Collaborative Care: Integrating Behavioral Health into Primary Care

Jennifer Funderburk, PhD
Andrew S. Valeras, DO, MPH

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Jennifer Funderburk, PhD

Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse VA Medical Center, New York; Adjunct Associate Professor, Department of Psychology, Syracuse University, New York; Adjunct Associate Professor, Department of Psychiatry, University of Rochester, New York

Funderburk earned a doctorate in clinical psychology from Syracuse University. For the last 15 years, she has been working clinically and conducting research on the integration of behavioral health in primary care. Her specific areas of interest are the development and implementation of brief interventions designed to address depression, alcohol use, insomnia, or multiple risk factors in primary care. She is an elected member of the board of directors for the Collaborative Family Healthcare Association (CFHA) and one of the current co-chairs for the Integrated Primary Care Special Interest Group within the Society of Behavioral Medicine (SBM).

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Andrew S. Valeras, DO, MPH

Associate Program Director, Dartmouth-Hitchcock Leadership Preventive Medicine Residency, Lebanon, New Hampshire; Core Faculty Physician, NH Dartmouth Family Medicine Residency, Concord, New Hampshire

Dr. Valeras received his undergraduate degrees in biology and philosophy from Boston College in Massachusetts. He earned his medical degree from the Arizona College of Osteopathic Medicine at Midwestern University, Glendale, and his Master of Public Health (MPH) degree from The Dartmouth Institute, Lebanon, New Hampshire. He completed residency at the NH Dartmouth Family Medicine Residency and the Dartmouth-Hitchcock Leadership Preventive Medicine Residency. Currently, he seeks to integrate quality improvement and systems-based thinking with the clinical practice and education of family medicine providers in integrated teams. He does this through the [Systems] course, which is taught to primary care teams via 320 hours of longitudinal experiential learning over three years. Dr. Valeras currently serves as president of the Collaborative Family Healthcare Association.

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Learning Objectives

1. Identify team-based care models that integrate behavioral health and primary care services.
2. Describe the difference between coordination, co-location and integration of services.
3. Give examples of the types of conditions behavioral health specialists (LCSW, psychologist, etc) can counsel on that are commonly seen in primary care settings.

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Associated Sessions

- (PBL) Integrating Behavioral Health into Primary Care

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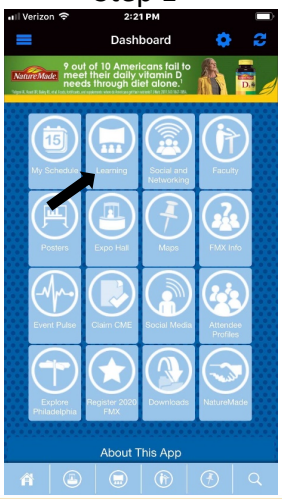
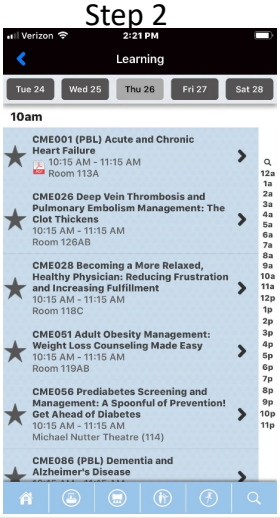
Audience Engagement System

