INTEGRATING MENTAL HEALTH INTO PRIMARY CARE: MODELS AND IMPLEMENTATION

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Learning Objectives

- Discuss the presence of mental health and addiction-related concerns within primary care.
- Define integrated primary care and discuss different models of integration.
- Discuss the barriers and skills to implementation.
“The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.”

-Plato
Primary Care: What is it?

- "The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."
  - Vanselow, Donaldson, & Yordy, 1995
Primary Care: What is it?

- Accessible, comprehensive, coordinated, continuous, and accountable
- First point of contact for health care services
- Management of routine health care
- Focus on preventative care
- Longitudinal and comprehensive continuity of care
- Widest scope of health care services
- Services provided by family practitioners, general internal medicine, general pediatrics, OB-GYN, nurse practitioners, and physician assistants
Primary Care: What it is NOT

- NOT specialty care
- NOT emergent/urgent care
- Does not handle EVERYTHING
- There is not a pill for EVERYTHING
- Cannot provide treatment over the phone
Mental Health in Primary Care

- “De Facto US Mental and Addictive Disorders Service System”
- 26% of primary care patients meet criteria for a mental health diagnosis.
- Only 50% of those with a mental health disorder in primary care will be seen by a mental health provider.

Blount, 1998
Regier et al., 1993
Spitzer et al., 1994
Mental Health in Primary Care

- As high as 80% of primary care visits are for symptoms without organic cause.
- 70% of primary care medical visits are due to psychosocial problems.
- 78% of psychotropic medications are prescribed by non-psychiatrists.
- 73.6% of antidepressants are prescribed by general medical providers.

Gatchel & Oordt, 2003
Kroenke & Manglesdorff, 1989
Mark et al., 2009
Mojtabai & Olfson, 2008
Chronic MH or SUD have a life expectancy of 25 years less than average, due to medical conditions that are preventable (e.g. diabetes, obesity, chronic obstructive pulmonary disorder, and cardiovascular disease).

SUDs contributed to 55% higher rate of premature death of VA psychiatric patients.

MHSOAC, 2011
Rosen et al., 2008
Integrated Health Care

- Integration of mental health and pediatrics: Smith et al., 1967
- Integrating mental health care into primary care for adults: Coleman & Patrick, 1976
- Biopsychosocial Model: Engel, 1977
- Up to 75% of patients with a MH diagnosis can be managed within the context of an integrated primary care clinic: Pomerantz et al., 2010
- “Mental health and physical health problems are interrelated components of overall health and are best treated in a coordinated care system.” - President’s New Freedom Commission on Mental Health, 2003
Traditional vs. Integrated Care

- MH is a specialty service
  - VS. MH is integrated into medical care
- MH is located in a separate place
  - VS. located in a medical practice area
- Clinical focus is psychological care
  - VS. ALL health care
- Patient sees it as psychological care
  - VS. “health care”
- MH treatment is once/week and long-term
  - VS. brief, targeted, problem/solution focused
Traditional vs. Integrated Care

- MH specialist is a “therapist”
  - **VS.** MH specialist is a Health Care Provider
- MH specialist is seen as “one of them”
  - **VS.** MH specialist is seen as “one of us”
- MH care is separate from health care
  - **VS.** MH care is seen as part of general health care
- MH is “stigmatized”
  - **VS.** MH is part of routine care
Integrated Health Care

- Common medical problems have comorbid mental health/behavioral issues
  - i.e. stress, depression, anxiety, substance

- Mental health problems cause medical problems
  - i.e. heart disease, chronic pain, MS, diabetes

- One of the more effective treatments for chronic illness may be behavioral
  - i.e. diabetes, hypertension, obesity, COPD, pain
Patient-Centered Medical Home

- Patient-Centered – NOT physician-centered
  - Responsible for health, member of care team
- Comprehensive – NOT reactive
  - Whole-person, prevention, acute, chronic
- Coordinated – NOT episodic
  - Team approach
- Accessible
  - Shorter wait, same day, phone/email access
- Quality & Safety
  - Informed, access to resources, EMR
- Substantial behavioral health as part of the PCMH

National Committee for Quality Assurance
Chronic Care Model

- Health System
  - Create culture of improved care
  - Innovation, incentives, system changes

