Behavioral Health Integration Key Vignettes

September 28, 2017 11:00 am to 11:45 am

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Disclosures

- All of us are employees of GREATER OREGON BEHAVIORAL HEALTH, INC (GOBHI)
- No other financial ties to material discussed

Overview

Learning Objective: To describe the behavioral health program integration opportunities in the EOCCO

- GOBHI
- State of Behavioral Health Integration
- Key Vignettes
  - IMPACT Model
  - Certified Community Behavioral Health Clinics(CCBHC)
  - Behavioral Health Services for the very Young
  - Technical Assistance

Psychiatric Consultation to Primary Care

IMPACT for EOCCO – the University of Washington's Collaborative Care Model

Laurence Colman, MD, MPH

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Continuum of BH/PCP integration

- Silos
- Co-location
- Behavioral Health Consultants
- Collaborative Care (IMPACT)

The Collaborative Care Model (IMPACT)

- focuses on defined patient populations referred to behaviorists in the Patient Centered Primary Care Home (PCPCH) Tier 3 or higher
- free service to PCPCH's who contract with GOBHI for coordination of care
- tracked in a registry
- regularly scheduled (weekly) psychiatric case consultation and treatment adjustment for patients who are not improving as expected
- measurement-based practice and treatment to target
- evidence-based medication and psychosocial treatments

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Patient registry

			Treatment Status Indicates that the the most recent contact was over 2 months ago The most recent contact was over 1 month (30 days) ago The next follow-up contact is past due					PHQ-9 The last available PHQ-9 score is at target (<5 or 50% decrease from initial score) The last available PHQ-9 score is more than 30 days old				GAD-7 A green check mark indicates that a patient's last available GAD-7 score was at target (<8 or 50% decrease from initial score) The last available GAD-7 score is at target (<10 or 50% decrease from initial score) The last available GAD-7 score is more than 30 days old				Psychiatric Case Review	
View Record	Treatment Status	Name	Date of Initial Assessment	Date of Most Recent Contact	Date Next Follow-up Due	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Case Review Note
View	Active	Nancy Fake	5/29/2017	5/29/2017	6/12/2017	0	6	No Score	No Score			No Score	No Score				
View	RP	Betty Test	12/15/2016	5/15/2017	6/14/2017	10	30	12	1	-92%	5/15/2017	9	3	-67%	5/15/2017		
View	Active	Susan Test	11/20/2016	6/2/2017	6/16/2017	10	33	22	15	-32%	6/2/2017	18	14	-22%	6/2/2017	Flag for discussion & safety risk	9/15/2016
View	Active	Bob Dolittle	3/2/2017	7/1/2017	7/15/2017	3	19	22	19	-14%	7/1/2017	12	10	-17%	7/1/2017	Flag as safety risk	9/17/2016
View	Active	Joe Smith	4/1/2017	7/11/2017	7/25/2017	6	14	15	8	-47%	7/11/2017	11	4	-64%	7/11/2017		10/24/2016
View	Active	Albert Smith	3/5/2017	6/30/2017	7/28/2017	5	18	18	18	0%	6/30/2017	14	10	-29%	6/30/2017	Flag for discussion	

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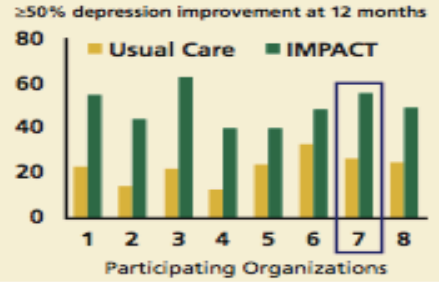
Reasons PCPs Love Collaborative Care

"I practiced for 16 years without it and I will never go back"
primary care physician, UW Neighborhood Clinic

1 Gold Standard of Depression Care

Collaborative Care is the best approach to treating depression, as proven by 79 randomized controlled trials published in a 2012 Cochrane Review. Why practice anything less?

Results of the landmark IMPACT study (1 of the 79 trials in the Cochrane Review) showed that Collaborative Care patients were twice as likely to experience significant improvement even though 70% of usual care patients were prescribed an antidepressant by their PCP.



2 Better Medical Care

Collaborative Care has been linked to better medical outcomes for patients with diabetes, cardiovascular disease, cancer, and chronic arthritis pain.

Collaborative Care has been recommended as a primary prevention strategy for fatal and nonfatal cardiovascular events in patients without preexisting heart disease.

3 Access to experts

Care managers and psychiatric consultants expand the treatment options available and support the care provided by PCPs. From providing psychotherapy when clinically indicated to supporting pharmacotherapy, these experts support you as the primary clinical decision maker.

Only 30–50% of patients have a full response to the first treatment. That means 50–70% of patients need at least one change in treatment. Additional experts can help.

4 Help with Challenging Patients

Many of your most challenging patients likely have un-treated or under-treated mental health conditions. Care managers do the follow-up and behavioral intervention tasks a busy PCP doesn't have time for, tasks that can make a big difference for your patients.

Think co-locating a behavioral health specialist or handing out referrals is enough? Think again. The organization circled (#7) had Masters-level, co-located behavioral health clinicians practicing within the primary care clinic using a referral model. **Collaborative Care still worked twice as well!**

5 It Takes a Team

Collaborative Care uses a population-based, treat-to-target approach similar to care for chronic medical conditions. Knowing when a proactive change in care is needed makes sure that none of your patients fall through the cracks.

Don't fool yourself!
As few as 20 percent of patients started on antidepressant medications in usual primary care show substantial clinical improvements.

