WELCOME to the

Mental Health and Substance Use Part 1
ECHO Session 1

Session will start in less than 15 minutes

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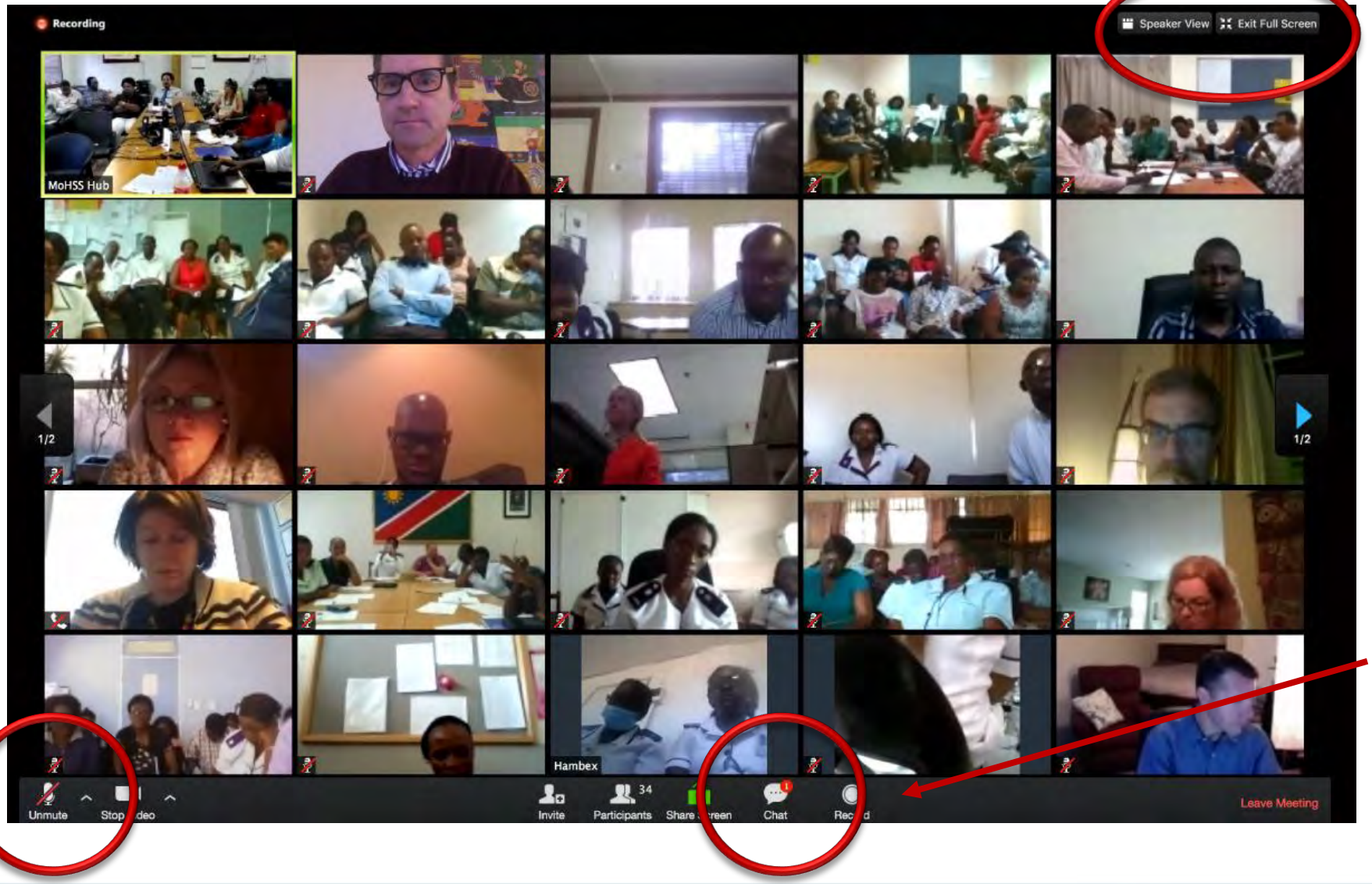
Some helpful tips:



Change view to your preferences

Mute microphone when not speaking

Use chat function for comments and questions

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For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are consenting to be recorded –
we appreciate and value your participation

