



Mid-America (HHS Region 7)

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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA

Substance Abuse and Mental Health
Services Administration

The Road to Primary Care: Several Paths to Coming Home

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Joseph Evans, PhD

Psychology, Munroe-Meyer Institute

Mid-America MHTTC



MUNROE-MEYER
INSTITUTE



FINANCIAL SUPPORT

The Mid-America MHTTC, funded at \$5.2 million by the Substance Abuse and Mental Health Services Administration (SAMHSA), was established in 2018 and is housed at the Munroe-Meyer Institute at the University of Nebraska Medical Center. The Center primarily works to integrate behavioral health care into primary care programs, but also provides training and technical assistance in implementing comprehensive school mental health programming, community-based programming to address serious mental illness, and behavioral health workforce development.



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What is the Mid-America MHTTC?



- Funded by the Substance Abuse and Mental Health Services Administration
- 5-year grant awarded to Dr. Joseph Evans at the University of Nebraska Medical Center
- Aligns mental health systems and professional competencies with evidence-based practices
- Primary target states: Missouri, Iowa, Nebraska, and Kansas - but available to any provider(s).
- Provides free/low cost training and technical assistance on topics leading to effective behavioral health practice



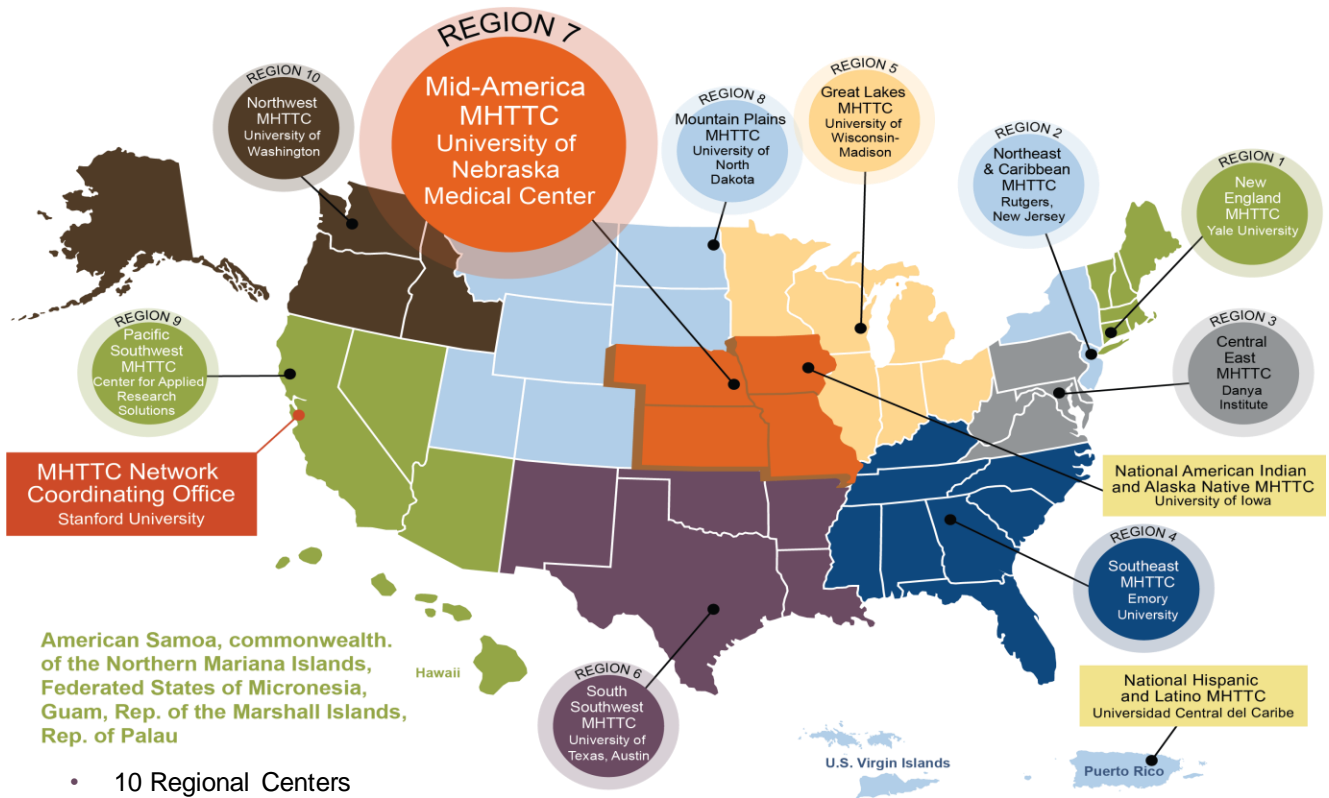
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- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



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Specialized Training Topics



Integrated behavioral health in primary care



School mental health ***



Serious mental illness



Behavioral health workforce development



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Integrated Behavioral Health in Primary Care



Our MHTTC staff have 20+ years of experience integrating behavioral health into primary care in 40+ rural, suburban, and urban sites



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MHTTC: Providing Training and TA in Integrated Care



QUALITY INDICATORS
OF INTEGRATED
BEHAVIORAL HEALTH
IN PRIMARY CARE



EVIDENCE-BASED
BEHAVIORAL HEALTH
INTERVENTIONS FOR
CHILDREN AND
ADULTS APPLIED IN
INTEGRATED CARE
SETTINGS



TECHNICAL
ASSISTANCE ON
IMPLEMENTATION OF
INTEGRATED CARE



ONLINE AND IN-
PERSON COURSES
FOCUSED ON
INTEGRATED CARE
AND SPECIAL TOPICS
IN PEDIATRIC AND
ADULT SERVICES (IN
DEVELOPMENT)



