




Improving Population Health through Integrated Behavioral Health Care

North Carolina Psychiatric Association
Annual Meeting
September 30, 2022

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DISCLOSURES

Recent & Current Grant Funding

- National Institute of Health
- National Corporation for Community Service (Social Innovation Fund)
- Center for Medicare and Medicaid Innovation
- John A. Hartford Foundation
- PCORI (Patient Centered Outcomes Research Institute)
- Archstone Foundation

Contracts


- Washington State Healthcare Authority
- Community Health Plan of Washington
- Public Health – Seattle & King County
- Boeing

Consultant & Advisor

- Substance Abuse and Mental Health Services Administration (SAMHSA; CMHS)
- World Health Organization
- Archstone Foundation


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- Up To Date




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UW Medicine



WWAMI
(Washington, Wyoming, Alaska, Montana, Idaho)
27% of US landmass



Large Academic Health System


5 hospitals
20 neighborhood clinics
Airlift Northwest
\$ 1.65 m outpatient visits / yr
\$ 6 b budget
~ 30,000 employees
~ 5,000 trainees

UW Psychiatry and Behavioral Sciences

- > 1,150 faculty, staff & trainees
- Largest psychiatry training program in US
 - Seattle WA, Boise ID, Billings MT
- > 30 training sites for Medical Students
- \$ 50 million in research grants & contracts / yr

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The Challenge

- **Mental illness and substance abuse are responsible for nearly 25 % of all health-related disability**
 - 5 times more than diabetes or heart disease.
 - 15 times more than cancer.

and cost our country more than \$ 1.5 trillion / year
- **For employers:**
 - Absenteeism, presenteeism, health care costs
- **For governments:**
 - Homelessness, criminal justice involvement, health and social services
- **Increased mortality:**
 - Life expectancy reduced by 25 years
 - One suicide every 13 minutes
 - One overdose death every 8 minutes
 - More deaths than homicides or motor vehicle accidents
 - More deaths / year than all Americans who died in the Vietnam War
- **No family goes untouched**

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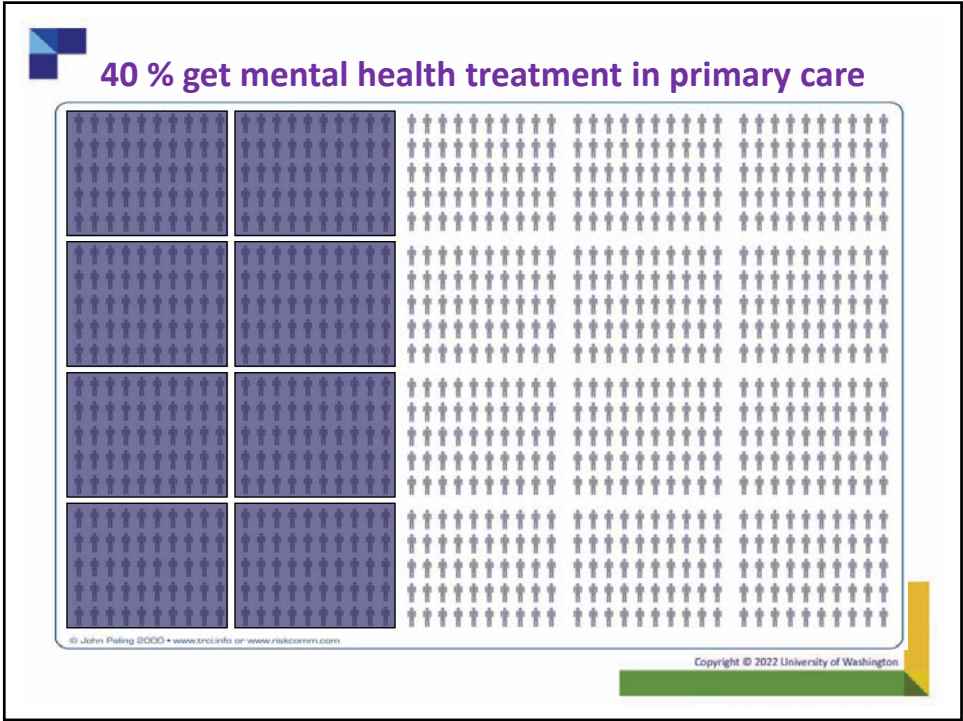
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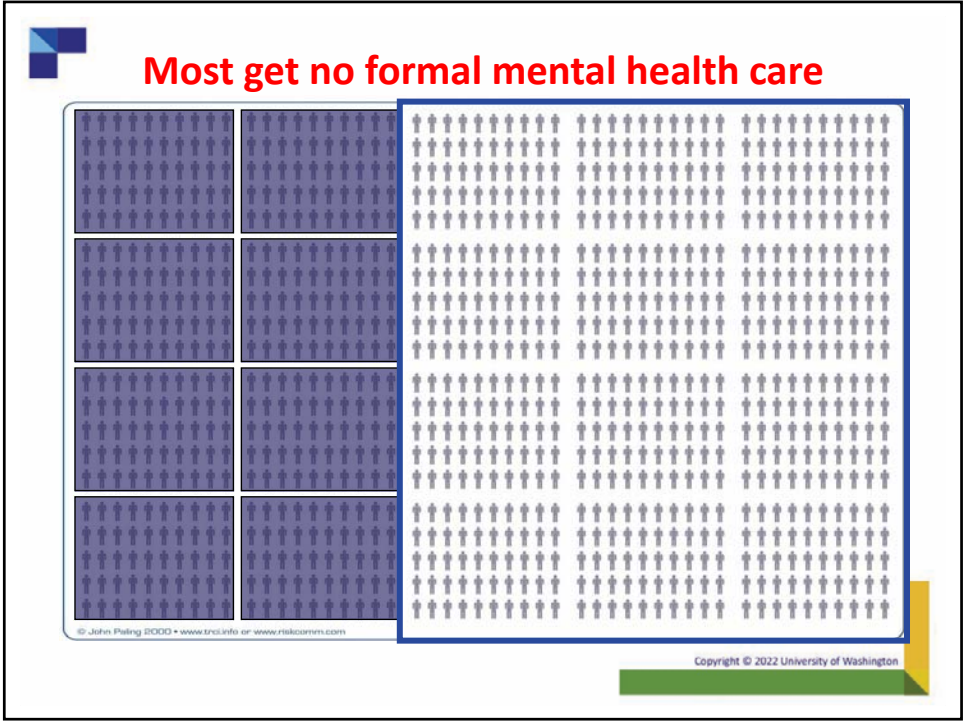
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Access to Care

