

Psychiatry in a Collaborative System-Level and Practice-Level

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- I do receive funding from SAMHSA: Grant Number 1H79SM061020-01

About Me

- **Psychiatrist in outpatient, inpatient, emergency, and general hospital care.**
- **Collaborative Care in Primary Care**
- **SMI Care in Psychiatry**
- **Program Development for Integrated Care in Diverse Settings**
 - Education
 - Competencies
 - Special Populations
 - Innovative Delivery

Levels of Integration

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice



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Broad Overview

Single Consultation,
Brief Co-Management,
Bridge to Continuity

Direct Clinical Services

Anxiety Disorders & Benzodiazepine Use
Chronic Pain & Substance Abuse
Treatment Resistant Depression
Cognitive Complaints
Polypharmacy
SMI Care

Continuity
Behavioral
Health

Primary Care Capacity Building

SMI

Population Management

Controlled Substance Policy
Chronic Pain Management
Depression Screening in Adults and Pediatrics
Treatment Algorithm Development
High Utilizer / High Risk



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Collaborative Care-UNC Examples

- Primary Care
 - University-based: General Medicine & Family Medicine, General Pediatrics, Ob/Gyn, Oncology
 - UNC Physicians Network Practices
- Specialty Care
 - Oncology
 - Renal
 - GI
 - Pain Medicine
 - other



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Before We Begin...



Key Readiness Questions- *Crisis*

- Does your practice have a Behavioral Health Crisis Response Protocol?
- Does your practice routinely provide contact information for after-hours or urgent Behavioral Health Needs?



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Key Readiness Questions: *Management and Referrals*

- Does your practice use any screening tools to identify Behavioral Health needs?
- What is the scope of Behavioral Health Care provided by your practice?
- How does your practice make and track Behavioral Health referrals?
- What is your practice protocol for Behavioral Health referrals?



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Key Readiness Questions- *Crisis*

- **Does your practice have a Behavioral Health Crisis Response Protocol?**
 - Consult with Innovative Practices via your local CCNC and MCO
- **Does your practice routinely provide contact information for after-hours or urgent Behavioral Health Needs?**
 - **Mobile Crisis:** BH professionals->patient or practice; All NC Counties, regardless of payer, need patient willingness, max 2hr response time, assist with IVC determination, assist with transport if needed.
 - Same contact info for Medicaid, Uninsured & NC Health Choice *Referrals*
 - Patient's existing BH provider



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Key Readiness Questions-*Management and Referrals*

- **Does your practice use any screening tools to identify Behavioral Health needs?**

PHQ-9, P4, GAD7..what else?

- **What is the scope of Behavioral Health Care provided by your practice?**

Talk with your colleagues about areas of strength and opportunities for enhanced capacity

- **How does your practice make and track Behavioral Health referrals?**

Release of information for bidirectional communication

Private Insurance: <http://psychologytoday.com>

Uninsured, Medicaid, NC-Health Choice: MCO



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Next...



Depression in Primary Care

- Electronic Medical Record tools
- System and Clinical Leadership:
 - Practice Quality and Innovation & Primary Care Improvement Collaborative
- Physician Champions
- Toolkits
- Collaborative Care Models



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Depression in Primary Care

- **Electronic Medical Record Tools**
 - Best Practice Advisories (BPAs)
 - Flowsheets
 - Synopsis
 - Reports



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*How Do I know if the PHQ9
Screen is Due?*

Electronic Medical Record Tools-Best Practice Advisory

! Depression: PHQ-9 monitoring due. Click "DocFlowsheets" to access PHQ-9 flowsheet.

Acknowledge reason:



Delay - Other clinical priorities

Patient declines

PHQ-9 completed

DocFlowsheets: PHQ-9



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Where do I enter and Find the Information for the PHQ9?

