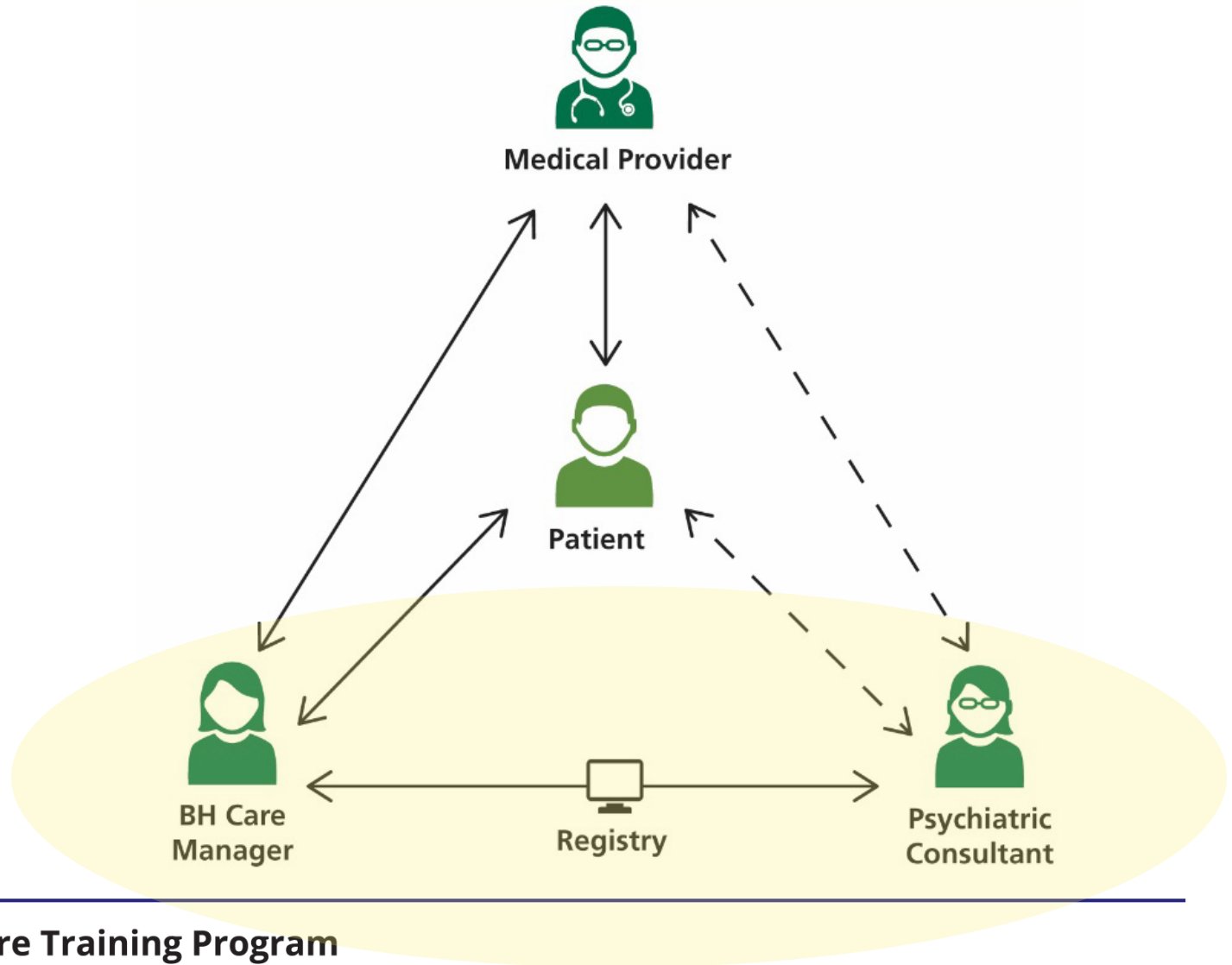
Collaborative Care



Collaborative Care

- **Team based, multi-level** care
- Treats larger population (**↑ access!**)
- **Registry and case reviews** with care manager
- Identifies & targets **notable patients, outcomes**
- Offers **psychoeducation** to primary care

Collaborative Care



Why learn about this model as a trainee?

Principles of Collaborative Care



Patient-Centered Team Care

Team of providers will coordinate care to support the patient



Population-Based Care

All patients tracked in a registry.

No one “falls through the cracks.”



Measurement-Based Treatment to Target

Treatments are actively changed until clinical goals are achieved.