- ~ 50 % of psychiatrists don't accept health insurance
- Even with insurance, the average wait time is 25 days to see a psychiatrist.
- 2/3 of primary care providers report poor access to psychiatry for their patients.

"We couldn't get a psychiatrist, but perhaps you'd like to talk about your skin. Dr. Perry here is a dermatologist."

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Quality of Care

- The '2-minute mental health visit' : Ming Tai-Seale; JAGS 2008.
- 30 million Americans receive an antidepressant Rx, but **only 20 % improve**
- Few get effective psychotherapy.



"Of course you feel great. These things are loaded with antidepressants."

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Challenges in Primary Care

- ✓ Limited training & capacity
- ✓ Competing demands / overwhelming expectations / burnout
 - ✓ Preventive care / screening,
 - ✓ Acute care (all ages, all problems)
 - ✓ Chronic illness care / population health
- ✓ Stigma and fears associated with mental illness
- ✓ Limited interest ("I didn't go to school for this.")
- ✓ Lack of support ("No one has my back.")

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How do we close the gaps?

- **Train and retain** more mental health professionals
- **Work smarter:** leverage mental health professionals through
 - Technology (e.g., tele-mental health, m-health)
 - Collaboration (e.g., primary care & community-based organizations)
 - Working further upstream (e.g., perinatal mental health)

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158 federally designated mental health care professional shortage areas in WA State

Mental Health Care Health Professional Shortage Areas (HPSAs)

Timeframe: as of December 31, 2017

REFINE RESULTS

DISTRIBUTIONS

- Total Mental Health Care HPSA Designations
- ★ Population of Designated HPSAs
- Percent of Need Met
- Practitioners Needed to Remove HPSA Designation

LOCATIONS

United States

States

- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ U.S. Virgin Islands
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☒ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

TABLE | MAP

Tools:

32,755-1,038,064 1,088,363-2,679,240 2,913,725-4,935,227 5,129,380-9,628,656

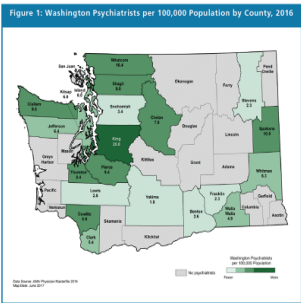
| Location | Population of Designated HPSAs |
|------------|--------------------------------|
| Washington | 4,438,434 |

192 psychiatrists needed.

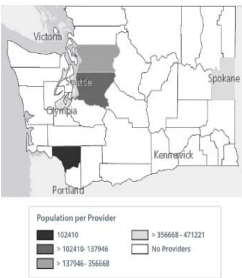
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We will never have enough psychiatrists

Nearly half of WA counties have NO psychiatrist



Only Four Counties in Washington Have a Physician Certified in Addiction Medicine



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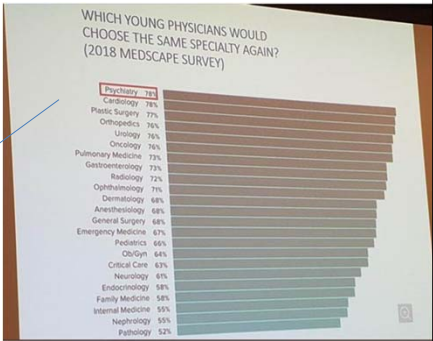
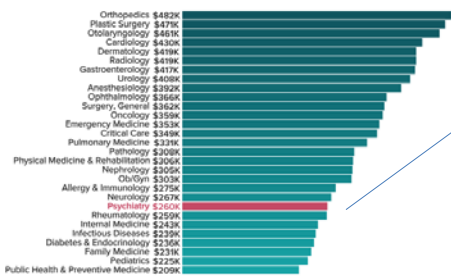
Meritt Hawkins Physician Recruitment: top ten most requested specialties

| 2007 | 2017 |
|--------------------|--------------------|
| Family Medicine | Family Medicine |
| Internal Medicine | Psychiatry |
| Hospitalist | Internal Medicine |
| Radiologist | OB/GYN |
| Orthopedic Surgery | Hospitalist |
| Cardiology | Emergency Medicine |
| General Surgery | Dermatology |
| Emergency Medicine | Radiology |
| Psychiatry | Pediatrics |
| Gastroenterology | Urgent Care |

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Psychiatrists enjoy their work

How Much Do Psychiatrists Earn?

