Innovations in Primary Care Integrated Psychiatry

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Learning Objectives

1. Explain the rationale for an integrated psychiatry service within a primary care setting

2. Understand how a day in the life of an integrated psychiatrist flows

3. Review challenges and success stories associated with the first year of integrated psychiatry in primary care implementation

Providence Community Health Centers

-FQHC – celebrating 50th anniversary

-8 NCQA Level 3 Medical Homes

-Urban

-Multi-specialty (OB-Gyn, Pediatrics, Family, Internal Medicine, Dental, Optometry, Podiatry, IBH)

-60,000 patients

-60% best-served in a language other than English

-Payer Mix: 70% Medicaid, 10% Commercial, 10% Medicare, 10% Uninsured

PCHC
PROVIDENCE COMMUNITY HEALTH CENTERS

NCQA Distinction in Behavioral Health Integration

Only FQHC or PCMH in State of Rhode Island to have Distinction in Behavioral Health Integration

-Launched in 2018 by NCQA

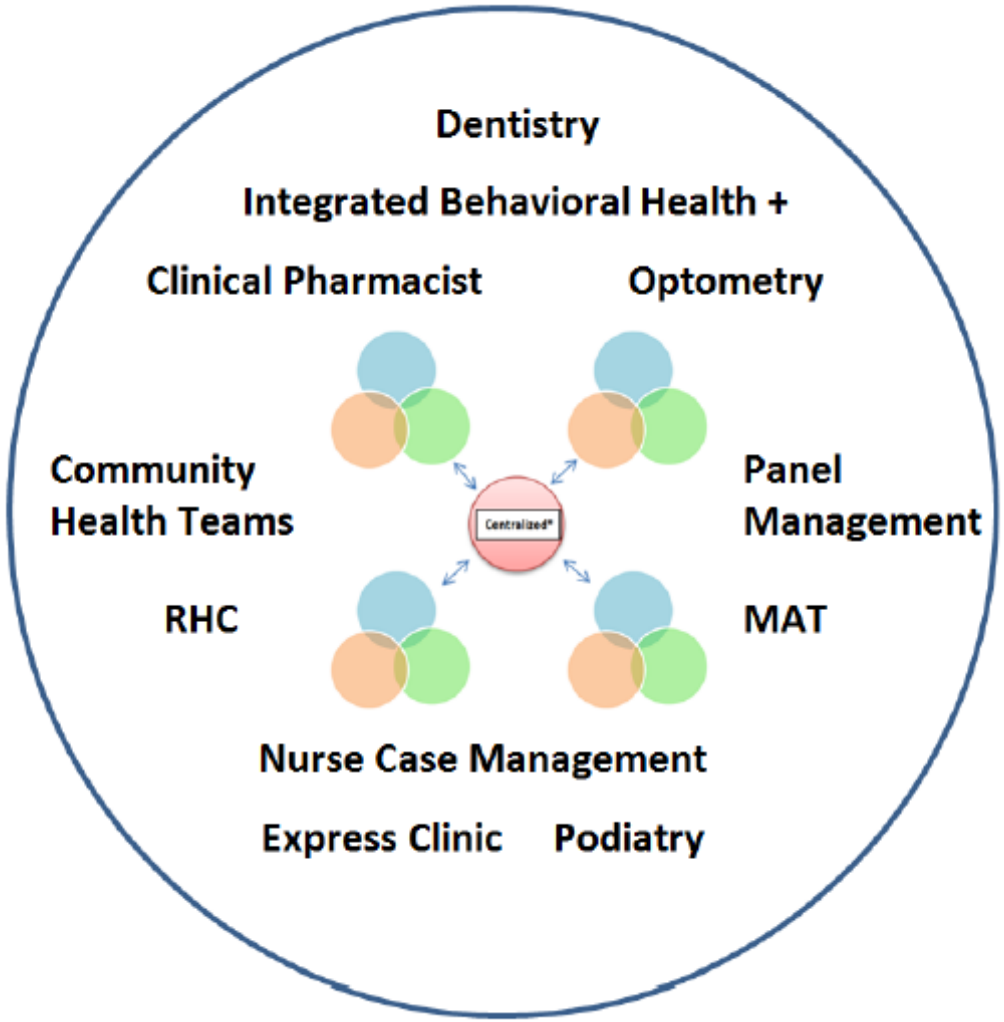
-Recognizing PCMHs who have completed a validated process that shows a high level of integration across behavioral health and primary care

-Total of 43 sites received award across the country of which PCHC had 8 sites recognized!