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Children and Mental Health: Facts

- 9.4% of children aged 2-17 have a diagnosis of **ADHD**
- 7.4% of children aged 3-17 have a diagnosed **behavior problem**
- 7.1% of children aged 3-17 have diagnosed **anxiety**
- 3.2% of children aged 3-17 have diagnosed **depression**.
- Having **one diagnosis** may increase the likelihood of **additional diagnoses**:
 - 3 in 4 children with **depression** also have **anxiety**
 - 1 in 3 children with **anxiety** also have **behavior problems**

Centers for Disease Control and Prevention: <https://www.cdc.gov/childrensmentalhealth/data.html>



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Pediatric v Adult Integrated Care

Integrated Care in Pediatrics

- Focus on the developing child
- Families play an active role in treatment
- Treatment focuses on coping and adjustment and behavior management

Working with children and families is often very different than working with adults with complex medical conditions

National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>



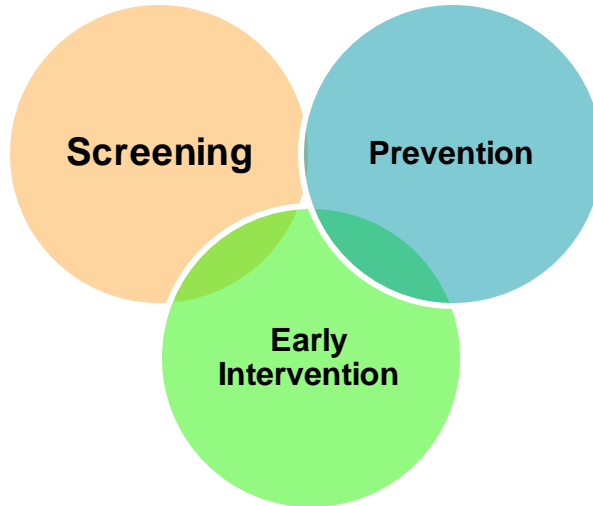
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Pediatric Integrated Care



SAMHSA: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>



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Question: I want to integrate behavioral health in primary care. Which path do I take?

Answer: There is more than one path on the road to integration



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What is Integrated Behavioral Health Care?

- “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.”
- Team can include physicians, PA’s, NP’s, nurses, medical assistants, licensed behavioral health providers (psychologists, social workers, MFTs and counselors)



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Illustration: A family tree of related terms used in behavioral health and primary care integration

See glossary for details and additional definitions

Integrated Care

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes" of integration: 1) integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Patient-Centered Care

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Coordinated Care

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA 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.

Patient-Centered Medical Home

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: AHRQ Publication No.13-IP001-EF. Rockville, MD



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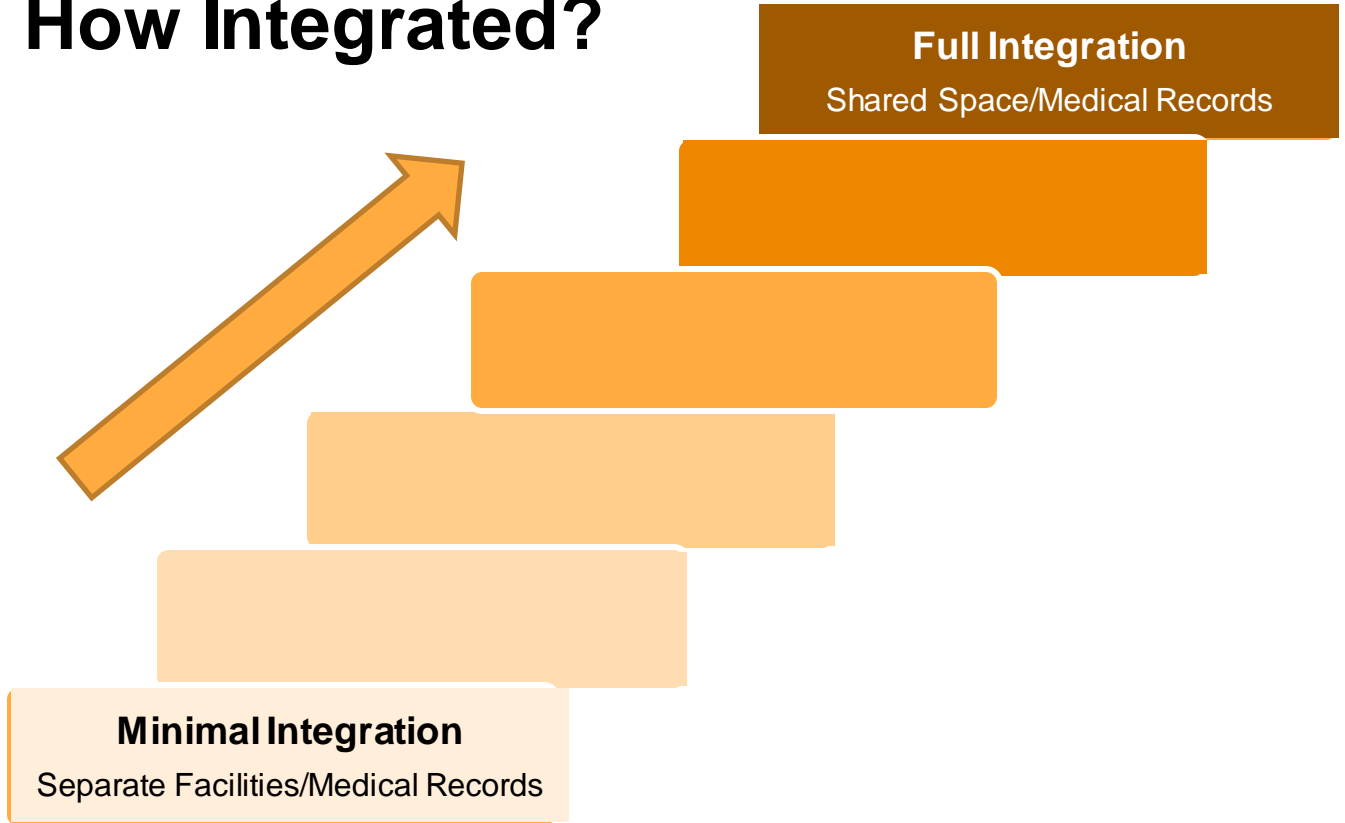
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Example Components of Integrated Care

