Behavioral Health Integration

(and a few additional thoughts)

Oregon State of Reform
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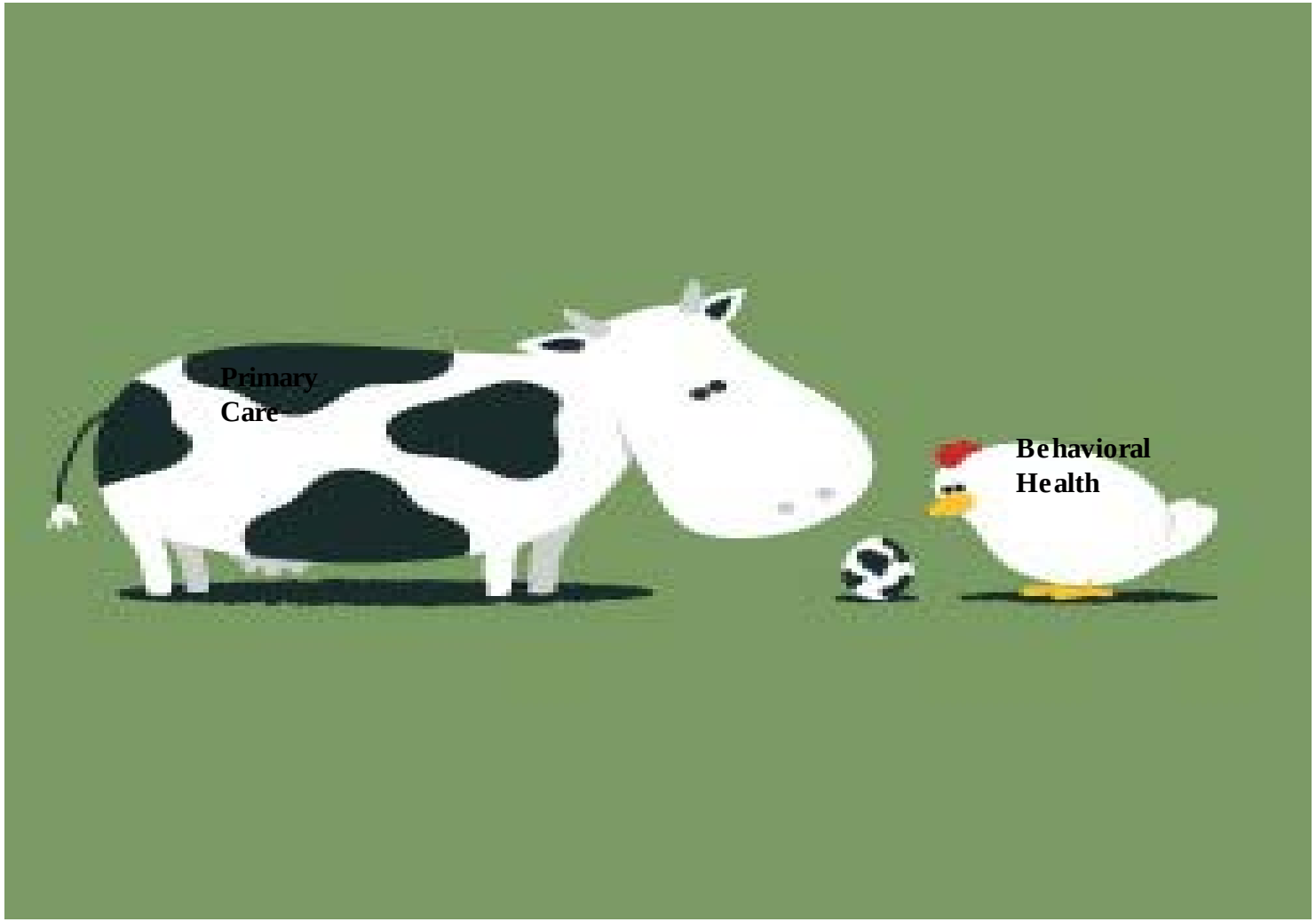
David Pollack, MD

Professor for Public Policy

OHSU

No Health Without Behavioral Health!