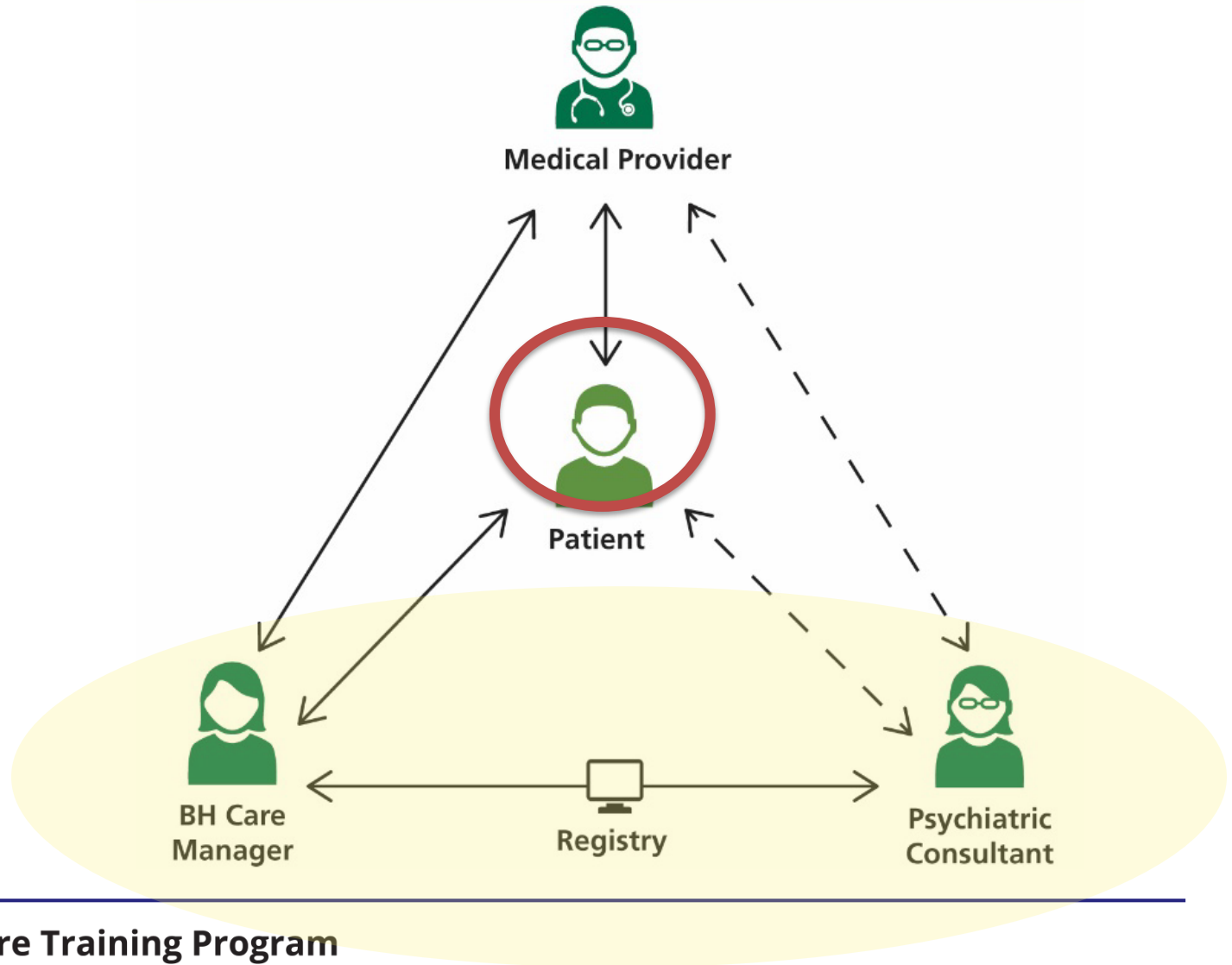
Evidence-Based Care



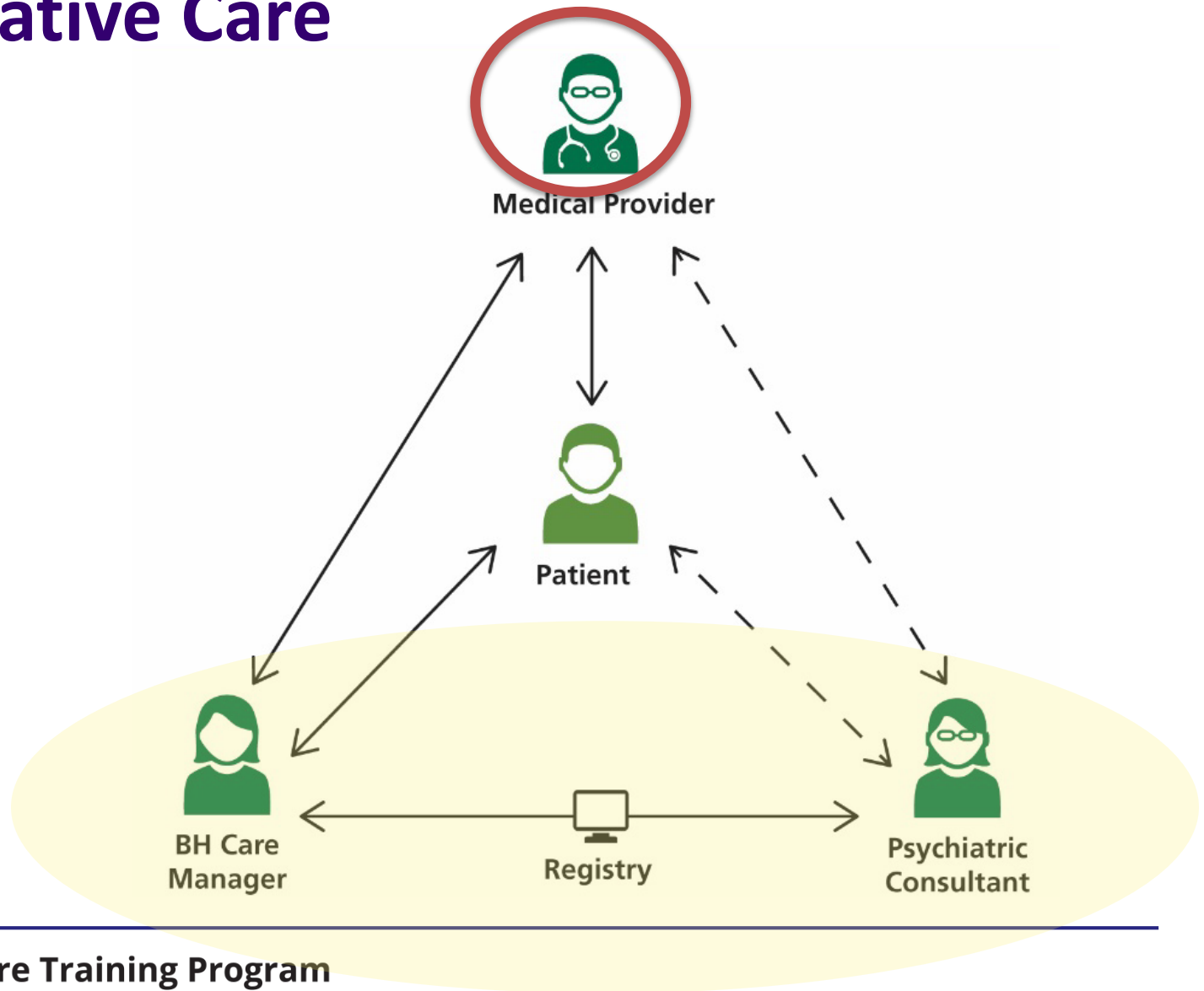
Accountable Care

Providers held accountable for patients’ clinical outcomes.