- Screening
- Unified treatment plan
- Phone follow up between provider and patient
- PCP follow up with patient
- Immediate access
- Location of the behavioral health provider to PCP
- Location of behavioral health note in medical record
- Billing
- Shared office staff



How Integrated?



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The Integrated Care Continuum

Integrated care models occur along a continuum from:

- **Coordinated care:** the practice of working across health care settings to exchange the most critical pieces of information about a shared patient and help facilitate their access to care
- **Co-located care:** The practice of physically locating a behavioral health provider in primary care setting
- **Integrated Care:** The practice term include primary care and behavioral health clinicians working with patients and families using a systematic, seamless and cost-effective approach to provide patient-centered care.

Blount, A. (2003). Integrated Primary Care: Organizing the Evidence. Families, Systems & Health, 21, 121-134.



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Integrated Behavioral Health in Pediatric Primary Care

- Center for Integrated Health Solutions (CIHS) developed a description of various levels of integration/collaboration:
 - <https://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare>
- Common to these levels is collaboration between behavioral health and primary care providers
- MHTTC can help you navigate the level that works best for your organization



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Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles 	<ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources 	<ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet ill-defined team 	<ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013



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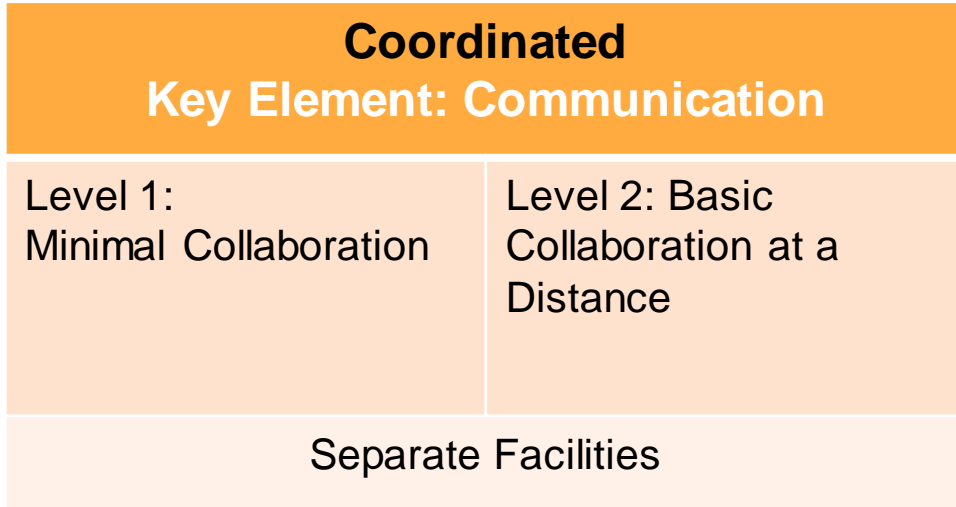
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Six Levels of Collaboration/Integration

Center of Integrated Health Solutions (CIHS)



Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013



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Six Levels of Collaboration/Integration

Center of Integrated Health Solutions (CIHS)

Co-Located Key Element: Physical Proximity	
Level 3: Basic Collaboration on Site	Level 4: Close Collaboration on Site with System Integration
In same facility but not necessarily the same office	In the same space within the same facility

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013



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Six Levels of Collaboration/Integration

Center of Integrated Health Solutions (CIHS)

Integrated Key Element: Practice Change	
Level 5: Close Collaboration Approaching an Integrated Site	Level 6: Full collaboration in Transformed/Merged Integrated Practice
In the same space within the same facility (some shared space)	In the same space within the same facility, sharing all practice space

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013



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Models of Integrated Care: Paths to Coming Home



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Models of Care: Paths to Coming Home

Models of Care:

- **Primary Care Behavioral Health (PCBH)** describes how licensed mental health providers/psychologists and primary care providers work in collaborative environments to address physical and behavioral health
- **Collaborative Care or CoCM** is a specific framework of integrated care by the American Psychiatric Association “Collaborative Care Model”

Team members and roles may look different in these two models



Illustration: A family tree of related terms used in behavioral health and primary care integration

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Primary Care Behavioral Health Model (PCBH)

- Model of care that integrates behavioral health in the primary care setting
- **Goal:** Optimize access to behavioral health support across a variety of patient presentations
- PCP sees patient and provides referral to the BHC
- Licensed behavioral health professionals are referred to as Behavioral Health Clinician “BHC’s”
- Behavioral health assessment and treatment delivered in the same space as the PCP’s

Blount, A. (2003). Integrated Primary Care: Organizing the Evidence. Families, Systems & Health, 21, 121-134.



