

# **Integrated Behavioral Health Care: improving access to effective care**

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# Key points

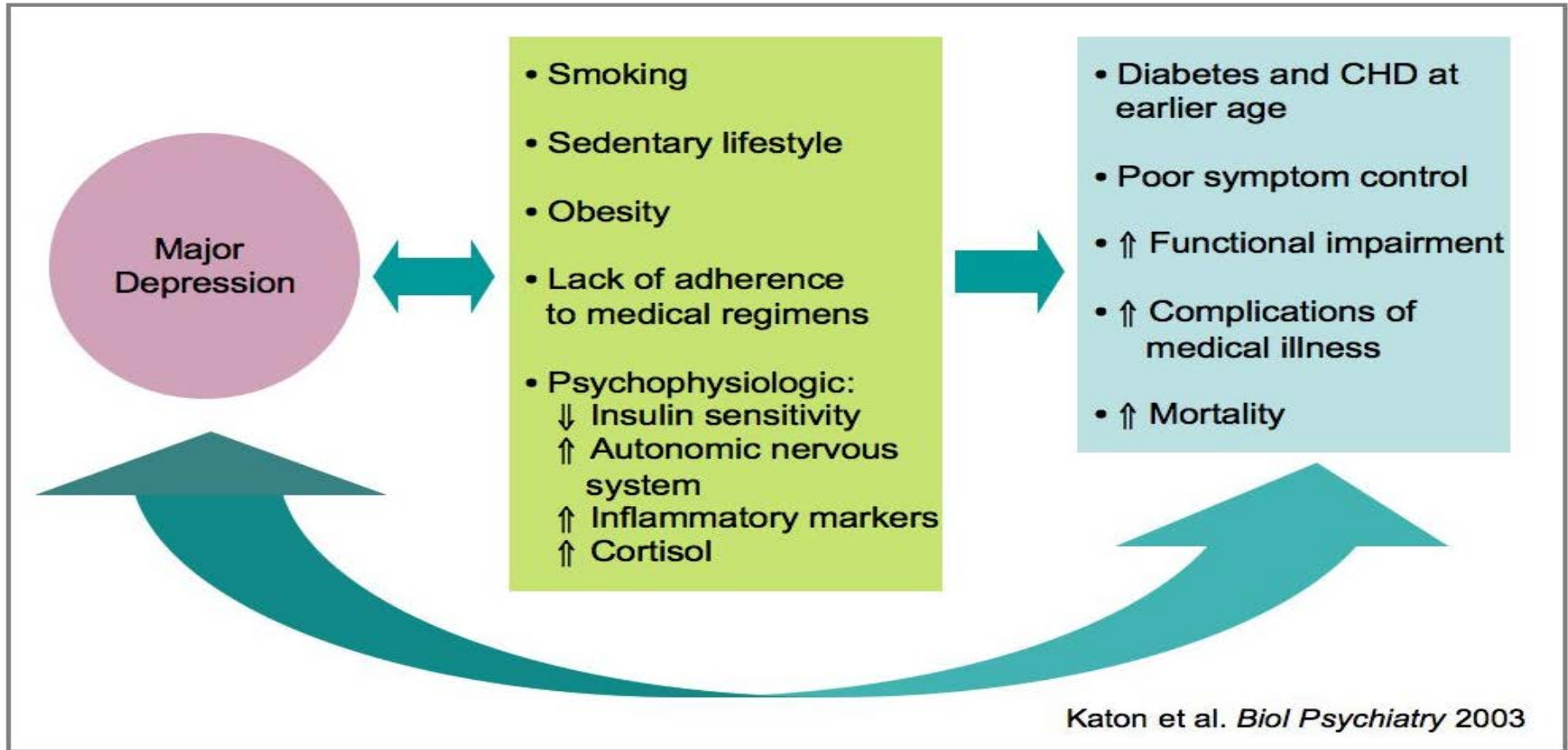
- **Mental illness and substance use (behavioral health problems) are major drivers of disability & costs.**
- **Fewer than half of those in need have access to effective specialty care.**
- **Collaborative Care and Technology can help us achieve the triple aim of healthcare reform.**
  - **Better access to care**
  - **Better health outcomes**
  - **Lower costs**