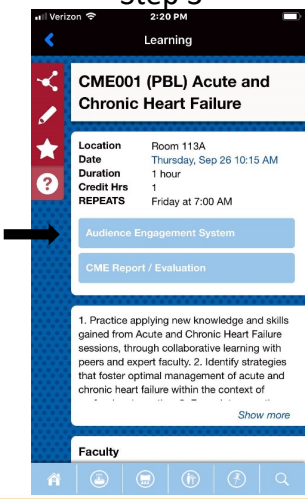
Step 1



Step 2



Step 3



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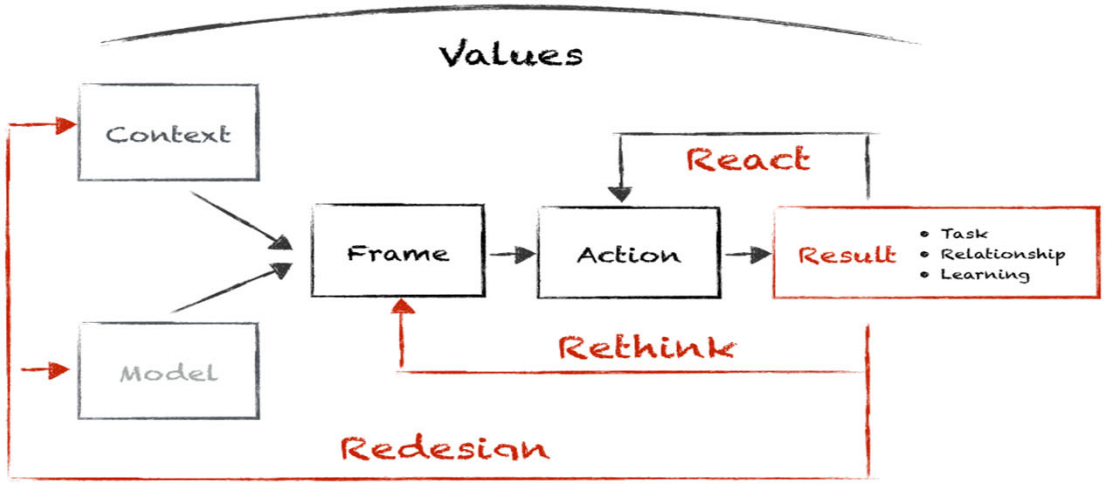
Poll Question 1

What is your primary role in your clinic?

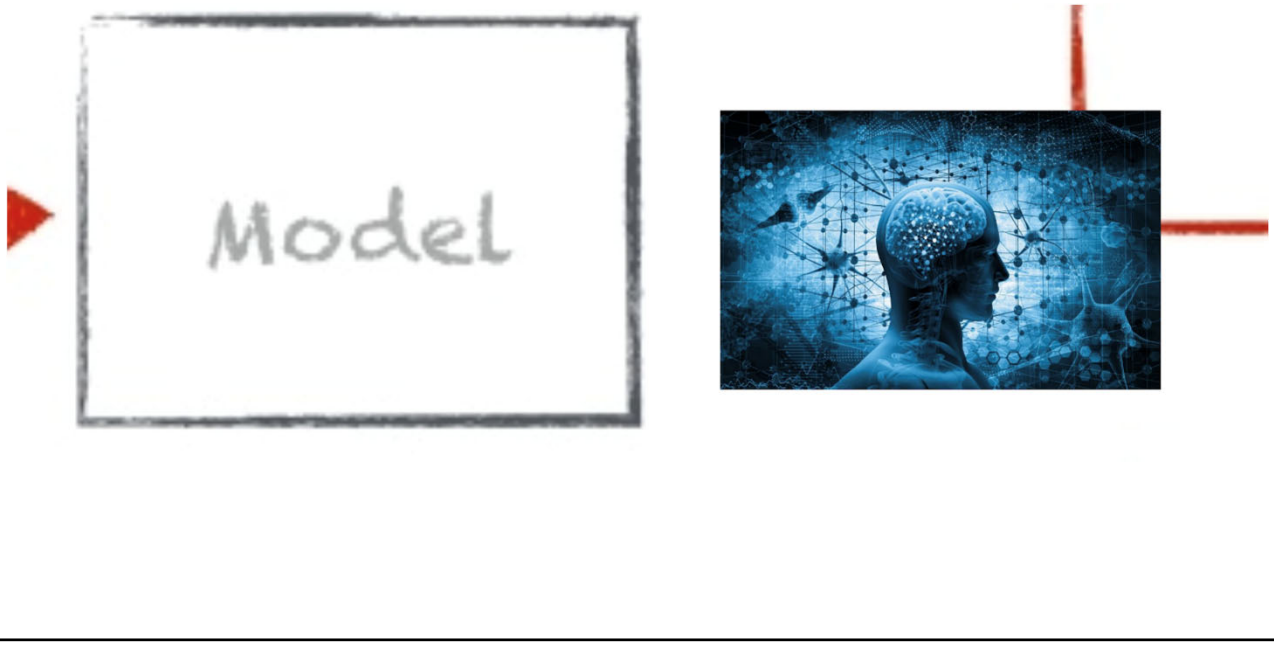
A. Clinician
B. Administrator
C. Faculty

