

Collaborative Psychiatry at the 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

Continuity
Behavioral
Health

Direct Clinical Services



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

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...



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850 UNCPN EMPLOYEES STRONG



45
PRACTICES



COUNTIES IN
NORTH CAROLINA **12**



64 FAMILY
MEDICINE
PHYSICIANS



132
PHYSICIANS



29
INTERNISTS



TOTAL
PROVIDERS
185



ADVANCED PRACTICE
53
PRACTITIONERS



PEDIATRICIANS
9

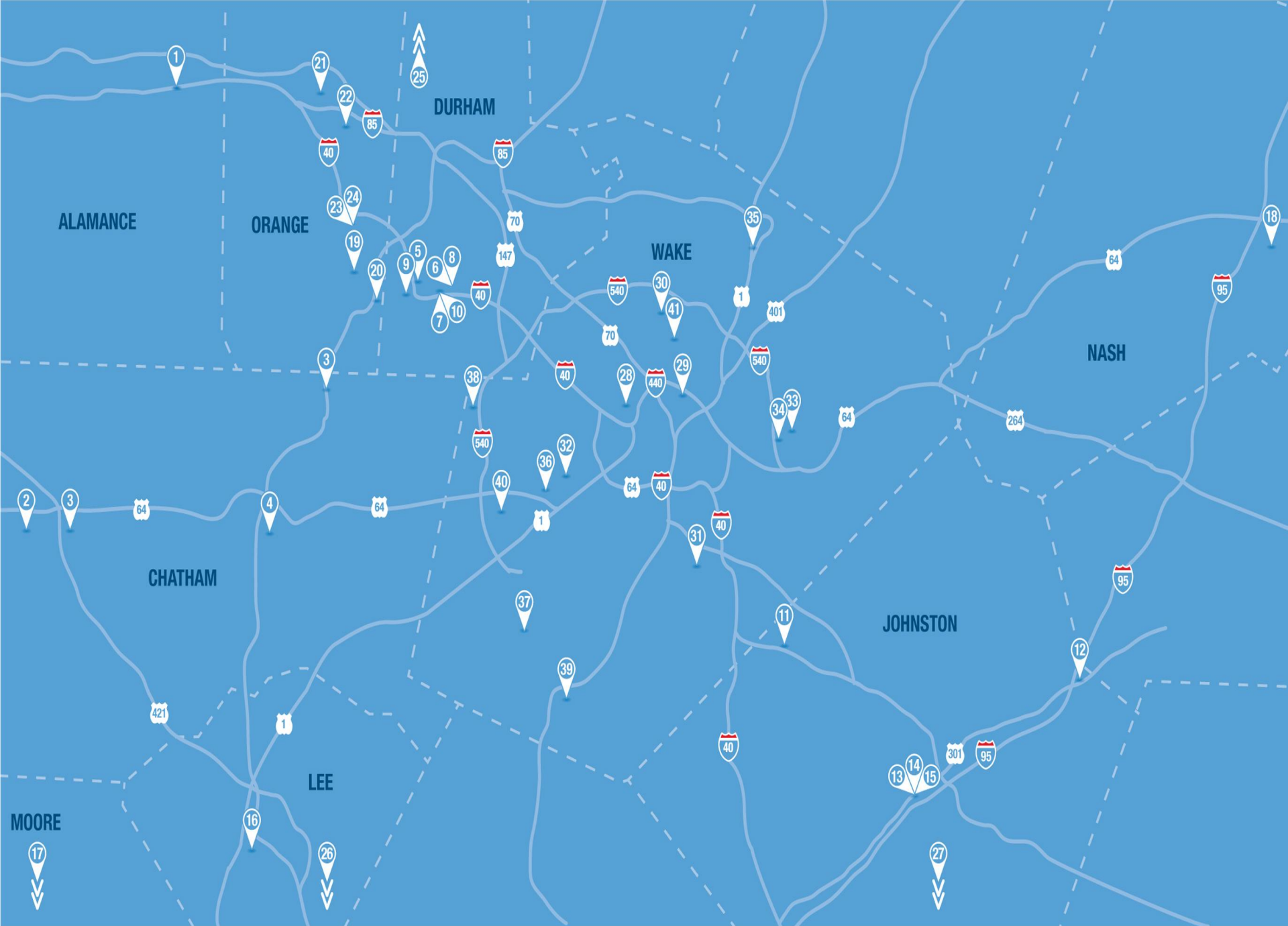


SERVICES

- Cardiology
- Ear, Nose & Throat
- Family Medicine
- Gastroenterology
- Gynecology
- Internal Medicine
- Nephrology
- Neurology
- Pediatrics
- Psychiatry
- Rheumatology
- Vascular