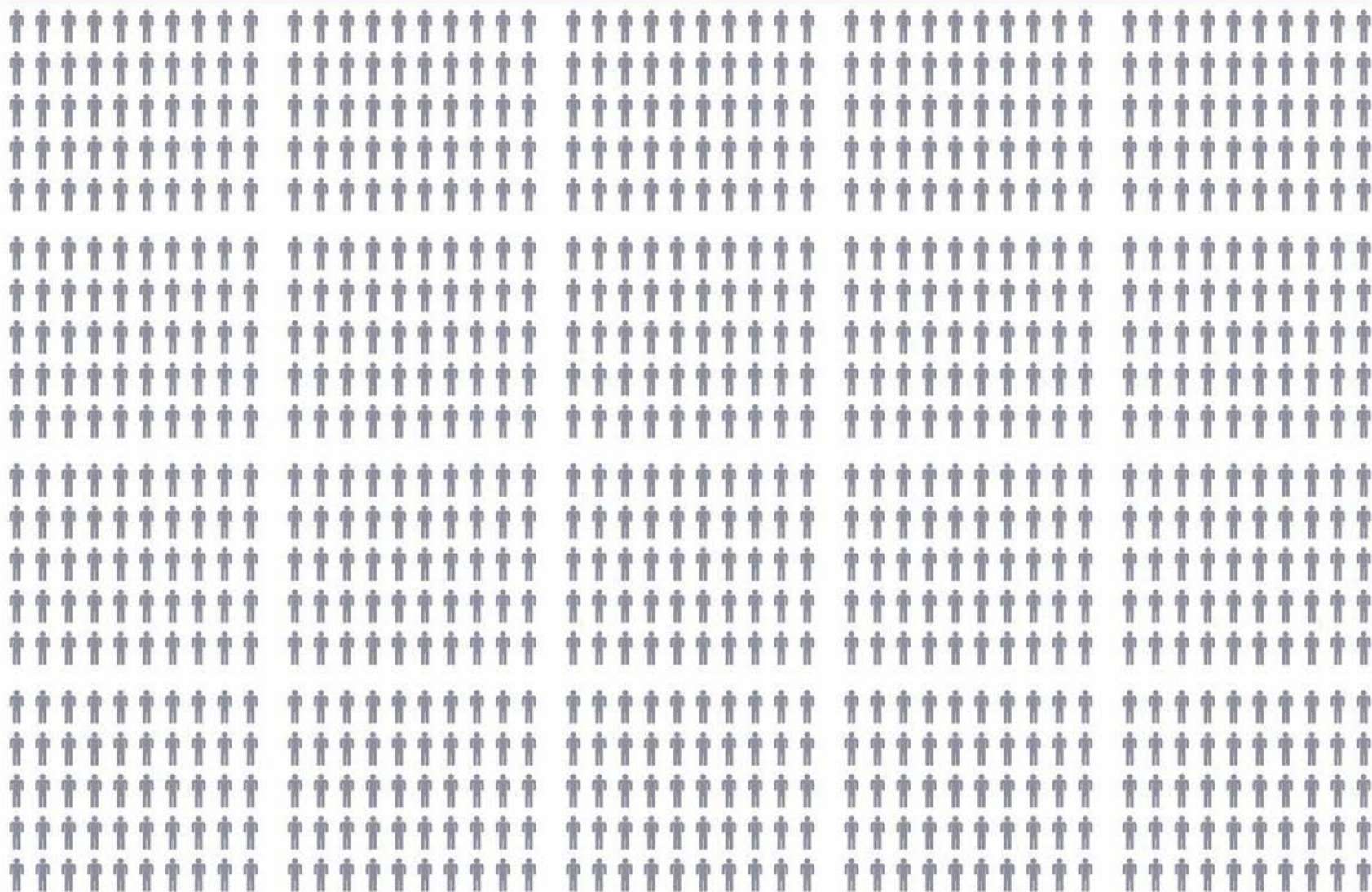
# Mental Illness and Substance Abuse

- **Nearly 25 % of all health related disability**
  - More than diabetes, heart disease, or cancer
- **For employers:**
  - Absenteeism, presenteeism,
  - High health care costs (250 % higher)
- **For governments:**
  - High costs: Social Security / Disability; Homelessness; involvement with the criminal justice system
- **One suicide every 13 minutes and one drug overdose death every 8 minutes**
  - More than homicides or motor vehicle accidents
- **No family goes untouched**

