Resident Rotation:
Collaborative Care Consultation Psychiatry

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AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Module 2: Introduction to Mental Health Integration Program (MHIP) and Behavioral Health Integration Program(BHIP)

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Learning Objectives: Module 2

By the end of this module, the participant will be able to:

- **Describe the differences between MHIP and BHIP**
- **Describe population served by and typical team configuration in MHIP and BHIP program.**
- **Conceptually understand and be ready to use a tracking tool such as MHITS/CMTS.**
- **Consider quality aims a part of routine practice for working in MHIP and BHIP.**

Principles of Effective Integrated Behavioral Health Care

Patient Centered Care

- Team-based care: effective collaboration between PCPs and Behavioral Health Providers.

Population-Based Care

- Behavioral health patients tracked in a registry: no one ‘falls through the cracks’.

Measurement-Based Treatment to Target

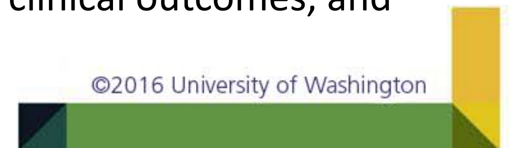
- Measurable treatment goals and outcomes defined and tracked for each patient.
- Treatments are actively changed until the clinical goals are achieved.

Evidence-Based Care

- Treatments used are ‘evidence-based’.

Accountable Care

- The delivery system is accountable and reimbursed for quality of care, clinical outcomes, and patient satisfaction, not just the volume of care provided.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Collaborative Care Team

PCP

Patient

BHP/
Care Manager

Psychiatric
Consultant

New Roles

Community
resources

Other
supportive clinic
staff

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MHIP

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What is MHIP?

The Mental Health Integration Program is a state-wide, *patient-centered, integrated program* serving clients with medical, mental health, and substance abuse needs.

The program provides:

- **High quality mental health screening and treatment**
- **An evidence - and outcome-based model of collaborative stepped care to treat common mental disorders**
- **Location is remote**
- **All the evaluation and recommendations are based on information from Care Manager and PCP notes**

Results-oriented

- **Since the start of the program in January of 2008, MHIP has served over 20,000 patients and provided psychiatric consultations to >11,000 patients ages 0-100 in WA state. Ongoing evaluation has shown substantial improvements in coordinated care and mental health outcomes.**

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A 'Real World' Example of a 'Mature' Integrated Care Program: MHIP

MHIP for Behavioral Health

Mental Health Integration Program

- Funded by State of Washington and Public Health Seattle & King County (PHSKC)
- Administered by Community Health Plan of Washington and PHSKC in partnership with the UW AIMS Center
- Initiated in 2008 in King & Pierce Counties & expanded to over 100 CHCs and 30 CMHCs state-wide in 2009.

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MHIP: > 20,000 Clients Served Across Washington State

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MHIP Community Health Centers

(6 clinics; over 2,000 clients served)

Population	Mean baseline PHQ-9 depression score	Follow-up (%)	Mean number of care coordinator contacts	% with psych iatric case-review consultation	% with significant clinical improvement
Disability Lifeline	16 / 27	92 %	8	69%	43 %
Uninsured	15 / 27	83 %	8	59%	50 %
Older Adults	15 / 27	92 %	8	55%	43 %
Vets & Family	15 / 27	92%	7	54%	53%
Mothers	15 / 27	81%	7	50 %	60%

Data from Mental Health Integrated Tracking System (MHITS)

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MHITS: Registry for MHIP

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Caseload Summary: Prioritizing Cases to Review

Patient | Caseload | Program | Tools | Logout   Search Patient :   Hello, Jurgen (unutzer)

