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

Mental Health in Primary Care

- 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.

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