Providence Community Health Centers

PCHC
PROVIDENCE COMMUNITY
HEALTH CENTERS

Providence Community Health Centers



Core Population Health Services:

Integrated Behavioral Health
Nurse Care Management
Community Health Workers
Clinical Informatics

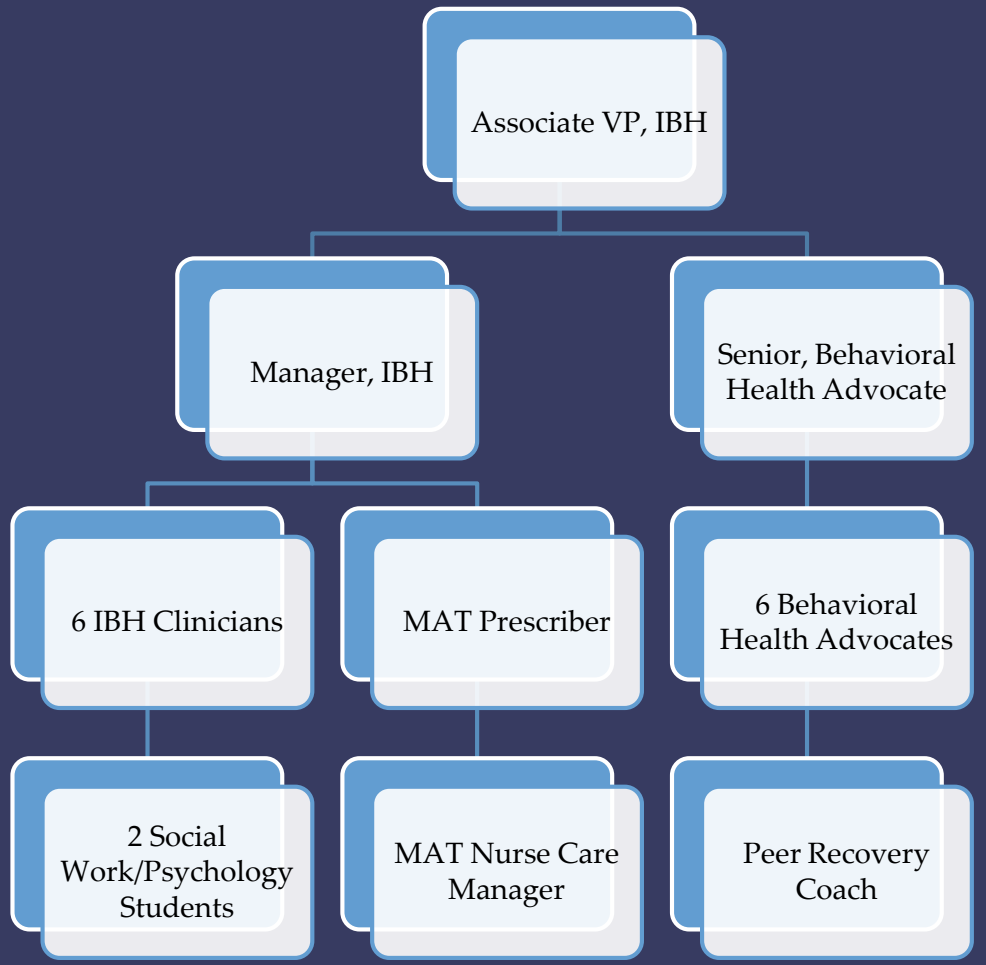
Additional Services In-House:

Reproductive Health Counselors / Title X
Medication Assisted Treatment
Clinical Pharmacist
Pediatric and Adult Dentistry
Optometry
Podiatry

Rationale: Positive IBH Screening Rates

	2016	2017	2018
Depression	37%	25%	27%
Anxiety	23%	23%	19%
Substance Use	3%	5%	5%

Department of IBH



Department of IBH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Key Tenets of IBH Department

- Be an extender to all Care Teams so that IBH is understood as an equal and important driver to overall health and wellness
- Allow for increased access for IBH for those who need it most
- Provide high quality care to patients and education to care teams
- Ensure the professional and personal growth of all department staff without neglecting self-care

How do we live IBH Key Tenets ?

- Pre-visit planning with care teams and rotating huddles with IBH focus
- Warm hand-off for every positive IBH screen (adults are all screen for depression, anxiety and substance use a minimum of once per year)
- Short-term, evidence-based treatment ranging in 3-6 visits per care episode
- Open access schedule, with patients calling on the same day an appointment is needed
- Creation of a new role, BH-Community Health Advocate, who assists with interpretation in a culturally competent manner while also providing assistance around SDOH

Why Integrate Psychiatry?