- Delivery System
  - Proactive not reactive care

- Decision Support
  - Evidence-based practice

- Clinical Information Systems
  - Organized data for efficient and effective care
  - i.e. clinical reminders, disease registries

- Self-management Support
  - Empower pts to manage their own health

- The Community
  - Utilize community resources

Wagner et al., 1996
5 Levels of PC/MH Care Collaboration

- Minimal Collaboration
- Basic Collaboration at a Distance
- Basic Collaboration on Site
- Close Collaboration in a Partly Integrated System
- Close Collaboration in a Fully Integrated System

-Doherty, 1995
IMPACT Evidence-Based Depression Care

- **Collaborative Care**
  - PCP and care manager develop treatment plan

- **Depression Care Manager**
  - Monitor symptoms, provide education/coaching

- **Consulting Psychiatrist**
  - Consult with PCP as needed

- **Monitor through Assessment**
  - i.e. PHQ-9

- **Stepped Care**
  - Change plan, increase dose, change medication, add psychotherapy

Hegel et al., 2002
Primary Care Behavioral Health

- Integrate care for physical and mental health conditions.
- Improve access and quality of care across the spectrum of illness severity.
- Focus on population management
- Allow treatment in mental health specialty settings to focus on persons with more severe mental illnesses.
- Co-located Collaborative Care/MH provider imbedded in primary care clinic.

Robinson & Reiter, 2007
Strosahl, 1998
Screening, Brief Intervention, Referral for Treatment (SBIRT)

- Brief screening measures (e.g. AUDIT-C).
- Feedback on current use and education.
- Referral to specialty services if needed.
- SBIRT resulted in lower alcohol consumption (≈ 3 drinks/week) than control group, and no difference in short vs. longer interventions.

Kaner et al., 2007
Alcohol Care Management (Oslin et al., 2014)

- VA primary care clinics.
- 26 week randomized trial: primary care vs. traditional outpt. substance abuse treatment program.
- Higher rate of engagement among ACM patients.
- Significantly lower rate of heavy drinking days among ACM patients.
- No difference in abstinence rates.
Brief Assessment

- Presenting Problem/Current Symptoms
  - SIGECAPS
- Mental Health Hx
- Current Substance Use/Addictive Behavior
- Current Relevant Medical Concerns
- Current Social Relationships
- Current Work/Education Hx
Intervention

- Motivational Interviewing (3 appointments)
  - Reasons for use/benefits
  - Consequences
  - Alternative behaviors
  - Elicit-Provide-Elicit
  - Desire, Ability, Reason, Need, - Commitment, Activation, Taking steps
Barriers to Integrated Care

- Historical view of medicine vs. MH
- Medicine vs. MH culture
  - Stigma
  - Confidentiality
  - Practice methods
  - Territorial
- Lack of experience/exposure to integrated model
  - Training is essential
Barriers to Integrated Care

- Difference in organizational structure and insurance barriers of Medicine vs. Mental Health
- TIME
- Change is hard and slow
  - Administration, providers, staff, patients
- Financial
  - Overhead/Operating, Reimbursement
Solutions/Recommendations

- Ability to function as a team member
  - PCPs, Nurses, Techs, Dieticians, Pharmacists, support staff
- YES: You are in a hierarchy
  NO: You are not on top
- Flexible hours/availability
  - Warm handoff, Curbside consultations
- Understand medical conditions, procedures, medications, and lingo
Solutions/Recommendations

- Good Communication
  - Avoid psycho-babble
  - Get to the point
  - Stand behind your perspective
  - Reports/Notes should be brief and neat
- Don’t take it personally
  - Sometimes you are the expert, sometimes they are the expert
- Ethical considerations
Solutions/Recommendations

- Focused/Targeted Assessment
- Time Efficiency (There will be follow-up)
- Decisiveness with limited data
- Brief Interventions
  - Cognitive – Behavioral
  - Motivational Interviewing
  - Solution-Focused
  - Problem-Solving
- De-stigmatize Mental Health
Conclusions

- Primary care clinics are moving to a medical home model, thus, being the entry point for all of health care.
- Mental health/substance abuse problems are more likely to present to primary care rather than mental health/substance abuse clinics.
- Although there are some barriers, utilizing integrated primary care models improve follow-through and access to mental health/substance abuse services.
References

References


References