Electronic Medical Record Tools-Flowsheet

Vital Signs Falls Risk PHQ-2 Depression Screen **PHQ-9 Depression Scale** P4 Suicidality Screener Ti. PHQ-9

☐ Jump to where I left off Mode: Accordion Expanded View All

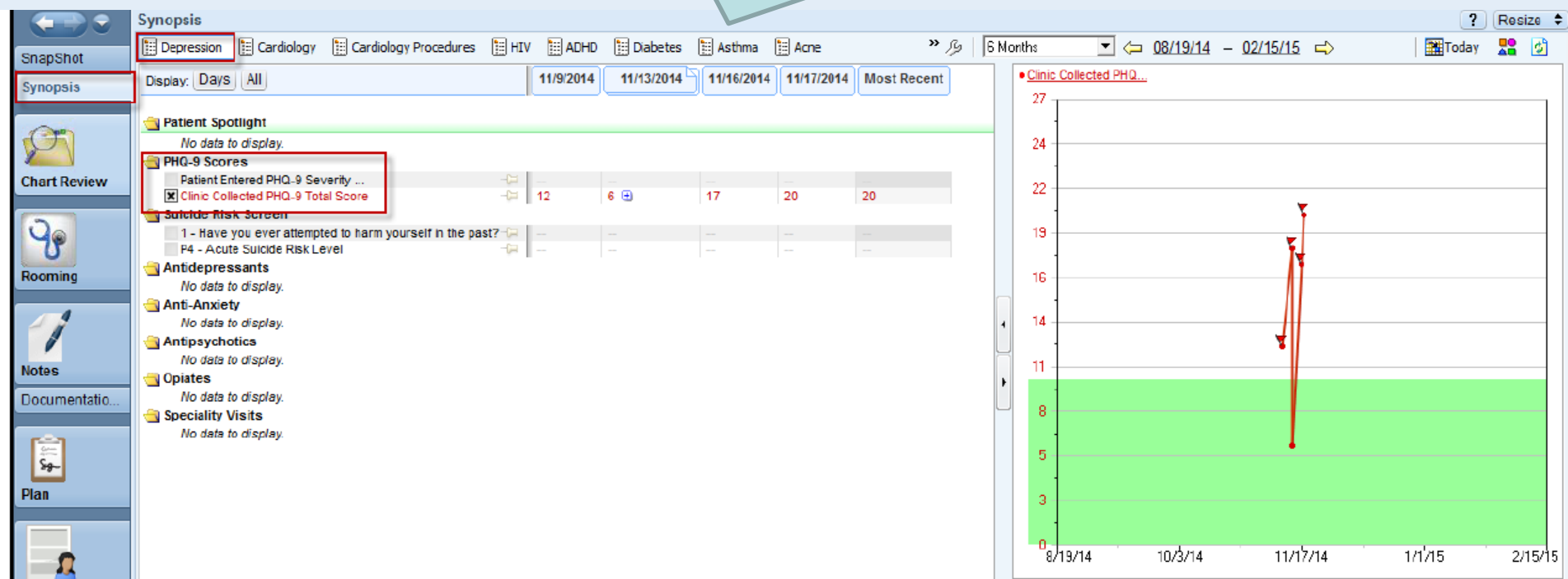
	3/9/15
	1100
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things	1
Feeling down, depressed, or hopeless	1
Trouble falling or staying asleep, or sleeping too much	2
Feeling tired or having little energy	2
Poor appetite or overeating	2
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	2
Trouble concentrating on things, such as reading the newspaper or watching television	2
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or	2
Thoughts that you would be better off dead, or of hurting yourself in some way	0
Clinic Collected PHQ-9 Total Score	14
PHQ-9 Total Score Depression Severity:	Moderate



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How I can I Prevent Time Expended in Looking at PHQ9 Trends?



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Population-Based Depression Management-Reporting Capability

Which Patients Fell Through the Cracks?

How are We Doing as a Practice in the Quality of Depression Care?