- Silos
- Broken system
- Psychiatry wait times
- Collaborative
- Access
- Total Cost of Care

What did we WANT it to look like?

- Shared exam space
- Shorter visits
- Curbsides immediately
- First year, one day rotating at each clinic
- Start off on meds and then return to PCP
- IBH clinician on site counsels at same time
- Does not replace outpatient psychiatry or health homes who treat severe and persistent mental illness (SMI/SPMI)

Development of ROI

4	**Inputs**			*Rate visits/hr*	*Clinical hrs/day*	*Visits day*	
5	Days worked by year	247		1.466666667	7.5	11	<--main driver for this sheet
6	Number of work days/yr	247					
7	Number of vacation days/yr	15					
8	Number of PL days/yr	3		**Visits per year**	**2216**	<--linked to "encounter rev" sheet	
9	Number of sick days/yr	5		**Visits per month**	**185**		
10	Number CME days/yr	5		**Visits per quarter**	**554**		
11	Number of days out	28					
12	Total days worked	219					
13	**Total weeks worked per year**	**43.8**	<--linked to visits per year				
14							
15		**Week 1**					
16		Mon	Tues	Wed	Thurs	Fri	
17	*Rate visits/hr*	1.47	1.47	1.47	1.47	1.47	
18	*Clinical hrs/day*	7.5	7.5	7.5	6.0	7.5	
19	*Visits per day*	11.0	11.0	11.0	8.8	11.0	
20	*Clinical hrs/ week*	36.0					
21	*Visits per week*	52.8					

What is *Primary Care Psychiatry*?

A Closer Look at Psychiatry's Role at PCHC

A Word of Caution…

After seeing one model of psychiatry integrated into primary care…

You've seen one model of psychiatry integrated into primary care.

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
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
▸▸ Have separate systems ▸▸ Communicate about cases only rarely and under compelling circumstances ▸▸ Communicate, driven by provider need ▸▸ May never meet in person ▸▸ Have limited understanding of each other's roles	▸▸ Have separate systems ▸▸ Communicate periodically about shared patients ▸▸ Communicate, driven by specific patient issues ▸▸ May meet as part of larger community ▸▸ Appreciate each other's roles as resources	▸▸ Have separate systems ▸▸ Communicate regularly about shared patients, by phone or e-mail ▸▸ Collaborate, driven by need for each other's services and more reliable referral ▸▸ Meet occasionally to discuss cases due to close proximity ▸▸ Feel part of a larger yet ill-defined team	▸▸ Share some systems, like scheduling or medical records ▸▸ Communicate in person as needed ▸▸ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▸▸ Have regular face-to-face interactions about some patients ▸▸ Have a basic understanding of roles and culture	▸▸ Actively seek system solutions together or develop work-a-rounds ▸▸ Communicate frequently in person ▸▸ Collaborate, driven by desire to be a member of the care team ▸▸ Have regular team meetings to discuss overall patient care and specific patient issues ▸▸ Have an in-depth understanding of roles and culture	▸▸ Have resolved most or all system issues, functioning as one integrated system ▸▸ Communicate consistently at the system, team and individual levels ▸▸ Collaborate, driven by shared concept of team care ▸▸ Have formal and informal meetings to support integrated model of care ▸▸ Have roles and cultures that blur or blend

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

The Model

On site at PCHC's busiest 5 locations

Full Time Availability

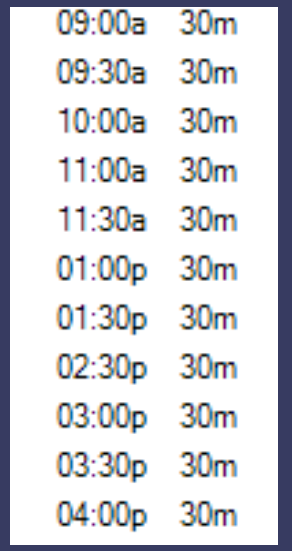
Patients of all demographics

Patients seen for 1-8 visits***

All visits 30 minutes

Curbsides, one-time consults, evaluation/management or bridge to external services

PCHC
PROVIDENCE COMMUNITY HEALTH CENTERS



09:00a	30m
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36y F	Mental Health New Visit
8y 11m M	Mental Health Follow up
53y F	Mental Health Follow up
91y F	Mental Health New Visit
22y F	Mental Health Follow up
49y M	Mental Health Follow up
44y F	Mental Health Follow up
55y F	Mental Health Follow up
12y 6m M	Mental Health New Visit
30y F	Mental Health Follow up
14y 2m F	Mental Health Follow up

