The How of Behavioral Healthcare

Liz Stallings, RN, BSN: Behavioral Health Consultant

August 13, 2015 | 1:00-2:30 PT

DISTRICT HOSPITAL LEADERSHIP FORUM

Today's Agenda

- Introductions
- The How of Behavioral Healthcare - Liz Stallings
- Integration of Primary and Behavioral Healthcare
  Bonni Brownlee
- PSYCH*e*ANALYTICS - Saul Rosenberg, PhD
- Conclusions - All
- Questions - All

Introductions

Sherreta Lane,
VP Finance Policy

District Hospital Leadership Forum

DISTRICT HOSPITAL LEADERSHIP FORUM

HFS consultants

Introductions

Liz Stallings RN, BSN

Director Behavioral Health Services, HFS Consultants

Goals of the Learning Collaborative

- Increase understanding of DSRIP program available to District Hospitals
- Increase understanding of clinical issues surrounding behavioral health patient care
- Encourage collaboration and dissemination of ideas and best practices
- Educate participants as to issues affecting Behavioral Health planning for DSRIP

Objectives

At the completion of the Behavioral Health learning collaborative (3 sessions) participants will:

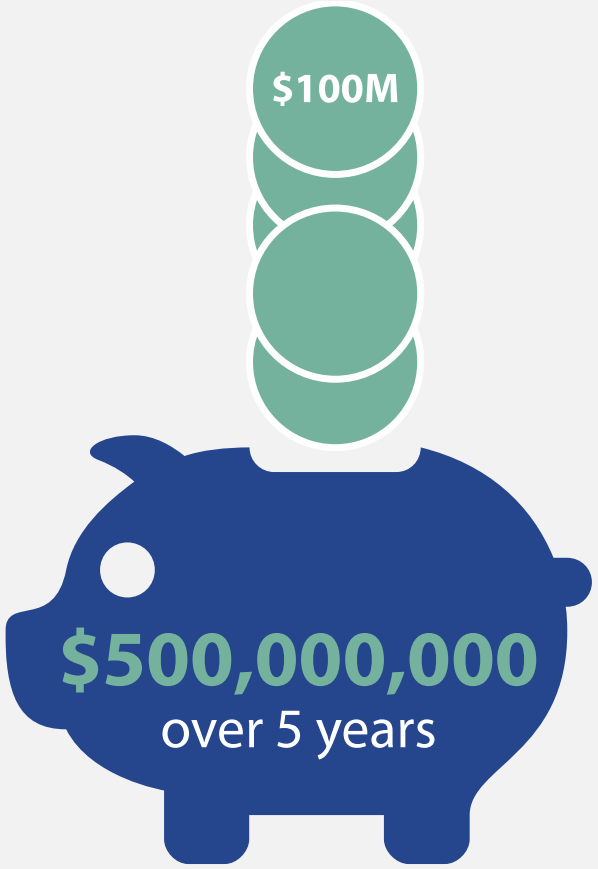
- Identify at least one viable clinical initiative to consider/submit for DSRIP funding
- Understand the requirements for submission of a DSRIP proposal
- Identify others with whom to collaborate regarding similar initiatives and success factors
- Understand the problems and opportunities related to behavioral health patient care improvements

Identify the Behavioral Health Needs in Your Community

- Assess the unique needs of the population you serve thru Community Needs data, etc.
- Identify target population
- Identify initiatives to improve care and access for vulnerable populations in the target population

We are Incentivized to Do it!!

- DSRIP safety net program will support initiatives that improve access, care and outcomes particularly for underserved, vulnerable populations
- The bigger the impact, the bigger the incentives



Key Takeaways

- The need for quality behavioral health services provided within a continuum of care will continue to grow
- “Business as usual” is not working particularly in behavioral health
- Clinical care transformation is the vision leading us to the goal of population health management
- Millions of dollars are available to incentivize providers to plan and implement this transformation - Let’s go for it!!

Where to Begin

Assess the health issues in your community

- Review your community needs assessment
- Review your hospital strategic plan
- Assess quality issues in your environment utilizing a data driven approach - ie: Readmits within 30 days, new access for underserved patients thru made and kept appts., percent of patients screened for behavioral health issues, reduction in avoidable Ed visits
- Develop viable behavioral health initiatives

Primary Care Integration Models

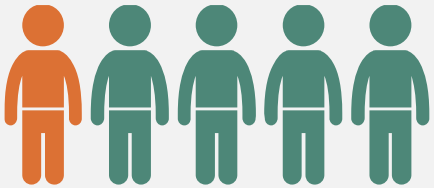
Bonni Brownlee

MHA CPHQ PCMH-CCE

What is Integrated Care?

- Integration occurs when healthcare providers consider all of the individual's health conditions in the course of treatment– a holistic approach to care delivery. This includes physical illness, mental disorders, or substance abuse.
- The ideal is seamless service delivery
- Primary Care Team and Behavioral Health staff work together as a team
  - In the same physical space
  - With the same clinical record
  - With ongoing communication and collaboration
  - All are members of the Care Team
  - Care is well-coordinated
  - Both disciplines are rapidly accessible to intervene with patients when needed

The Need for Integrated Care – by the Numbers



1 in 5 children and adolescents will experience signs and symptoms of DSM-IV disorder during the course of a year

92% of all elderly patients will receive mental healthcare from primary care providers

67% of psychoactive agents and **80%** of antidepressants are prescribed by primary care providers

70% of patient primary care visits are related to behavioral health needs

Why is the Integration of Primary Care and Behavioral Healthcare Important?