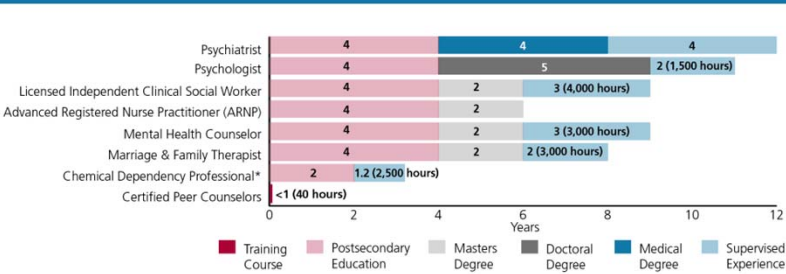


... and compensation is going up:
highest % compensation increase in 2018 according to Medscape survey.

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Training takes lots of time and \$.

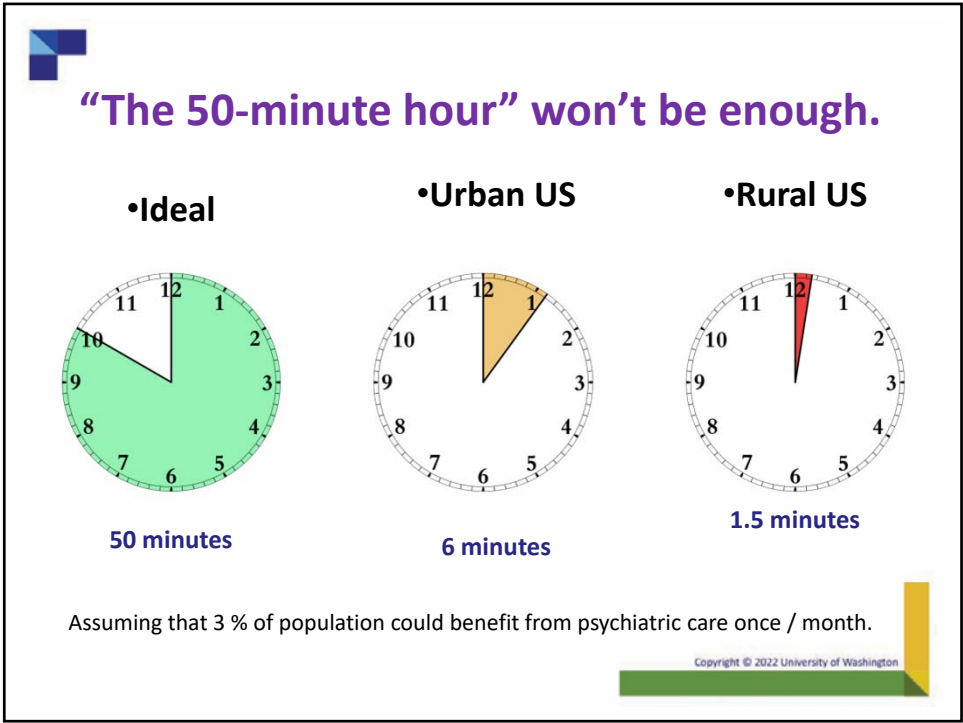
Figure 1. Minimum Years of Typical Education and Supervised Experience Required for Select Behavioral Health Occupations in Washington State



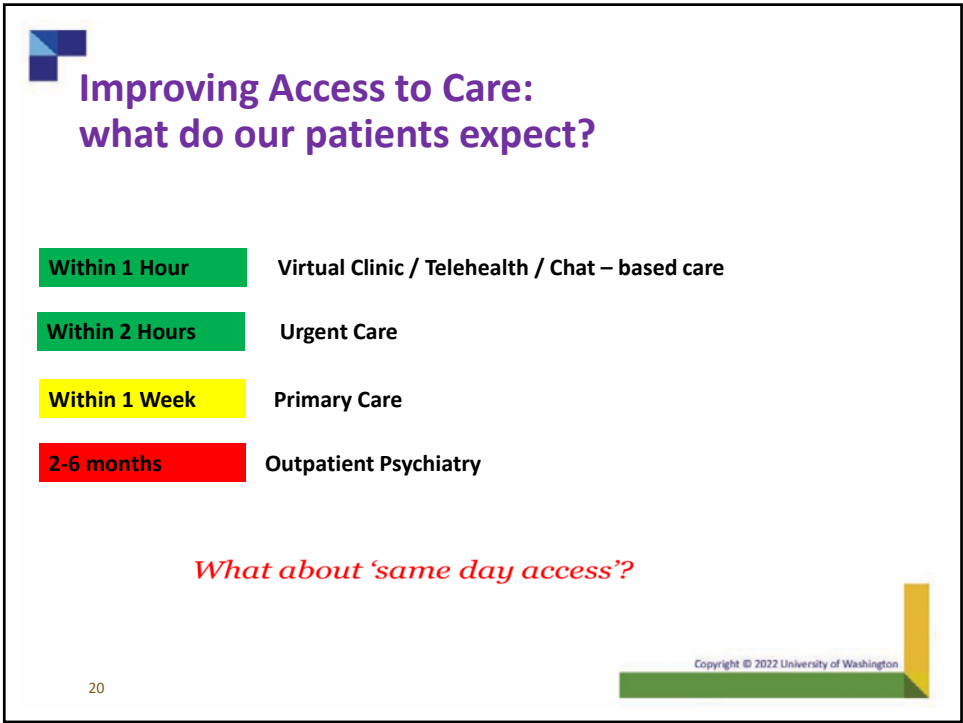
Data source: Washington State Department of Health, Professions License Requirements 2017; Washington State Department of Social and Health Services, Division of Behavioral Health & Recovery 2017.
* Some healthcare occupations can become chemical dependency treatment providers through "Alternative Path" training, which involves 15 quarter or 10 semester college credits in courses specific to alcohol and drug addiction from an approved school. Eligible occupations include ARNPs; psychologists; marriage and family therapists; mental health counselors; advanced social workers; independent clinical social workers; physicians; and physician assistants.