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Primary Care Behavioral Health Model (PCBH)

Team includes

- Primary care provider (PCP)
- Referring medical support staff (nurses, medical assistants)
- Behavioral Health Clinician (BHC)
- Office staff (front office, billing)



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Primary Care Behavioral Health Model (PCBH)

Roles of the PCP and BHC

- PCP is team leader
 - Includes referring medical support staff
 - Screening for autism, depression, anxiety
 - Refers patients to the BHC for a variety of reasons
 - Medication management
- BHC
 - Work with PCP
 - Accessible to patients (sometimes during same appointment or same day)



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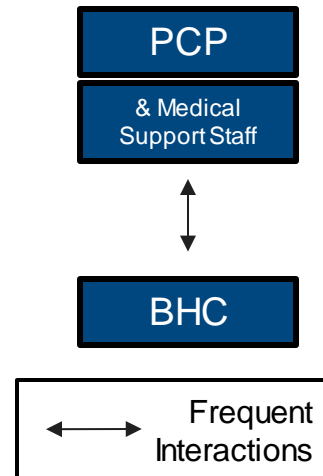
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Primary Care Behavioral Health Model (PCBH)

Communication

- Informal
 - May be called into exam rooms for “warm hand-offs”
 - Hallway consultations
- Formal
 - BHC and PCP can access each other’s notes in shared system
 - BHC and PCP co-monitor progress with treatment



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Primary Care Behavioral Health Model (PCBH)

Exemplar:

**UNMC Munroe-Meyer Institute
Integrated Care Program
Department of Psychology
University of Nebraska Medical Center**



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UNMC Munroe-Meyer Institute Integrated Care Program

- MMI has been developing a network of integrated behavioral health clinics (BHCs) for over 20 years
- Current network of integrated clinics established or supported by MMI (n=43)
- “Co-located” model
- Training program



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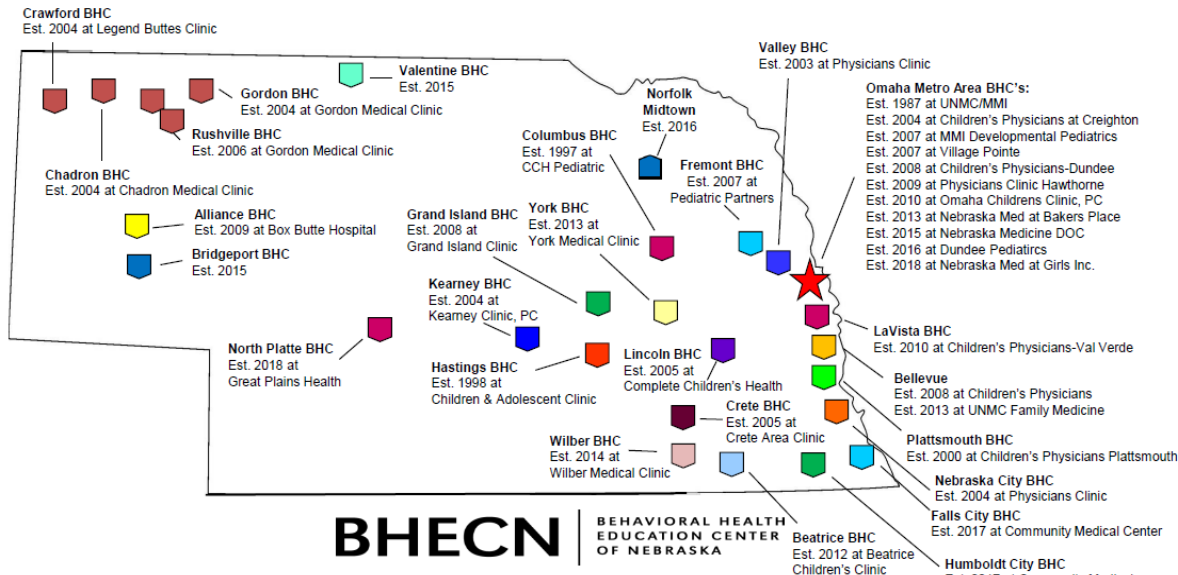
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Munroe-Meyer Institute Department of Psychology Behavioral Health Clinics



BHECN

BEHAVIORAL HEALTH
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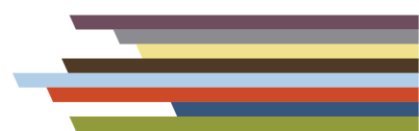
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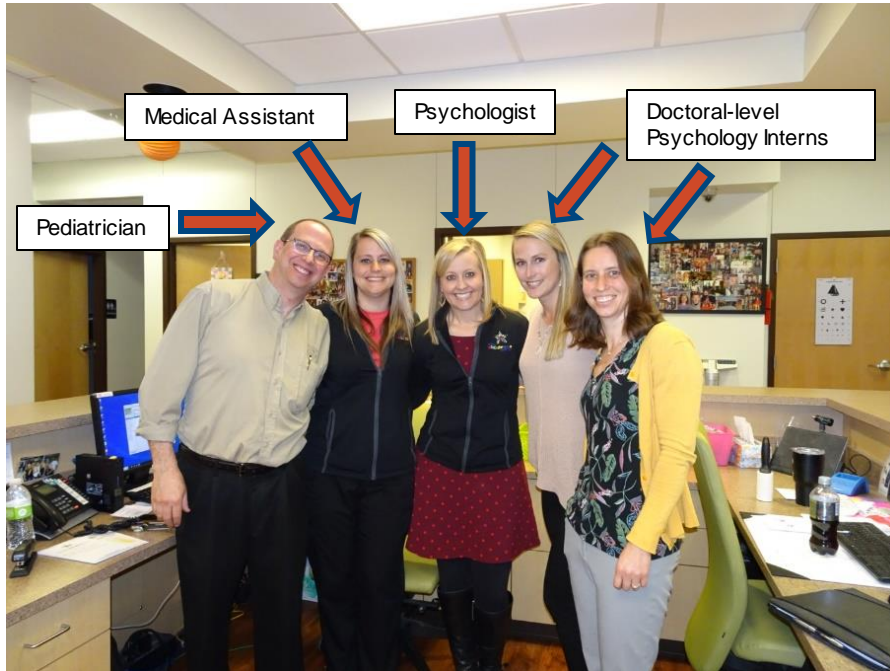
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Primary Care TEAM Experience