MHITS ID	Population	Date Enrolled	Status	Clinical Assessment Date	PHQ-9	GAD-7	# of Sessions	Wks in Tx	Last F/U Date	PHQ-9	Dep Impr	GAD-7	Anx Impr	Med	Continued Care Plan	Psych. Note	Psych. Eval.	Next Appt.
3400027	U	3/22/2011	L1	3/22/2011	22	21	4	10	5/31/2011	19*	red	21*	red	✓		5/16/2011		
3400009	U	12/13/2010	L1	12/13/2010	24		9	24	5/12/2011	23	red	16	yellow	✓		5/16/2011		5/26/2011 12:30PM
3400020	U	2/9/2011	L1	2/9/2011	23	13	5	16	5/31/2011	21	red	17	red	✓		5/16/2011		6/14/2011 11:30AM
3400024	U	3/9/2011	L1	3/9/2011	24	17	5	12	5/16/2011	22	red	17	red	✓		5/2/2011		6/1/2011 2:00PM
3400010	U	12/13/2010	L1	12/13/2010	21	18	9	24	5/23/2011	12*	yellow	12*	yellow	✓		4/4/2011		6/2/2011 2:30PM
3400004	U	10/27/2010	L1	10/27/2010	17	14	12	31	6/1/2011	12	yellow	13	red	✓		4/11/2011		6/15/2011 3:00PM
3400021	U	2/10/2011	L1	2/10/2011	19	16	7	15	4/19/2011	14	yellow	15	red	✓		4/25/2011		
3400017	U	1/25/2011	L1	1/25/2011	22	15	5	18	5/23/2011	17	yellow	19	red	✓		5/23/2011		6/2/2011 1:00PM
3400008	U	12/8/2010	L1	12/8/2010	16	10	12	25	5/24/2011	3	green	7	green	✓		5/23/2011		6/7/2011 4:30PM
3400023	U	3/7/2011	L1	3/7/2011	17	14	6	12	5/31/2011	9	green	8	green	✓		3/14/2011		6/20/2011 5:00PM
3400011	U	12/14/2010	L1	12/14/2010	17	13	10	24	4/14/2011	9	green	8	green	✓		12/20/2010		
3400012	U	12/27/2010	L1	12/27/2010	25		8	22	5/5/2011	2	green			✓		2/28/2011		5/18/2011 2:30PM
3400001	U	10/21/2010	L1	10/21/2010	22	20	15	31	5/26/2011	8	green	10	yellow	✓	11/10/2010	4/4/2011		6/9/2011 11:30AM
3400005	U	12/8/2010	L1	12/8/2010	10	12	12	25	5/23/2011	6	green	4	green	✓		4/4/2011		6/6/2011 11:00PM
3400026	U	3/21/2011	L1	3/21/2011	17	14	8	10	5/24/2011	7	green	8	green	✓		3/31/2011		6/7/2011 11:00AM
3400007	U	12/8/2010	L1	12/8/2010	13	8	13	25	5/31/2011	8	green	2	green	✓		5/31/2011		6/14/2011 11:00AM
3400013	U	12/28/2010	L1	12/27/2010	19	15	9	22	5/17/2011	3	green	4	green	✓	4/19/2011	1/20/2011		6/14/2011 5:00PM
3400003	U	11/18/2010	L1	11/18/2010	22	18	10	27	5/25/2011	5*	green	8*	green	✓		5/31/2011		6/8/2011 4:30PM
3400016	U	1/20/2011	L1	1/20/2011	19	10	5	18	4/21/2011	2	green	5	green	✓		5/2/2011		5/19/2011 10:00AM
3400002	U	10/14/2010	L1	10/13/2010	14	7	8	33	2/17/2011	4	green	4	green	✓	2/17/2011	2/22/2011		
3400015	U	1/18/2011	L1	1/18/2011	17	4	11	19	5/25/2011	4*	green	5*	green	✓		1/24/2011		6/1/2011 4:30PM
3400028	U	4/19/2011	L1	4/19/2011	14	14	4	6	5/31/2011	9*		10*		✓		5/23/2011		6/7/2011 10:00AM
3400030	U	5/18/2011	L1	5/18/2011	22	10	1	2	5/19/2011	22*		10*				5/23/2011		
3400029	U	5/2/2011	L1	5/2/2011	24	16	3	4	5/24/2011	7		5		✓		5/16/2011		6/6/2011 8:30AM

1 - 24 of 24   Per page: 200

Population : G - GA-U, U - Uninsured, V - Veterans, F - Veteran Family Members, M - Moms, C - Children, O - Older Adults, I - CMI
*: score is last available but not from the last F/U.
L1†: Patient has been graduated from L2.
L2‡: Patient is still not taken by a Case Manager after 14 days.
Red: Most recent score is above 10 and has not improved by 5 points from the initial assessment score. Or if initial assessment is the only assessed score and is above 10
Yellow: Shows a 5 point improvement from the initial assessment score to the most recent score but most recent score is still above 10. Or there is not an initial assessment score and the most recent score is above 10
Green: Most recent score is below 10