Patient Population Management

- ▼ My Patients with a Chronic Condition
 - My Patients with <X> Problem List Diagnosis
 - My Patients with Congestive Heart Failure
 - My Patients with Coronary Artery Disease
 - My Patients with Diabetes
 - My Patients with Hypertension
 - My Patients with Depression**
- ▶ My Patients On or Not On a Medication
- ▶ My Patients Not Seen Recently
- ▶ My Patients with or without a Lab Performed
- ▶ My Patients Overdue for Health Maintenance

as of 02:50:58 PM

My Patients with Depression [2255686] as of Wed 11/19/2014 1:28 PM

Detail	Depression - Table		Depression - Chart								
DEPRE	Last PHQ-9	st PHQ-9 Date	Recent Contact	Last Appt With	Next Appt With	Has Depress	Last P4 Sui	History of Self-	Has Anxi		
●	20	8/12/2014	11/07/2014	08/12/2014		Y			Yes		
●	17	6/25/2014	11/17/2014	06/05/2014		Y					
●	15	8/2/2014	11/10/2014	04/15/2014		Y					
●	15	8/29/2014	11/17/2014	10/07/2014		Y					
●	15	11/11/2014	11/11/2014	11/11/2014	12/03/2014	Y			Yes		
●	11	8/12/2014	11/18/2014	11/18/2014	01/15/2015	N					
●	10	10/31/2014	10/31/2014	10/31/2014	12/05/2014	Y			Yes		
●	10	10/14/2014	10/14/2014	10/14/2014		Y					

Column Headings:

Last PHQ9, Last Appointment, Percent Change in PHQ9, Other Physical Health Data



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Depression in Primary Care

- Current State:
 - Electronic Medical Record Tools
 - **Practice QI/PCIC Quality Coaches and reporting**
 - **Physician Champions**
 - Toolkits
 - Collaborative Care Models



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Depression in Primary Care

- **Practice Quality Innovation /Primary Care Improvement Collaborative**

Practice Leaders & QI experts

- Chronic Disease & Prevention
- **Physician Champions**
 - ‘Finger on the Pulse’
 - Experience in leading Innovation
 - Credibility with Peers



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Depression in Primary Care

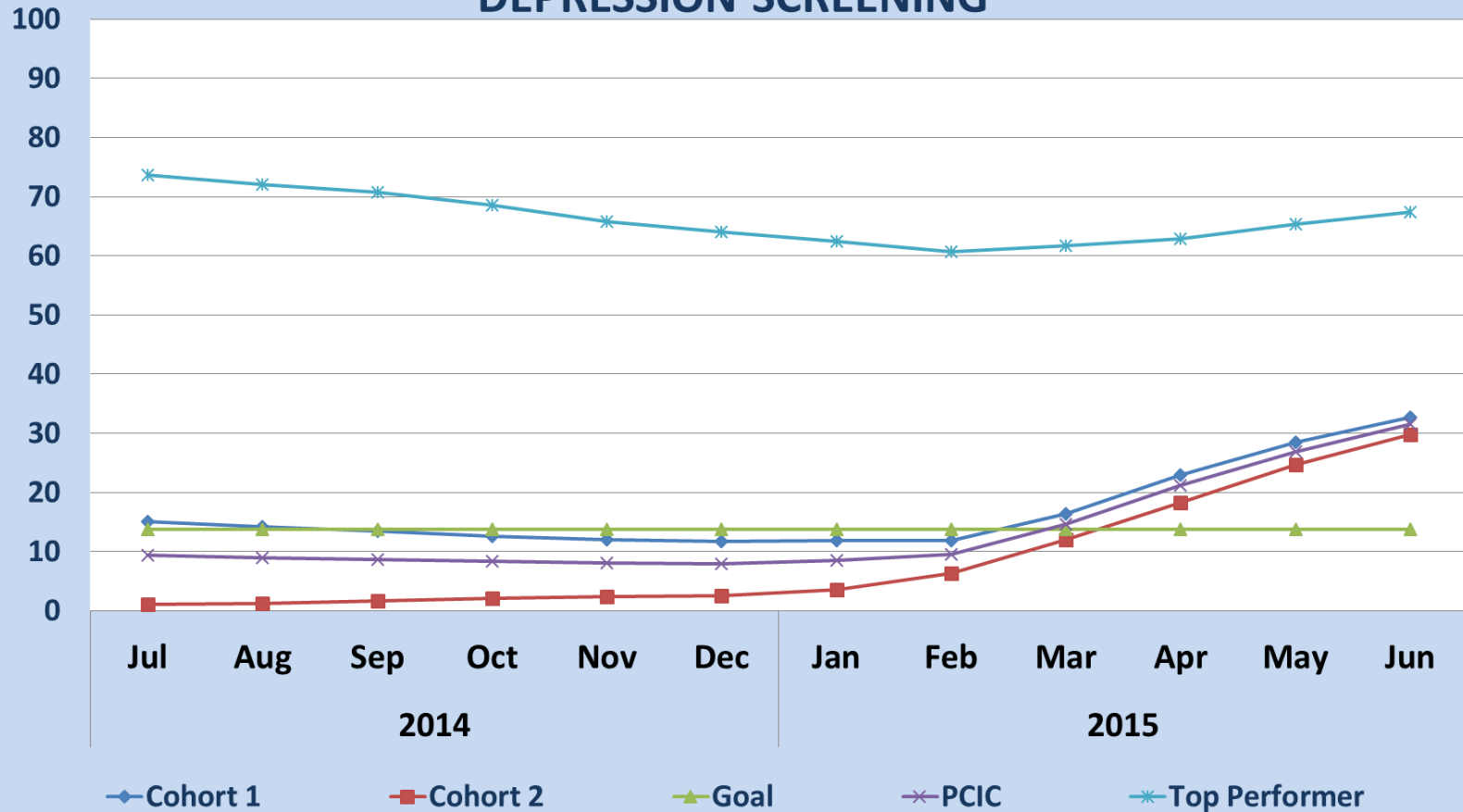
- *Physician Champions*
- Feedback from site visits
 - Engaged in depression screening (initially skeptical) → PHQ9
 - Eager for additional education
 - Greatest barrier = referrals, resources
 - Value of Psychiatric Input
 - Willing to engage in creative care delivery, especially with good Psychiatric Support