# Physical and Behavioral Health are closely linked (e.g., Depression & Diabetes)

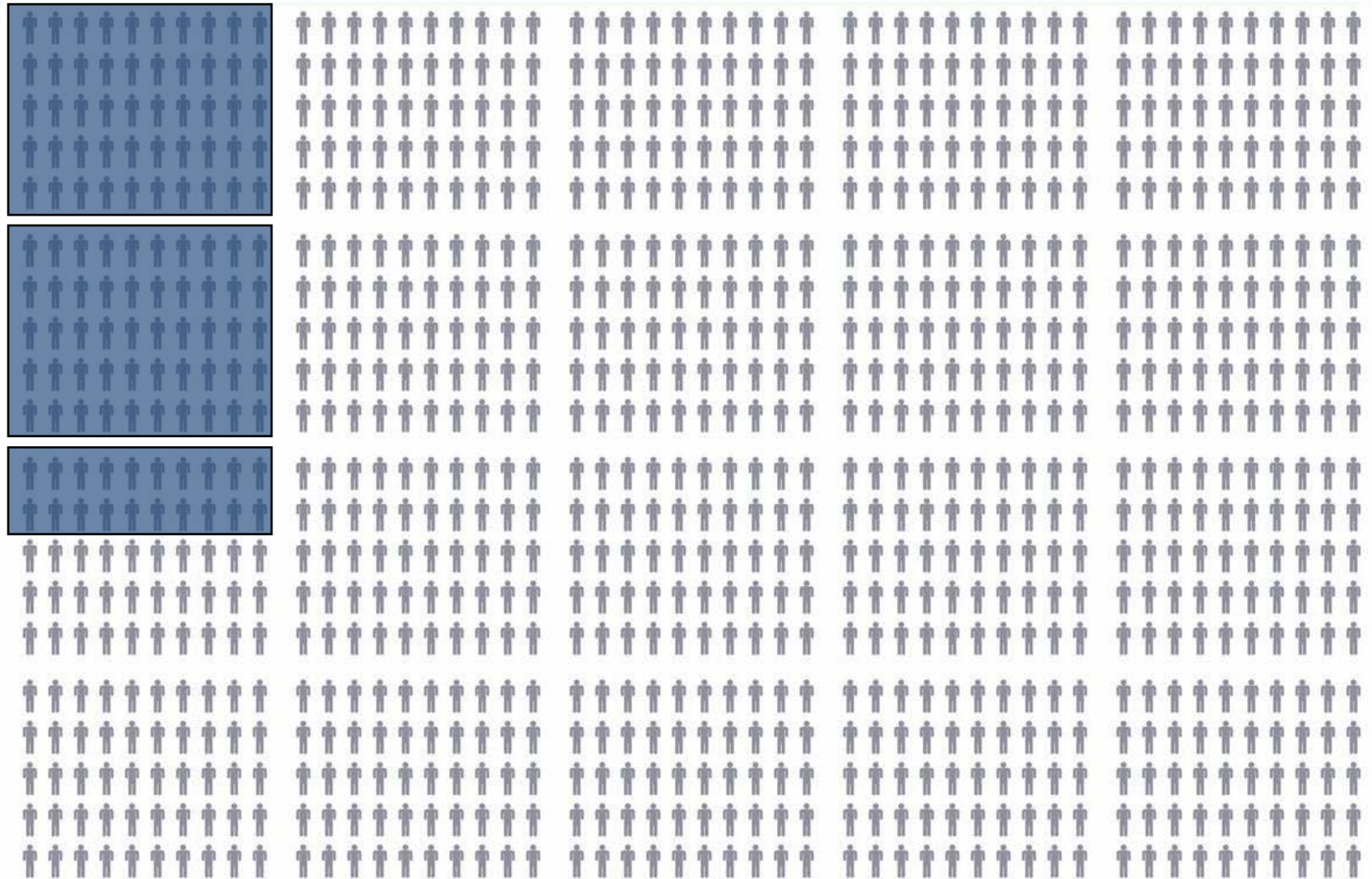


# Of all people living with mental disorders



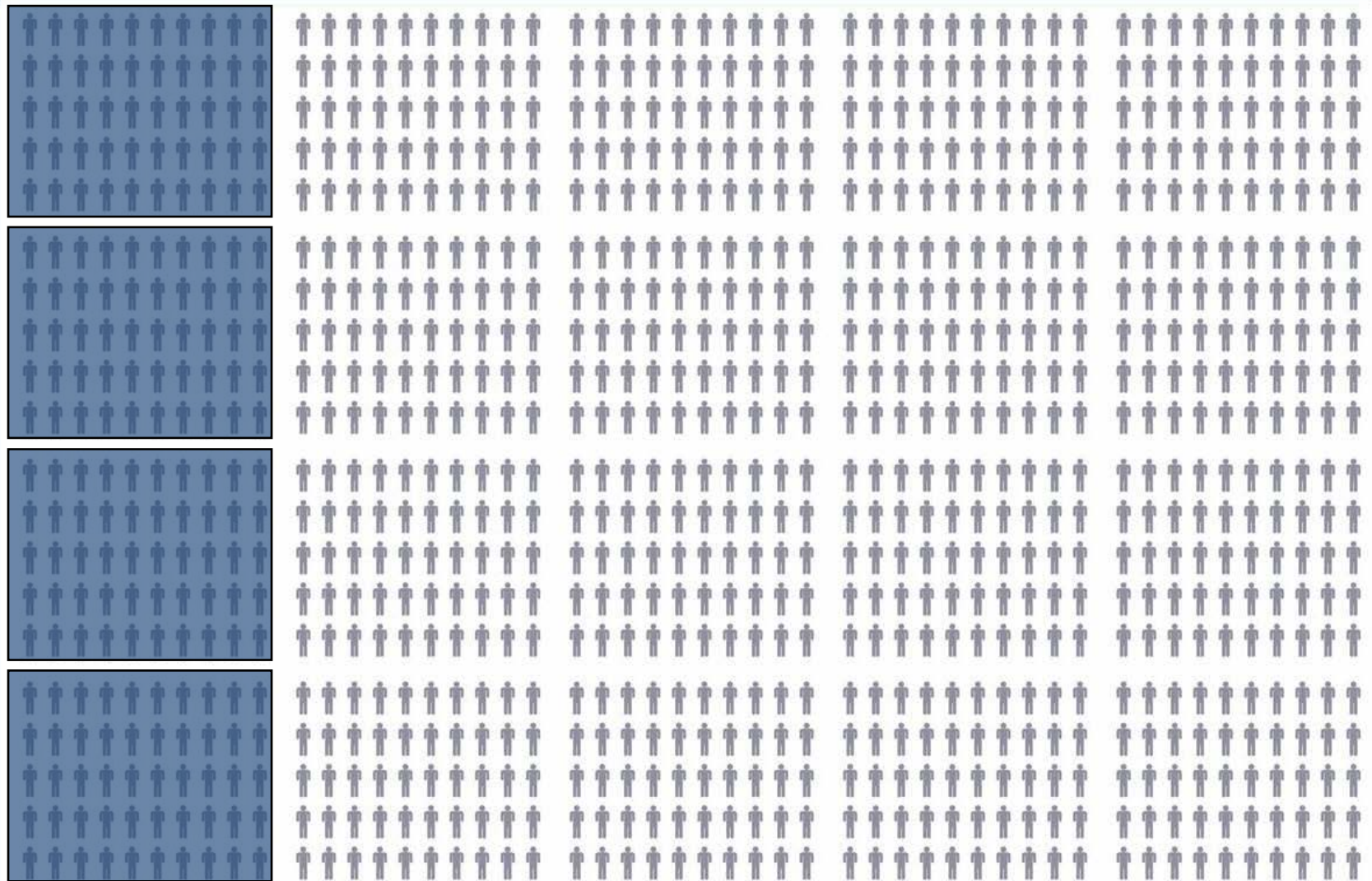


# 12% see a psychiatrist



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# 20 % see any mental health specialist