If you have questions or concerns, please email

ECHO@hitchcock.org

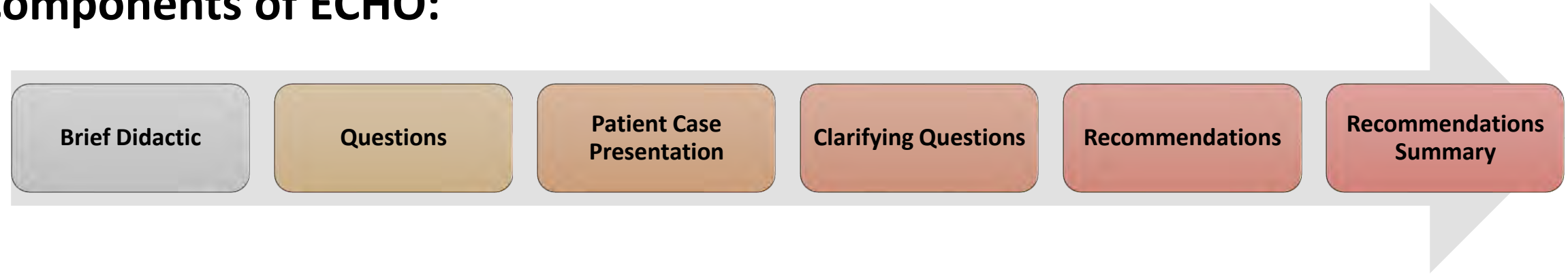
Attendance

- Spoke phone participants
- Spoke video participants
- Hub participants

Project ECHO (Extension for Community Healthcare Outcomes)

- ECHO is a telementoring model that uses virtual technology to support case-based learning and provide medical education.

Components of ECHO:



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Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- **Names:** Please do not refer to a patient's first/middle/last name or use any initials, etc.
- **Locations**: Please do not identify a patient's county, city or town. Instead please use only the patient's state if you must.
- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to a patient. Instead please use only the patient's age(unless > 89)
- **Employment:** Please do not identify a patient's employer, work location or occupation.
- **Other Common Identifiers:** Patient's family members, friends, co-workers, phone numbers, e-mails, etc.

CME/CNE

Learning Outcome

- At the end of this learning activity, participants, based on new knowledge, will be able to implement clinical strategies to improve overall outcomes for patients with mental health challenges who seek care in our health system.

Accreditation

- ***Physicians:*** Dartmouth-Hitchcock is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
- Dartmouth-Hitchcock designates this live activity for a maximum of ***7.0*** *AMA PRA Category 1 Credits™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- ***Nurses:*** Dartmouth-Hitchcock Nursing Continuing Education Council is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- This educational activity carries **7.0** contact hours.

Be on the look out for surveys

You will receive links for brief surveys after each session and a longer survey at the end of the course (which includes CME/CNE questions).

This is so we can continually improve our offerings.

Learning Objectives

As a result of engagement in the D-H Behavioral Health Echo PCP Teams will be able to:

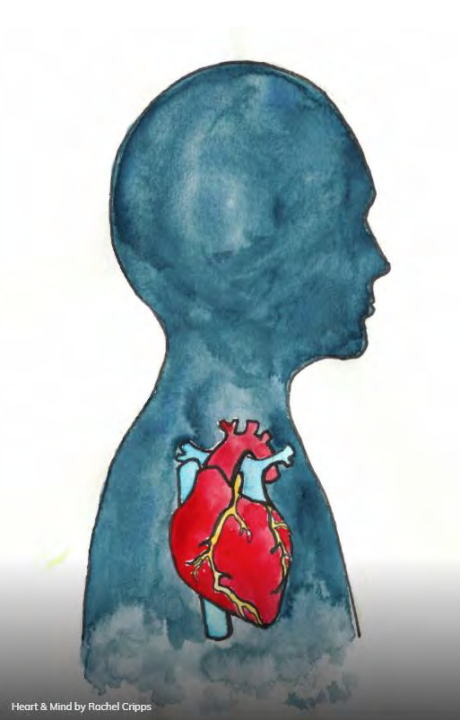
1. Screen for, recognize, and evaluate commonly occurring MH and SU disorders in their practices.
2. Comfortably provide brief intervention, basic counseling, education, and motivational support.
3. Understand, and initiate as appropriate, first line pharmacologic interventions for common conditions.
4. Assess patients with MH and SU disorders for safety and implement safety plans.
5. Make referrals for appropriate psychotherapy, peer support, family and other psychosocial care approaches, including online and app resources.
6. Recognize need for psychiatric or addiction medicine/psychiatry consultation and refer when indicated.
7. Feel confident collaborating with psychiatric and/or addiction medicine consultants.
8. Provide longitudinal support of recovery and relapse prevention.

Conflict of Interest Disclosure Statement

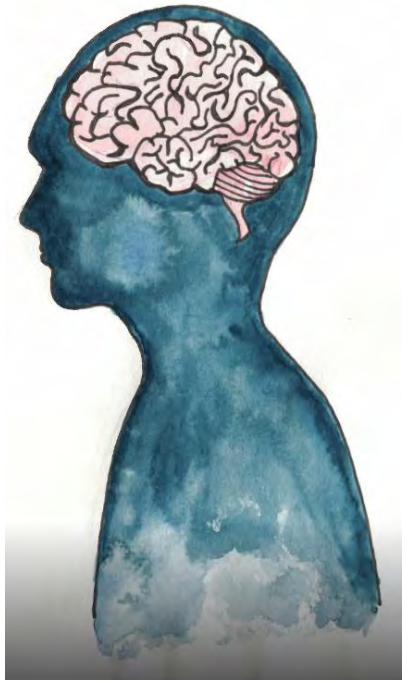
No Conflicts of Interest

Mental Health and Primary Care:

- How did we get to where we are today?
- What models, resources and tools are available?
- Is treating MH and SUD's in primary care effective?