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UW Mental Health Care Connect (MHCC)

Monday – Friday 8am to 5pm
for Accountable Care Network preferred members:

- **Same day access** by phone/voice/chat to a UW psychiatrist / psychologist:
 - **Brief conversation** with psychiatrist/ psychologist
 - Answer questions about diagnosis, treatment options
 - Review options for follow-up / additional care
 - Liaison with primary care or other specialists
- Navigation services from dedicated mental health navigator:
 - Connects member to provider for same day access
 - Appointments in the network or referral in the community
 - Follow up to ensure **‘no patient falls through the cracks’**


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PHQ-9


Outcome Measures

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

Treatment Protocols

| [ACTIVE PATIENTS] | | | | | |
|-------------------|----------|---------------|---------------|-----------------|---------------|
| Primary Care | Referral | Referral Date | Referral Type | Referral Status | Referral Date |
| 1000001 | 1000001 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000002 | 1000002 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000003 | 1000003 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000004 | 1000004 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000005 | 1000005 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000006 | 1000006 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000007 | 1000007 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000008 | 1000008 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000009 | 1000009 | 10/1/2019 | 10 | 10/1/2019 | 10 |
| 1000010 | 1000010 | 10/1/2019 | 10 | 10/1/2019 | 10 |

Population Registry




Psychiatric Consultation

Psychiatric Consultation

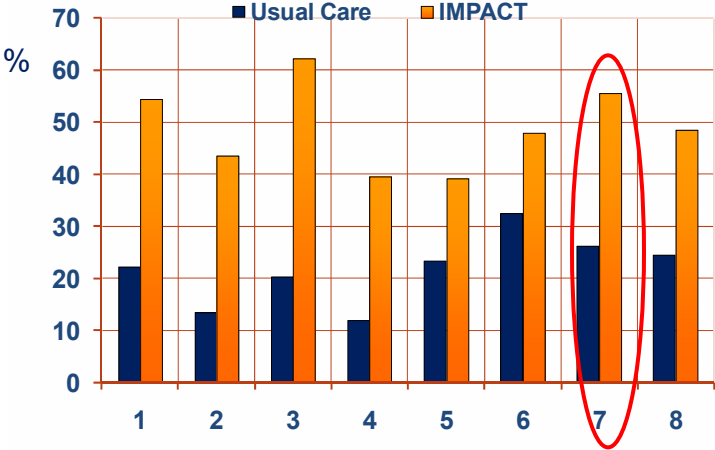
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Collaborative Care doubles effectiveness of depression care

50 % or greater improvement in depression at 12 months



| Participating Organizations | Usual Care (%) | IMPACT (%) |
|-----------------------------|----------------|------------|
| 1 | 22 | 54 |
| 2 | 14 | 43 |
| 3 | 20 | 62 |
| 4 | 12 | 39 |
| 5 | 23 | 39 |
| 6 | 32 | 47 |
| 7 | 26 | 55 |
| 8 | 24 | 48 |

Participating Organizations

Unützer et al., JAMA 2002; Psych Clin NA 2004

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Wall Street Journal, Sept 2013



ROI for collaborative depression care: \$ 6.50 for each \$ 1.00 spent

Unutzer et al, *Am J Managed Care*, 2008.

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Behavioral Health Integration Program (BHIP) at UW Medicine

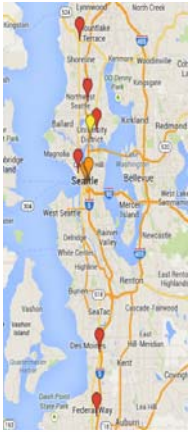
2014 APA Award of Distinction for Model Program

20% of UW Medicine Primary Care Patients have at least one visit with a mental health diagnosis

| 2008 | 2010 | 2012 | 2013 | 2014 | 2016 |
|-------|--------|------------------|-----------------|--------|----------------|
| 3 HMC | 1 UWNC | 4 UWNC 1 UWMC | 1 UWNC 1 HMC | 3 UWNC | 3UWNC 2 VMC |