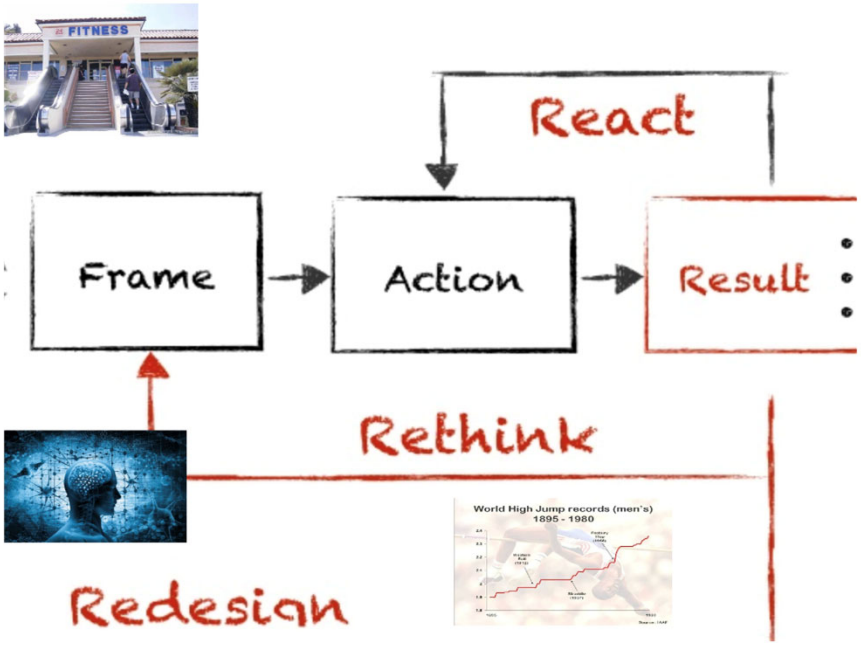
Definition of Integrated Behavioral Health (IBH)