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UNMC Munroe-Meyer Institute Integrated Care Program

- Provision of BH care *within* a primary health care setting
 - Patients are seen in same or adjacent exam rooms as PCPs
 - Patients internally referred by PCPs
 - Shared systems such as scheduling and EHR
 - Clinic-specific pathways developed to manage referrals, screening practices, collaborative treatment planning
 - Variety of business models but often separate funding and billing and clinic support from grants
 - Frequent Informal collaborations with PCPs and “warm hand offs”
 - Community referral sources for patients needing long-term treatment or placement



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UNMC Munroe-Meyer Institute Integrated Care Program

- Expand Integrated BH service provision capacity in PC practices, both regionally and nationally
- Train and Retain Behavioral Health Providers in PC Practices
- Replicate IBH training programs
- Implementation research on IBH effectiveness, costs, dissemination



Valleley, Clarke, Roberts, Burt, Grennan & Evans. (in press). Nebraska Pediatric Integrated Care Training Program (NE-PICT) Model. *Clinical Practice in Pediatric Psychology*



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PCBH Model at MMI: The Evidence



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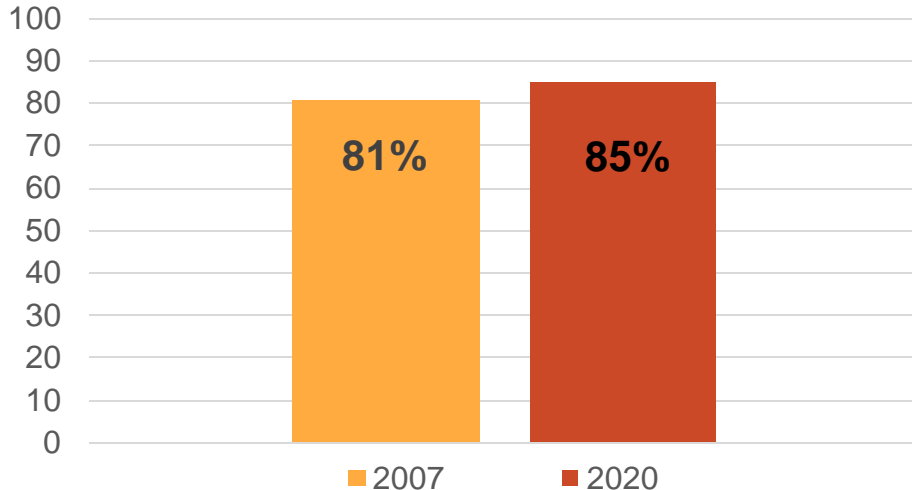
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Show Rates from PCP Referrals

Attended 1st appointment



Valleley, R.J., Kosse, S., Schemm, A., Foster, N., Evans, J., & Polaha, J. (2007). Integrated Care for Children in Rural Communities: An Examination of Patient Attendance to Behavioral Health Services. *Families, Systems, & Health*, 25, 323-332.

Valleley, Meadows, Burt, Menousek, Hembree, Evans, Gathje, Kupzyk, Sevecke, Lancaster (2020). Demonstrating the impact of collocated behavioral health in pediatric primary care. *Clinical Practice in Pediatric Psychology*, 8(1), 13-24.



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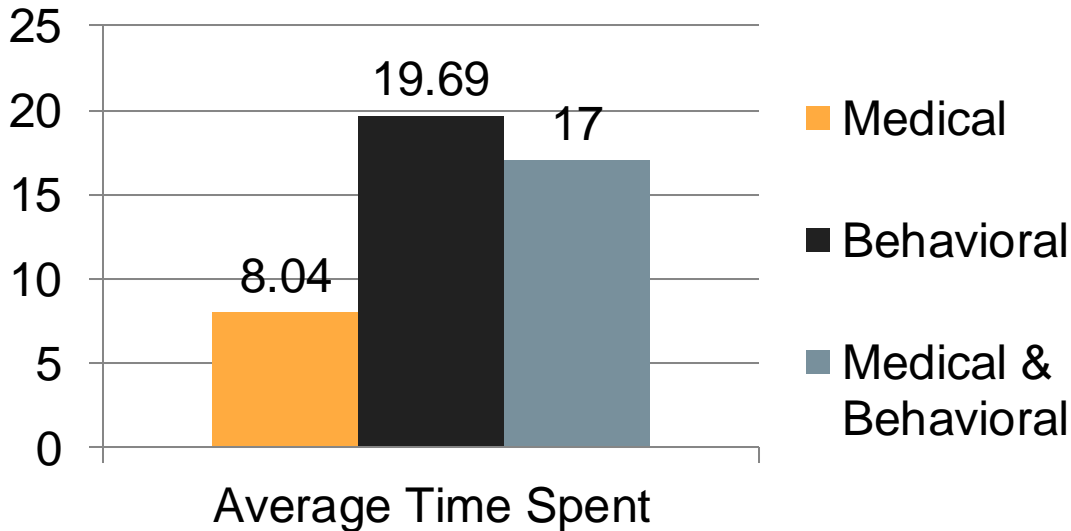
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Physician Time Spent in Minutes



Valleley, Polaha, Begeny & Evans (2006). Running out of time: Physician management of behavioral health concerns in rural pediatric primary care. *Pediatrics Electronic Pages*, 118, e132-e138.



