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)

- Smoking
- Sedentary lifestyle
- Obesity
- Lack of adherence to medical regimens
- Psychophysiologic:
  - ↓ Insulin sensitivity
  - ↑ Autonomic nervous system
  - ↑ Inflammatory markers
  - ↑ Cortisol

- Diabetes and CHD at earlier age
- Poor symptom control
- ↑ Functional impairment
- ↑ Complications of medical illness
- ↑ Mortality

Katon et al. *Biol Psychiatry* 2003
Of all people living with mental disorders
12% see a psychiatrist
20% see any mental health specialist
40% get mental health treatment in primary care
Most get no formal treatment

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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

“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

Population Registry

Psychiatric Consultation

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

PHQ-9

[Active Patients]

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

> 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**

“The triple aim of health care reform.”
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
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.

http://aims.uw.edu
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

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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

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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