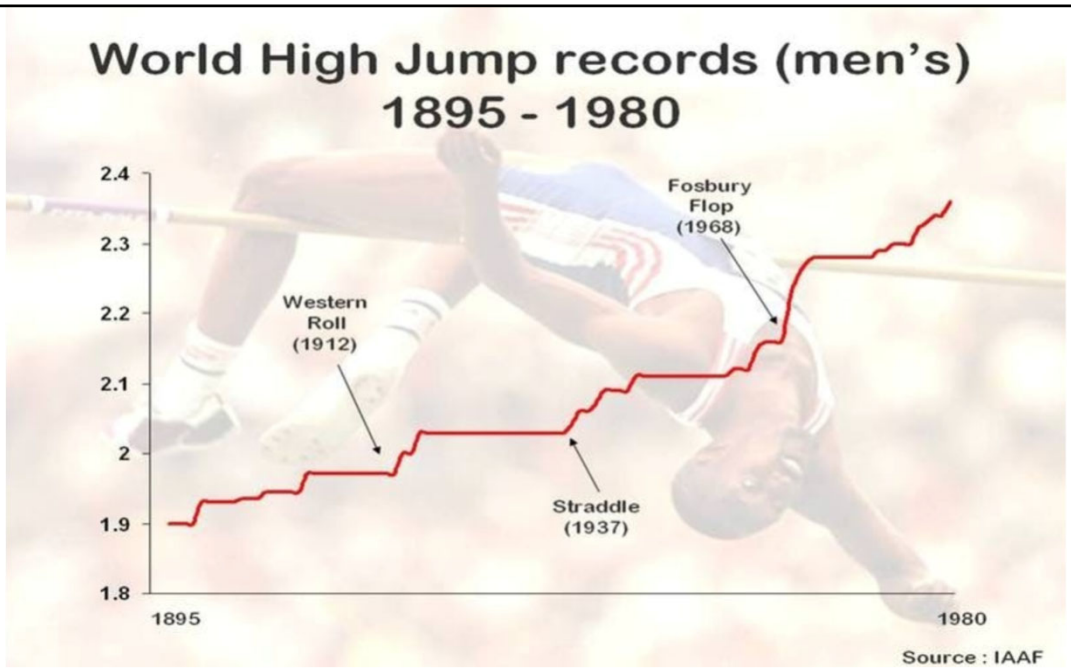
Learning Pathways

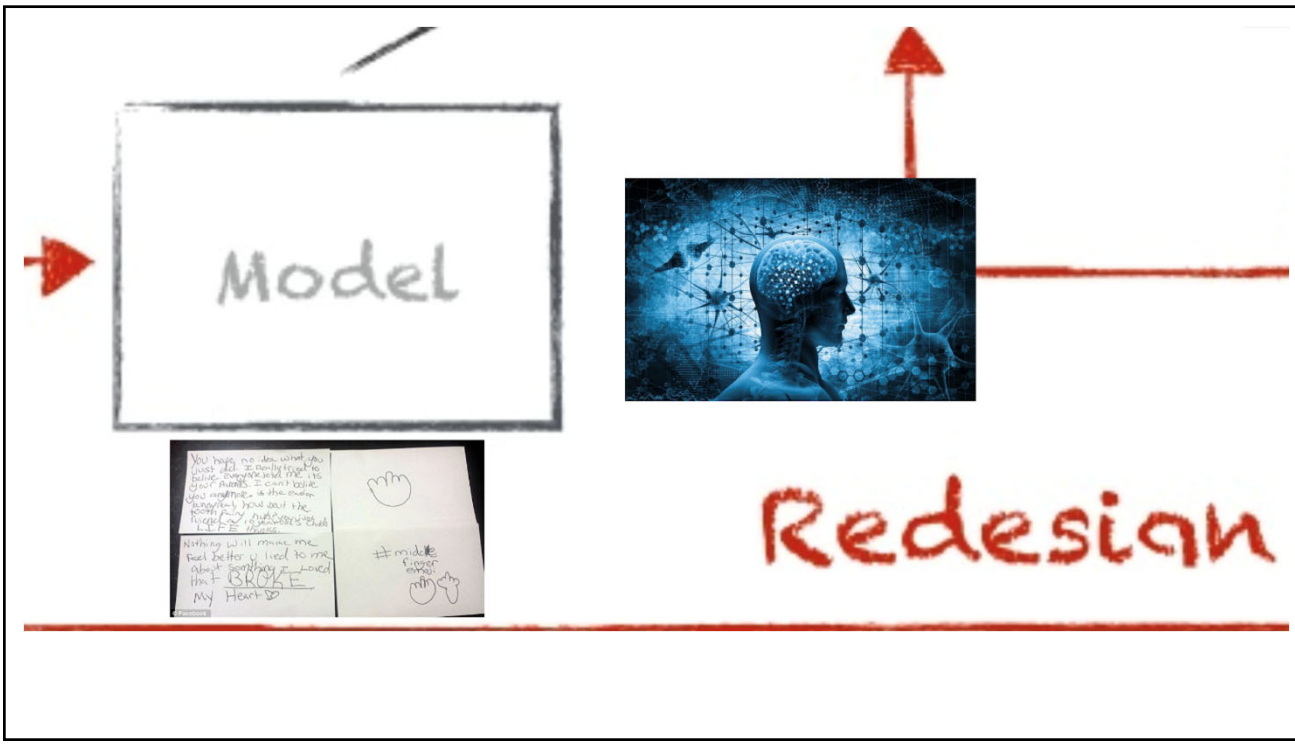


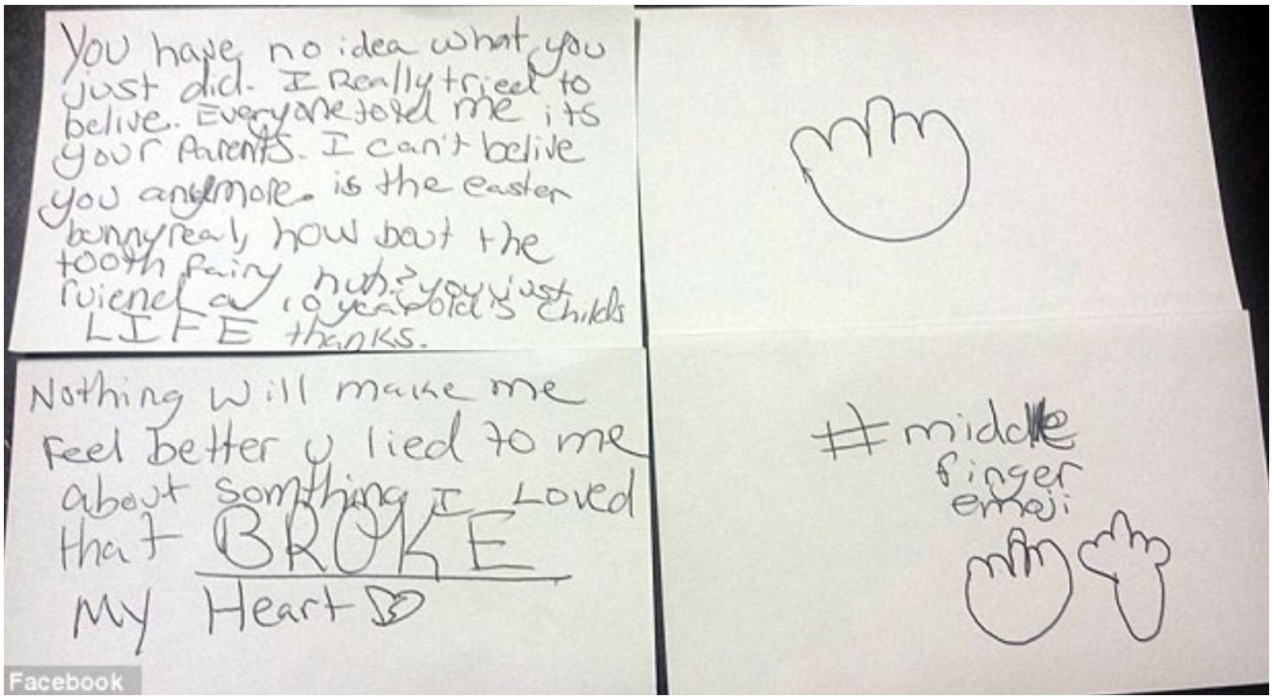
Adapted from Action Design (c) 1996

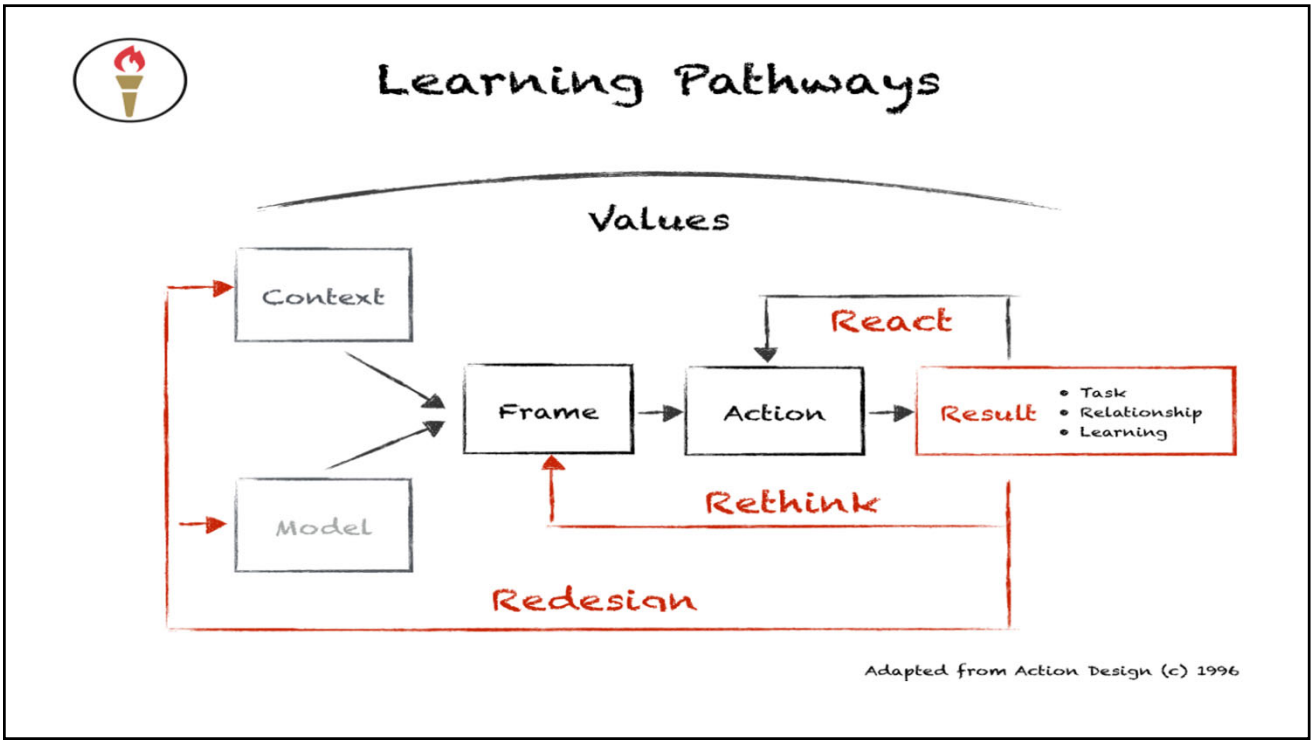

Model


FITNESS
React
Frame
Action
Result
Rethink
World High Jump records (men's)
1895 - 1980
Redesign


World High Jump records (men's)
1895 - 1980
2.4
2.3
2.2
2.1
2
1.9
1.8
1895
1980
Western Roll (1912)
Straddle (1937)
Fosbury Flop (1968)
Source : IAAF


Model
Redesign


You have no idea what you just did. I Really tried to belive. Everyone told me its your Parents. I can't belive you anymore. is the easter bunny real, how bout the tooth fairy huh? you just ruined a 10 year old's childs LIFE thanks.
