Integrated primary care: From Theory to the Exam Room

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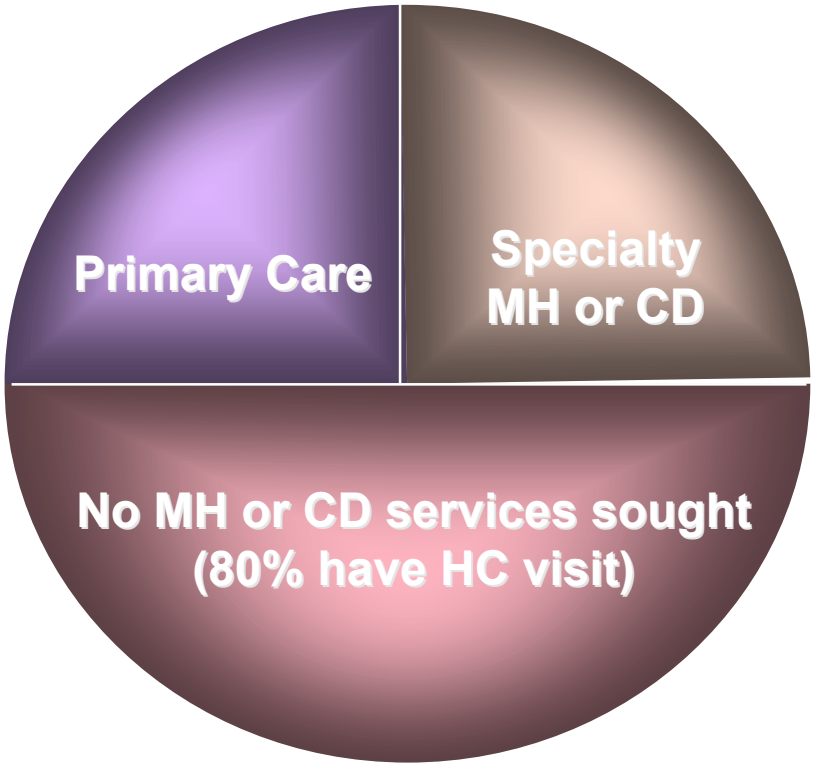
Provision of Behavioral Health Care in the US: Setting of Services



Why Integrate Primary Care and Behavioral Health Care?

- Cost and utilization factors
  - 50% of all MH care delivered by PCP
  - 70% of community health patients have MH or CD disorders
  - 92% of all elderly patients receive MH care from PCP
  - Top 10% of healthcare utilizers consume 33% of outpatient services & 50% of inpatient services
  - 50% of high utilizers have MH or CD disorders
  - Distressed patients use 2X the health care yearly

Why Integrate Behavioral Health and Primary Care?

- Process of care factors
  - Only 25% of medical decision making based on disease severity
  - 70% of all PC visits have psychosocial drivers
  - 90% of most common complaints have no organic basis
  - 67% of psychoactive agents prescribed by PCP
  - 80% of antidepressants prescribed by PCP
  - Work pace hinders management of mild MH or CD problems; better with severe conditions

Why Integrate Primary Care and Behavioral Health?

- Health outcome factors
  - Medical and functional impairments of MH & CD conditions on a par with major medical illnesses
  - Psychosocial distress corresponds with morbidity and mortality risk
  - MH outcomes in primary care patients only slightly better than spontaneous recovery
  - 50-60% non-adherence to psychoactive medications within first 4 weeks
  - Only 1 in 4 patients referred to specialty MH or CD make the first appointment

Benefits of Integrating Primary Care and Behavioral Health

- Improved process of care
  - Improved recognition of MH and CD disorders (Katon et. al., 1990)
  - Improved PCP skills in medication prescription practices (Katon et. al., 1995)
  - Increased PCP use of behavioral interventions (Mynors-Wallace, et. al. 1998)
  - Increased PCP confidence in managing behavioral health issues (Robinson et. al., 2000)