Population(s) included : ☑ GA-U ☑ Uninsured ☑ Veterans ☑ Veteran Family Members ☑ Moms ☑ Children ☑ Older Adults ☑ CMI Reload

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Clinical Dashboard: Shared Patient Summary

Patient | Caseload | Program | Tools | Logout   Hello, Jurgen (unutzer)

CLINICAL DASHBOARD   customize

ID : 800114

Member Information   *Last updated by: Care Coordinator*   hide

Status : Evaluated - Accepted into Level 1

Working Diagnoses   view history   hide

L1 : Depression (PHQ-9 : 0/27, Minimal); Anxiety (GAD-7 : 0/21); PTSD (PCL : 56/85)

Assessment   view history   *Last updated by: Care Coordinator*   hide

Pt feels significantly better. No depressive sxs and only 'normal' anxiety. States previously her sister had a fight w her mother, pt became estranged from her mother and sister for a time. Pt continues to have a good relationship w her mother and her sister if mending her relationship w the mother. Pt discussed how she would work w her sister. Reports good relationship w her husband whose mood has significant w his new anti-depressant. She feels that her life in general has improved and has no particular concerns.

Safety Concerns   view history   hide

Past Suicide Attempts : None reported.

Medications   view history   *Last updated by: Care Coordinator*   hide

Sertraline (Zoloft) / 50mg

Other Treatment   view history   hide

None recorded

Activity Goals   view history   *Last updated by: Care Coordinator*   hide

Pleasant Events Scheduling: Make it a point to do some things this week that you have identified that you enjoy. • Likes to decorate and was interested in baking, creating her own recipes. • Enjoys reading, . Increased rewarding activity w her husband. • Talking with her son, • Dancing with children, • Going soccer games and practices, • Talk to my friends and brother. . Eating at least one meal together w husband and children. Plan: pt will use exercise equipment to increase her energy and run. She will borrow her sister's machinge.

Referrals   view history   hide

1 referral closed.

Outcome Measures   hide

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Summary of Treatment History

Patient | Caseload | Tools | Logout   Hello, Jurgen (juco)

TREATMENT HISTORY

Female

Provisional Diagnostic Impression

☑ Depression ☑ Anxiety ☑ Alcohol / Substance Abuse ☐ Bipolar Disorder ☐ PTSD ☐ Psychotic Disorder ☐ Cognitive Disorder ☐ Chronic Pain
☐ Rule Out Axis II Diagnosis   Other : None recorded

Contacts

Date	Type	Weeks in Tx	Type (L1) / Modality (L2)	PHQ-9	GAD-7	Medication	Daily Dose
11/24/08	L1 - CA	0	Clinic	21	18	Zaleplon (Sonata) Zolpidem CR (Ambien CR)	n/a 100
11/25/08	L1 - FU	0	Phone	11		Zolpidem CR (Ambien CR)	100
1/28/09	L1 - FU	9	Phone	12		Zolpidem CR (Ambien CR)	100
4/22/09	L1 - FU	21	Phone	9		Zolpidem CR (Ambien CR)	12.5
5/9/09	L1 - FU	23	Clinic	18		Zolpidem CR (Ambien CR)	12.5
5/10/09	L1 - FU	23	Phone	21		Zolpidem CR (Ambien CR)	12.5
8/31/09	L1 - FU	39	Clinic	10		Zolpidem CR (Ambien CR)	12.5
11/2/09	L1 - FU	49	Clinic	18		Fluoxetine (Prozac,Sarafem) Zolpidem CR (Ambien CR)	20 12.5

CA = Clinical Assessment, FU = Follow Up Contact, CC = Continued Care Plan, PE = Psychiatric Evaluation, PN = Psychiatrist Note, DC = Discharge Note, CN = Contact Note, GN = Graduation Note

Referrals

Date Referred	Type	Weeks in Tx	Status	Date Closed
11/24/08	L1 - Housing	0	Closed - Pt. followed thru	11/24/08
11/24/08	L1 - CD/SA Services	0	Closed - No longer necessary	
4/20/09	L1 - Veteran Services - VCCC	20	Closed - Pt. followed thru	4/20/09
8/18/09	L1 - Veteran Services - VA	0	Pending	
11/3/09	L1 - Housing	0	Pending	

Patient Progress

22
20

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MHIP: Pay-for-performance-based quality improvement cuts median time to depression treatment response in half.