Nothing will make me feel better u lied to me about somthing I Loved that BROKE My Heart
#middle finger emoji
Facebook


Learning Pathways
Values
Context
React
Frame
Action
Result
Task
Relationship
Learning
Model
Rethink
Redesign
Adapted from Action Design (c) 1996

Spectrum of Integration

- Mostly separate space
- Referral-triggered
- Minimally shared information between BH & PCP
- "Traditional" behavioral health services
- No shared care plan

- Different parts of the same building
- Regular communication, but separate systems of documentation / workflows
- Some processes of identification

- BH & PCP share the same space
- Fully integrated documentation process
- Universal screening ("standard work")

Poll Question 2

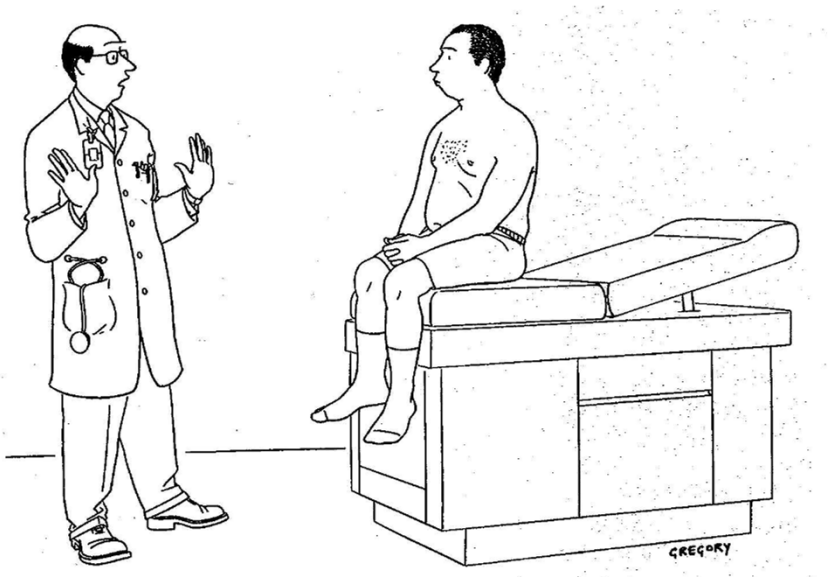
Where would you consider your clinic falling on the spectrum?

A. Traditional Care
B. Co-located
C. Integrated

Why Primary Care Integration

- 84% of the time, the 14 most common physical complaints have no identifiable organic etiology
- 80% with a behavioral health disorder will visit primary care at least one time in a calendar year
- 50% of all behavioral health disorders are treated in primary care
- 67% with a behavioral health disorder do not get behavioral health treatment

1.Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266.
2. Narrow et al., Arch Gen Psychiatry. 1993;50:5-107.
3. Kessler et al., NEJM. 2006;353:2515-23.
4. Kessler et al., NEJM. 2005;352:515-23.



"Whoa—way too much information."

Why does it matter?