20 Participating Clinic Sites:

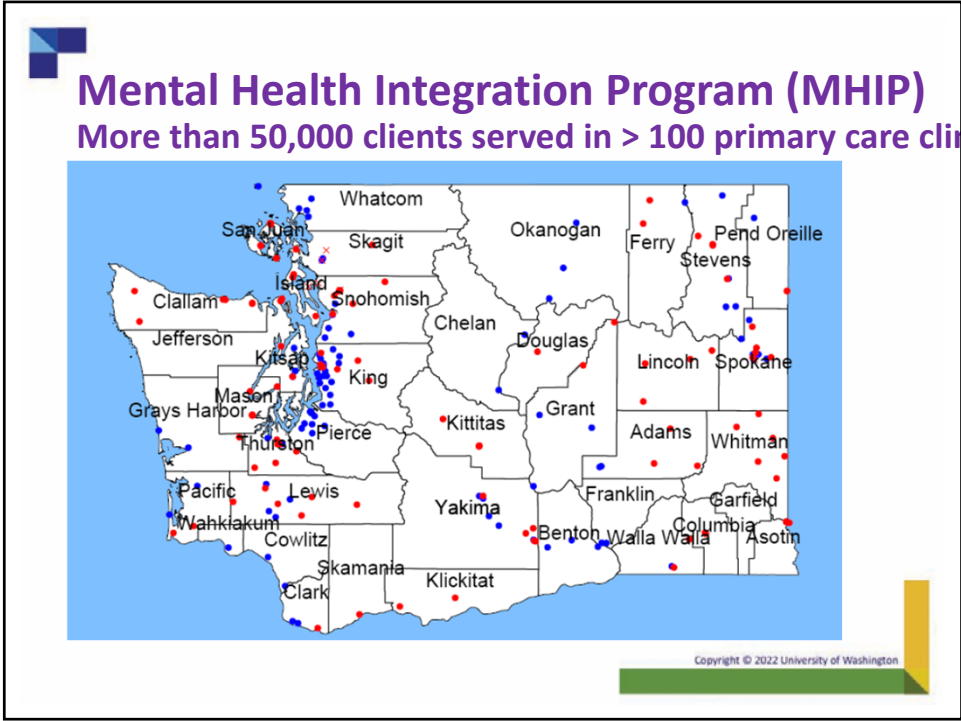
- Harborview Medical Center (HMC):
- University of Washington Medical Center (UWMC)
- University of Washington Neighborhood Clinics (UWNC)
- Valley Medical Center (VMC)




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Psychiatrists helping more people in need.


“I am helping so many more people than I used to see in traditional office practice.”

“The greatest benefit of collaborative care may be in the diagnosis and treatment of patients that aren’t even in the program.”

(UW Psychiatric Consultant on Collaborative Care Team)

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Working further ‘upstream’: Collaborative Care for High-Risk Mothers

- Collaborative Care model adapted for pregnant and parenting women
- 2,500 low-income mothers with depression and other mental disorders treated in 14 community health clinics in King County, WA
 - 34 % with thoughts of suicide
- Funded by King County Tax Levy

Public Health


Seattle & King County



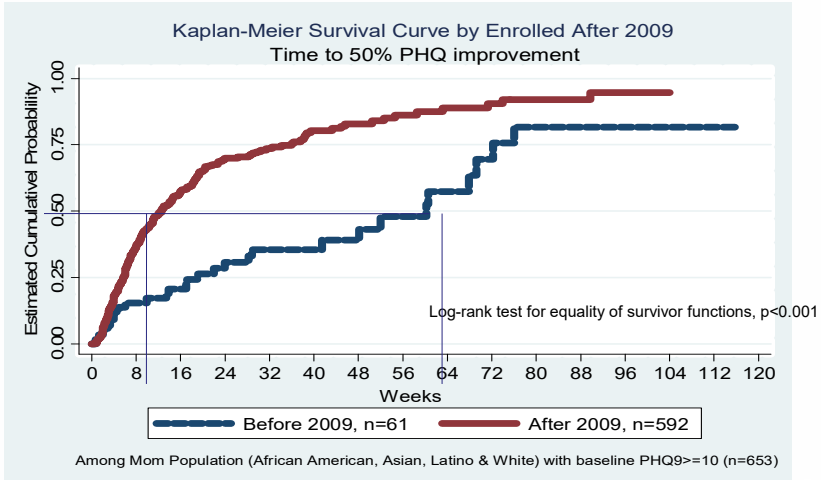


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Dramatic improvement in time to treatment response.



Kaplan-Meier Survival Curve by Enrolled After 2009
Time to 50% PHQ improvement

Estimated Cumulative Probability

Weeks


Log-rank test for equality of survivor functions, $p<0.001$

Before 2009, $n=61$ After 2009, $n=592$

Among Mom Population (African American, Asian, Latino & White) with baseline PHQ9 \geq 10 ($n=653$)

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Mayo Clinic Study of over 7,000 patients

- Time to depression remission was 86 days for patients in Collaborative Care program
- Time to remission in usual care was 614 days

Time to Remission for Depression with Collaborative Care Management in Primary Care <http://www.ncbi.nlm.nih.gov/pubmed/26769872>