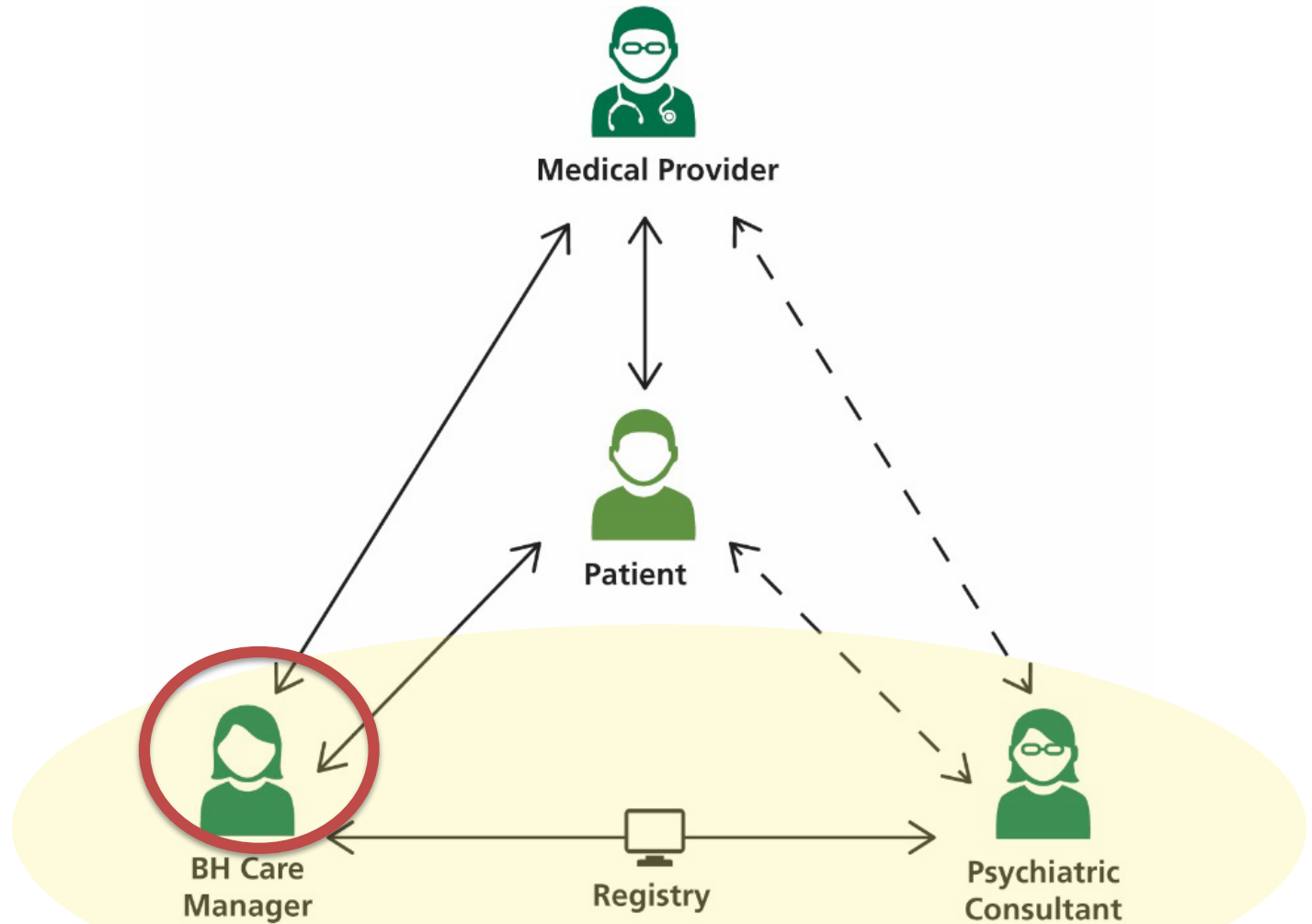
Collaborative Care



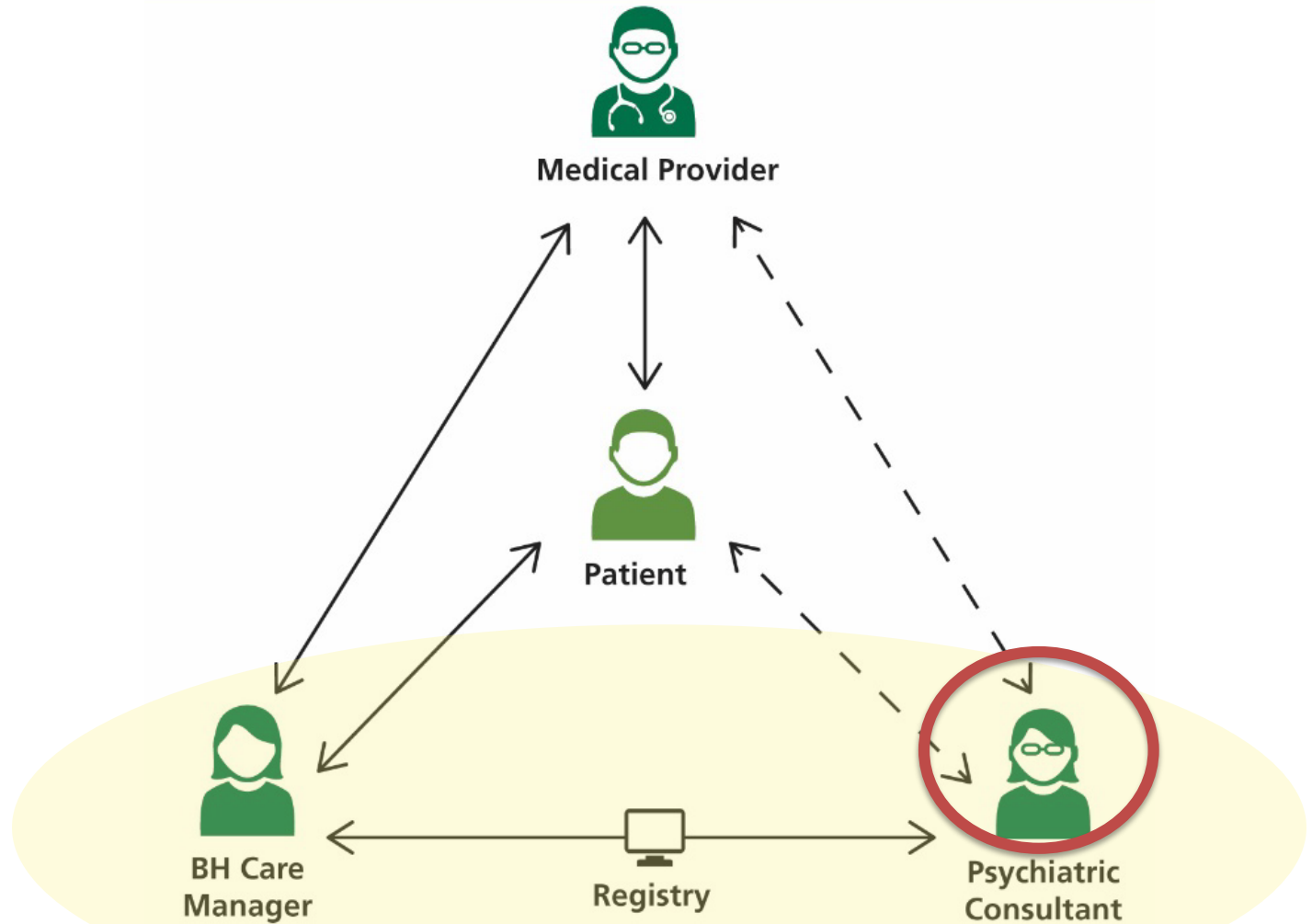