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# 40 % get mental health treatment in primary care



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# Most get no formal treatment



# Quality of Care

- ~ 30 million people receive a prescription for a psychotropic medication each year (most in primary care) but **only 1 in 4 improve**.
- Little access to effective counseling / psychotherapy

**"NOT OK."**



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





# Care is poorly coordinated

*“Don’t you guys talk to each other?”*







# How do we close the gap?

- **Work smarter:**

leverage mental health professionals through

- **Collaboration (primary care)**
- **Technology (tele-mental health, mobile health)**

- **Work ‘upstream’:**

detect and treat patients earlier

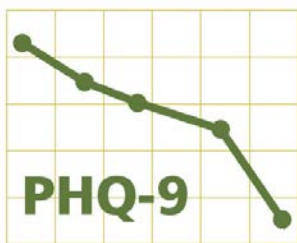
- **Schools, workplaces, primary care**
- **Same day access to specialty consultation**

# Collaborative Care



## Primary Care Practice

- Primary Care Physician
- Patient
- +
- Mental Health Care Manager
- Psychiatric Consultant



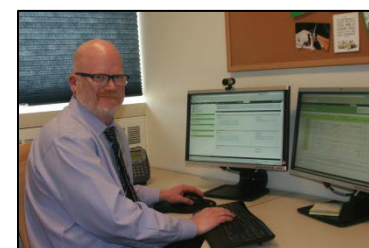
Outcome Measures



Treatment Protocols

[ACTIVE PATIENTS]						
First	[Patient ID]	[Name]	[Encounter Date]	Stu- tus	[Initial Assessment Date]	Pos- s
	0001	Test, Test	2/8/2013	[Y]	8/24/2013	
	0008	Test, Suzy	4/2/2013	[Y]	5/21/2013	12
	0010	Test, Test	4/17/2012	[Y]	4/25/2013	16
	0015	Test, Rpp Reminder	1/30/2013	[Y]	1/18/2013	
	0036	Test Patient, Mhwc	1/23/2014	[Y]	1/23/2014	22
	0041	Test, Test	3/4/2014	[Y]	3/4/2014	
	0042	Test, Test	3/7/2014	[Y]	3/7/2014	