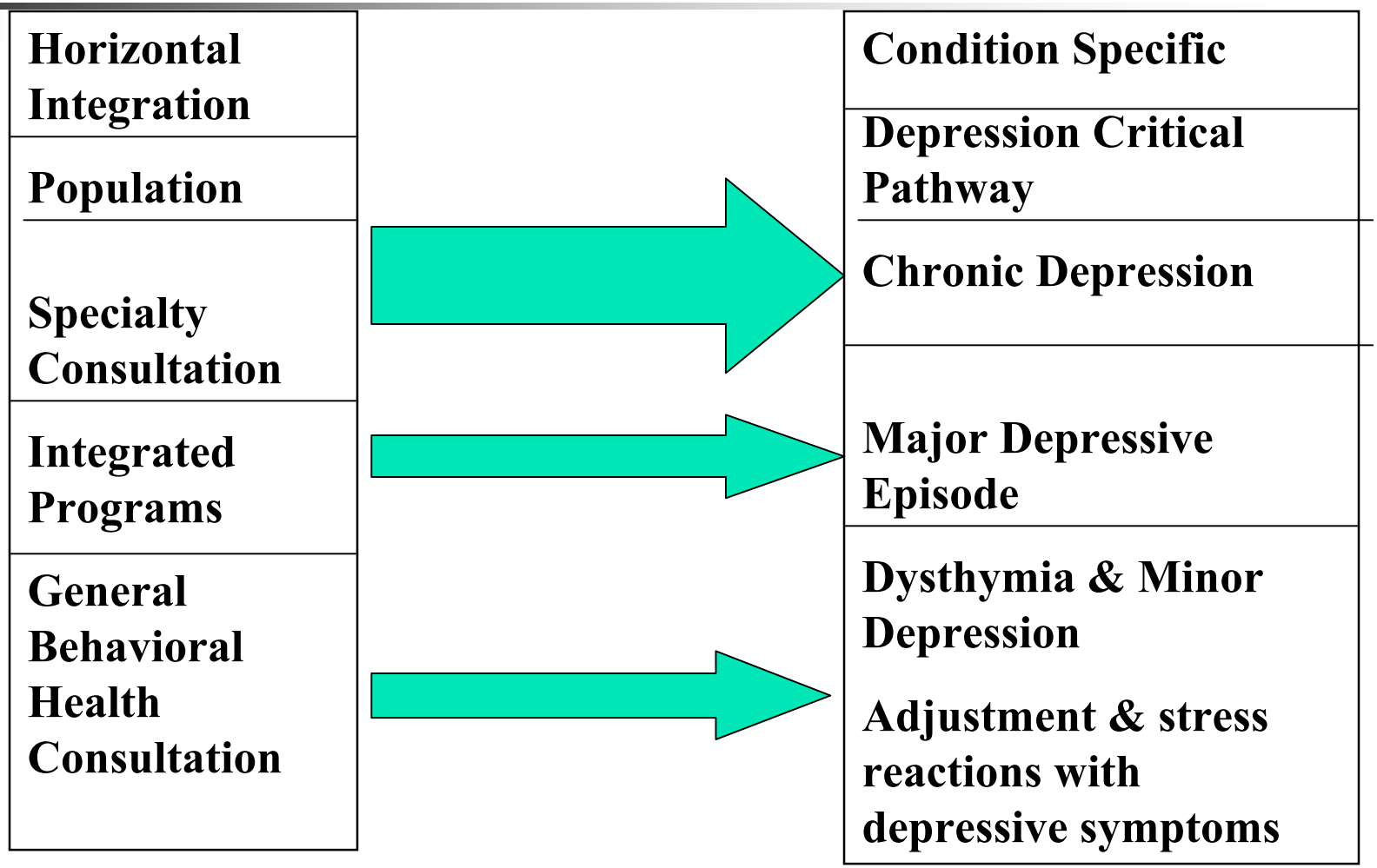
Population-based Care: The Framework for Integration

- Based in public health & epidemiology
  - Focus on raising health of population
  - Emphasis on early identification & prevention
  - Designed to serve high percentage of population
  - Provide triage and clinical services in stepped care fashion
  - Uses “panel” instead of “clinical case” model
  - Balanced emphasis on who is and is not accessing service

Population-based Care: The Framework for Integration

- Employs evidence based medicine model
  - Interventions based in research
  - Goal is to employ the most simple, effective, diagnosis-specific treatment
  - Practice guidelines used to support consistent decision making and process of care
  - Critical pathways designed to support best practices
  - Goal is to maximize initial response, reduce acuity, prevent relapse

Two Perspectives On Population-Based Care



Primary Behavioral Health: Primary Goals

- Function as core primary care team member
- Support PCP decision making.
- Build on PCP interventions.
- Teach PCP basic behavioral health intervention skills.
- Implement patient education approach to health behavior change
- Improve PCP-patient working relationship.
- Monitor, with PCP, “at risk” patients.