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Care Partners





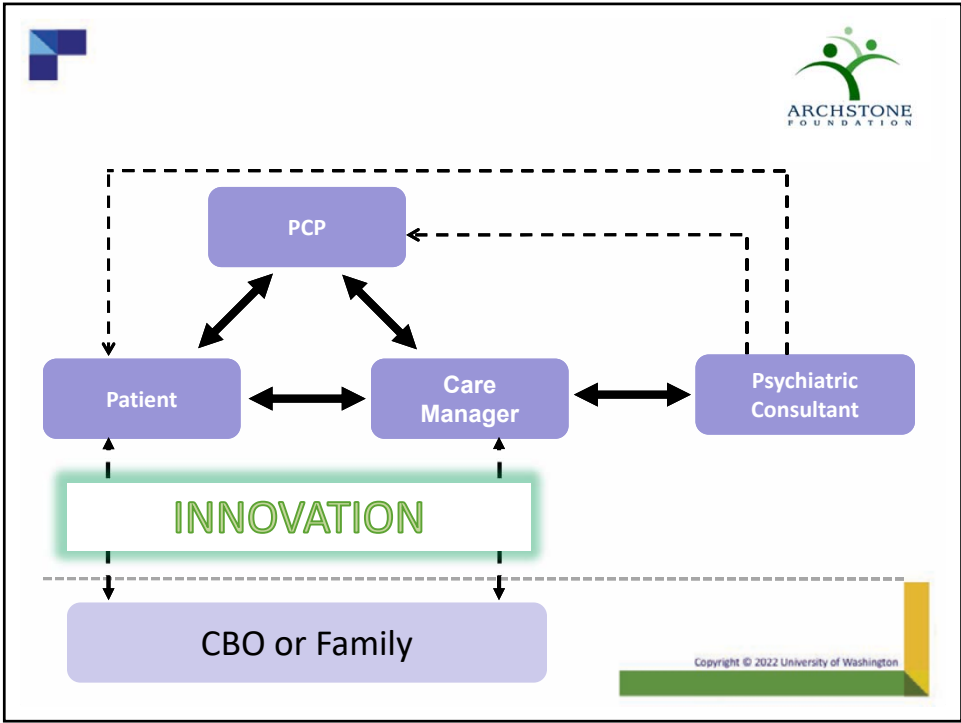
ARCHSTONE
FOUNDATION

- Involving Community-based Organizations (CBOs) and / or family/ friend(s) in care to improve:
 - Access to care
 - Engagement in treatment
 - Patient care experience
 - Quality of care
 - Support if/when depression relapse
 - Addressing social determinants of health



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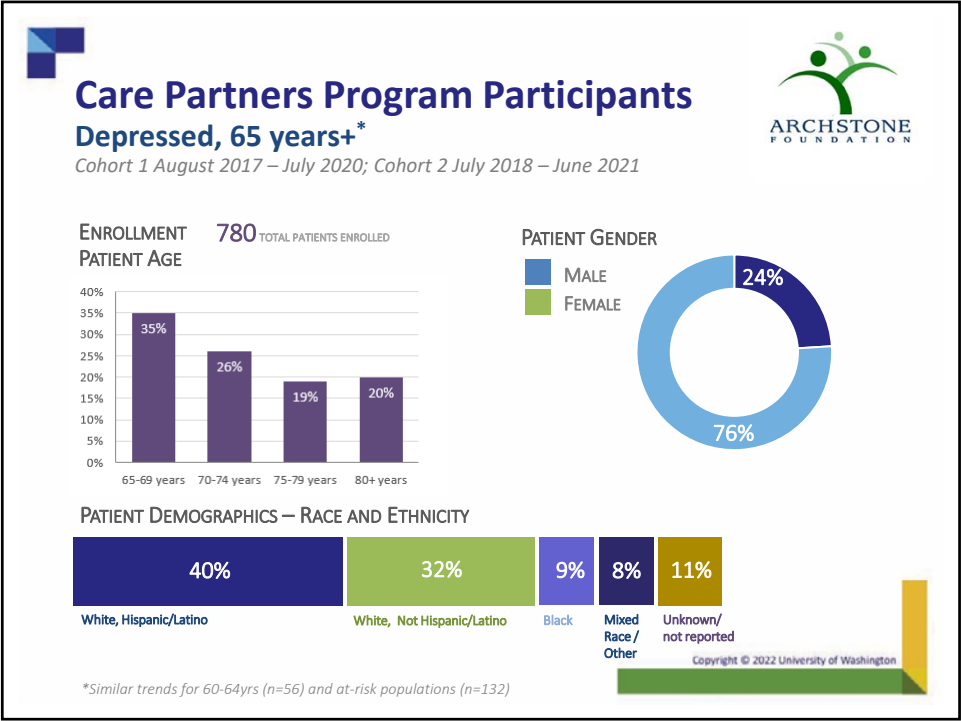
CBOs and Family Care Partner Roles


- **Care partners are supporting:**
 - Outreach
 - Screening
 - Diagnosis
 - Patient education
 - Case management to address unmet needs
 - Medication management and/or
 - Brief psychotherapy
- **Focus on vulnerable populations**
 - home visits, case management

<https://cp.psychiatry.uw.edu/resources/>

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COVID-19: Stay Connected

Activities List

When people feel down they are less likely to engage in activities that help to make them feel better. This becomes a vicious cycle leading to more depression, stress, anxiety, and low mood. When patients add positive activities into their lives, it can help their mood. Since COVID-19 surfaced, developing ideas to stay active has become more challenging as older adults stay home to stay safe. Below is a list of ideas that you may have in mind in case patients have trouble thinking of activities.

Physical Activities

- Go for a walk
- Running / Jogging
- Ride bicycle
- Online fitness class
- Gardening
- Online dance class

Social Activities

- Hiking
- Walking a pet
- TV exercise program
- Call friend or family
- Video chat with friend or family
- Join an online book club
- Watch a movie with others online
- Play a board game
- Spend time with friends/family w/ physical distancing

Solo Activities

- Read a book
- Do a puzzle
- Bake / Cook
- Write
- Paint / Draw
- Play an instrument
- Crafting
- Have a picnic
- Photography
- Singing
- Watch a movie online
- Visit a museum online

Relaxation Activities

- Meditate
- Listen to music
- Sit in the sun
- Buy fresh flowers
- Watch the sunrise / sunset
- Light a candle
- Deep breathing exercises
- Muscle relaxation
- Take a bath

Spiritual Activities

- Prayer
- Meditate
- Read spiritual material
- Online spiritual services

Other Activities

- Volunteer at home or in the community

Stay Well Plan

Engaging in activities has helped me feel better. I will continue to keep positive activities in my life even if I don't feel like it because it does improve my mood by taking action.