Defining Behavioral Health

Behavioral Health is an umbrella term for care that addresses any behavioral problems impacting health, **including mental health and substance abuse conditions**, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

Source: Peek, C. J., National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.

Integrated Care Definition

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, ineffective patterns of health care utilization.

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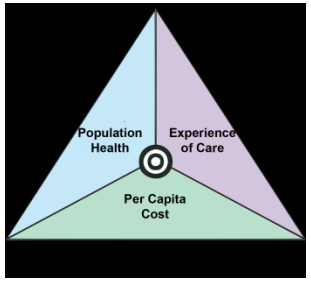
Six Reasons *Why* Behavioral Health Should be Part of the PCMH

1. High **prevalence** of behavioral health problems in primary care
2. **High burden** of behavioral health in primary care
3. **High cost** of unmet behavioral health needs
4. **Lower cost** when behavioral health needs are met
5. **Better health** outcomes
6. **Improved satisfaction**

Triple Aim

Behavioral health integration achieves the Quadruple Aim.



the map to PCMH success…

Implementation Tasks

- Complete environmental scan
- Determine program's capacity and "filters"
- Establish administrative and clinical leadership "buy-in"
- Decide whether to rent or own BH staff
- Determine staffing pattern and BH tasks
- Define BH specialist skills

Health Care Team

- Doctor-patient relationship replaced with team-patient relationship
- Team members share responsibility for patient care
- Role definition and interoperability

Clinical Tasks

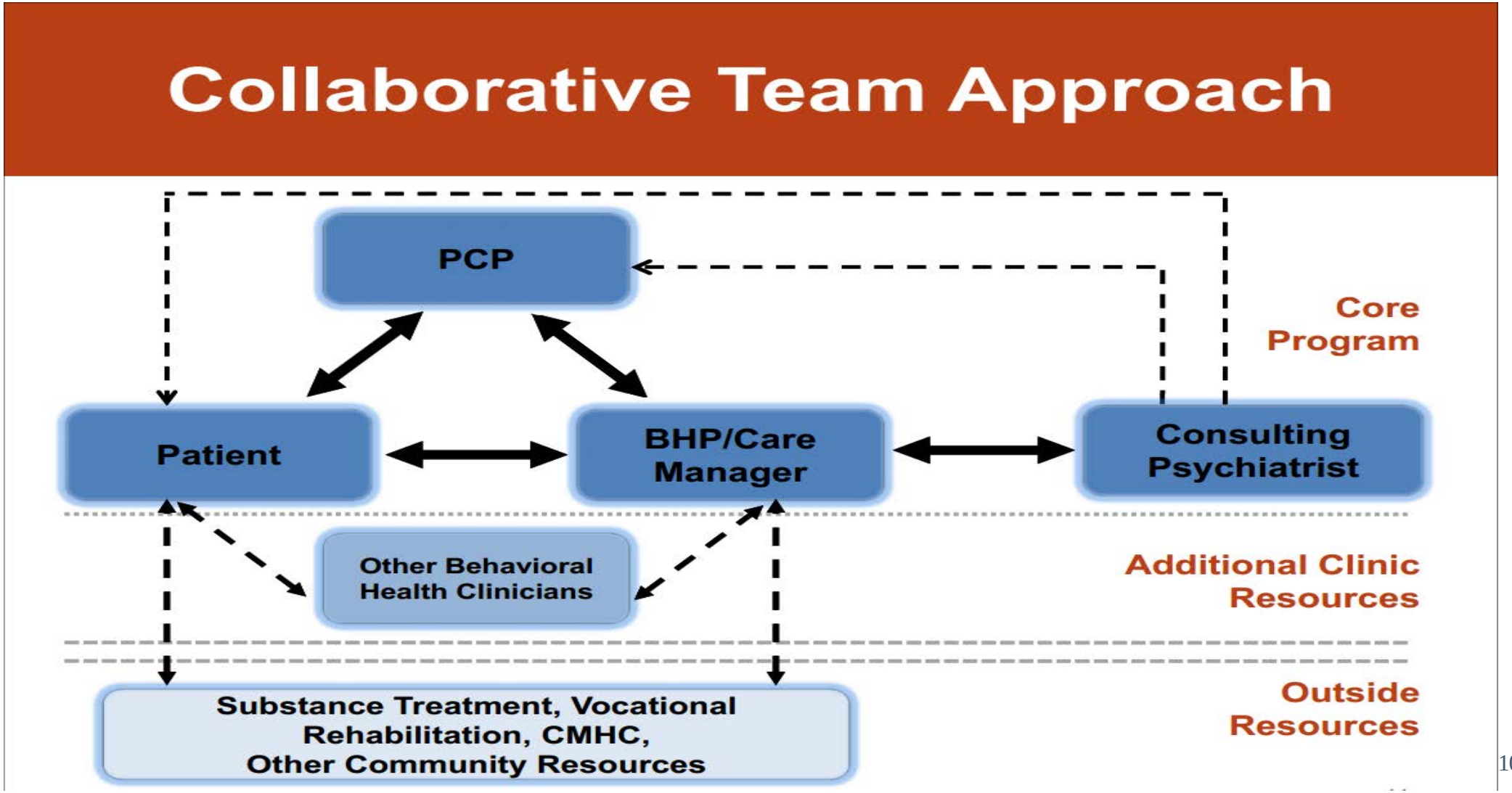
- Triage
- Comprehensive assessment
- On-site treatment
- Referral
- Consultation
- Care monitoring & condition management
- Treatment/medication optimization
- **The key is balanced management of these tasks!**