- Mental disorders are prevalent and create economic and social hardships for families
- Primary Care settings enhance Mental Health service access
- Integration reduces the stigma of mental illness
- Treatment of common mental disorders is cost-effective
- All healthcare information is available in one place
- Achieve better health outcomes for patients
- Federal/state/local incentives to reinvent our approach to primary care

Understanding Levels of Integration

Typical Behavioral Health Consultant Interventions in Primary Care

- 34% at-risk children
- 16% depressive disorder
- 12% ADHD / ADD
- 11% episodic mood disorder
- 9% anxiety
- 7% adjustment reaction
- 3% major depression

Source: Collins, C. Integrating Behavioral and Mental Health Services into the Primary Care Setting. NC Med J, May/June 2009

Interdisciplinary Support for Patients

Health Behavior / Disease Management

- Medication adherence
- Weight mgmt
- Chronic pain mgmt
- Smoking cessation
- Insomnia/sleep hygiene
- Psychosocial and behavioral aspects of chronic disease
- Mgmt of high medical utilization

Mental Health / Behavioral Issues

- Diagnostic clarification and intervention planning
- Consultation with psychiatry re: use of psychotropic medications
- Behavioral and mood mgmt
- Suicidal/homicidal risk assessment
- Substance abuse assessment and intervention
- Panic/anxiety mgmt
- Parenting skills
- Stress and anger mgmt

Screening and Decision Support for Behavioral Health in Primary Care

Saul Rosenberg, PhD
Chief Psychological Officer,
PSYCH*e*ANALYTICS, Inc.

Assoc. Clinical Prof., Dept. of Psychiatry, UCSF

PSYCHeANALYTICS

What We Do

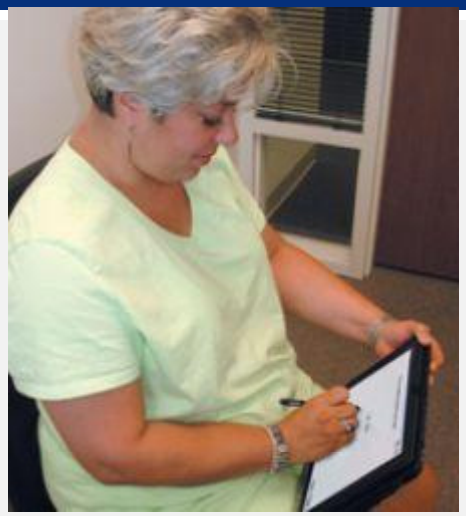
- Enable collaborative care by identifying key behavioral and psychosocial issues that interfere with health promotion and adherence to lifestyle changes and chronic disease regimens. Our solution helps primary care physicians improve outcomes and lower costs for patients with chronic conditions.
- Our solution is **easy, convenient, inexpensive** and **effective** for the patient and the practice.
  - Patient assessment can be completed by patient in ten minutes
  - Report provided to the treatment team at the point of care for comprehensive treatment planning at time of visit

Screening, Brief Intervention, Referral to Treatment (SBIRT)

- Screening is a process of identifying patients with possible substance misuse or behavioral or mental problems, disorders, symptoms or conditions and determining the appropriate course of future action.
- Screening does not identify specific problems or the severity of those problems; it simply determines whether a problem exists or whether further assessment is needed.
- Screening should be conducted using a validated brief instrument.
- Brief Treatment (BT) is a problem focused intervention that uses assessment, patient engagement and implementation of change strategies. The treatment consists of assessment and a limited number (6 to 20) sessions of therapy (cognitive-behavioral, motivational enhancement, solution-focused therapy). Patients can receive treatment in primary care if a behavioral consultant is available – or be referred to a suitable provider.
- The use of *motivational interviewing* is a key strategy for making a referral for SU therapy.

How is Screening Done?

- Medical assistant logs into **PSYCHeDECISION** with a tablet and enters patient information
- Patient uses the tablet to complete our questionnaire
- Scoring is immediate and a report is available to physician at point-of-care
- The entire process can be completed in less than ten minutes
- We can also put **PSYCHeDECISION** on your patient portal for follow-up testing at home



Screening of Depression and Substance Use Disorders

- PHQ-2: Brief 2 item screen for depression. If patient is positive, give full PHQ-9.
  - Question 1
  - Question 2
- AUDIT: Brief 4 item screen for alcohol use disorders. If patient is positive, give AUDIT 10 item version.
- -Question 1 and 2

Assessment of Psychosocial Issues and Decision Support

- Patient 1
  - Moderately severe depression on PHQ-9
  - Moderately severe anxiety, sleep disturbance and pain
  - No social isolation, good social support
  - **Recommendation:** Evaluate for antidepressant medication and referral for psychotherapy
- Patient 2
  - Moderately severe depression on PHQ-9 – the same score as patient 1
  - Socially isolated, poor social support, bereavement following loss of spouse
  - Mild anxiety and mild sleep disturbance, no pain
  - **Recommendation:** Bereavement support group, referral for psychotherapy; also consider Mindfulness Meditation, joining a walking group

Test Results Reporting

PSYCH*e*DECISION

Results

Adherence and Health Literacy		
Test	**Good**	**Poor**
Medication regimen adherence		
Home treatments adherence		
Lifestyle change adherence		
Health Literacy		
Exercise		

Behavioral Health				
Test	**Low or None**	**Mild**	**Moderate**	**Severe**
Depression				
Anxiety				
Anger				
Sleep				
Stress				
Meds misuse				
Drinking				

Thank You

- Thank You DHLF
- Please complete evaluations and provide feedback
- Questions directly to Liz Stallings, Sherreta Lane, Bonni Brownlee, Saul Rosenberg

Thank You

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