Here is a list of categories for activities that are known to be helpful. I will write down what has helped me already and add to this list as I discover more ways to keep my mood stable.

Physical Activities

Social Activities

Solo Activities

Spiritual Activities

Relaxation Activities

Other Activities

Personal Warning Signs

MEDICATION MANAGEMENT:

1. _____ tablet(s) of _____ mg _____ Take at least until _____

2. _____ tablet(s) of _____ mg _____ Take at least until _____


3. _____ tablet(s) of _____ mg _____ Take at least until _____

4. _____ tablet(s) of _____ mg _____ Take at least until _____

ALLERGIES:


Call your primary care provider or your care manager with any questions (see contact information below).

MY CONTACTS:




Medical Provider(s):

Name: _____ Phone No: _____ Email: _____




Family or Friend(s):

Name: _____ Phone No: _____ Email: _____




Support Group(s):

Group Name: _____ Meeting Frequency / Time: _____



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Care Partners Clinical Outcomes

Phase 2, Cohort 1 August 2017 – July 2020, Cohort 2 July 2018 – June 2021

CLINICAL OUTCOMES*

| | |
|---|------------|
| Baseline PHQ-9, mean | 15 |
| PHQ-9 50% improvement or last PHQ-9 < 10 after 10 weeks | 70% |
| PHQ-9 > 5+ point improvement | 69% |
| PHQ-9 change baseline to last, mean | 7.4 points |

**Patients age 65+ with an initial PHQ≥10 and at least one follow-up*



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AIMS CENTER
Advancing Integrated
Mental Health Solutions

WHO WE AREWHAT WE DOCOLLABORATIVE CARE

UNIVERSITY OF WASHINGTON, PSYCHIATRY & BEHAVIORAL SCIENCES
DIVISION OF POPULATION HEALTH

IMPACT

Search



COLLABORATIVE CARE IN THE NEWS

CMS Payment Codes Explained
A New England Journal of Medicine article explains Medicare payment for CoCM.

CMS Finalizes Payment Rule
The APA describes impact of CMS' finalized rule for collaborative care tasks.

Payment for Collaborative Care
A discussion on measurement-based care and payment for Collaborative Care.

CMS publishes final rules covering collaborative care services

DANIEL'S STORY

IMPLEMENTATION GUIDE

FREE RESOURCES

Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life.

Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington.

Looking for something? Search for resources, tools, videos, research and more related to Collaborative Care.

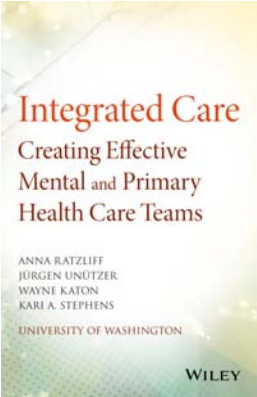
NONE OF US IS AS SMART AS ALL OF US

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<http://aims.uw.edu>

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Building Effective Integrated Care
Teams



- ✓ Refine clinical approaches used in primary care
- ✓ Learn integrated care best practices
- ✓ Gain practical implementation skills
- ✓ Increase access, improve outcomes, lower costs

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Integrated Care Training Program

UW PSYCHIATRY & BEHAVIORAL SCIENCES

HOME

OVERVIEW


PROGRAMS

IMPACT

TRAINING

RESOURCES




FELLOWSHIP PORTAL



The Integrated Care Training Program Fellowship is currently accepting applications! The one-year fellowship includes a combination of clinical and research training in integrated care implementation, and integrated care scholarship. [Read More](#)

Apply
for the
FELLOWSHIP PROGRAM

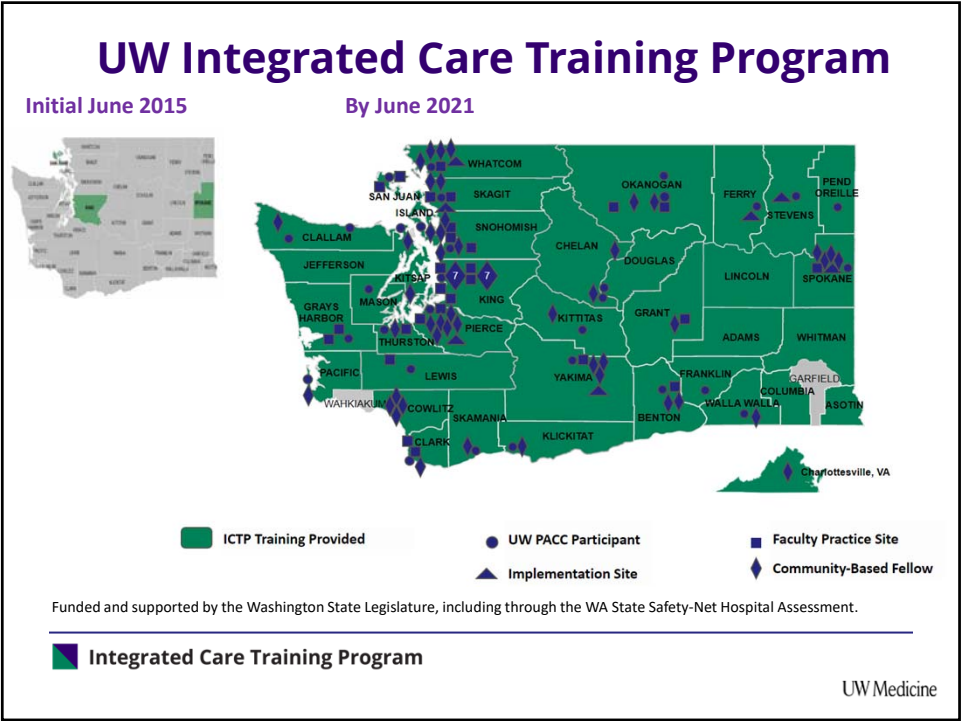
Register
for
UW PACC



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Online Training: All Patients Safe