Staffing The Model

- Behavioral health professional (Masters or higher)
- Psychiatric provider (for diagnostic/tx support, not just meds)
- Non-BH personnel trained to provide specific support functions

Collaborative Care Model

Collaborative care *optimizes* all behavioral health resources



Psychiatric Providers in Integrated Care

- **Roles for psychiatric providers in integrated care:**
  - Complex case assessment
  - Limited direct patient care
  - Curbside and case-specific consultation with PCPs, BH providers, and care teams
  - Guidance re when and how to utilize meds: treatment optimization
  - Clinical supervision and training
  - Team and systems level administrative, policy, and service coordination functions
- **Workforce training implications: We must train psychiatrists to be competent, creative, collaborative, and adaptive members of integrated care systems!**

Motivational Interviewing and Stages of Change

- Applicable to a wide range of chronic illnesses
- Focused on activating patients to develop their own goals
- Tied to recognizing a patient's level of engagement and readiness to acknowledge existence and impact of health care condition, but also to identify other barriers to change.

Impact of Trauma

- Interdependence btw/ accumulated traumatic experiences and manifestations of physical, mental, and substance use symptoms.
- High prevalence of trauma-related experiences in high utilizing (hot-spotter) populations
- High incidence of dismissive stigma → denial of appropriate care
- Need for trauma-informed and trauma-sensitive care throughout the care system

Treatment Optimization

- Recovery-oriented method that supports judicious use or non-use of psychotropic meds.
- Balanced with other effective, recovery-based services and supports.
- Primary goal is to improve/maximize self-determination, functioning, & quality/meaning of life.
- May include postponing/avoiding use of meds, sensitive & collaborative initiation of meds, timely med tapering/withdrawal, and regular reassessment to guide shared decisions re med adjustments.

Guiding Principle for

(stolen from the feminist wo-manifesto)

The psychiatrist* who most needs liberating is the psychiatrist in every primary care provider.

The primary care provider who most needs liberating is the primary care provider in every psychiatrist*.

*(or other BH professional)