***** NOTE: For uninsured patients without any alternative options for long term BH care, care may be longer**

Provider Paths to Psychiatry Support

Psychiatric Question…

PCP doesn't require full evaluation

PCP desires full evaluation

Skype or Task

Email or Task

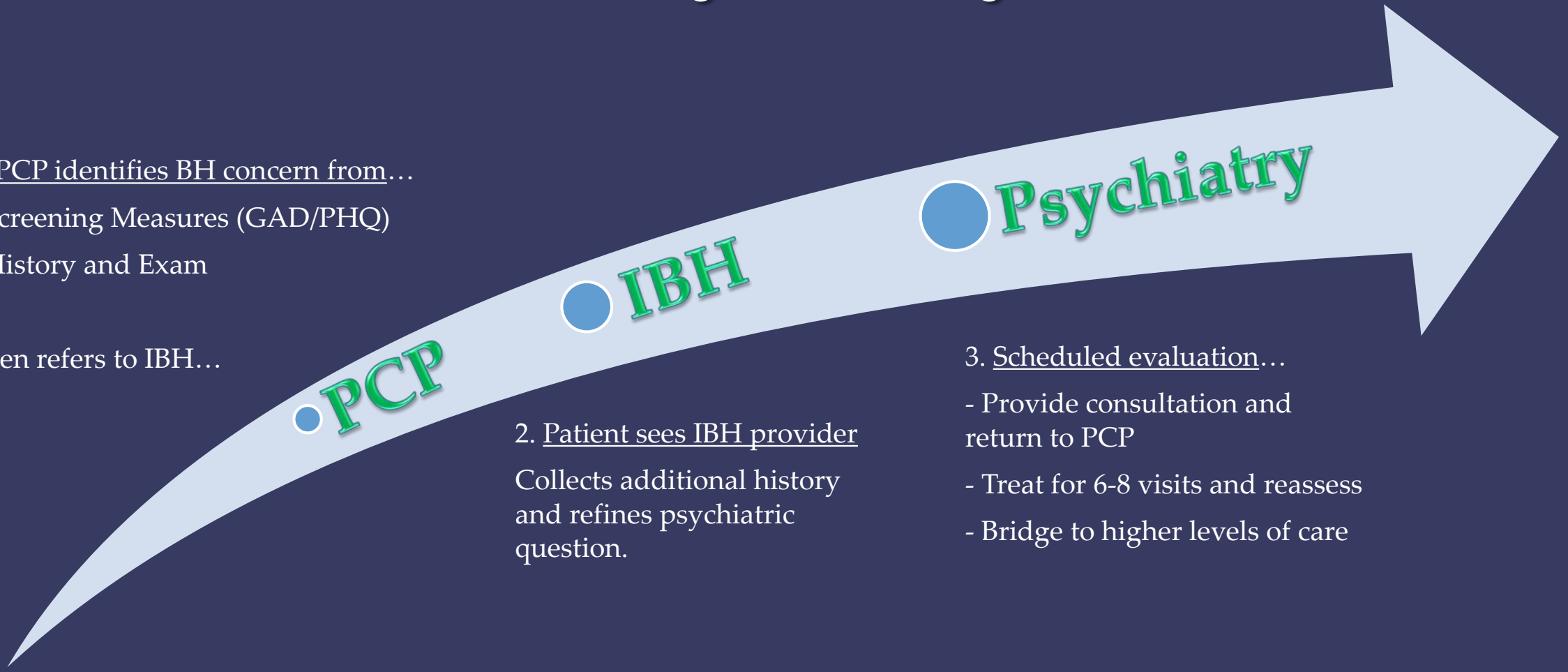
IBH

Warm Handoff to IBH

Patient Path to Psychiatry Visit

1. PCP identifies BH concern from…
- Screening Measures (GAD/PHQ)
- History and Exam

Then refers to IBH…



2. Patient sees IBH provider

Collects additional history and refines psychiatric question.

3. Scheduled evaluation…

- Provide consultation and return to PCP
- Treat for 6-8 visits and reassess
- Bridge to higher levels of care