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DEPRESSION SCREENING



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Depression in Primary Care

Practice Quality and
Innovation

&

Primary Care
Improvement
Collaborative

	Patients Eligible
Breast Cancer Screening	18,854
Colorectal Cancer Screening	33,486
Pneumococcal Vaccine 65+	18,111
Pneumococcal Vaccine High Risk	16,107
Diabetes: Aspirin Use	5,034
Diabetes: Statin Use	7,828
Depression Screening	72,936



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Depression in Primary Care

Practice Quality &
Innovation

&

Primary Care
Improvement
Collaborative

	Patients Eligible	Appropriately Managed
Breast Cancer Screening	18,854	12,562
Colorectal Cancer Screening	33,486	21,676
Pneumococcal Vaccine 65+	18,111	14,030
Pneumococcal Vaccine High Risk	16,107	7,672
Diabetes: Aspirin Use	5,034	4,136
Diabetes: Statin Use	7,828	5,381
Depression Screening	72,936	23,021



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Depression in Primary Care

Practice Quality &
Innovation

&

Primary Care
Improvement
Collaborative

	Patients Eligible	Appropriately Managed	Opportunities
Breast Cancer Screening	18,854	12,562	6,292
Colorectal Cancer Screening	33,486	21,676	11,810
Pneumococcal Vaccine 65+	18,111	14,030	4,081
Pneumococcal Vaccine High Risk	16,107	7,672	8,435
Diabetes: Aspirin Use	5,034	4,136	898
Diabetes: Statin Use	7,828	5,381	2,447
Depression Screening	72,936	23,021	49,915



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Depression in Primary Care

- Current State:
 - Electronic Medical Record tools
 - PQI/PCIC Quality Coaches and reporting
 - Physician Champions
 - **Toolkits**
 - Collaborative Care Models



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Depression in Primary Care

- Current State:
 - Epic tools
 - PQI/PCIC Quality Coaches and reporting
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Toolkits

- Core Components:
 - Treatment Algorithms
 - PHQ9 Change & Clinical Management
 - Comorbidity Management
 - Acute Management
 - Readiness for Bidirectional Communication with PCPs
 - Multidisciplinary Coordination
 - Medication Fundamentals
 - Based on Existing Models: CCNC, MacArthur, AIMS Center, etc.