Collaborative Care



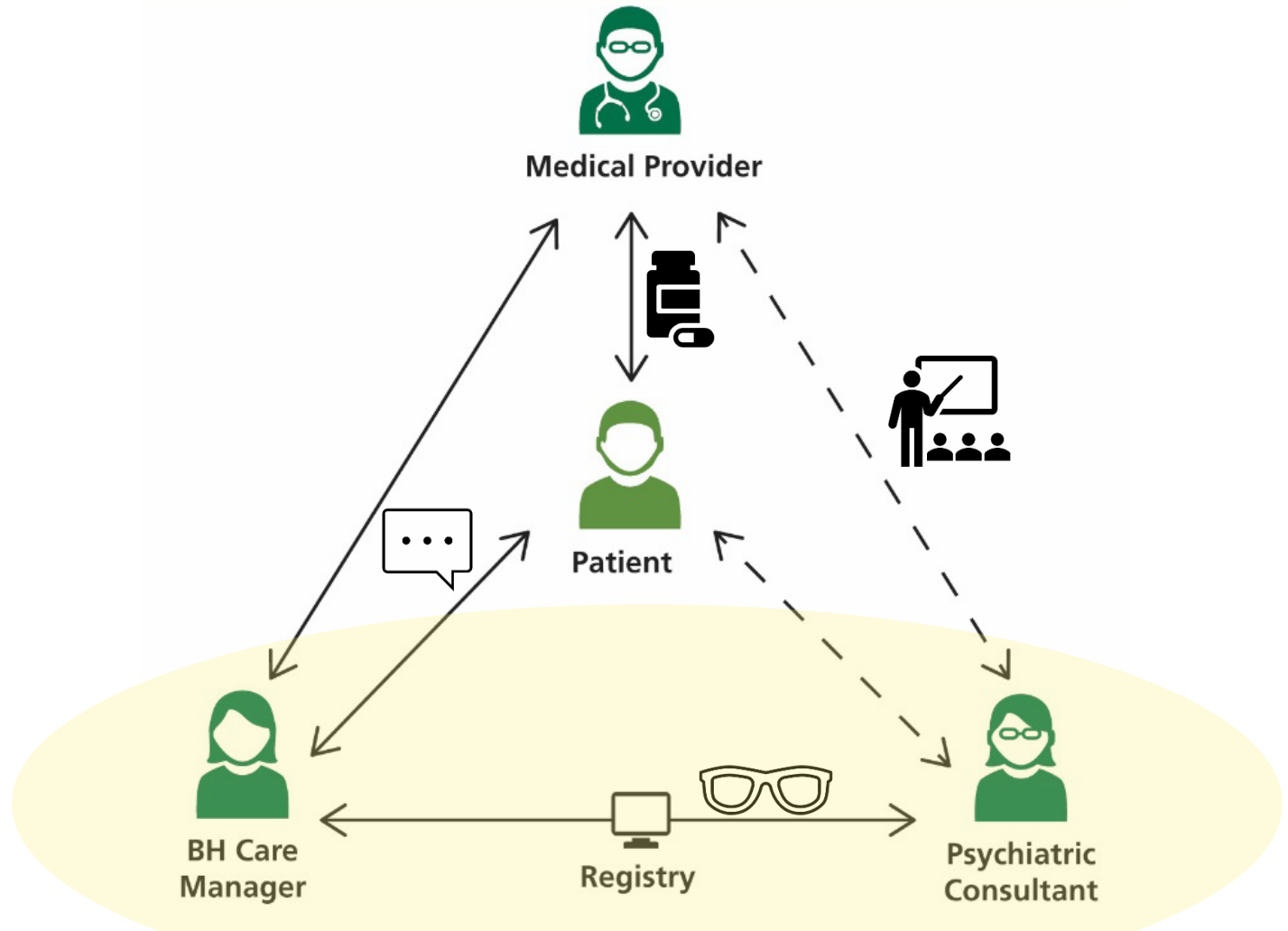
Collaborative Care



