Behavioral Health Integration in Primary Care

“ACE’s in the Hole”:

Opioid Collaborative Forum
Concord, NH
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Mental Health Facts IN AMERICA

Fact: 43.8 million adults experience mental illness in a given year.

1 in 5 adults in America experience a mental illness.

Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.
Consequences

10.2m
Approximately 10.2 million adults have co-occurring mental health and addiction disorders.¹

Treatment in America

60%
Nearly 60% of adults with a mental illness didn’t receive mental health services in the previous year.⁴

50%
Nearly 50% of youth aged 8-15 didn’t receive mental health services in the previous year.⁴

NEARLY HALF HAVE A CO-OCCLUDING SUBSTANCE ABUSE DISORDER

Adults who did not receive treatment in NH
Adverse Childhood Experiences
Traumatic events that can have negative, lasting effects on health and wellbeing

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

Neglect
- Emotional neglect
- Physical neglect

4 or more ACEs
- 3x the levels of lung disease and adult smoking
- 14x the number of suicide attempts
- 4.5x more likely to develop depression
- 11x the level of intravenous drug abuse
- 4x as likely to have begun intercourse by age 15
- 2x the level of liver disease

“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today”
Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE

People with 6+ ACEs can die 20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs
BRIDGING THE GAP BETWEEN PRIMARY AND BEHAVIORAL CARE

A PRIMARY CARE DOCTOR, A CLINICAL LICENSED SOCIAL WORKER, AND A PSYCHIATRIST.

• 30-50% of referrals to behavioral health from primary care don’t make first appt\textsuperscript{2,3}
MENTAL HEALTH TREATMENT PATHWAYS

Visits for Individuals with Poor Mental Health

- 49% Primary Care Only
- 18% No Visit
- 14% Primary Care + Mental Health
- 14% Other Combo
- 5% Mental Health Only

Findings from 109,593 respondents to the 2002-2006 Medical Expenditure Panel Surveys (MEPS)

The Need for Integrated Care

Why Primary and Behavioral Care Integration is Needed
Level of Integration for Behavioral Healthcare and Primary Care

- Minimal collaboration: 3.4%
- Basic collaboration at a distance: 5.2%
- Basic onsite collaboration with minimal integration: 17.2%
- Close collaboration onsite in a partly integrated system: 10.3%
- Close collaboration approaching a fully integrated system: 13.6%
- Full collaboration in a fully integrated system: 19.0%
- Other: 31.0%

Source: 2015 Healthcare Benchmarks: Integrating Behavioral Health and Primary Care
August 2015

Key Findings

The Collaborative Care Model has the most evidence among integration models to demonstrate its effective and efficient integration in terms of controlling costs, improving accruals, improving clinical outcomes, and increasing patient satisfaction in a variety of primary care settings – rural, urban, and among veterans.

Multiple studies show that having a psychiatrist to provide caseload consultation to a care manager who coordinates with patients and a PCP is an essential element of the model and correlates with improved outcomes.

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<tr>
<th>Element</th>
<th>Definition</th>
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<td>Team-Driven</td>
<td>A multidisciplinary group of healthcare delivery professionals providing care in a coordinated fashion and empowered to work at the top of their professional training.</td>
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<td>Population-Focused</td>
<td>The Collaborative Care team is responsible for the provision of care and health outcomes of a defined population of patients.</td>
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<td>Measurement-Guided</td>
<td>The team uses systematic, disease-specific, patient-reported outcome measures (e.g., symptom rating scales) to drive clinical decision making.</td>
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<td>Evidence-Based</td>
<td>The team adopts scientifically proven treatments within an individual clinical context to achieve improved health outcomes.</td>
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AIMS CENTER
W UNIVERSITY OF WASHINGTON
Lebanon
Model Design Group 2015
- Adapted Collaborative Care Model.
- 4 Core conditions: Depression, Anxiety, Alcohol and Substance Use Disorders (opioids).
- MAT pilot, SDoH screening and DSRIP Integrated Care Project.
- Integrated EHR tools, guidelines, clinician decision support and training.

Nashua
Pilot September 2017
- 1 BHC and 1 Primary Care Team.
- Data collection with comparison to “care as usual” control team – in process.
- Expanding with NH DSRIP funding.

Concord
Launch October 2018
- 3 new BHC’s- funded by DH-H and NH DSRIP.
- APRN – MAT.

Manchester
Launch October 2018
- 4 new BHC’s - funded by DH-H and NH DSRIP.
- 3 Adult and 1 Child.
- MAT with community partner (“hub and spoke”).
BRIDGING THE GAP BETWEEN PRIMARY AND BEHAVIORAL CARE

Lessons Learned:
- The evidence and models exist.
- Integration is conceptually intuitive.
- Structurally and culturally difficult.
- Patients and Providers benefit.

Barriers:
- Existing medical culture and patterns of care.
- Siloed systems.
- Technology.
- Workforce supply.
- Payment models.