- BH disorders account for half as many disability days as "all" physical conditions
- Annual medical expenses--chronic medical & behavioral health conditions combined cost 46% more than those with only a chronic medical condition
- Top five conditions driving overall health cost (work related productivity + medical + pharmacy cost)
- Healthcare use/costs are twice as high in diabetes and heart disease patients with depression.

Top 5 Conditions

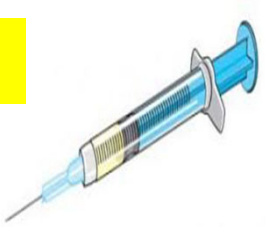
- Depression
- Obesity
- Arthritis
- Back/Neck Pain
- Anxiety

1. Merikangas et al., Arch Gen Psychiatry. 2007;64:1180-1188
2. Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. "why there must be room for mental health in the medical home Graham Center One-Pager)
3. Loeppke et al., J Occup Environ Med. 2009;51:411-428.
4. Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. "Why there must be room for mental health in the medical home (Graham Center One-Pager)

How Can Integration Help Patients?

Two Components Can Impact Outcomes

Model of IBH=Syringe



Interventions Being Delivered=Medicine

Model of IBH

- Primary Care Behavioral Health Model
  - Healthcare Utilization Outcomes
  - Patients & Providers report high levels of satisfaction
  - Report high levels of rapport with IBH providers

- Collaborative Care Model
  - Increased Access to Mental Health Services
  - Depression Outcomes improved at 6 months
  - Evidence of a longer-term benefit up to 5 years

1. Possemato, Johnson, Beehler et al. (2018) Patient outcomes associated with primary care behavioral health services: A systematic review. General Hospital Psychiatry, 53, 1-11.
2. Hunter, Funderburk, Polaha, Bauman, Goodie, Hunter (2017). Primary care behavioral health model research: current state of the science and a call to action. J Clin Psy Med Settings
3. Gilbody, Bower, Fletcher et al (2006) Collaborative care for depression A cumulative meta-analysis and review of longer term outcomes. JAMA, 166, 2314-2321.

Interventions Being Delivered

- Existing Brief Evidence-Based Behavioral Interventions that can be delivered as part of an IBH service targeted
  - -Alcohol
  - -Tobacco
  - -Insomnia
  - -Physical Activity
  - -Anxiety (CC only)
  - -Depression

- Continued Research is Necessary for anxiety, medication compliance, sexual health, etc.

1. Funderburk, Shepardson Wray et al. (2018) Brief behavioral interventions targeting behavioral medicine concerns Families, Systems and Health
2. Wray, Funderburk, Acker et al. (2017) A meta-analysis of brief tobacco interventions for use in primary care Nicotine and Tobacco Research, 1-9
3. Shepardson, Bucholz, Weisberg, & Funderburk (2018). Psychological interventions for anxiety in adult primary care patients: A review and recommendations for future research Journal of Anxiety Disorders, 54, 71-86.
4. Muntingh et al. 2016 Collaborative care for anxiety disorders in primary care: A systematic review and meta-analysis. BMC Family Medicine

Integrated Behavioral Health Clinicians (IBHC)

- Patient care
- Community liaison
- Team leader
- Behavioral health education

Buckets of IBH

Mental Health
Substance Use

Chronic Disease
Behavioral

Functional

Family
Contextual

Poll Question 3

Where do you see the greatest benefit of IBH?

A. Mental Health/Substance Use
B. Chronic Disease/Behavioral Modification
C. Functional
D. Family/Contextual

Mental Health
Substance Use

- Depression, Anxiety
- Drug/Alcohol problems
- PTSD
- Somatization Disorder
- Eating Disorders
- ADD
- Personality Disorders
- Pediatric Behavior Issues
- Psychosis

Chronic Disease + Behavioral

- Obesity
- Diabetes
- CHF
- COPD
- Low Back Pain
- Sleep
- Exercise

Functional

- Fibromyalgia
- Irritable Bowel Syndrome
- Refractory Headache
- Sleep Issues not due to medical pathology

Family
Contextual

Family

- Marriage Issues
- Domestic Violence / Safety
- Child Raising
- Caregiving
- Life Cycle (aging, death and loss)

Contextual

- Homelessness
- Poverty
- Education
- Finances
- Employment

Who Should You Consider Involving IBH?