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SPECIALISTS



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

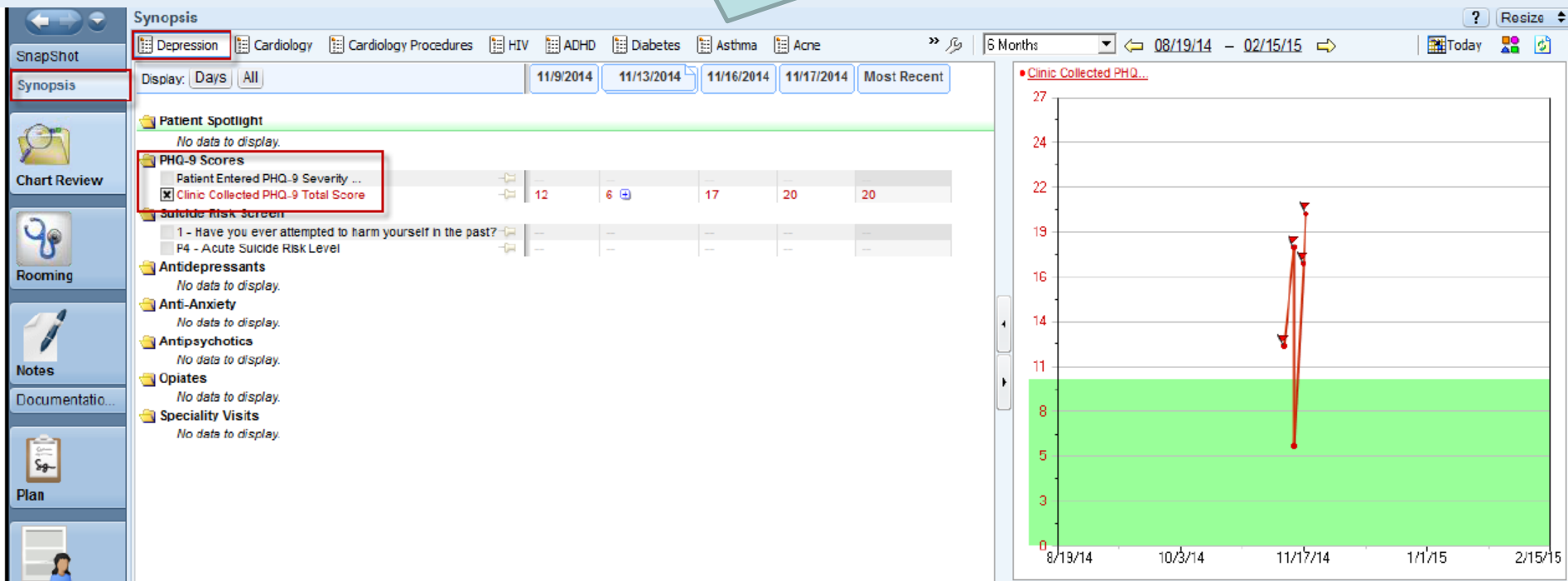
3/9/15	
1100	
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things	1
Feeling down, depressed, or hopeless	1
Trouble falling or staying asleep, or sleeping too much	2
Feeling tired or having little energy	2
Poor appetite 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 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

Filters

Options

Chart

Orders Only

Encounter

Refill

Telephone

Letter

Bulk Orders

Send Bulk Comm

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 Quality & Innovation/Primary Care Improvement Collaborative 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
 - Support Medical Leadership



