Behavioral Health Meets Primary Care – Now What?

Jefferson City

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Ronald B. Margolis, Ph.D.

Sidney R. Baer, Jr. Foundation
FY 2004 – FY 2009

Crider Center
FY 2008-2009

FQHC/CMHC Integration Initiative
FY 2008-2012

Greater St. Louis Health Foundation
FY 2009-2010

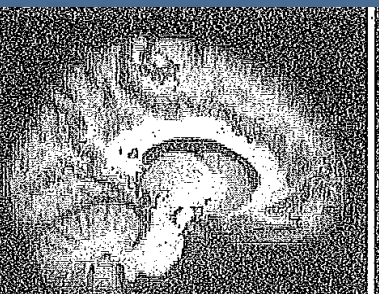
"Between the health care we have and the health we could have lies not just a gap, but a chasm."

Institute of Medicine 2001

U.S. Health Care System

- Highly motivated providers
- Significant resources
- Significant knowledge
- Yet major gaps in treatment for the insured
- 50 million uninsured/underinsured

Training the Brain To Ignore Pain



Why Heart-Attack Patients Don't Take Their Medicine

THE WALL STREET JOURNAL.

DOW JONES ★★★★ TUESDAY, NOVEMBER 15, 2011 ~ VOL. CCLVIII NO. 116 WSJ.com ★★★★ $2.00

Heart Attack? What Steps Can Prevent A Second One

By Ron Winslow And Anna Wilde Mathews

For heart-attack survivors, eliminating copayments for heart-drug prescriptions can modestly improve the chances of avoiding a second attack, a new study found.

Although making medications free had only a small effect on whether patients filled their prescriptions, Aetna Inc., the big insurer that helped fund the study, found "compelling" improvements in the results. The strategy also did not raise Aetna's costs. The company said Monday that based on the results it will begin offering a benefits plan in 2013 that will enable heart-attack survivors to get certain medicines at no or reduced out-of-pocket costs.

The study suggests that it takes a lot more than financial incentives to make major headway against a per-

U.S. Health Care System

Significant failure to detect and treat mental health disorders

Primary Care/De facto Mental Health System

- 50% to 75% of patients who present to Primary Care with mental health disorders do not receive treatment for their disorders in Primary Care.
- 25% of patients referred to specialty care are actually seen for initial appointments.

Key Concepts of Integrated Care

- Support Primary Care physician/teams in identifying and behaviorally intervening with patients who could benefit from behavioral intervention.
- Part of front line interventions with first looking to manage behavioral health needs within the primary care practice.
- Focus on managing a population of patients versus specialty care

Factors Impacting the Future

- Carve Outs to Carve In
- Escalating health care costs
- Models of integrated care developed to support co-management of patients
- Medical cost offset literature
- Health and behavior codes
- Medical home

Behavioral Health Components in Primary Care

- Adherence
- Chronic medical conditions
- Patient education
- Prevention/health promotion
- Impact of illness on family systems
- Lifestyle interventions
- Mental health

Levels of Integration

Less Integrated	House Shrink	More Integrated
Traditional Model		Behavioral Health Consultation Model

Behavioral Health Consultation Model

BHC Model		Traditional M.H Model
Population Mgmt.	vs.	Specialty Care
Behavioral health consultant	vs.	Psychologist, counselor, social worker, consultant, therapist
15-25 minute visits	vs.	45-60 minute visits
1-3 visits	vs.	5-6 or more

Behavioral Health Consultation Model (cont.)

No limit on patients seen	vs.	6-7 patients day
Open Access	vs.	Waiting list
Warm handoff from	vs.	Pts. scheduled for PC visits
Any medical condition	vs.	Mental health
BHC interruptible	vs.	"Do not disturb"

Behavioral Health Consultation Model (cont.)

PCP viewed as "client"	vs.	Patient viewed as client
Coordination/teamwork with P.C. Team	vs.	Minimal contact with PCP
PCP in charge of treatment	vs.	M.H. specialist in charge of treatment
Goal: enhance overall health	vs.	Goal: Diagnosis and treat DSM disorder

Behavioral Health Consultant Model

Horizontal vs. Vertical Integration

- Brief visit
- Wide variety patient presentations
- Immediate access

- Practice driven
- Chronic health problems
- Medical pathways
- Group interventions
- Seamless integration into care

Kurt Strosahl, Ph.D.

The 30-minute Consult

- Four basic components
  - Introduction (5 Minutes)
  - Diagnostic screening & functional analysis (10-15 minutes)
  - Forming a behavior change plan (5 minutes)
  - Consultation (5 minutes)

Core features of BHC consult

- Assessment
  - Empirically based
  - Functional analyses
- Motivating Change
- Treatment
  - Empirically based
  - Focus on observable/measurable outcomes
  - Focus on changing behaviors (overt & covert)

What can you expect from the Behavioral Health Consultant

- Support mission of your primary care practice
- Understand Pace/Needs of primary care
- Openness to medical issues
- Help develop care paths (vertical integration) with the practice
- Help identify patients with significant psychosocial needs.

What can you expect from the Behavioral Health Consultant

- Impact psychosocial drivers of health and illness
- Co-manage patients/support improved practice productivity
- Action/Change/Problem Solving Orientation
- Increased patient satisfaction
- Provide primary care team information on behavioral disorder

How Can You help Integrated Care Succeed

- Support the BHC as members of the primary care team delivery system
- Introduce the BHC to patients as your "colleague"
- Help educate the BHC about primary care and your practice patterns

How Can You Help Integrated Care Succeed (cont')

- Provide information on common conditions/challenges
- Think psychosocial drivers for BHC consult
- Feel comfortable interrupting the BHC when the BHC is with a patient
- Word referrals to the BHC the same as other referrals
- Provide feedback to BHC

Integrated Care/BHC Model

Data support improvement in:

- Medical cost offset
- Provider satisfaction
- Patient satisfaction
- Patient outcomes

Lack of data

- fiscal impact on primary care practice

Integrated Care/Behavioral Health Consultant Model

"All politics are local."

Tip O'Neil

Integrated Care Model

Challenge!

Adapting/changing mental health providers and P.C. team:

- Orientation
- Practice models
- Goals
- Interventions
- View of their role
- To support a primary care practice

Integrated Care Consultation Team

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The End

Thank You