Let's see what IBHC looks like in action…

https://youtu.be/Z1ae2nd1XS8

IBHC Toolbox

- Warm hand-offs
- Motivational interviewing
- Trauma-informed approach
- Collaboration and continuity
- Solution-focused brief interventions
- Communication

Warm hand-off

- Provider introduces clinician to patient, transferring trust and rapport
- Communicating in front of the patient increases transparency and safety
- Warm hand-offs increase follow-through

Motivational interviewing

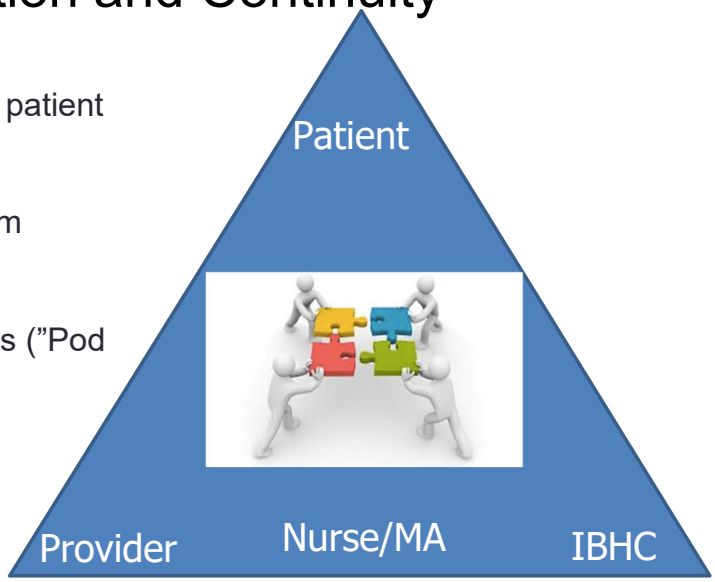
- Understand patient's stage of change
- Roll with resistance
- Explore patient's ambivalence

Trauma-informed approach

- Recognize signs and symptoms of trauma
- Actively attempt to reduce retraumatization
- Trust is central

Collaboration and Continuity

- "Check-ins" with IBHC when patient is seeing PCP or by phone
- Informal interdisciplinary team meetings
- Weekly team based meetings ("Pod Meetings")



Brief Interventions

- Resource list
- Health behavior change
- Substance use
- Mental health

Teamness

A small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves accountable.

The Wisdom of Teams (Katzenback and Douglas)

Factors Involved In Teamness

Communication

Factors Involved In Teamness

Trust & Respect

Coordination

Collaboration

Payment

- Billing Codes Differ based on State, Context, Criteria for definition
- Rapidly Changing
- Be Creative
  - Talk To Finance Person
  - Team based billing (Shared Medical Appt)
  - Coordination of Care

SHOW ME THE MONEY!

Value Based System

- Recognize that You May Save Money Other Ways
- Resource Utilization
  - ED Utilization
  - Hospitalization
  - Decreased time spent per patient, increasing availability for more patients

Challenges

- Cultural shift to team approach
- Time limitations
- Lack of predictability in daily schedule
- Lack of role clarity
- Allowing roles to remain silo-ed and stay in comfort zone
- Responsibility for patient complexity
- Reimbursement

What are potential implications of integrated behavioral health in primary care for your work?

Practice Recommendations

- Consider adding IBH to your clinic due to its ability to help your patients and improve your service delivery
- Recognize adding a new member to the team requires effort within the team to learn new roles, how to communicate, etc.
- Don't ignore the vast array of presenting issues the IBH program can assist primary care with.

Contact Information

Andy Valeras DO, MPH, FAAFP
asvaleras@crhc.org

Jennifer S. Funderburk, PhD
Jennifer.Funderburk@va.gov

Questions

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Resources/Supplemental Material

- https://www.integration.samhsa.gov/integrated-care-models
- www.cfha.net
- https://aims.uw.edu
- www.sbm.org

Integrated Primary Care Special Interest Group

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

SOCIETY OF BEHAVIORAL MEDICINE

Resources on the Financial Aspects of IBH

- Corso, Hunter, Dahl, Kallenberg, & Manson (2016) Integrating Behavioral Health into the Medical Home: A Rapid Implementation Guide. Chapter 7 Greenbranch Publishing: Phoenix, MD
- www.integration.samhsa.gov/financing/
- www.thenationalcouncil.org/topics/coding-behavioral-health-services
- www.ncbi.nlm.nih.gov/books/NBK32784/