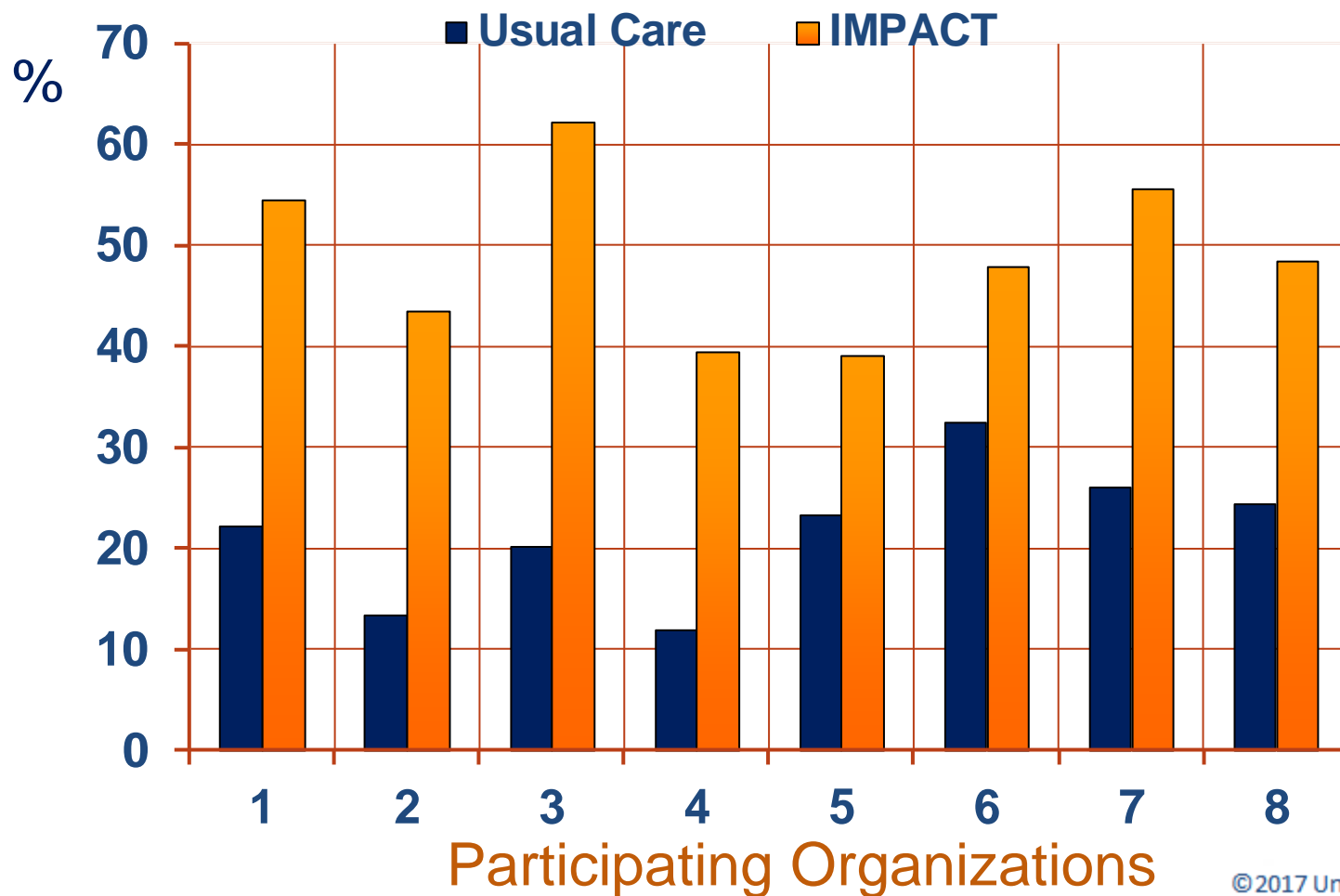
Population Registry



Psychiatric Consultation

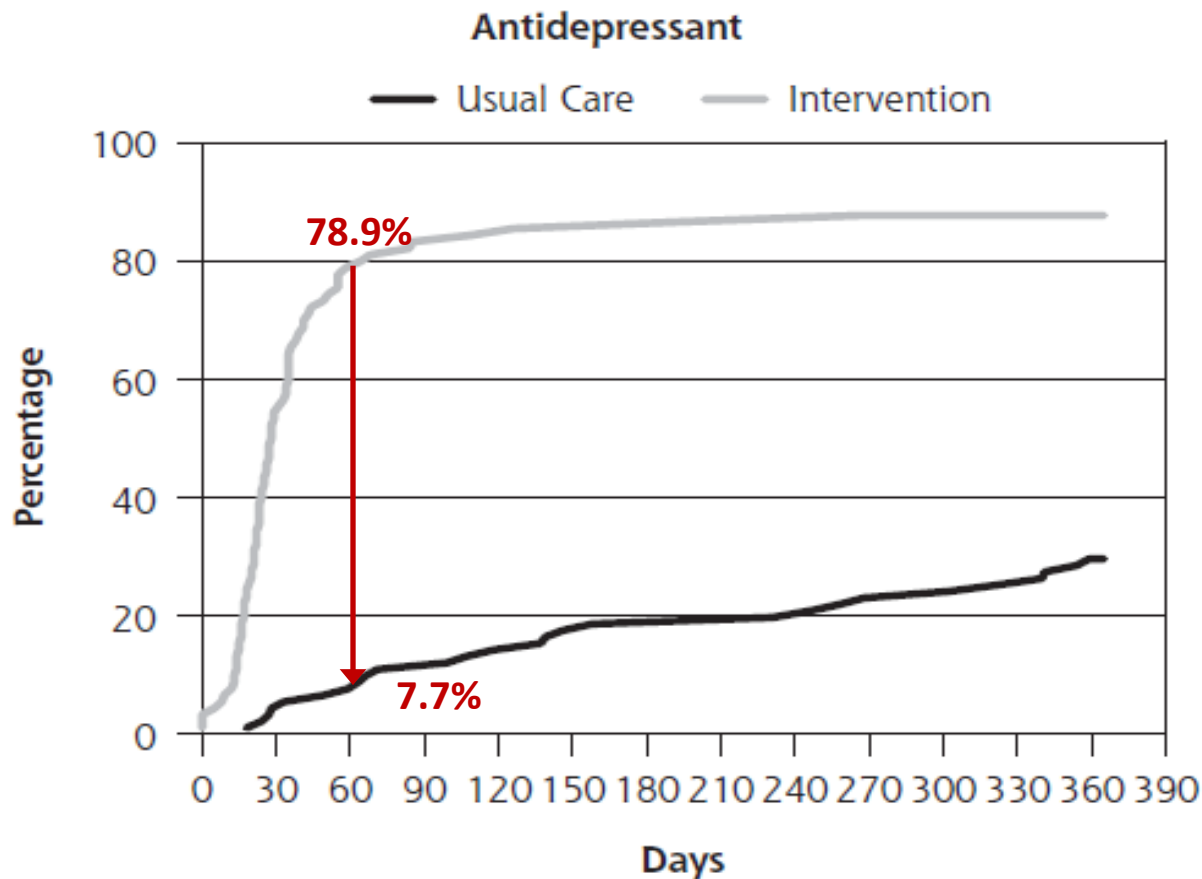
# Collaborative Care doubles effectiveness of depression care

50 % or greater improvement in depression at 12 months





Adjustment to antidepressant pharmacotherapy was 10 times higher in collaborative care versus usual care in the first 60 days



(Time to first treatment adjustment)



## > 80 randomized clinical trials:

- ✓ **Better care experience**
  - Access to care
  - Client & provider satisfaction
- ✓ **Better health outcomes**
  - Less depression
  - Less physical pain
  - Better functioning
  - Better quality of life
  - Lower mortality
- ✓ **Lower health care costs**