Depression in Primary Care

Collaborative Care Models

- Family Medicine
- Internal Medicine
- Carolina Advanced Health
- Knightdale Family Medicine
- Expanding Embedded BHPs
- Population Health Center with BH Expertise
- Integrated Health Professional Training Programs



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Working with Care Managers & Integrated BH Professionals

- Variable background: SW, MA, RN, PhD, PsyD
 - Variable clinical experience
- What makes a good BHP/CMP:
 - Organization, self-confident, interruptible, creative, flexible, “thick-skinned”, willing to work in a team, able to provide <60min appt
 - BHP Clinical Skills: Evidence-Based Interventions:
 - Motivational Interviewing
 - Problem-Solving Therapy/Solution-Focused Brief Therapy
 - Distress Tolerance Skills
 - Behavioral Activation



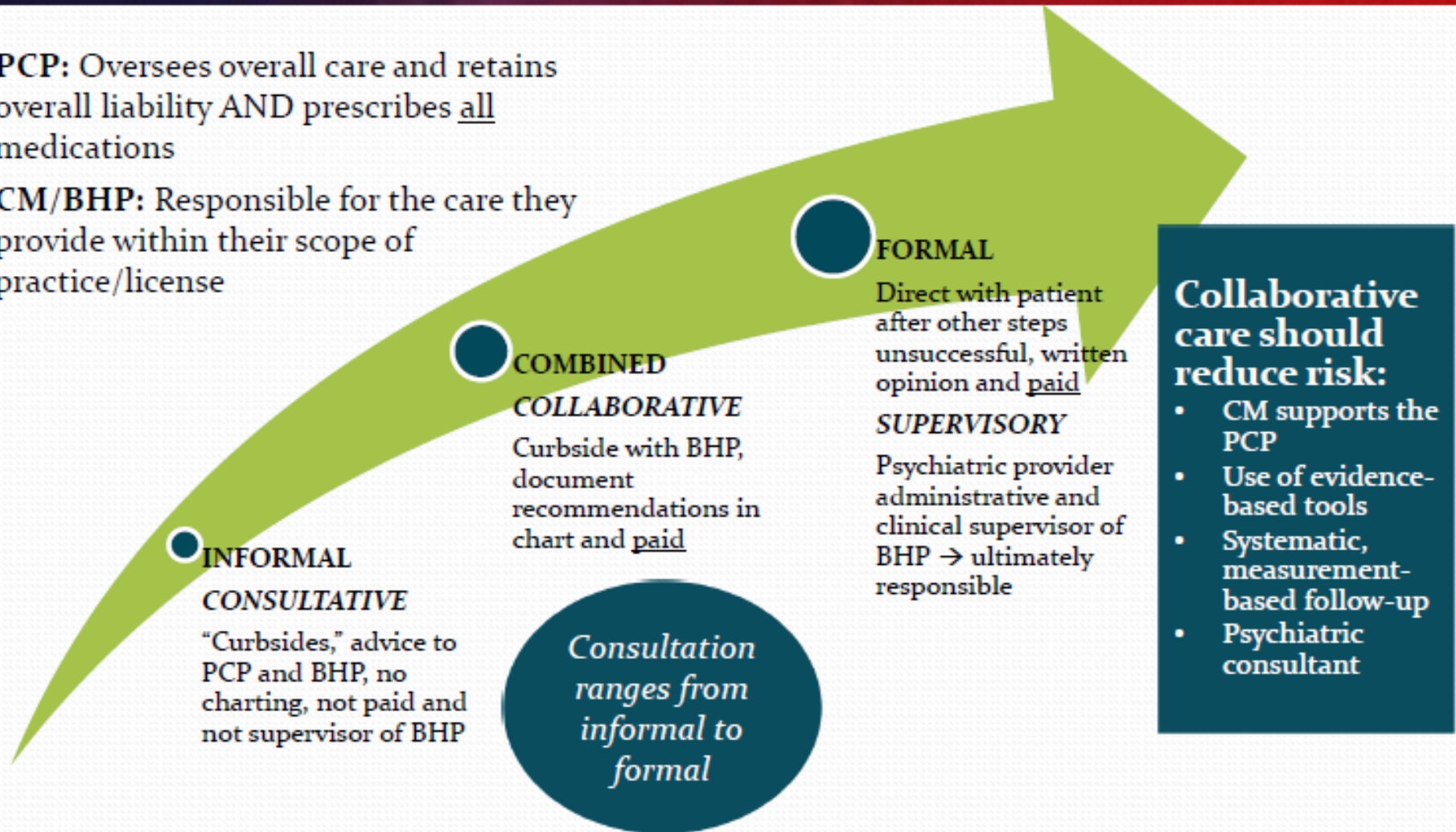
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Liability Considerations