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Physician Satisfaction with Integration

- Responses of “Agree” or “Strongly Agree”
 - Clinician providing the services
 - Quality of services
 - Meeting needs of families
 - Quality and Continuity of Care
 - Decreased medical costs
 - Decreased stigma with behavioral health
 - Both rural and urban

Hine, Grennan, Menousek, Robertson, Valleley, & Evans. (2016). Physician Satisfaction with Integrated Behavioral Health in Pediatric Primary Care: Consistency Across Rural and Urban Settings. *Journal of Primary Care and Community Health*. 1-5.



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See glossary for details and additional definitions

Integrated Care

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes" of integration: 1) integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Patient-Centered Care

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Coordinated Care

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared systems of care and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Bonus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA 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.

Patient-Centered Medical Home

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: AHRQ Publication No.13-IP001-EF. Rockville, MD



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Collaborative Care or CoCM

- Collaborative Care Model is based on tracking outcomes of patients based on repeated screening practices (e.g., PHQ-9)
- Allows the primary care team to know which patients need behavioral health, engage these patients and manage care until they improve or need further referral
- **Goal:** Collaborative Care model focuses on impacting clinical behavioral outcomes in patients

American Psychiatric Association:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>



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Collaborative Care or CoCM

5 Principals of the Collaborative Care Model

- 1) Patient-centered team care
- 2) Population-based care
- 3) Measurement-based treatment to target
- 4) Evidence-based care
- 5) Accountable Care



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Collaborative Care or CoCM

Team includes

- Primary care provider (PCP)
- Psychiatrist
- Care Manager
- Patient



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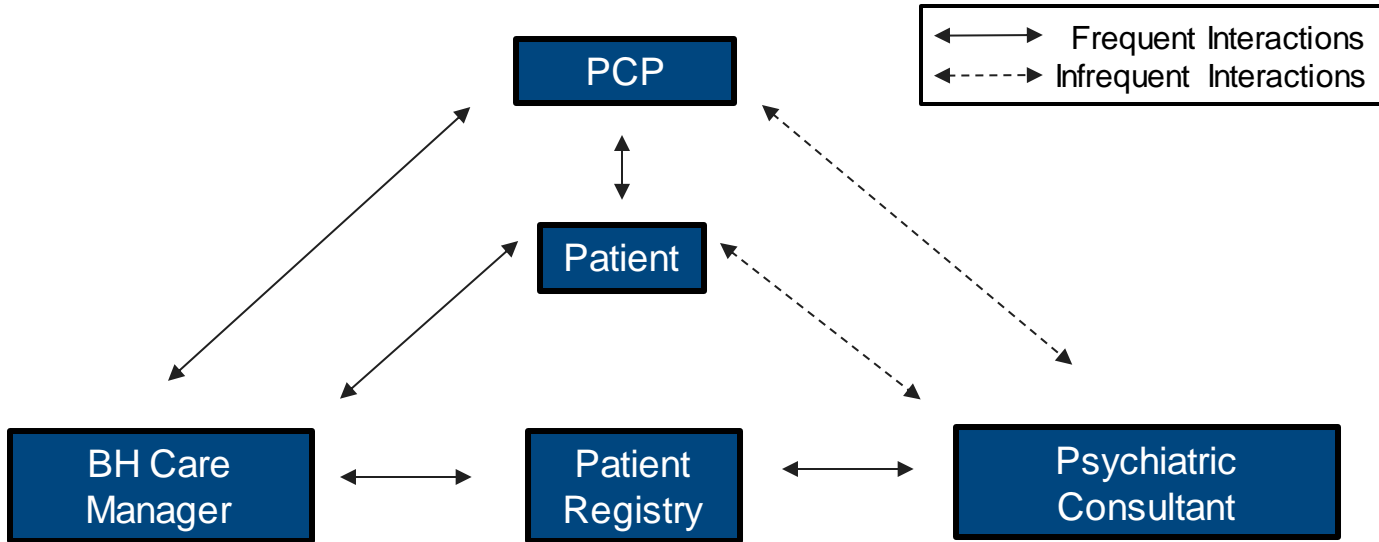
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Collaborative Care or CoCM

Communication



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Collaborative Care or CoCM

Roles of the Team

- PCP leads the team
 - PCP consults with opinion of psychiatry consultant
 - PCP enters encounter into EMR
- Care Manager
 - Screens (e.g. PHQ-9)
 - Triage
- Psychiatric Consultant
 - communicates with care team
 - Reviews patient registry/information
 - Provide guidance for medication and behavioral referral



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Collaborative Care or CoCM

Exemplar:

**AIMS Center
Psychiatry Department
University of Washington**



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AIMS Center: Psychiatric Consultation to Primary Care

Team Approach

- Psychiatrist
- Primary Care Physician
- Care Manager
- Patient

AIMS Center (Advancing Integrated Mental Health Solutions):
<https://aims.uw.edu/>