Primary Behavioral Health: Primary Goals

- Manage chronic patients with PCP in primary provider role
- Simultaneous focus on health and behavioral health issues
- Effective triage and placement of patients in need of specialty behavioral health
- Make PBH services available to large percentage of eligible population (>20% annually)

Primary Behavioral Health: Referral Structure

- Patient referred by PCP only; self-referral reserved for extreme instances
- Emphasis on “warm handoff” to capitalize on teachable moment
- BH provider may be involved to “leverage” medical visits (i.e. depression follow-ups)
- Standing orders to see certain types of patients (i.e., A1-C > 10)

Primary Behavioral Health: Session Structure

- 1-3 consult visits in typical case
- 15-30 minute visits to mimic primary care pace and promote visit volume
- Chronic condition pathways may require additional protocol driven visits
- Uses classes and group medical appointments to increase volume & depth of intervention
- High risk, high need patients seen more often as part of team based mgmt plan

Primary Behavioral Health: Intervention Methods

- 1:1 visits designed to initiate and monitor behavior change plans
- Uses patient education model (skill based, interactive educational material)
- Consultant functions a technical resource to medical provider and patient
- Emphasis on home-based practice to promote change
- Conjoint visits permissible but typically rare

Primary Behavioral Health: Primary Information Products

- Consultation report to PCP (usually brief, core assessment findings and recommendations)
- Part of medical record (in progress notes)
- “Curbside consultation”
- Chronic condition protocols and forms (i.e., chronic pain)

Systemic Obstacles to Integrative Care

- Work pace
- Demand for services
- Expanding panel size & restricted appointment access
- Heterogeneity of population
- High acuity, multiple problems
- No integrated behavioral health services

Targets for Primary Care Practice Improvement

- Accurate screening / assessment
- Appropriate prescribing of medications
- Clear clinical practice protocols
- Consistent use of behavioral interventions
- Consistent use of relapse prevention & maintenance treatments
- Optimal use of education based interventions
- Consistent, real time access to behavioral health consultation and specialty services

Global Program Requirements for PCP's

- Types of patients to refer (i.e. what do we mean by "behavioral health?")
- What to say to patients when referring (use scripts to minimize refusals)
- How to integrate BHC feedback into a team based biopsychosocial care plan
- How to co-manage patients with a BHC team member
- Population management strategies for patients with mental/addictive disorders

Primary Behavioral Health Care Model: PCP Consultation Skills

- Sell the patient on the service and the BHC
- Use BHC to “leverage” time and services
- Use “warm hand-off” referral as preferred strategy to maximize teachable moment
- Form written/curbside request before visit
- Give feedback to BHC quality and feasibility of recommendations
- Consider brief regular meeting with BHC to review patients and management plans
- Time PCP & BHC visits to maximize “spread”

Primary Behavioral Health Care Model: BHC Knowledge Competencies

- Familiarity with habit formation and self directed behavior change principles
- Knowledge of motivational interviewing and value driven behavior change strategies
- Familiarity with acceptance/mindfulness interventions
- Understanding of evidence based psychosocial treatments (not just medicines)
- Fluency with strengths based, solution focused and strategic change principles
- Knowledge of behavioral medicine treatments for common medical issues (diabetes, chronic pain)
- Fluency with health psychology and health behavior change principles (weight control, smoking cessation)

Primary Behavioral Health Care Model: Practice Competencies

- Rapid identification and prioritization target problems
- Limiting intervention targets
- Selecting specific, concrete and positive behavior changes
- Creating a “collaborative set” with the patient
- Modeling problem solving and goal setting skills
- Willingness to “shape” adaptive behavioral responses over time (not panicking or trying to be a hero)