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Thanks to Kim Humann, MD

Follow up

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Certified Community Behavioral Health Clinics (CCBHC) Program

- Senate Bill 832 directive to develop standards for "achieving integration of behavioral health services and physical health services in Patient Centered Primary Care Homes (PCPCH) AND Behavioral Health Homes (BHH)[1]"
- Purpose of CCBHC Program:
  - Provide community based mental and substance use disorder services
  - Advance integration of behavioral health with physical health care (reverse integration)
  - Assimilate and utilize evidence-based practice on a consistent basis
  - Promote improved access to quality care
  - Operates within same parameters as FQHCs

[1]*www.oregon.gov/oha/HPA/CSI-BHP/CCBHC%20Documents/Oregon-Standards-for-CCBHCs.pdf*

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Certified Community Behavioral Health Clinics (CCBHC) Program in Oregon

- 2015-2016: Oregon Health Authority awarded CCBHC Planning Grant
  - Prospective Payment System (PPS) development
  - Plan & test data systems for accurate reporting of data metrics
  - Apply for federal/state standards to be certified CCBHC
- 2017-2019: CCBHC Demonstration Program
  - Must report on 21 metrics
  - Participating sites needed to be involved in CCBHC Planning Grant
  - Alignment with PCPCH criteria
  - Meet federal/state standards for CCBHC certification
- Participating EOCCO sites in CCBHC Program Include:
  - Symmetry Care, Inc. (Harney County)
  - Community Counseling Solutions (Grant County)
  - Wallowa Valley Center for Wellness (Wallowa County)

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Certified Community Behavioral Health Clinics (CCBHC) Program in Oregon

Oregon PCPCH Program[2] for Primary Care

1. Telephone and Electronic Access (Must Pass)
2. Performance and Clinical Quality (Must Pass)
3. Medical Services (Must Pass)
4. Behavioral Health Services (Must Pass)
5. Organization of Clinical Information (Must Pass)
6. Specialized Care Setting Transitions (Must Pass)
7. Complex Care Coordination
8. End of Life Planning (Must Pass)
9. Language/Cultural Interpretation (Must Pass)

CCBHC Oregon Standards for Behavioral Health[1]

1. Telephone and Electronic Access
2. Performance and Clinical Quality
3. Provision of Services
4. Coordination and Integration with Primary Care
5. Organization of CCBHC Information
6. Specialized Care Setting Transitions
7. Care Coordination
8. End of Life Planning
9. Language/Cultural Interpretation

[1]*www.oregon.gov/oha/HPA/CSI-BHP/CCBHC%20Documents/Oregon-Standards-for-CCBHCs.pdf*
[2]*www.oregon.gov/oha/HPA/CSI-PCPCH/Documents/TA-Guide.pdf*

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Dispelling Early Childhood Mental Health Myths

Health Systems Division: Child and Family Behavioral Health

- ***Infants and young children do experience serious mental health disorders***
- ***Children birth- 5 yrs. can be accurately diagnosed***
- ***Oregon Health Plan will reimburse for mental health treatment for children under 3 yrs.***
- ***Effective treatment is available for very young children***
- ***"Wait and Watch" is often not an appropriate strategy***

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2 Treatment modalities in EOCCO, 0-8yo

- Child Parent Psychotherapy (0-7yo) – most CMHP's
  - Focus on the parent's trauma and its effects on parenting
- Parent-Child Interaction Therapy (2 – 8yo) – Lifeways Malheur
  - 10-session structured course
  - 1-way mirror and parent has earpiece
  - prescriptive responses on how to respond to (or ignore) behaviors

- Both involve specialized training and target intervention to parent-child dyad (i.e. not treating the child in isolation from caregiver relationship)

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Model Similarities and Differences

Child Parent Psychotherapy (Ages 0-6 years)	Parent Child Interaction Therapy (Ages 2-8 years) *Lifeways-Malheur*
CPP is a well practiced treatment for children who have experienced at least one traumatic event (death, domestic violence, maltreatment, sexual abuse), and as a result are experiencing attachment, behavior and/or mental health problems. ***Treatment uses the parent-child relationship to help reestablish a sense of safety and security.*** ***CPP has been effective in identifying the caregivers own unresolved trauma and how it relates to their current parenting style*** **** Therapy can occur within the clinic or in the home***	*PCIT is an evidenced-based program aimed at reducing disruptive behaviors while preserving the quality of the parent-child relationship. It is a brief, structured treatment model that is designed for young children who are experiencing behavioral and/or emotional problems, and their caregivers.* ***Phase I:*** *Caregivers learn positive parenting skills such as giving effective praise and attunement while ignoring behaviors they find annoying or loud.* ***Phase II:*** *Caregivers learn to give consistent and effective commands and consistent consequences in response to disruptive or aggressive behaviors.* ****Therapy occurs in a clinic setting and requires two rooms and equipment***

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Thanks to Linda Watson & Jeanne McCarty

Further info
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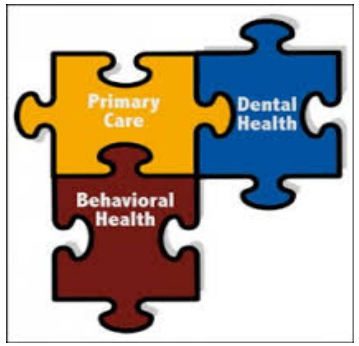

Additional GOBHI Behavioral Health Integration Efforts

- Development of GOBHI Integration Hub to provide continuous Technical Assistance (Paul McGinnis, Jill Boyd, Janet Holland, Terri Dickens, Dr. Christine Seals, Troy Soenen)
- Completion of BH Integration Assessment across five counties in EOCCO with OHA Transformation Center
- GOBHI support contract for BH Integration efforts in Primary Care
- Technical Assistance for CCBHC sites through National Council and GOBHI Partnership
- Continuous support for PCPCH Recognition with BH Integration

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