- Launched as online including self-pay process in 2017
- To date have had the following activity:
 - Registrations: 8723
 - Basic Completes: 1059
 - Advanced Completes: 2676
 - Total Completes: 3735**
- Currently funded through SAMHSA grant
- New Modules in Development:
 - Targeted Interventions: Firearms, Culture, & Clinical Care
 - Hope and Recovery for Everyone: Cultural Factors in Suicide Care
 - Caring Contacts (Kate Comtois, PhD)



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UW Medicine

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UW PACC


Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences


Weekly didactic & case conference for Primary Care Providers

ECHO Model

Started in 2016




| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|--------|--------|--------|--------|--------|
| Largest Attendance | 76 | 43 | 40 | 98 | 78 |
| Average Attendance | 30.23 | 26.52 | 31.96 | 35.57 | 44.00 |
| # of Cases Presented | 49 | 40 | 33 | 23 | 18* |
| Total Cumulative Unique Attendees | 276 | 409 | 588 | 816 | 1,101 |
| Total Cumulative Hours of CME Available | 1,451 | 2,724 | 6,339 | 8,696 | 11,738 |



Integrated Care Training Program


UW Medicine

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CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)
TRANSFORMING CLINICAL PRACTICE INITIATIVE (TCPI)
SUPPORT AND ALIGNMENT NETWORK (SAN)

AMERICAN
PSYCHIATRIC
ASSOCIATION



> 3,500 psychiatrists trained

TRAIN


In Person Trainings

Online Training

Learning Collaboratives

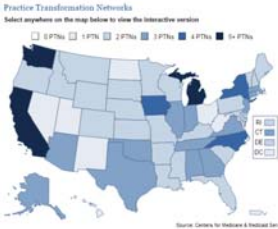
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READY



➔

CONNECT/
IMPLEMENT



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Seattle

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Inslee unveils \$675 million plan to reverse crisis in Washington’s mental-health system

Originally published December 11, 2018 at 1:13 pm

Updated December 12, 2018 at 1:17 pm



Workforce Development

- Psychiatry Residency
- Child Psychiatry
- NP/PA Residency
- BHHS program


24/7 Telepsychiatry Consultation

UW Behavioral Health Teaching Facility (\$234M)


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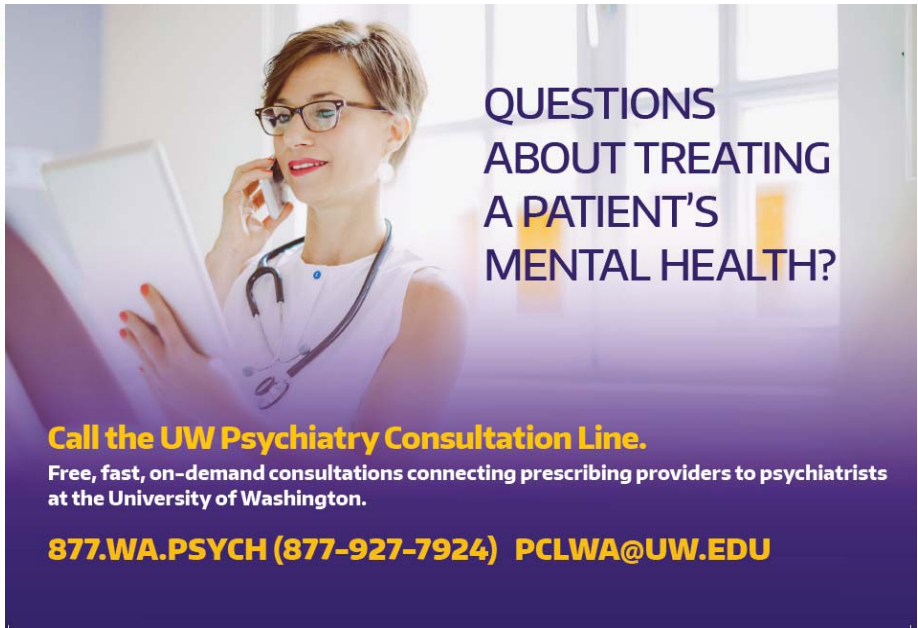
UW Behavioral Health Teaching Facility



- 150 beds
 - 100 psychiatry beds
 - 50 medical / surgical beds for individuals with behavioral health problems
- Adding to ~ 150 existing inpatient beds
- Crisis Observation Unit
- Neuromodulation Program
- 24/7 Telepsychiatry Program

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QUESTIONS ABOUT TREATING A PATIENT'S MENTAL HEALTH?

Call the UW Psychiatry Consultation Line.
Free, fast, on-demand consultations connecting prescribing providers to psychiatrists at the University of Washington.

877.WA.PSYCH (877-927-7924) PCLWA@UW.EDU


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Moving Upstream

PAL for Moms
877-725-4666 (PAL4MOM)



- Free perinatal psychiatry consultation for health care providers
- M-F, 9am-5pm
- Funded by State of Washington Health Care Authority

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Thank you



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