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***“The triple aim of health care reform.”***

# Wall Street Journal, Sept 2013



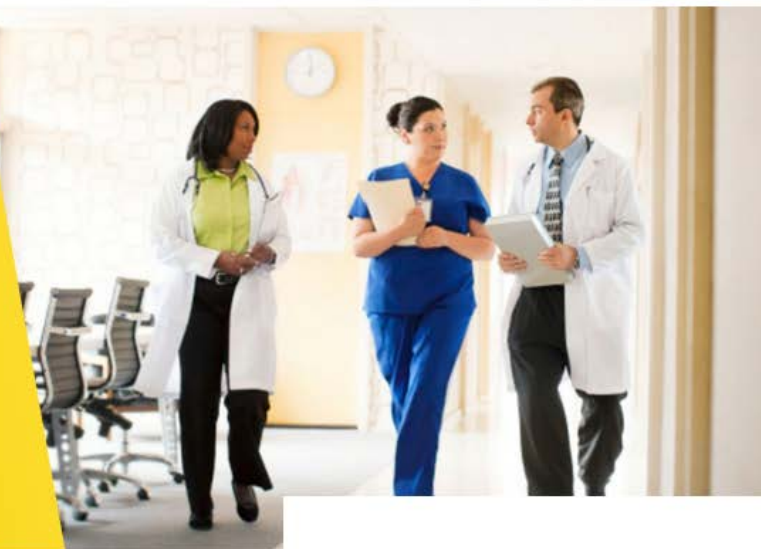
**ROI for collaborative depression care: \$ 6.50 for each \$ 1.00 spent**



## FIXING BEHAVIORAL HEALTH CARE IN AMERICA

First in a series, this policy brief calls for integrating and coordinating specialty behavioral health care with the medical system in America

[LEARN MORE ABOUT THE POLICY BRIEF](#)



### OUR VISION

The Kennedy Forum is working toward lasting change in the way mental health and addictions are treated in our healthcare system, through:



**PAYER  
ACCOUNTABILITY**



**PROVIDER  
ACCOUNTABILITY**



**INTEGRATION &  
COORDINATION**

# AIMS CENTER

Advancing Integrated  
Mental Health Solutions

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



WHO WE ARE

WHAT WE DO

COLLABORATIVE CARE

Search



CMS publishes final rules covering collaborative care services



## 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.

## DANIEL'S STORY

Learn about Collaborative Care through the eyes of Daniel, a patient whose care team changed his life. [▶](#)

## IMPLEMENTATION GUIDE

Learn how to implement Collaborative Care, a specific type of integrated care developed at the University of Washington. [▶](#)

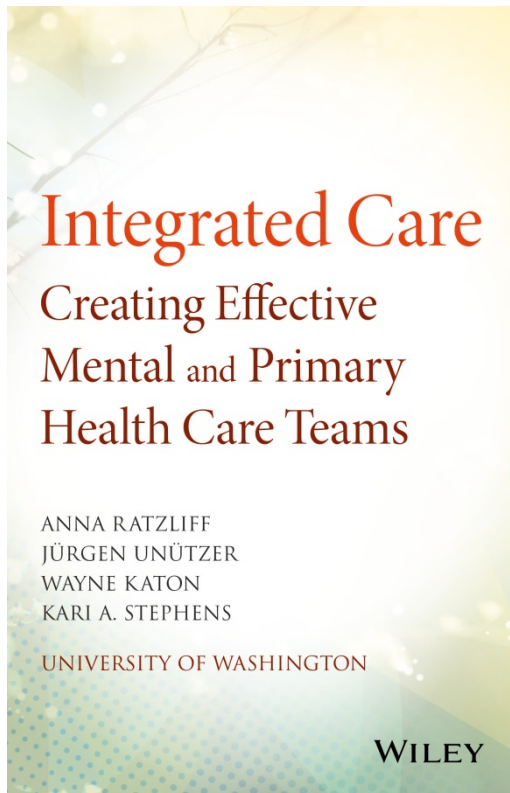
## FREE RESOURCES

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



# New Book Focuses on 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



# Behavioral Health Integration Program (BHIP) at UW

2008	2010	2012	2013	2014	2015	2016	2017
Number of Clinics							
3	4	9	11	14	15	17	20