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Depression in Primary Care

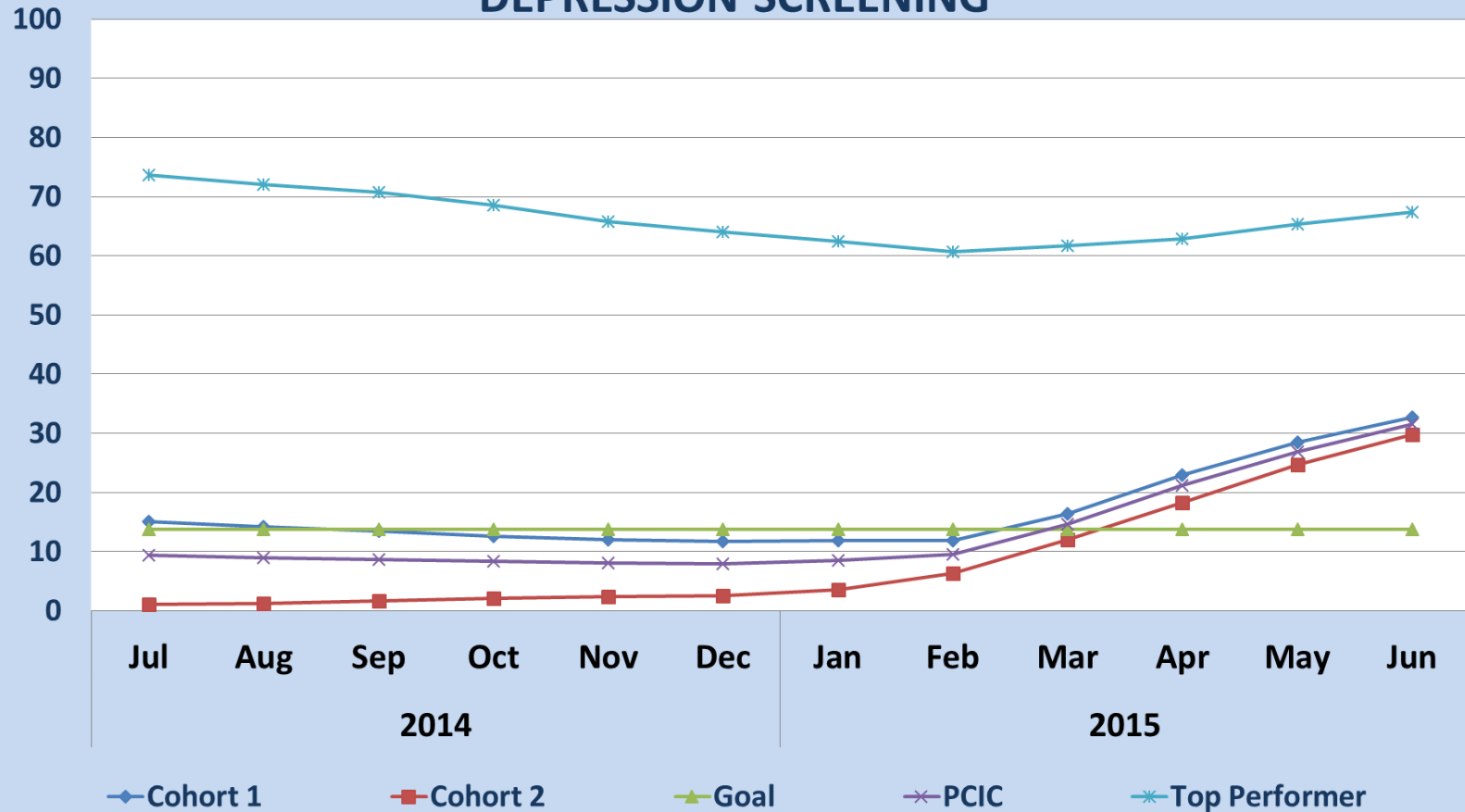
- *Physician Champions*
- Feedback from site visits
 - Engaged in depression screening (initially skeptical) → PHQ9
 - Eager for additional education
 - Greatest barrier = referrals, resources
 - Value of Psychiatric Input
 - Willing to engage in creative care delivery, especially with good Psychiatric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

