Improving Population Health through Integrated Behavioral Health Care

North Carolina Psychiatric Association
Annual Meeting
September 30, 2022

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University of Washington

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

Author with Royalties

- Up To Date
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

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
Of all people living with mental disorders


12% see a psychiatrist
20% see any mental health professional

40% get mental health treatment in primary care
Most get no formal mental health care

- Approximately 50% of psychiatrists do not accept health insurance.
- Even with insurance, the average wait time is 25 days to see a psychiatrist.
- Two-thirds 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.”

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.”
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.

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.”)
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)

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

192 psychiatrists needed.
We will never have enough psychiatrists

Meritt Hawkins Physician Recruitment: top ten most requested specialties

<table>
<thead>
<tr>
<th>2007</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td><em>Psychiatry</em></td>
</tr>
<tr>
<td>Hospitalist</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Radiologist</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Hospitalist</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Radiology</td>
</tr>
<tr>
<td><em>Psychiatry</em></td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Urgent Care</td>
</tr>
</tbody>
</table>
Psychiatrists enjoy their work

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

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

* Some healthcare occupations can become chemical dependency treatment providers through "Alternative Path" training, which involves 15 quarter or 18 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.
“The 50-minute hour” won’t be enough.

- Ideal: 50 minutes
- Urban US: 6 minutes
- Rural US: 1.5 minutes

Assuming that 3% of the population could benefit from psychiatric care once a month.

Improving Access to Care: what do our patients expect?

- Within 1 Hour: Virtual Clinic / Telehealth / Chat – based care
- Within 2 Hours: Urgent Care
- Within 1 Week: Primary Care
- 2-6 months: Outpatient Psychiatry

What about ‘same day access’?
**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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**We need to partner with others in the Behavioral Health Workforce**

**Support Patients**
- Patients and Family
- Community Health Workers
- Behavioral Health Assistants
- Peers

**Support Practice and Patients with Supervision**
- Master’s level providers (MSW, MFT, MA)
- Behavioral Health Support Specialist
- Chemical Dependence Provider

**Independent Practice, Prescribing and Provision of Psychotherapy**
- Psychiatric APPs (ARNP, PA)
- Psychiatrists

**Independent Practice and Provision of Psychotherapy**
- Doctoral Psychologists (PsyD, PhD)
- Licensed Therapists (e.g., LICSW, MFT)

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**Partners**
- Primary Care Provider
- Other Medical Providers
- Social Service Providers
- Law Enforcement
- Supported Housing
Partnering with Primary Care: Collaborative Care

**Primary Care Practice**
- Primary Care Physician
- Patient
- Mental Health Care Manager
- Psychiatric Consultant

**Outcome Measures**
- Problem Solving Treatment (PST)
- Behavioral Activation (BA)
- Motivational Interviewing (MI)
- Medications

**Treatment Protocols**
- Population Registry

**Psychiatric Consultation**

Collaborative Care doubles effectiveness of depression care
50% or greater improvement in depression at 12 months

Unützer et al., JAMA 2002; Psych Clin NA 2004
ROI for collaborative depression care: $6.50 for each $1.00 spent


Behavioral Health Integration Program (BHIP) at UW Medicine

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

<table>
<thead>
<tr>
<th>Year</th>
<th>HMC</th>
<th>UWNC</th>
<th>UWMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2014</td>
<td>3</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

20 Participating Clinic Sites:
- Harborview Medical Center (HMC)
- University of Washington Medical Center (UWMC)
- University of Washington Neighborhood Clinics (UWNC)
- Valley Medical Center (VMC)
Mental Health Integration Program (MHIP)
More than 50,000 clients served in > 100 primary care clinics

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)
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

Dramatic improvement in time to treatment response.

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

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

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


Care Partners

- 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
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/
Care Partners Program Participants
Depressed, 65 years+*
Cohort 1 August 2017 – July 2020; Cohort 2 July 2018 – June 2021

**ENROLLMENT 780 TOTAL PATIENTS ENROLLED**

**PATIENT GENDER**

- Male: 24%
- Female: 76%

**PATIENT AGE**

- 65-69 years: 30%
- 70-74 years: 16%
- 75-79 years: 35%
- 80+ years: 20%

**PATIENT DEMOGRAPHICS – RACE AND ETHNICITY**

- White, Hispanic/Latino: 40%
- White, Not Hispanic/Latino: 32%
- Black: 9%
- Unknown/not reported: 8%

*Similar trends for 60-64yrs (n=56) and at-risk populations (n=132)

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Care Partners Program Exposure
Cohort 1 August 2017 – July 2020, Cohort 2 July 2018 – June 2021

**PROGRAM EXPOSURE**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts, mean</td>
<td>10</td>
</tr>
<tr>
<td>Completing follow-up (2+ contacts)</td>
<td>89%</td>
</tr>
<tr>
<td>At least 3 contacts with CBO (clinic-CBO partnerships)</td>
<td>75%</td>
</tr>
<tr>
<td>At least 3 contacts with family members (clinic-family partnerships)</td>
<td>55%</td>
</tr>
<tr>
<td>At least 1 psychiatric consult</td>
<td>75%</td>
</tr>
</tbody>
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*Patients age 65+ with an initial PHQ≥10 and at least one follow-up

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COVID-19: Stay Connected

Care Partners Clinical Outcomes
Phase 2, Cohort 1 August 2017 – July 2020, Cohort 2 July 2018 – June 2021

**CLINICAL OUTCOMES**

<table>
<thead>
<tr>
<th>Clinical Outcome</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline PHQ-9, mean</td>
<td>15</td>
</tr>
<tr>
<td>PHQ-9 50% improvement or last PHQ-9 &lt; 10 after 10 weeks</td>
<td>70%</td>
</tr>
<tr>
<td>PHQ-9 &gt; 5+ point improvement</td>
<td>69%</td>
</tr>
<tr>
<td>PHQ-9 change baseline to last, mean</td>
<td>7.4 points</td>
</tr>
</tbody>
</table>

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

http://aims.uw.edu
UW Integrated Care Training Program

Initial June 2015

By June 2021

Funded and supported by the Washington State Legislature, including through the WA State Safety-Net Hospital Assessment.

Integrated Care Training Program

UW Medicine
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)

**Online Training: All Patients Safe**

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

**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

- Integrated Care Training Program
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

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
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

Thank you

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