THE
GATE
KEEPERS

The Patients

Variety in Past Psychiatric Care Experience

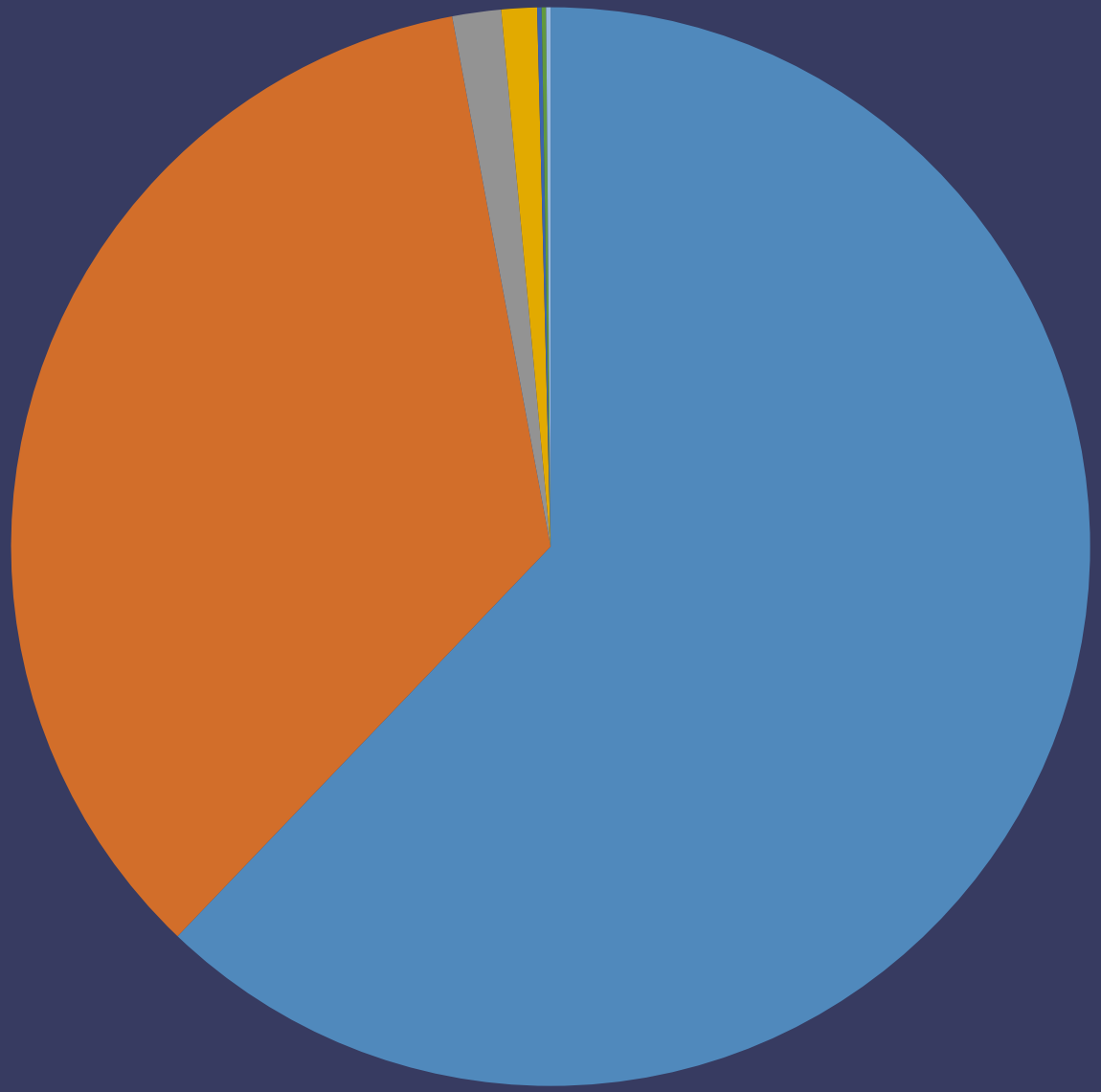
- Most this is first ever psychiatry
- Many with past community mental health centers or out-of-state care
- Many with prior inpatient admission(s)

Wide Spectrum of Illness Severity

Predominantly lower SES

Generally expressing gratitude for this service

Language Spoken



- English
- Castilian/Spanish
- Portuguese
- Cambodian (Khmer)
- Wolof
- HMONG
- Arabic

Additional Patient Demographics

Medicaid	Uninsured	Commercial	Medicare
82%	4%	11%	3%

Youngest Age	Oldest Age	Median Age	Mean Age
3	91	17	44

Psychiatrist Perspective…

<u>Diagnosis & Medication >>> Therapy & Social Services</u>

- Team Model Matters!