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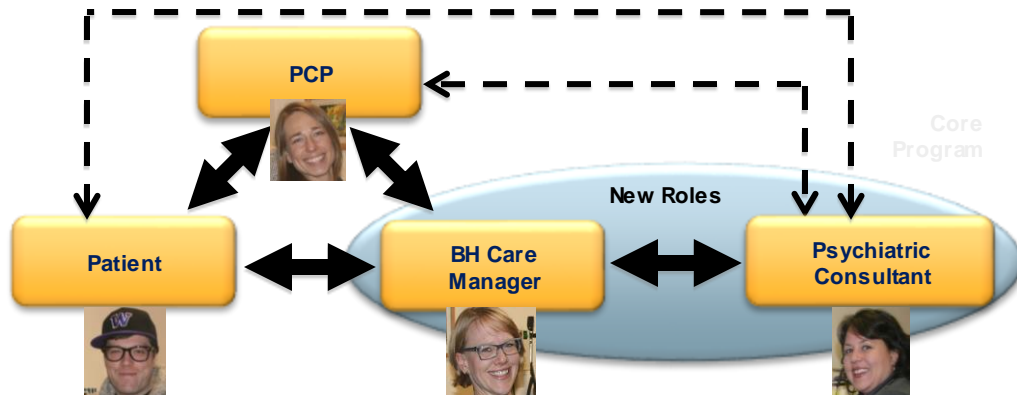
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Principle 1: Patient Centered Team Care



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Principle 2: Population Based Treatment

Patient ▾ Caseload ▾ Program ▾ Tools ▾ Logout Search Patient :

CURRENT PATIENTS



FLAGS	MHITS ID	POPULATION	ENROLLMENT DATE	STATUS	CLINICAL ASSESSMENT			# OF SESSIONS	WKS IN TX	LAST FOLLOW UP CONTACT				
					DATE	PHQ-9	GAD-7			DATE	PHQ-9	DEP IMPR	GAD-7	ANX IMPR
🚩	000279	U	7/24/2012	L1	7/24/2012			2	32	7/24/2012	17	🚩		
🚩	000258	F	6/18/2012	L1	3/18/2012	9		2	50	5/18/2012	17	🚩		
🚩	000114	G	10/18/2010	L2R	1/18/2011	6		6	111	8/27/2012	17*	🚩		
🚩	000156	S	1/25/2012	L1	11/25/2011		18	5	66	4/17/2012	17	🚩	14*	🚩
🚩	000245	V	6/14/2012	L1	7/15/2012			2	33	7/23/2012	14	🚩		
🚩	000127	UV	5/1/2012	L1	6/14/2012	12	12	5	37	1/9/2013	13*	🚩	10	🚩
🚩	000218	G	4/3/2012	L1	4/6/2012			4	47	5/15/2012	12	🚩		
🚩	000142	O	1/12/2012	L1	1/12/2012			2	59	2/27/2012	12	🚩		
🚩	000277	U	6/8/2012	L1	6/8/2012	9		2	38	6/30/2012	10	🚩		
🚩	000210	T	3/27/2012	L1	1/1/2012	25	19	9	61	6/13/2012	9	🟢	6	🟢
🚩	000216	U	12/30/2011	L1	11/29/2011	27		9	66	11/28/2012	9	🟢		
🚩	000288	V	8/28/2012	L1C	8/16/2012	14		12	28	11/29/2012	6*	🟢		
🚩	000232	V	11/16/2011	L1	3/1/2012	25	21	6	52	10/15/2012	5*	🟢	2*	🟢
🚩	000231	U	12/6/2011	L2G	1/10/2012	24	20	7	60	5/9/2012	5	🟢	5	🟢
🚩	000227	UP	4/3/2012	L1	5/18/2012			1	41					



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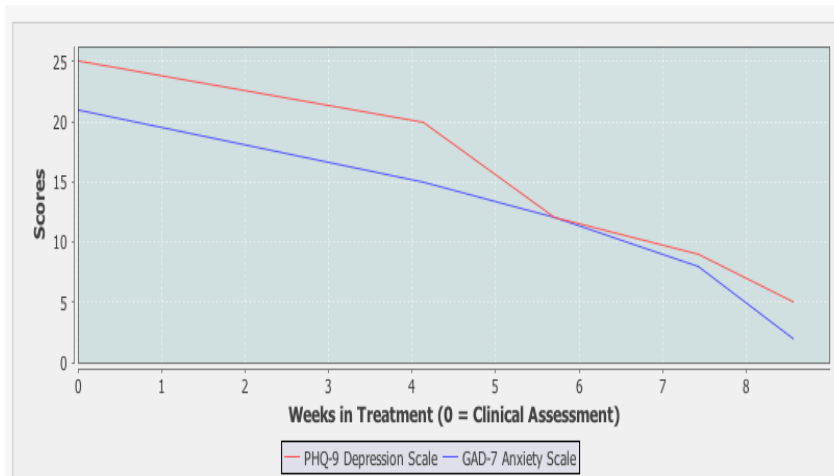
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Principle 3: Measurement-Based Treatment To Target (ex: Reductions in PHQ-9 and GAD-7 Scores)



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Principal 4: Evidence-Based Treatment