MHIP for Behavioral Health
Mental Health Integration Program

Estimated Cumulative Probability
1.00
0.75
0.50
0.25
0.00
0 8 16 24 32 40 48 56 64 72 80 88 96 104 112 120 128 136
Weeks

Before P4P
After P4P

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Current Program Details

There are several aspects of this program that change frequently. Please review the following topics:

- Current quality aims
- Eligibility for different programs including higher levels of care
- Different disability programs (Federal, State)
- Current treatment planning protocols

BHIP

UW Behavioral Health Integration Program (BHIP)

Blended Model at Primary Care Clinics of the University of Washington Medical Center Hospitals and Satellite Locations

Combines Co-Located Direct Consultation Care Model with Collaborative Care Process

Behavioral Health Integration Program (BHIP) at UW Medicine

2008		2010		2012	2014	2016
Number of Clinics						
3		4		9	14	All

<u>Participating Sites</u>

Harborview Medical Center (HMC)

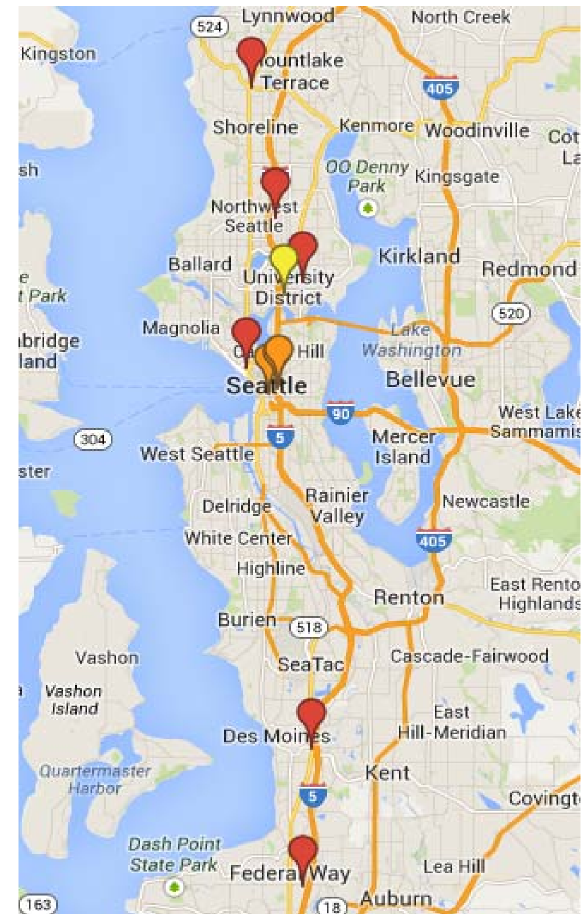
- Adult Medicine
- Family Medicine
- Pioneer Square
- Women's Clinic

University of Washington Neighborhood Clinics (UWNC)

- Belltown
- Kent/Des Moines
- Northgate
- Ravenna
- Shoreline
- Federal Way
- Factoria
- Woodinville
- Ballard
- Issaquah

University of Washington Medicine Center (UWMC)

- General Internal Medicine



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BHIP Program-Wide Goals

Indicator	Description	Target
Patient Access	Caseload size	50 active patients / month 500 patients (All clinics, Year 1)
Patient Outcomes	Improvement on PHQ-9 or GAD-7 after 12 weeks in treatment	50% of patients
Provider Satisfaction	PCP satisfaction with care management and psychiatric consultation services	80% of PCPs
Reduce costs	Reduction in total health care costs	10% of total costs

BHIP Psychiatrist Role

- Psychiatrists role
- Expert consultant to PCPs and CM
- Weekly (ideally) reviewing cases with the CM using the registry
- Prioritize patients that are not improving
- In person or telemedicine consultation for complex patients
- Provide education and training for PCPs

- Typical Workload
  - 20% FTE supporting 1 clinic, 1 care manager
  - Caseload-focused review (2-3 hours)
  - Direct patient consultation (4-5 hours)
  - Assist with program coordination, QI, training (1 hour)
  - (Supervision of Psychiatry residents/fellows)