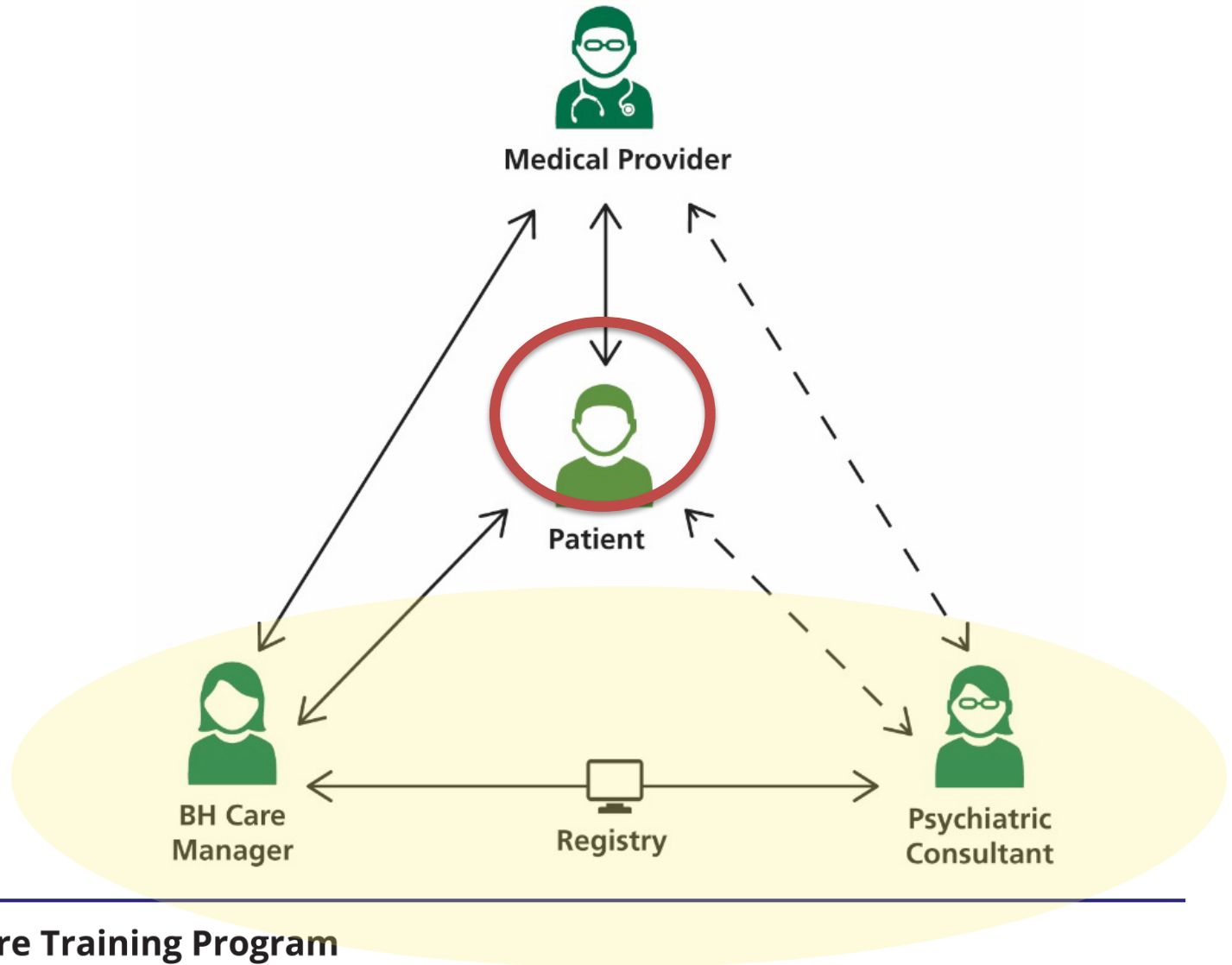
Collaborative Care



Collaborative Care



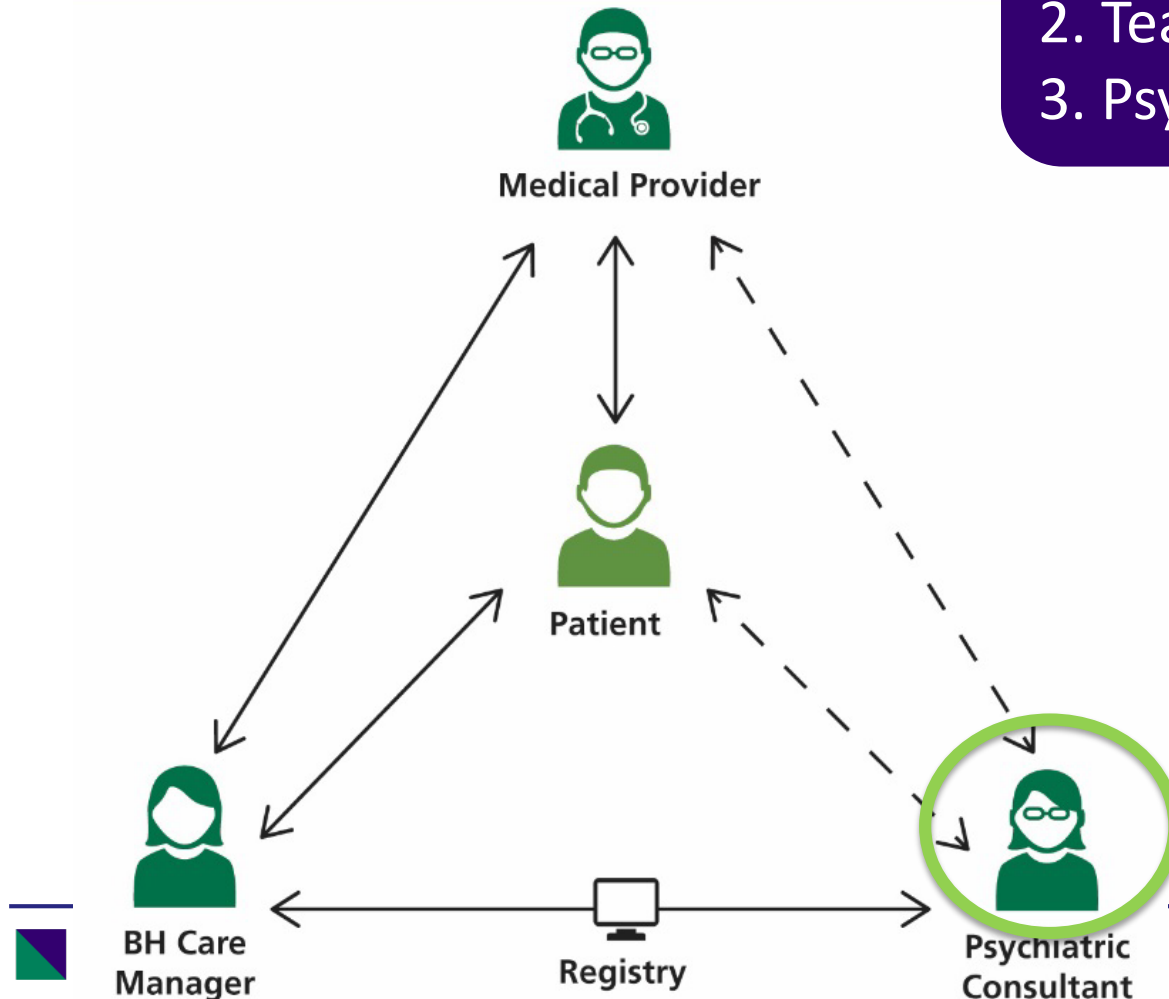