	Primary Care	Mental Health
1960's	The term "Primary Care" is first used	Deinstitutionalization Community Mental Health Care
1970's	**IOM adopts core principles**: First contact, Longitudinality, Comprehensiveness, Coordination	Rising health care costs - Medical care 21% - MH/SUD 60%
1980's	Community Oriented Care movement SSRi's	**For Profit - Managed Care**: Carve outs, prior approval, concurrent review, care limits
1990's	Focus on Quality ,Value and Satisfaction	Mental Health Parity Act
2000's	Patient Centered Medical Home	MH Parity and Addiction Equity Act
2010's	Affordable Care Act Integrated/Collaborative Care	



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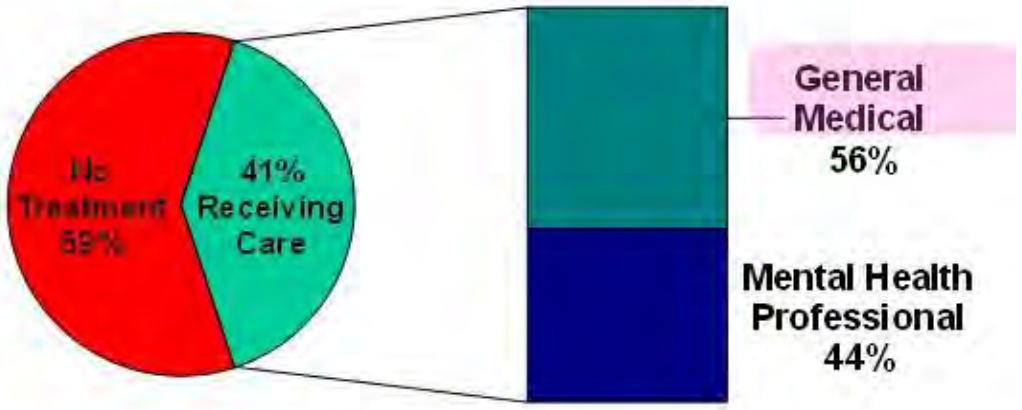
Primary Care *Is* the De Facto Mental Health System

Rodger Kessler and Dale Stafford

2005

For over 25 years there has been a robust literature suggesting that when patients have psychological or behavioral problems they will turn almost exclusively to the primary care medical office, not traditional mental health and substance abuse services for care, **hence the conclusion that <u>primary care is the de facto mental health system</u>**

National Comorbidity Survey Replication
Provision of Behavioral Health Care: Setting of Service



Pie of all behavioral health needs

Wang P et al. *Arch Gen Psychiatry*, 2005: 62.
Adapted from Katon, Rundell, Unützer, Academy of PSM Integrated Behavioral Health 2014

MENTAL HEALTH TREATMENT PATHWAYS

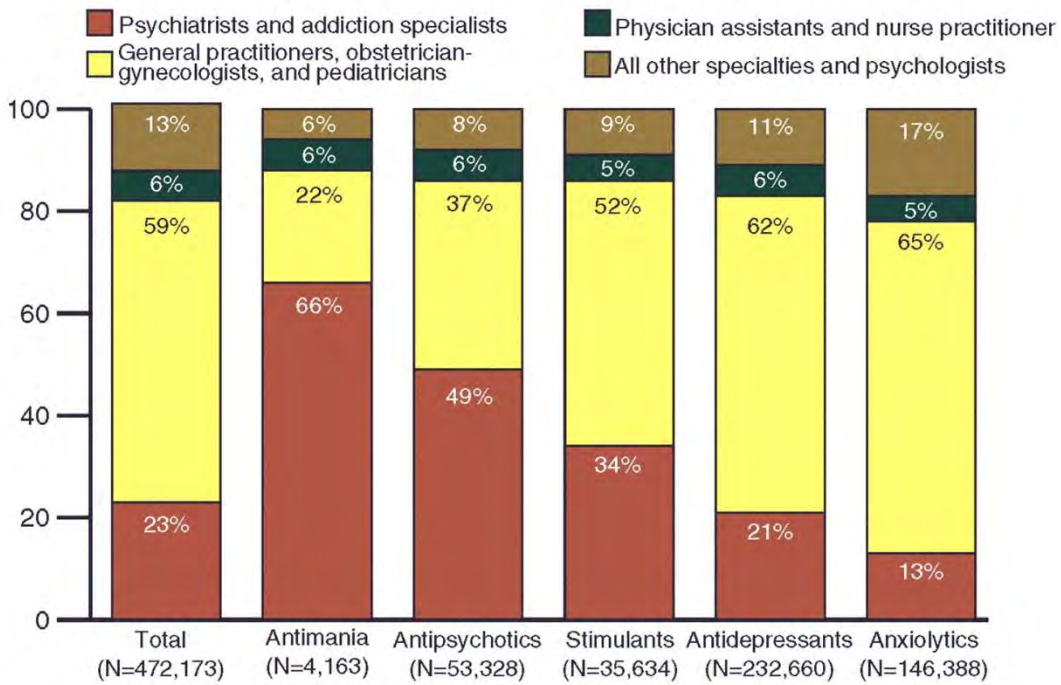
Peterson, S., Millar, B., Payne-Murphy, J., & Phillips, R. (2014). Mental health treatment in the primary care setting: patterns and pathways. Family, Systems, & Health.