- Core Components:
 - Treatment Algorithms
 - PHQ9 Change & Clinical Management (measurement-based care)
 - Treat to Target
 - 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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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

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



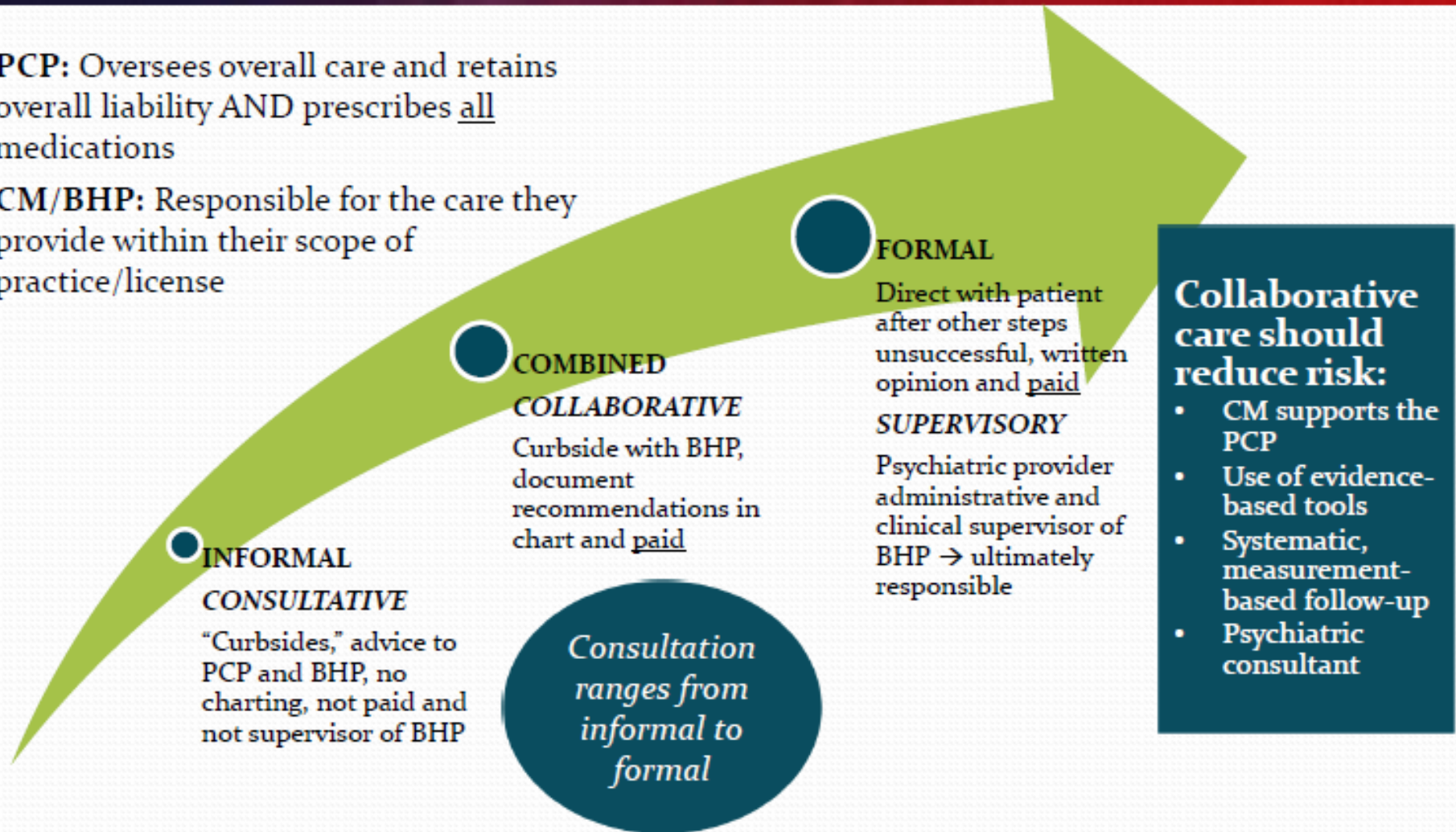
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Liability Considerations

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





Thank You!

- Questions: robin_reed@med.unc.edu

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