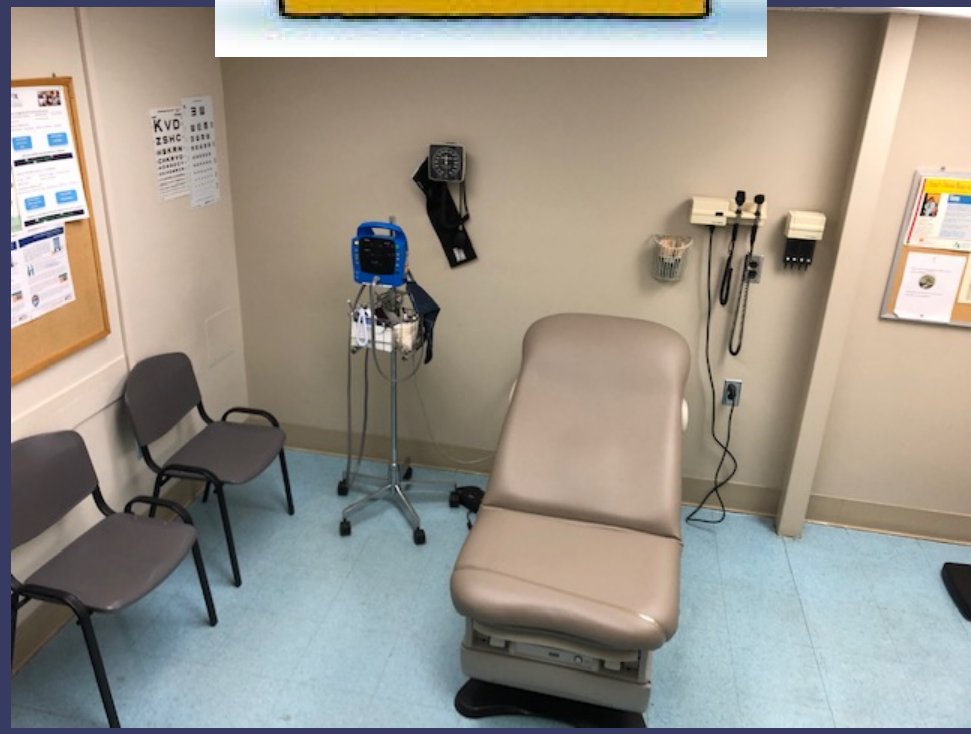
<u>Offices are overrated…</u>

- Except when they are not

<u>Shared EMR is crucial to allow…</u>

- Faster and more accurate evaluations
- Easier medication reconciliation, lab monitoring, interim histories
- More direct and effective PCP communication

PCHC Psychiatry is not on site Outpatient Psychiatry



Day to Day Realities

15-20 minute huddle with IBH

Typically 3 patients scheduled every 2 hours

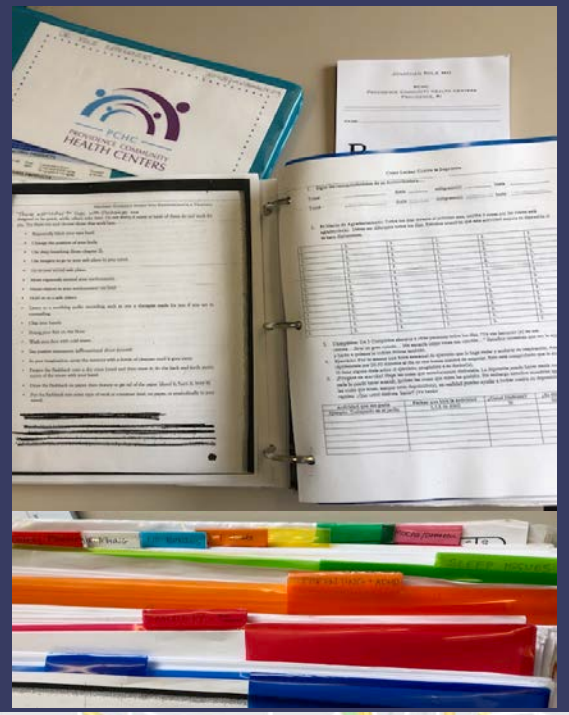
30 minutes is not 30 minutes

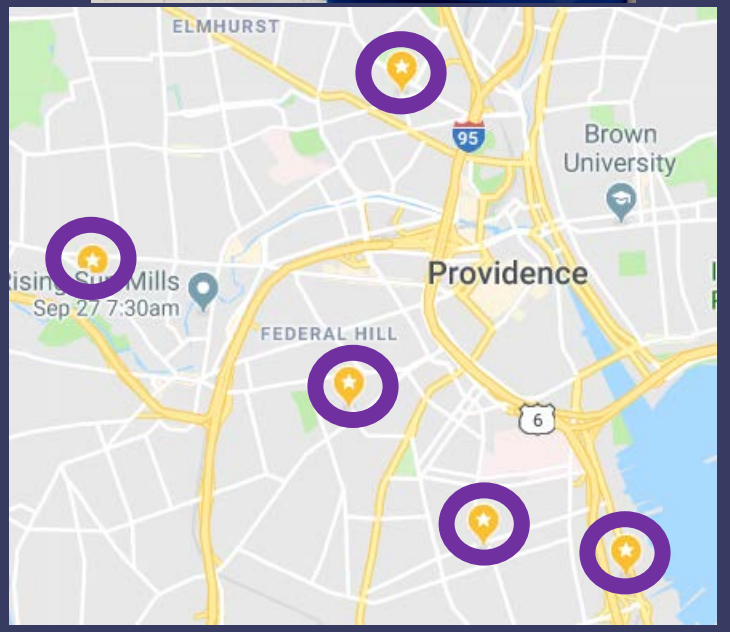
- MA rooms patient, Psychiatrist does in-depth chart review and note prep
- Duration of Visit adjusts to symptoms, severity, adjacent patients' show rate