Datapoints: Psychotropic Drug Prescriptions by Medical Specialty

Tami L. Mark Ph.D., M.B.A.Katharine R. LevitJeffrey A. Buck Ph.D.

Published Online: 1 Sep 2009 | https://doi.org/10.1176/ps.2009.60.9.1167

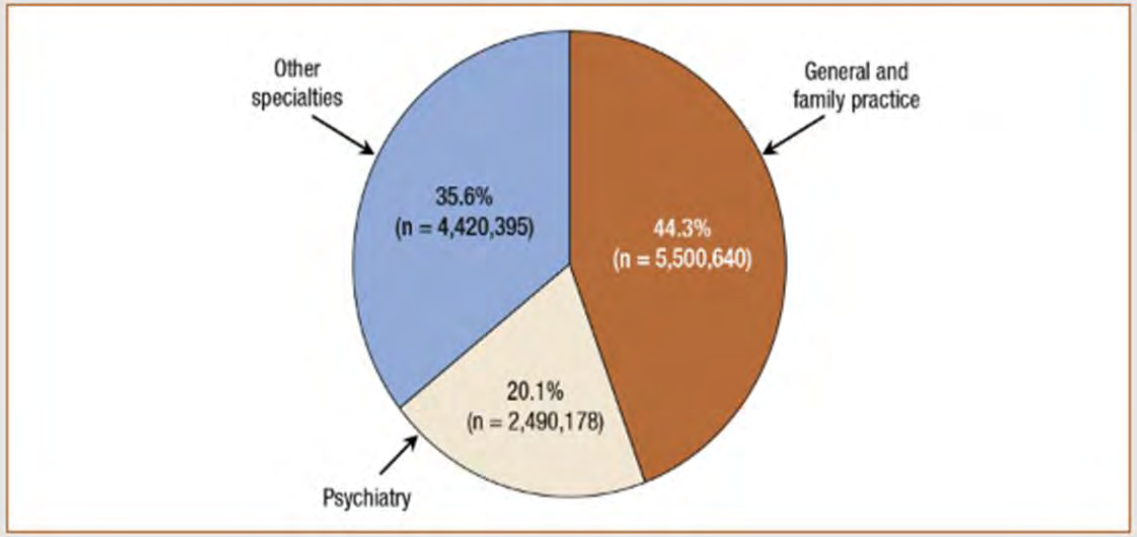
Percentage of U.S. retail psychotropic prescriptions written from August 2006 to July 2007, by type of provider[a]



[a] Ns represent prescriptions in thousands

SAMHSA
Center for Behavioral Health Statistics and Quality
The CBHSQ Report
Short Report
November 04, 2015*

Figure 1. Substance use disorder (SUD) prescriptions provided by office-based physicians, by medical specialty: 2010



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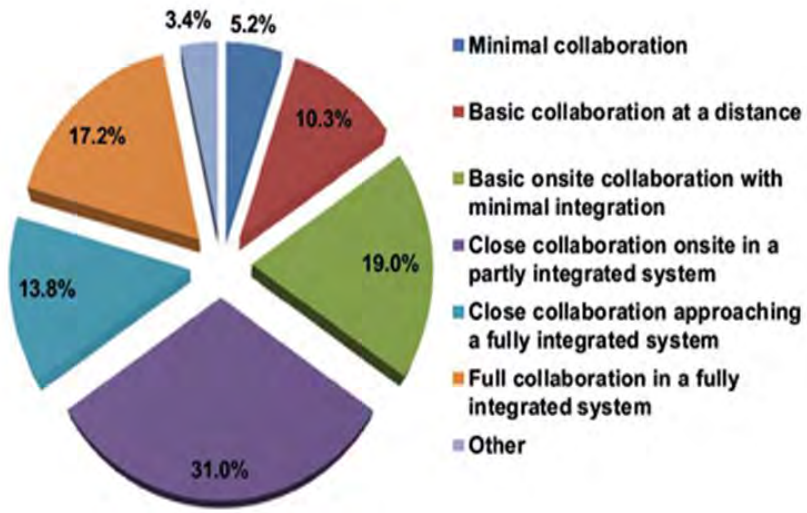
"The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs."