2014 APA Award of  
Distinction for  
Model Program

## Harborview Medical Center

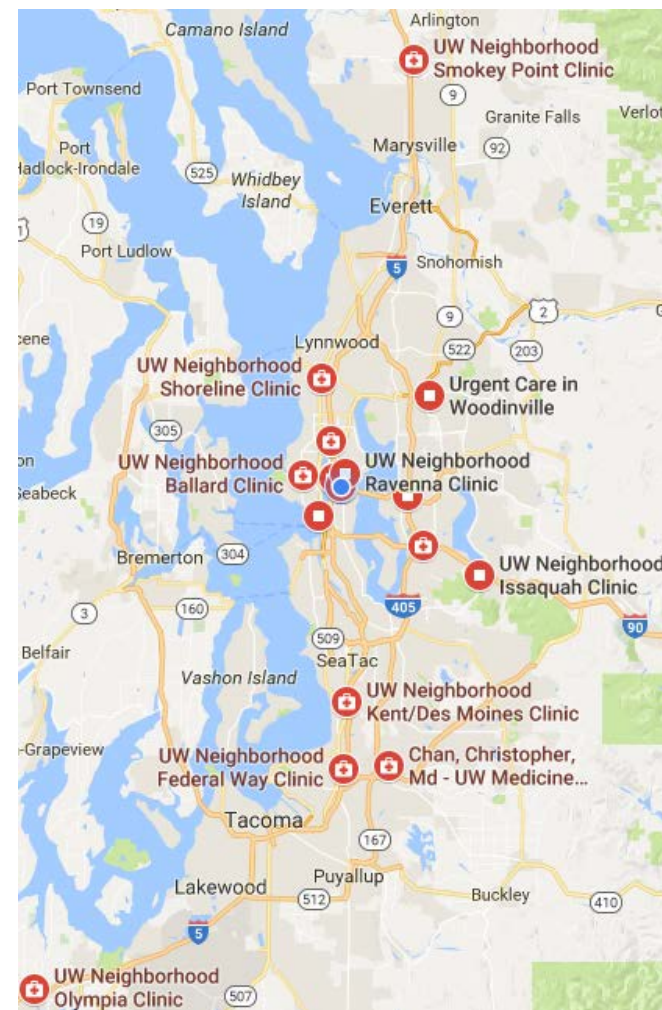
Adult Medicine  
Family Medicine  
Pioneer Square  
Women's Clinic  
Madison Clinic

## UW Neighborhood Clinics

Belltown  
Federal Way  
Issaquah  
Kent/Des Moines  
Factoria  
Northgate  
Woodinville  
Ravenna  
Shoreline  
Smoky Point  
Olympia

## UW Medicine Center

General Internal Medicine Clinic



# UW Medicine Depression Management



Empanelment



Routine Depression Screening



Depression Care Pathways



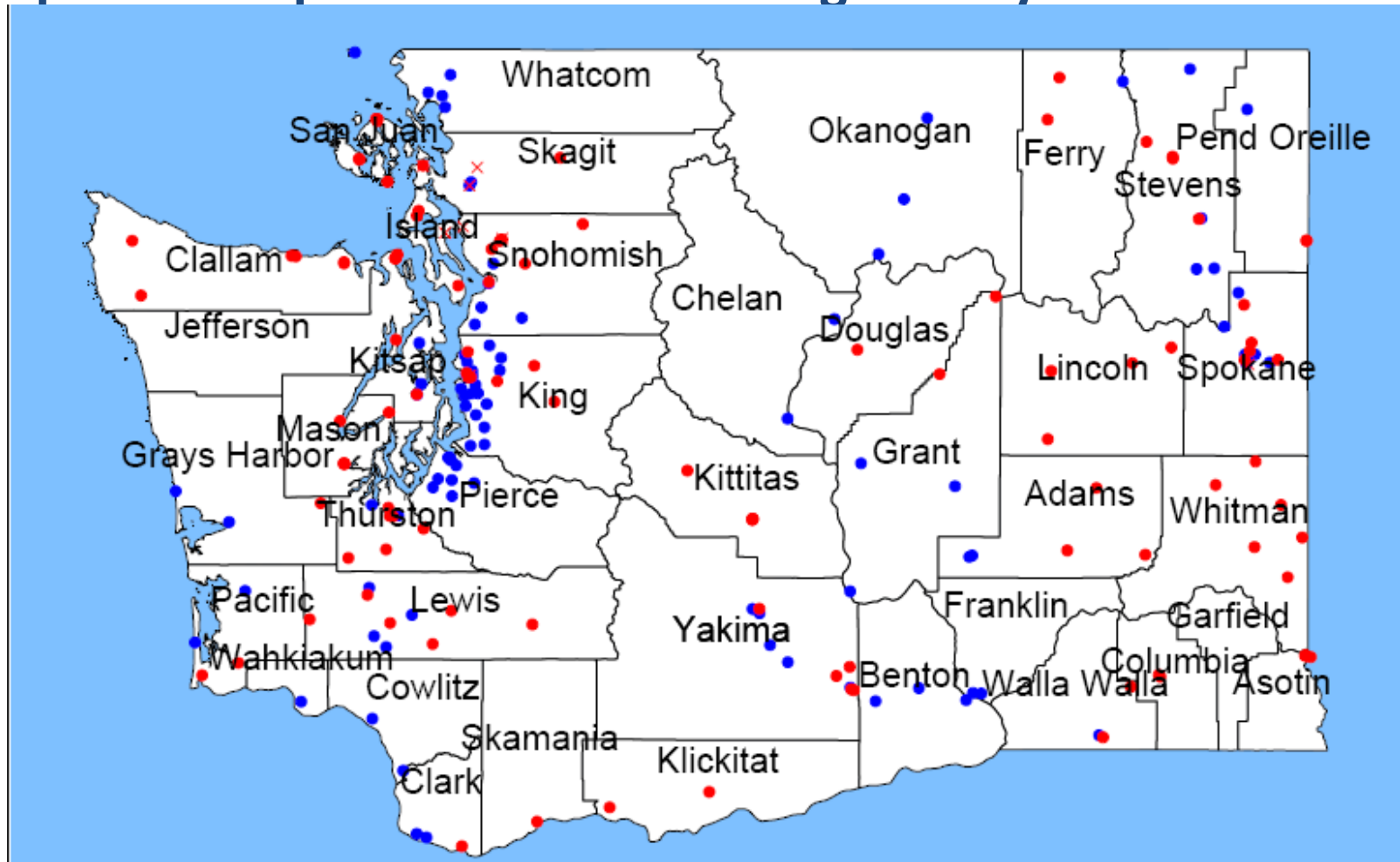
Integrated - Team Based Care



Centralized Care Monitoring  
(Depression PATH)