Charting during visit on WOW in custom template

Minimal work at home: 10% days take 1-2 notes home

More patients seen, admin burden grows…





First Year Statistics (July 2018-19)

Many Patients, Few Visits

- 1,696 patient encounters
- 517 unique patients
- 3.3 average visits/patient

No Shows an Expected Norm

- Monthly No Show Rate ranged 14-28%
- Cumulative Average 20%
- Counting Same Day Cancellations Average 32%

Three Main Billing Codes

- New patients were 90792
- Follow-ups overwhelmingly 99214 (>90%), remaining 99213

	Pts Seen	Workdays
Jan '19	160	21
Feb '19	109	14
Mar '19	161	21
Apr '19	165	22
May '19	148	21
Jun '19	146	19
Jul '19	145	19
Aug '19	139	18
Total	**1173**	**155**
Pts/Day		**7.567742**
Total Show Rate		67.57%

Many Successes

Evidence based treatment

- Successful augmentations for treatment failures with MDD, PTSD
- Management of Bipolar, Agitation in Dementia, ADHD with comorbidities

Return to functionality with improved access to psychiatry

- Children with ODD or School Avoidance, Adults with Panic or PPD

Identifying SMI and making change…

- 16 yo with "sleep problems" … identified Bipolar and OCD with dramatic improvement
- Multiple young men with new Schizophrenia diagnoses bridged safely to CMHC teams
- Many identified with OCD, Personality Disorders, Substance Use and connected to ideal care

Underinsured able to be treated at standard of care psychiatry

Many, many, many questions answered

Well received by patients…

Brown MS2 completed independent research project 6-8/2019

- 330 general PCHC patients surveyed
- 77 had seen IBH (counselor and/or psychiatry)
- 72 (93.5%) “would recommend IBH services”
- 71 (91.2%) “feel comfortable talking to IBH provider about stress”
- 62 (80.5%) support “IBH made a positive impact in my life”

Some Challenges

Diagnoses Difficult to Treat in this Setting

- Preschool Aged with Externalizing Disorders
- Adolescents with Eating Disorders
- Functional Neurologic Disorders All Ages

Patients Difficult to Transition

- Mild-Moderate Severity
- Limited in Transportation or Finances
- Not English speaking

Under-Utilized Curbside System
(55 documented to date, many not)