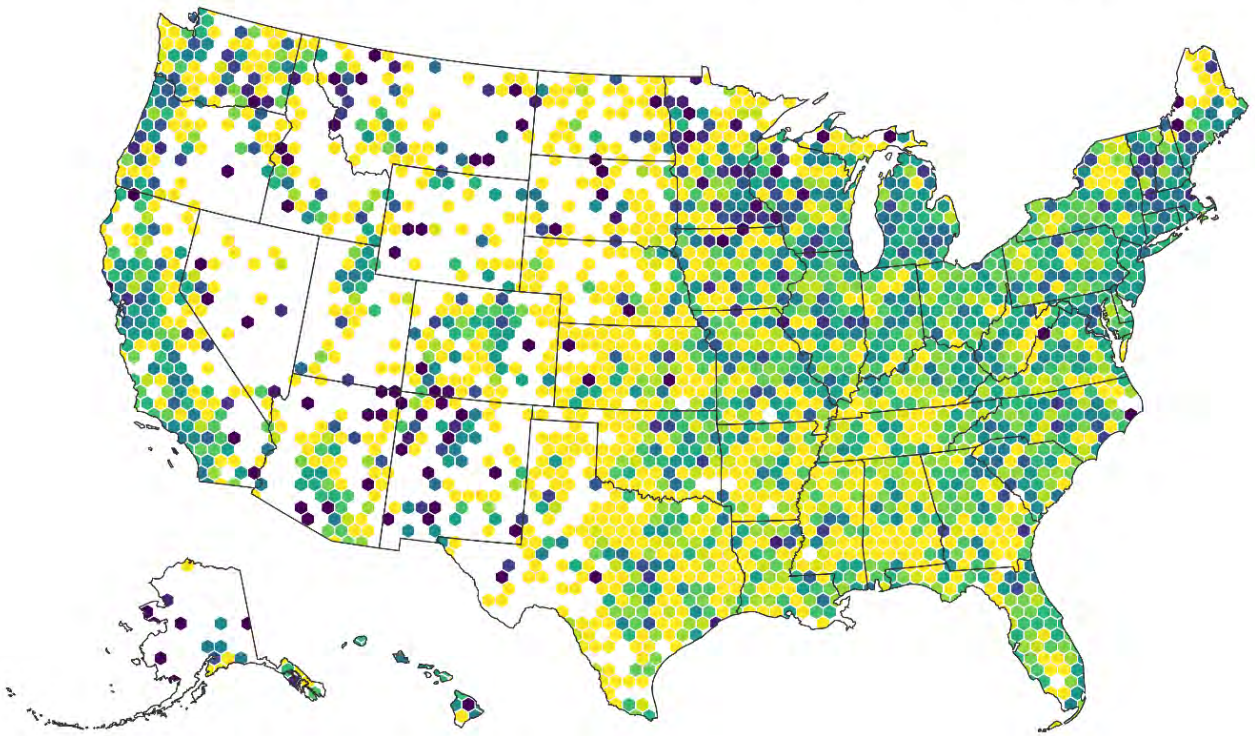
Level of Integration for Behavioral Healthcare and Primary Care



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

HIN ©2015

Percentage of Primary Care Physicians Co-Located with Behavioral Health Providers



Percent of PCPs Co-located with a Behavioral Health Provider

0 20 40 60 80 100

⬡ = No PCPs located in area

Richman, E., Lombardi, B., Zerden, L., & Randolf, R. (2018) Where is Behavioral Health Integration Occurring? Mapping National Co-location Trends Using National Provider Identifier Data. Behavioral Health Workforce Research Center: http://www.behavioralhealthworkforce.org/wp-content/uploads/2018/12/NPI-Full-Report_Final.pdf

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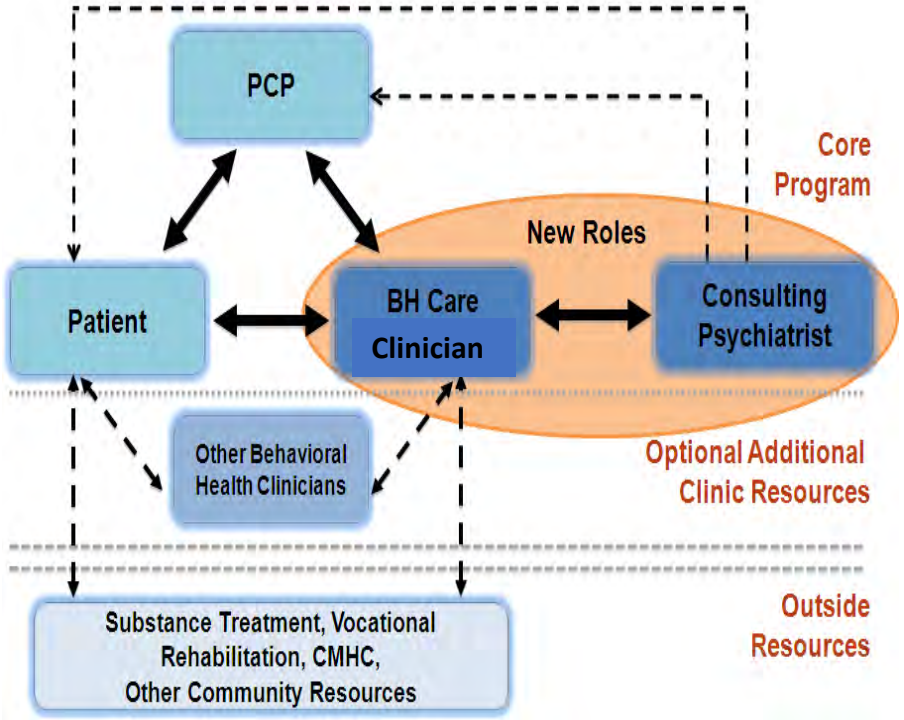
Summary of Evidence

Long-term analyses have demonstrated that $1 spent on collaborative care saves $6.50 in health care costs.