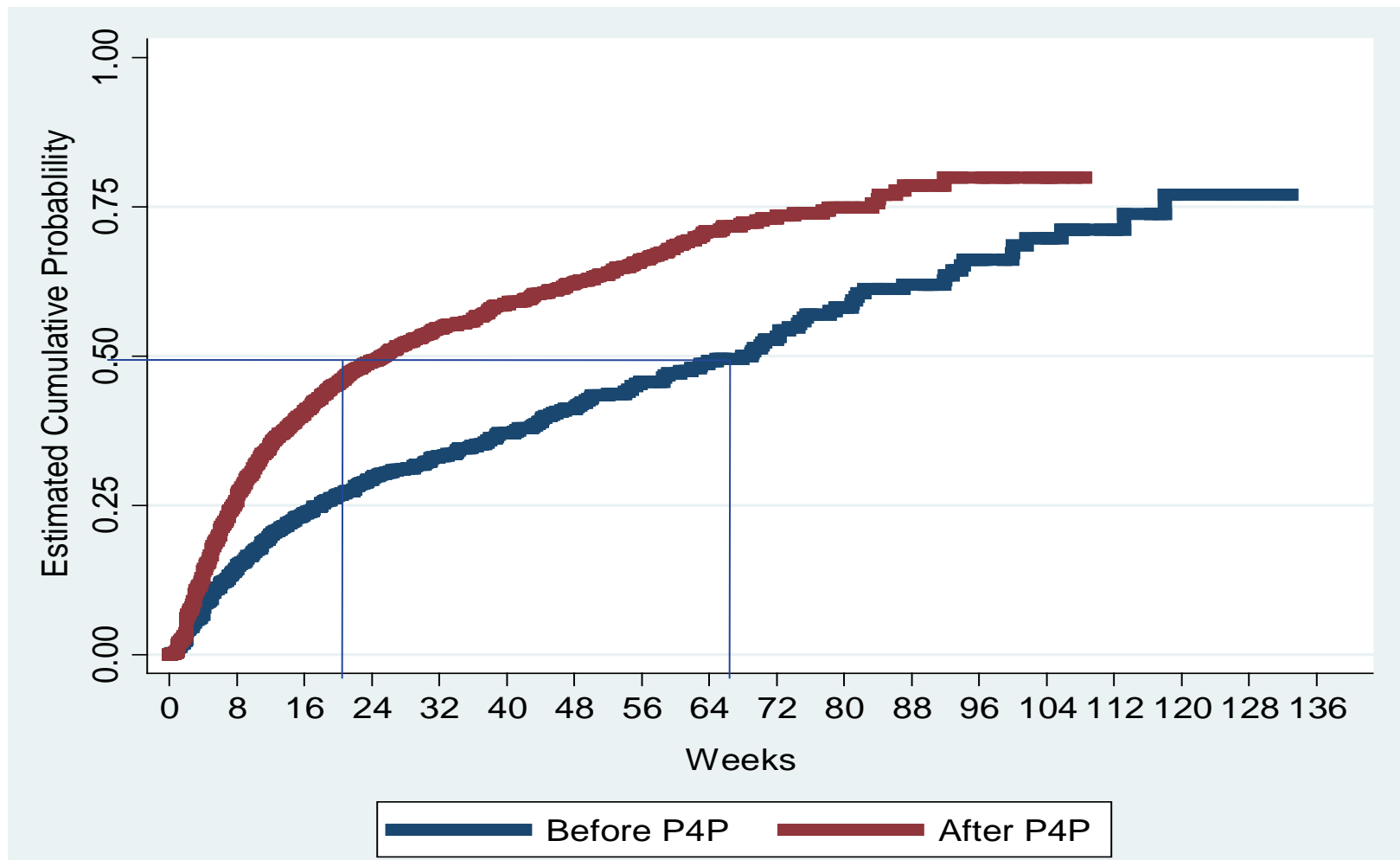
# Mental Health Integration Program (MHIP)

More than 50,000 clients served in > 150 primary care clinics in partnership with CHPW and King County



# MHIP: Pay for Performance initiative

## cuts median time to depression treatment response in half







# Principles



**Patient-Centered Collaboration.** Primary care and behavioral health providers collaborate effectively using shared care plans.



**Population-Based Care.** A defined group of clients is tracked in a registry so that no one falls through the cracks.



**Evidence-Based Care.** Providers use treatments that have research evidence for effectiveness.



**Treatment to Target.** Progress is measured regularly and treatments are actively adjusted until clinical goals are achieved.



**Accountable Care.** Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care.



# What can employers do?

- **Pay attention to mental health and addiction problems**
  - Talk about mental health & effective care: address stigma
  - Help employees get help earlier
- **Ask for effective integrated care programs that**
  - Track mental health outcomes at a population level
  - Provide measurement-based treatment to target
- **Consider payment for ‘value’**
  - Access (e.g., same-day consultation, telehealth)
  - Outcomes

***Thank you***



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