Collaborative Care



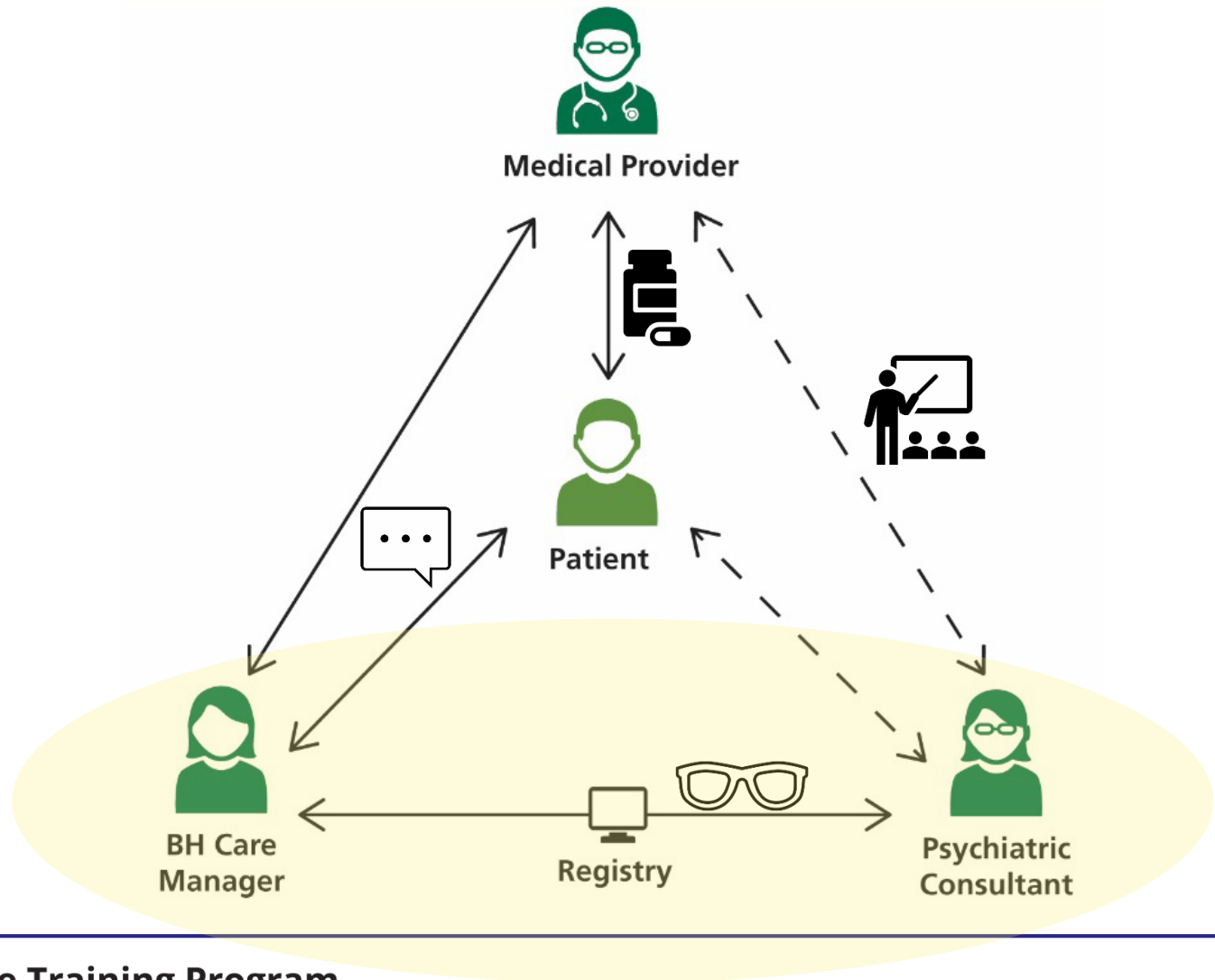
Collaborative Care

Role:

1. Clinical consultation
2. Team leadership
3. Psychoeducation



Collaborative Care



Collaborative Care

Better access

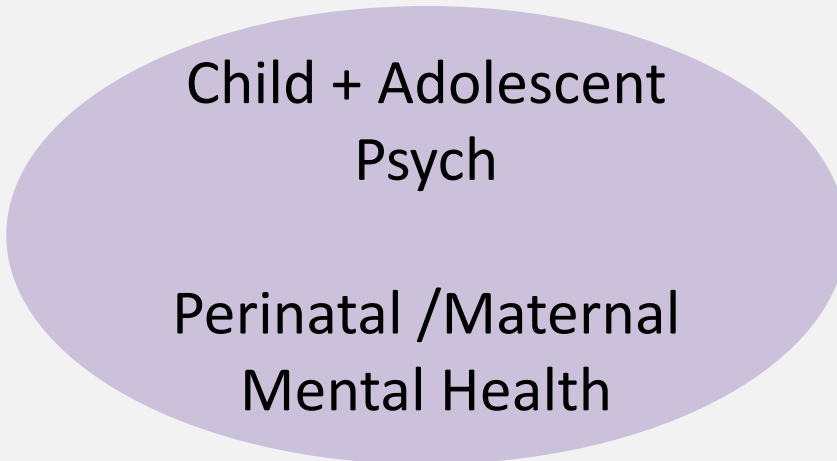
**Regular
communication**

**More patients covered
per psychiatrist**

**Caseload-focused
psychiatric consultation
supported by a care
manager**

What disorders is CoCM effective for?

Collaborative Care Targets

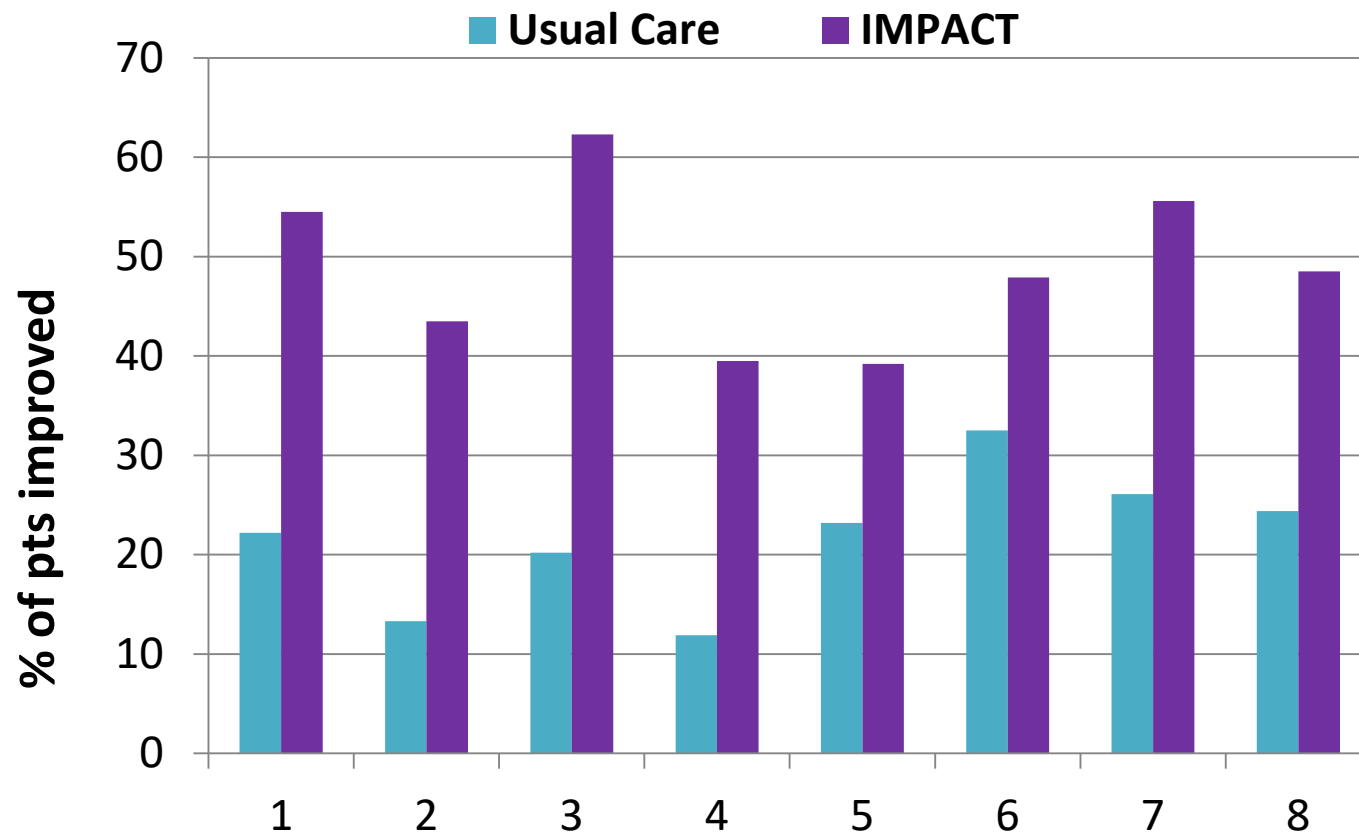
Evidence Base Established	Emerging Evidence
<ul style="list-style-type: none">• Depression<ul style="list-style-type: none">- Adolescent Depression- Depression, Diabetes, and Heart Disease- Depression and Cancer- Depression in Women's Health Care• Anxiety• Post Traumatic Stress Disorder• Chronic Pain• Dementia• Substance Use Disorders	<ul style="list-style-type: none">• ADHD• Bipolar Disorder  <p>Child + Adolescent Psych</p> <p>Perinatal /Maternal Mental Health</p>

IMPACT Trial

- 1998 – 2003
- 1,801 depressed adults
- 18 primary care clinics in 8 organizations
 - Over 5 states
 - Diverse health care systems/ clinic settings/ insurance
 - 450 PCPs
- Compared:
 - Usual Care
 - Collaborative Care (“IMPACT”)

Twice as Many People Improve

≥ 50% improvement in depression score at 12 months



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
QUADRUPLE
AIM**

Let's check what we learned

CHECK UP:

Co-located and Collaborative Care are types of integrated care

TRUE or FALSE

CHECK UP:

Co-located and Collaborative Care are types of integrated care

TRUE or FALSE

CHECK UP:

What is integrated care?

- A. Primary care that includes alternative/homeopathic medicine care
- B. Primary care providers prescribing psychiatric medications
- C. Blending mental health care with other medical specialties
- D. Psychiatry provided by service animals

CHECK UP:

What is integrated care?