At this point ~100 studies support the Collaborative Care approach:

- Improved depression/anxiety symptoms
- Faster response and remission
- Improved adherence to plan
- Improved social and physical functioning
- Higher patient satisfaction
- Higher provider satisfaction
- Effective for adolescents through older adults
- Effective across many psychiatric conditions
- Cost-effective
- Lowers healthcare costs in some populations

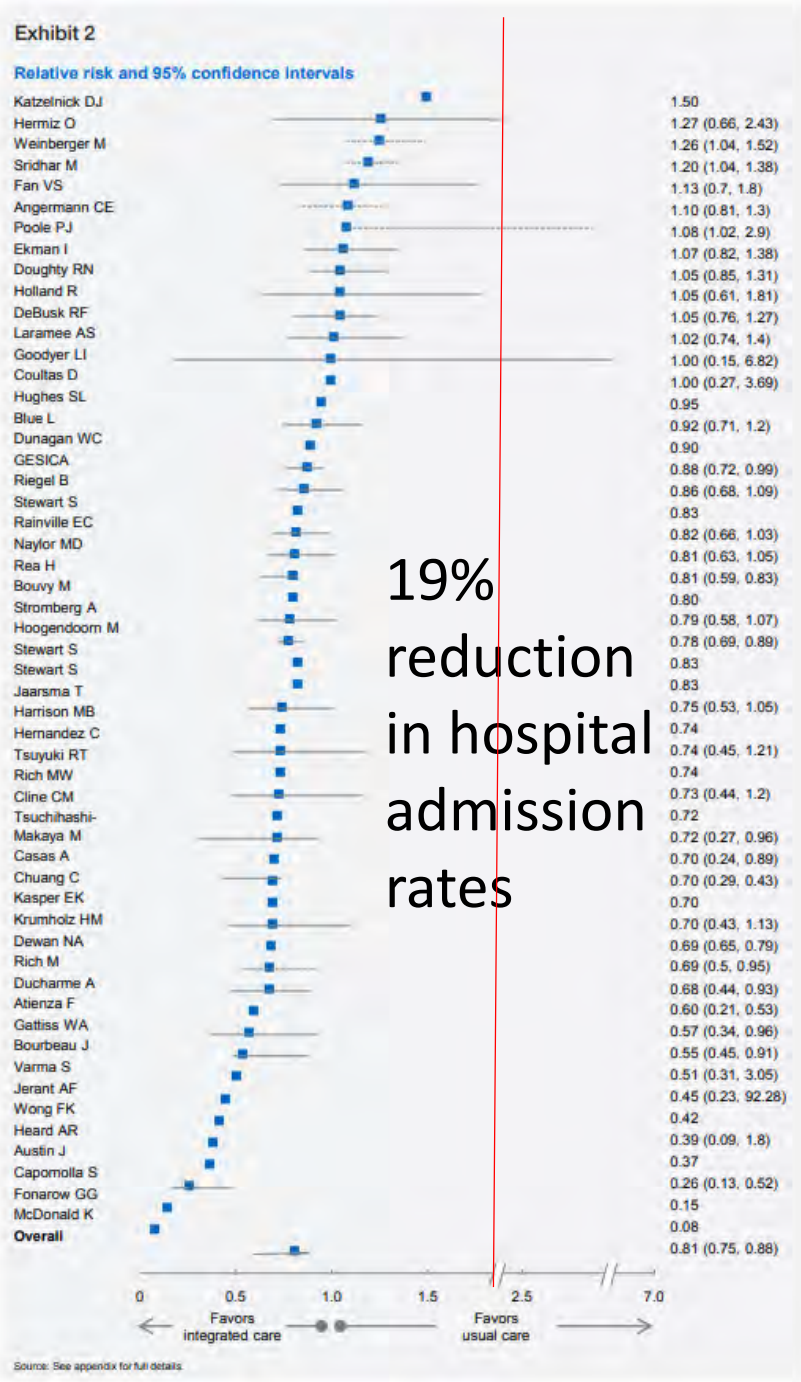


- Jürgen Unützer, MD, MPH, University of Washington 2013