CMTS: Registry for BHIP

Care Management Tracking System (CMTS©)

- Licensed by UW C4C
  - 21 licenses
  - 14 US states (& Alberta)
- Supporting care of over 80,000

Patient | Caseload | Program | Tools | Logout — Hello, Jurgen (unutzer)

CASELOAD STATISTICS L1

Site : (Switch to PCP-stat) (Switch to Clinic-stat)
Report Created on : Wednesday, February 3, 2010, 7:02PM

CO	# of P.	Clinical Assessment			Follow Up				Last Available		# on Meds	# w/ Missing Meds	# in C/C	Psychiatry Consultation			50% Improved after > 10 wks	
		#	Mean PHQ	Mean GAD	# of P.	Mean #	Mean # Clinic	Mean # Phone	Mean PHQ	Mean GAD				# Req'd	# w/ P/N	# w/ P/E	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	11.0 (Δ=28%)	8.8 (Δ=31%)	50 (77%)	3 (4%)	0 (0%)	1 (1%)	42 (60%)	0 (0%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	11.4 (Δ=28%)	10.5 (Δ=26%)	63 (75%)	2 (2%)	2 (2%)	0 (0%)	62 (72%)	0 (0%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	11.2 (Δ=28%)	9.8 (Δ=28%)	113 (76%)	5 (3%)	2 (1%)	1 (1%)	104 (67%)	0 (0%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Plan. P/N = Psychiatrist Note. P/E = Psychiatric Evaluation

Population(s) included : ☑ GA-U ☑ Uninsured ☑ Veterans ☑ Veteran Family Members ☑ Moms ☑ Children ☑ Older Adults [Reload]

Caseload summaries help manage

-Clinical productivity
-Quality improvement

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Patient | Caseload | Program | Tools | Logout — Hello, Jurgen (unutzer)

PCP SUMMARY

export as text

ID : 800114

Created on: Wednesday, February 3, 2010

Care Coordinator — **Primary Care Provider**

Working Diagnoses :
L1 : Depression (PHQ-9 : 0/27, Minimal); Anxiety (GAD-7 : 0/21); PTSD (PCL : 56/85)

Formulation : Pt feels significantly better. No depressive sxs and only 'normal' anxiety. States previously her sister had a fight w her mother, pt became estranged from her mother and sister for a time. Pt continues to have a good relationship w her mother and her sister if mending her relationship w the mother. Pt discussed how she would work w her sister. Reports good relationship w her husband whose mood has significant w his new anti-depressant. She feels that her life in general has improved and has no particular concerns.

Treatment Progress :

Safety Concers :
Past Suicide Attempts : None reported.

Current Psychiatric Medications : Sertraline (Zoloft) / 50mg, 1 tablet once a day

Activity Goals : Pleasant Events Scheduling: Make it a point to do some things this week that you have identified that you enjoy. • Likes to decorate and was interested in baking, creating her own recipes. • Enjoys reading. . Increased rewarding activity w her husband. • Talking with her son, • Dancing with children, • Going soccer games and practices, • Talk to my friends and brother. . Eating at least one meal together w husband and children. Plan: pt will use exercise equipment to increase her energy and run. She will borrow her sister's machinge.

Referrals : None recorded

Psychiatrist Note — Last updated by: Consulting Psychiatrist (Marc Avery)

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- Access from anywhere
- Population-based
- Supports effective care
- Keeps track of ‘caseloads’
- Facilitates consultation
- Allows research on highly representative populations

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Common Client Diagnoses in MHIP and BHIP

Diagnoses	MHIP	BHIP
Depression	71 %	76%
Anxiety (GAD, Panic)	48 %	42%
Posttraumatic Stress Disorder (PTSD)	17 %	15%
Alcohol / Substance Abuse	17 %*	12%
Bipolar Disorder	15 %	16%
Thoughts of suicide	45%	40%

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Reflection Questions

1. What have been your experiences (both rewards and challenges) in these systems?
    - Traditional consultation
    - Co-located care
    - Behavioral health consultant
    - Collaborative Care
2. In your practice how have you managed patient who do not show up for the appointments?
3. Have you had any exposure to quality aims in your clinical work before? What do you see as the advantages and challenges of using quality aims to guide clinical interactions?