- A. Primary care that includes alternative/homeopathic medicine care
- B. Primary care providers prescribing psychiatric medications
- C. Blending mental health care with other medical specialties**
- D. Psychiatry provided by service animals

CHECK UP:

There is evidence that the Collaborative Care model improves outcomes compared to referral as usual

TRUE or FALSE

CHECK UP:

There is evidence that the Collaborative Care model improves outcomes compared to referral as usual

TRUE or FALSE

CHECK UP:

What are the 5 principles of the Collaborative Care Model?

Principles of Collaborative Care



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Team of providers will coordinate care to support the patient



Population-Based Care

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Measurement-Based Treatment to Target

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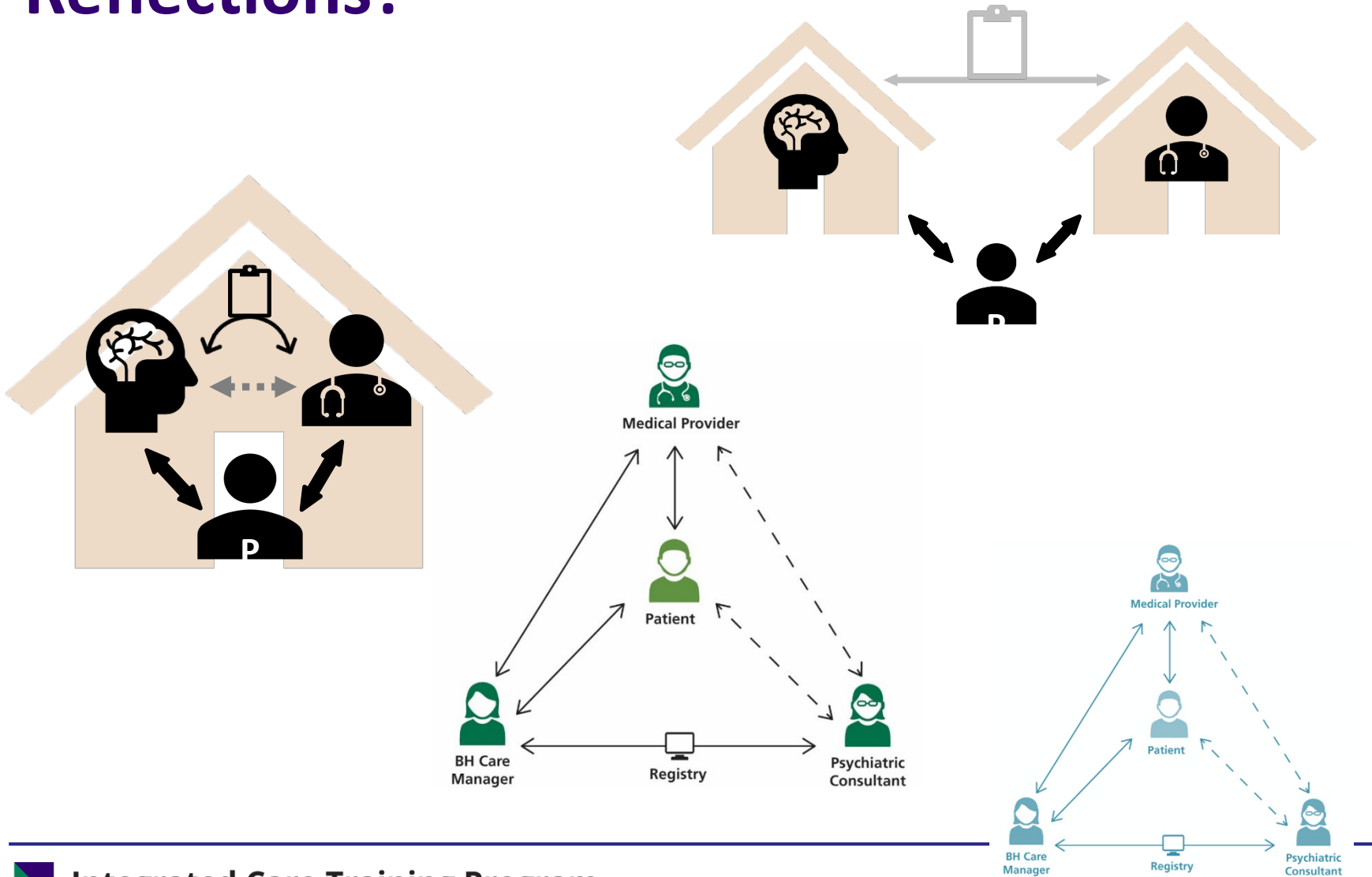
Evidence-Based Care



Accountable Care

Providers held accountable for patients’ clinical outcomes.

Reflections?



THANK YOU!

Acknowledgment

- Analise Peleggi, MD

Citations

- [Projected Workforce of Psychiatrists in the United States: A Population Analysis](#), Anand Satiani, Julie Niedermier, Bhagwan Satiani, and Dale P. Svendsen, *Psychiatric Services* 2018 69:6, 710-713
- [County-Level Estimates of Mental Health Professional Shortage in the United States](#)
- Kathleen C. Thomas, M.P.H., Ph.D., Alan R. Ellis, M.S.W., Thomas R. Konrad, Ph.D., Charles E. Holzer, Ph.D., and Joseph P. Morrissey, Ph.D., *Psychiatric Services* 2009 60:10, 1323-1328
- Wang PS, Lane M, Olfson M, Pincus HA, Wells KB, Kessler RC. Twelve-Month Use of Mental Health Services in the United States: Results From the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):629–640. doi:10.1001/archpsyc.62.6.629
- Park-Lee E, Lipari RN, Hedden SL, et al. Receipt of Services for Substance Use and Mental Health Issues Among Adults: Results from the 2016 National Survey on Drug Use and Health. 2017 Sep. In: CBHSQ Data Review. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2012-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK481724/>
- [AIMS Center | Advancing Integrated Mental Health Solutions in Integrated Care \(uw.edu\)](#)