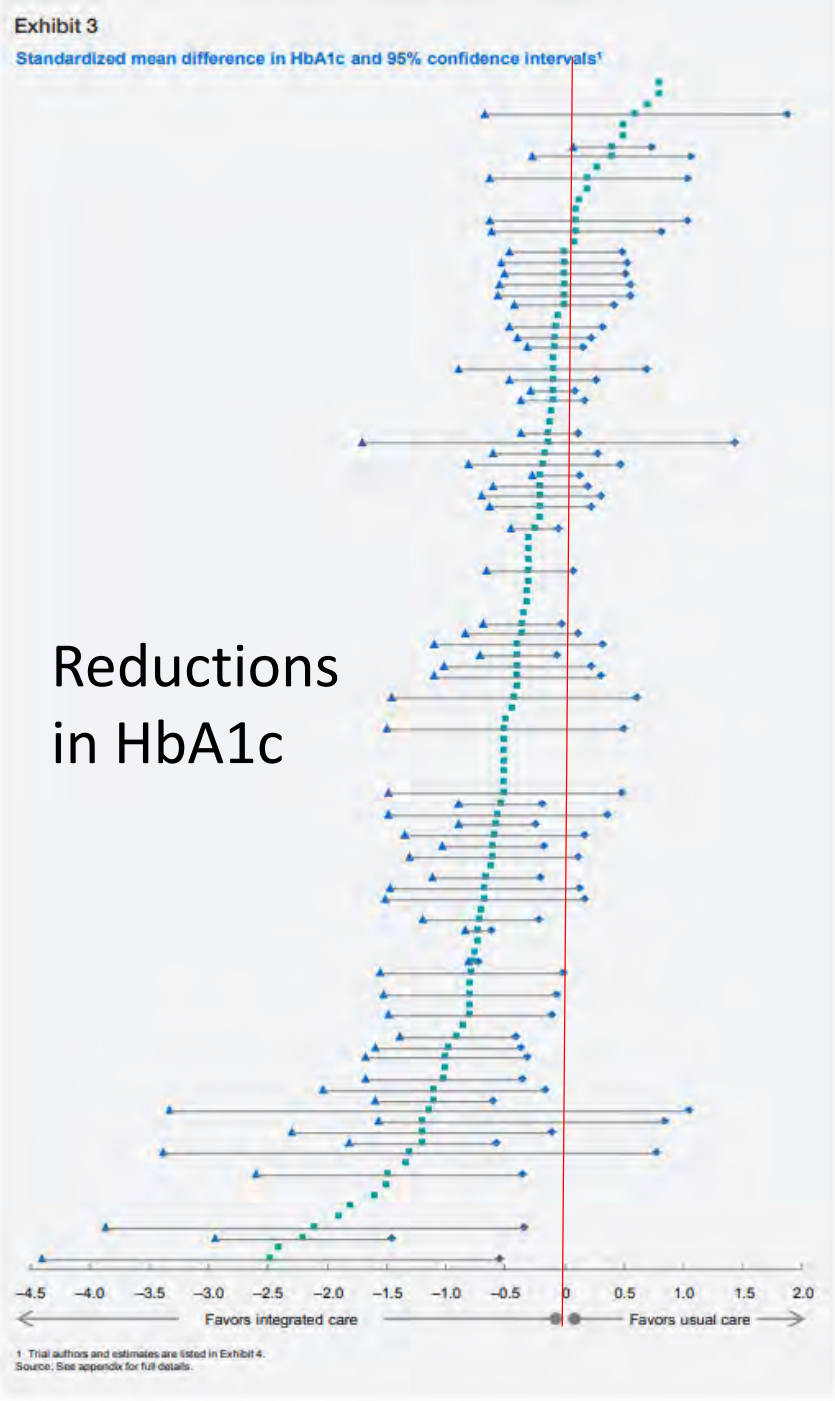
McKinsey&Company

The evidence for integrated care

Healthcare Practice March 2015



19% reduction in hospital admission rates



Reductions in HbA1c

Comparative Effectiveness of Collaborative Chronic Care Models for Mental Health Conditions Across Primary, Specialty, and Behavioral Health Care Settings: Systematic Review and Meta-Analysis

Emily Woltmann, Ph.D., Andrew Grogan-Kaylor, Ph.D., Brian Perron, Ph.D., Hebert Georges, M.D., Amy M. Kilbourne, Ph.D., and Mark S. Bauer, M.D.