Room for Improvement in PCP Skill Development

Other Roles for PCHC Psychiatrist

Family Practice NP Residency Education

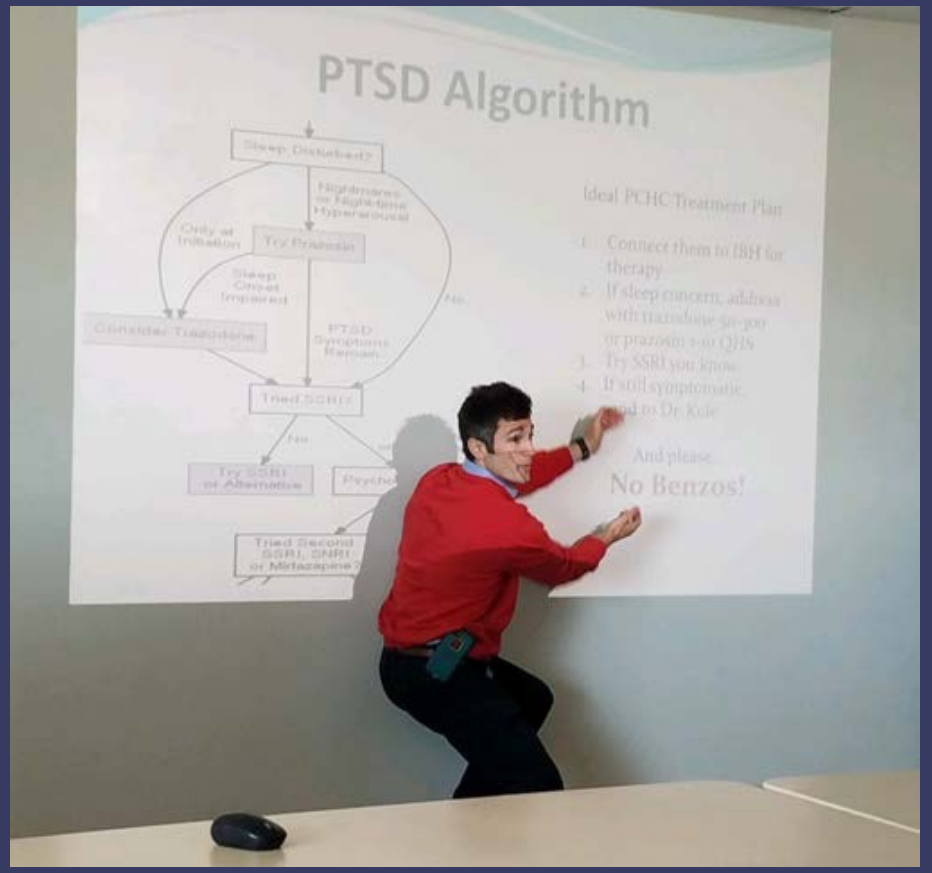
- Psychosis and Bipolar in Primary Care
- Basic Parent Training for PCPs
- SSRI prescribing guide

Psychiatric NP Supervision

- Starting 9/2019, will supervise a part-time clinician

General Provider Education

- Stimulant Prescribing Guide for ADHD
- De-prescribing Benzodiazepines Safely/Effectively
- Primary Care PTSD Treatment
- De-Escalating the Agitated Patient
- Behavioral Health Contracts in Primary Care



Want to learn more?

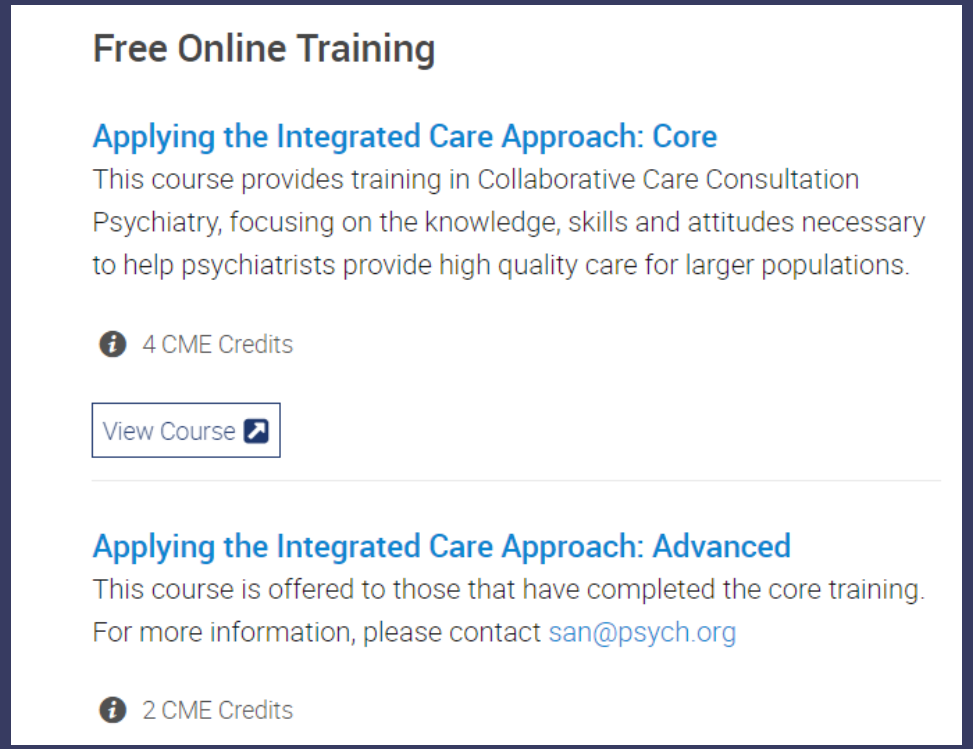
National Psychiatry Organizations

- AACAP Guide to Integrated Care: http://integratedcareforkids.org/
- APA Guide : https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care

Centers Leading Integrated Care Research

- University of Washington AIMS: https://aims.uw.edu/collaborative-care

Courses Available Online and in Person!



And don’t forget to thank your CMO!

"Innovate or Stagnate"

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