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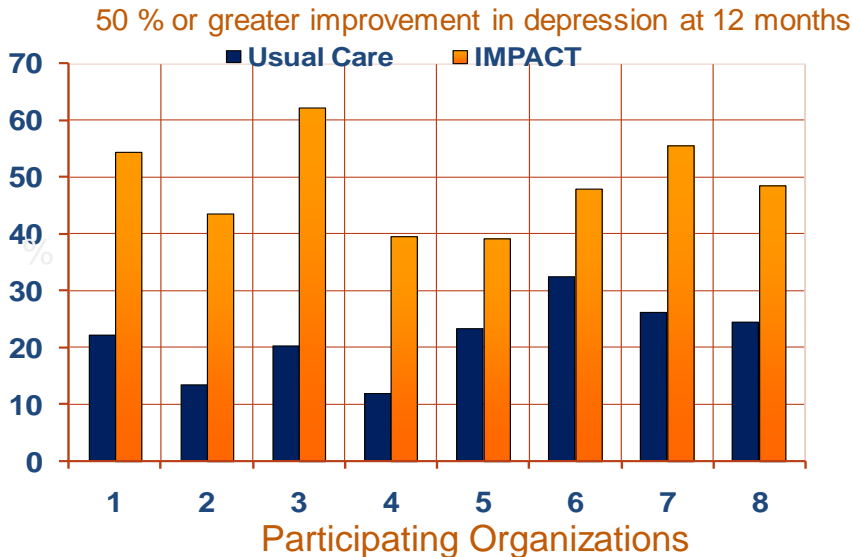
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AIMS Center

Doubles Effectiveness of Care for Depression



Unützer, Katon, Callahan et al. (2002). Collaborative Care Management of Late-Life Depression in the Primary Care Setting: A Randomized Controlled Trial. JAMA, 288 (22), 2836-2845

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STAR-D Summary

Level 1: Citalopram
~30% in remission

Level 2: Switch or Augmentation
~50% in remission

Level 3: Switch or Augmentation
~60% in remission

Level 4: Stop meds and start new
~70% in remission



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Principle 5: Accountable Care



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[\(Switch to Clinic-stat\)](#)

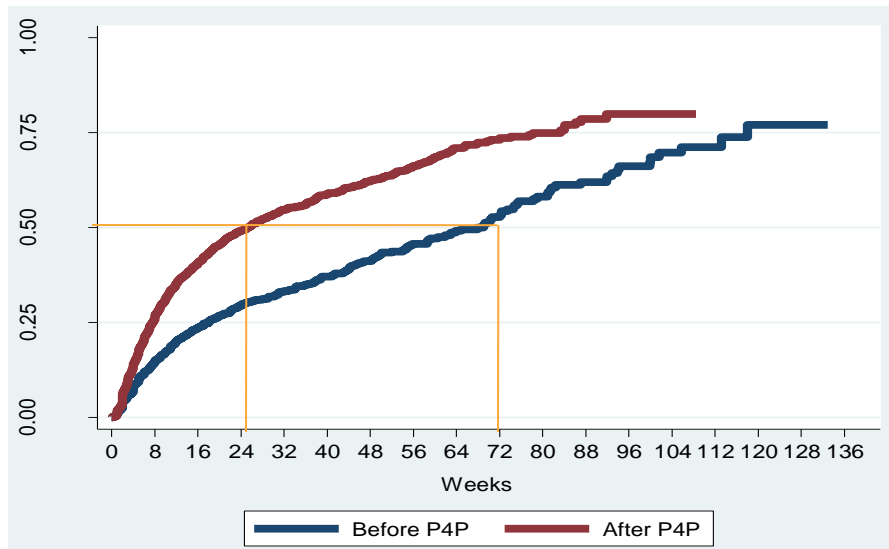
CASELOAD STATISTICS L1

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	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%)	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%)	53 (60%) (n=89)	44 (49%) (n=89)

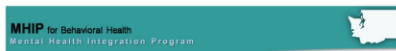
C/C = Continued Care Pla



Pay-for-performance cuts median time to depression treatment response in half.



Unützer et al. 2012.



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Collaborative Care: The Evidence

- Now over 80 Randomized Controlled Trials (RCTs)
- Meta analysis of CC for depression in primary care (US and Europe)
 - Consistently more effective than usual care
- Since 2006, several additional RCTs in new populations for other common mental disorders
 - Including anxiety disorders, PTSD



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Unifying Models of Integrated Care

- Unützer (2014) *“Which Flavor of Integrated Care?”*
- PCBH emphasizes referrals to higher level of care (e.g., psychiatry, substance abuse programs, residential treatment)
- CoCM employs medication consultation back to PCP
- Movement to integrate these models
 - BHC becomes
 - Licensed treatment agent*
 - Care manager



Unifying Models of Integrated Care

Exemplar Unifying Models of IBC

- Pediatric Mental Health Access Grant (HRSA)
 - BHC's (on-site)
 - BHC and PCP determine need for consultation psychiatry
 - Consultant (Psychiatry, Developmental Medicine, Psychiatric NP) same-day
- Children's Hospital and Medical Center
 - BHC's (on-site)
 - BHC and PCP may determine need for consultation and/or referral



The Road to Integration: Next Steps

- Join us next month as we discuss the next steps in building integrated care
- Topics will include:
 - Assessment of organizational readiness
 - Initiating Conversations with the team about IBH
 - Identifying Champions



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American Psychiatric Association:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

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Coming Home to Primary Care Pediatric Integrated Health Series

Last Friday of each month, 12-1pm Central Time

- Friday, September 25 - Ready to Hit the Pavement: How to Dive Into Primary Care
- Friday, October 30- Considerations in Maintaining Equity on Our Path to Pediatric Primary Care
- Recordings will be made available

<https://mhttcnetwork.org/centers/mid-america-mhttc/coming-home-primary-care-pediatric-integrated-behavioral-health>



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