PCP: Oversees overall care and retains overall liability AND prescribes all medications

CM/BHP: Responsible for the care they provide within their scope of practice/license



Psychiatrists in Collaborative Care Settings

- flexible; expect the unexpected
- Adaptable: child, geriatric, others populations
- Willing to tolerate interruptions
- Able to manage liability concerns
- Enjoy teaching
- Enjoy team-based care
- Willing to lead
- Comfortable with extending psychiatric expertise to a larger population



Thank You!

- Questions: robin_reed@med.unc.edu

References

- Gartlehner G, Hansen R, Thieda P, et al. Comparative Effectiveness of Second-generation Antidepressants in the Pharmacologic Treatment of Depression. *Agency for Healthcare Research and Quality*. Available at: <http://effectivehealthcare.ahrq.gov/reports/topic.cfm?topic=8&sid=39&rType=3>.
- Gaynes BN, Rush AJ, Trivedi MH, et al. (2007). Major Depression Symptoms in Primary Care and Psychiatric Care Settings: A Cross-Sectional Analysis. *Ann Fam Med*, 5(2):126-134.
- Gaynes BN, Rush AJ, Trivedi MH, et al. (2008). Primary vs. Specialty Care Outcomes for Depressed Outpatients Managed with Measurement-Based Care: Results from STAR*D. *Journal of General Internal Medicine*, 23(5), 551-560.
- Katon WJ, Lin EHB, Korff MV, et al. Collaborative Care for Patients with Depression and Chronic Illnesses. *N Engl J Med* 2010; 363:2611-2620
- Kupfer, DJ. (1991). Long-Term Treatment of Depression. *Journal of Clinical Psychiatry*. 52 (5 suppl), 28-34.
- Kroenke K, Spitzer R. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals*. 32(9). 508- 515.
- O'Connor EA, Whitlock EP, Beil TL, and Gaynes BN. Screening for Depression in Adult Patients in Primary Care Settings: A Systematic Evidence Review. *Ann Intern Med*. 2009;151:793-803.
- Rush AJ. STAR*D: what have we learned? *Am J Psychiatry*. Feb 2007;164(2):201-204.
- U.S. Preventive Services Task Force. Screening for depression in adults: U.S. preventive services task force recommendation statement. *Ann Intern Med*. 2009 Dec 1;151(11):784-92.



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References

Evidence-based guidelines for the pharmacological treatment of anxiety disorders: recommendations from the British Association for Psychopharmacology. J Psychopharmacol 2005; 19:56.

Spitzer, RL, Kroenke, K, Williams, JB, Lowe, B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006; 166:1092.

Sim, MG, Khong, E., Wan, TD. The Prescribing Dilemma of Benzodiazepines. Australian Family Physician Vol. 36, No. 11, November 2007

Benzodiazepines, How They Work and How to Withdraw; Also known as the Ashton Manual. 2006. Busati Corporation.

Kaplan and Sadock's Synopsis of Psychiatry. Behavioral Sciences/Clinical Psychiatry. LWW. Tenth Edition. 2007.

<https://www.communitycarenc.org/media/related-downloads/depression-toolkit.pdf>