Published Online: 1 Aug 2012 | https://doi.org/10.1176/appi.ajp.2012.11111616

Depression →

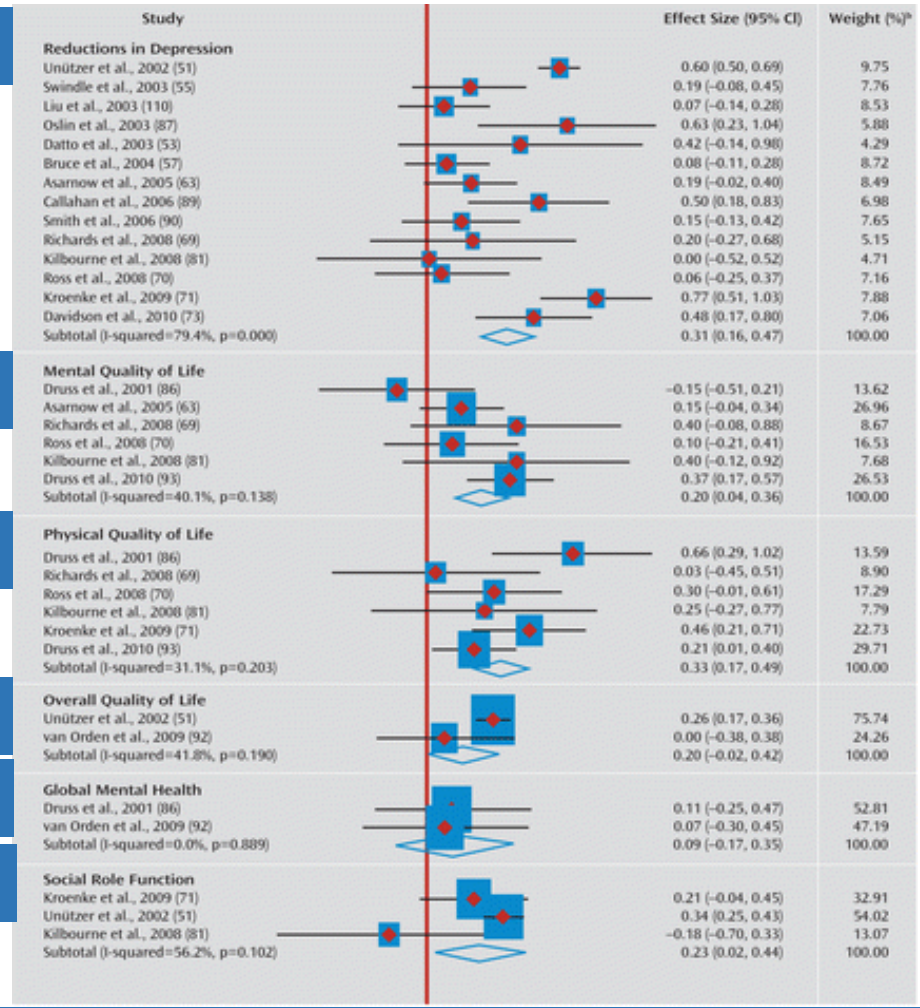
Mental QoL →

Physical QoL →

Overall QoL →

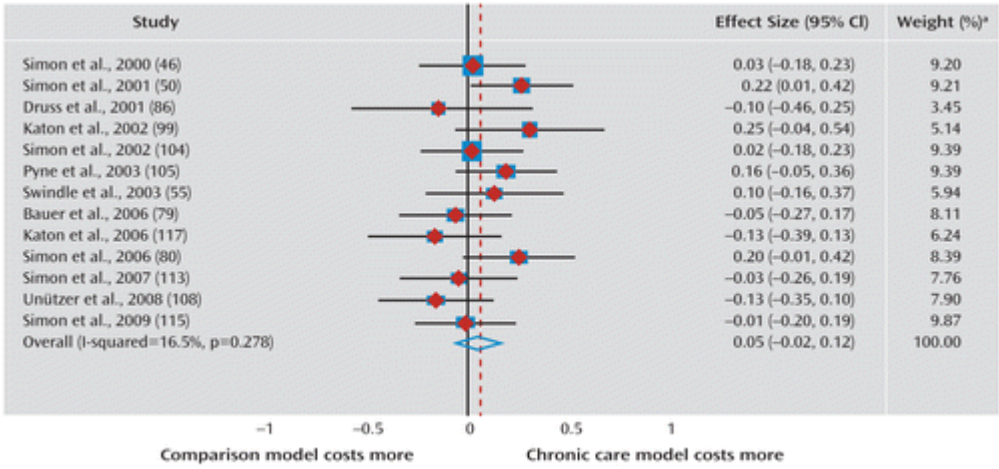
Global MH →

Social Role Fxn →



Favors Chronic/Collaborative Care model →

Economic Outcomes



Total health care costs did not differ between CCMs and comparison models.

Improved Provider Satisfaction

- Primary care physicians ***like integrated care*** for a variety of reasons[1]

Behavioral health specialists are also satisfied with working in integrated settings[2]

photo courtesy: http://www.teamcarehealth.org/

Table 1. Clinicians Preferring Integrated Care to Enhanced Referral Care According to Aspects of Treatment of Mental Health Problems

Treatment Aspect	Integrated Care Preferred* No. (%)	*P* Value†
Better communication	113 (92.6)	<.0001
More comprehensive services	74 (61.7)	.0106
Better management of depression	77 (64.2)	.0019
Better management of anxiety	91 (75.8)	<.0001
Better management of alcohol abuse	78 (65.5)	<.001
More convenient services for patients	106 (87.6)	<.0001
Less stigma for patients	111 (92.5)	<.0001
Better coordination of mental and physical care	109 (91.6)	<.0001
Quicker appointments for mental health	102 (85.7)	<.0001
Better health education	102 (88)	<.0001

* Some data missing due to item nonresponse.
† P values represent the statistical test for whether the proportion preferring integrated care equaled 50%.

Sources: [1]Gallo et al. Ann Fam Med. 2004:2: 305-309. [2]Levine et al.. Gen Hosp Psych. 2005: 27:383-391

Primary Care:

- Primary care has become the de Facto mental health care system in the US.
- The foundational principles of primary care; first contact, longitudinal, and comprehensive care are well suited to the treatment of mental health and SUD's.
- Treating MH/SUD's as an individual provider is challenging, stressful and time consuming.
- Education and new models of integrated primary care are effective and have high rates of patient and provider satisfaction.