June 24, 2016

Collaborative Care Conference

ADDRESSING PROBLEMS OF ACCESS AND STIGMA IN MENTAL HEALTH CARE

Lessons Learned from 35 Years of Integrated Primary Care in Rochester

Susan H McDaniel PhD

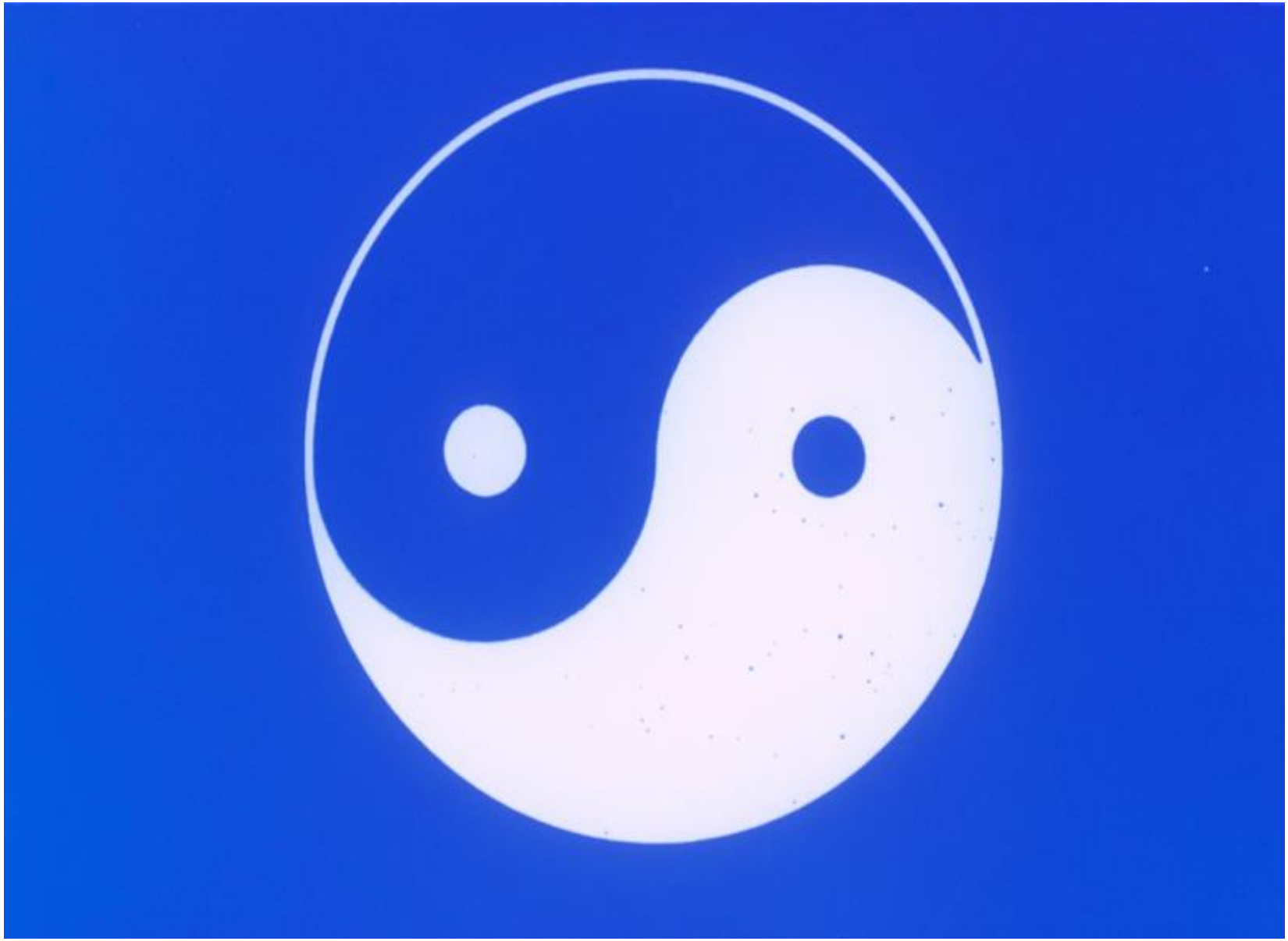
Dr. Laurie Sands Distinguished Professor of Families & Health
Director, Institute for the Family, Department of Psychiatry
Associate Chair, Department of Family Medicine
Director, Physician Faculty Communication Coaching Program
University of Rochester Medical Center
Rochester NY

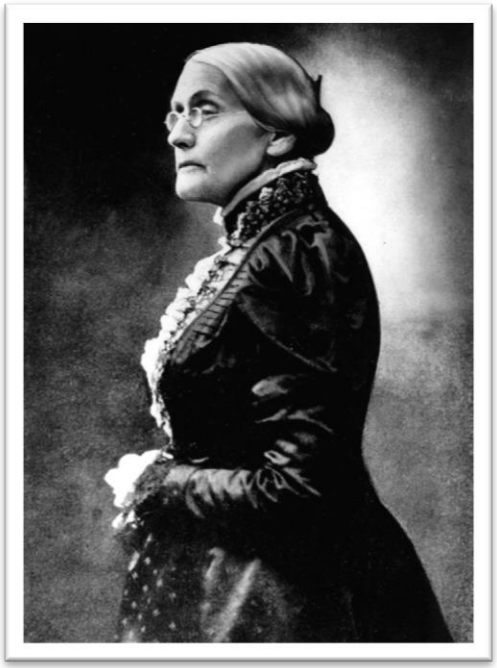
. Healthcare Reform

*Patient-centered

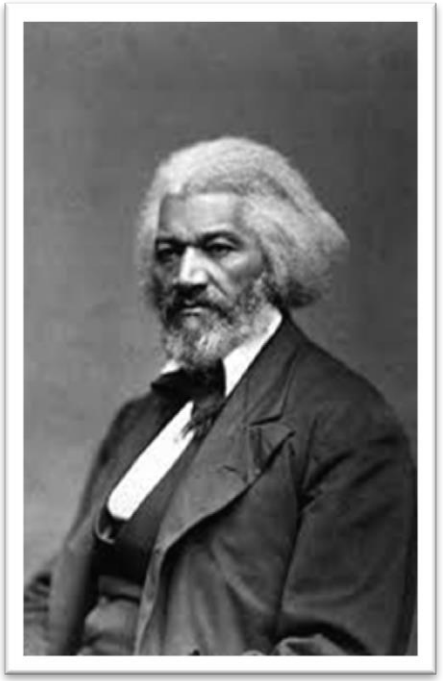
*Prevention & early intervention

*Treatment integrates the emotional, relational, and physical experiences





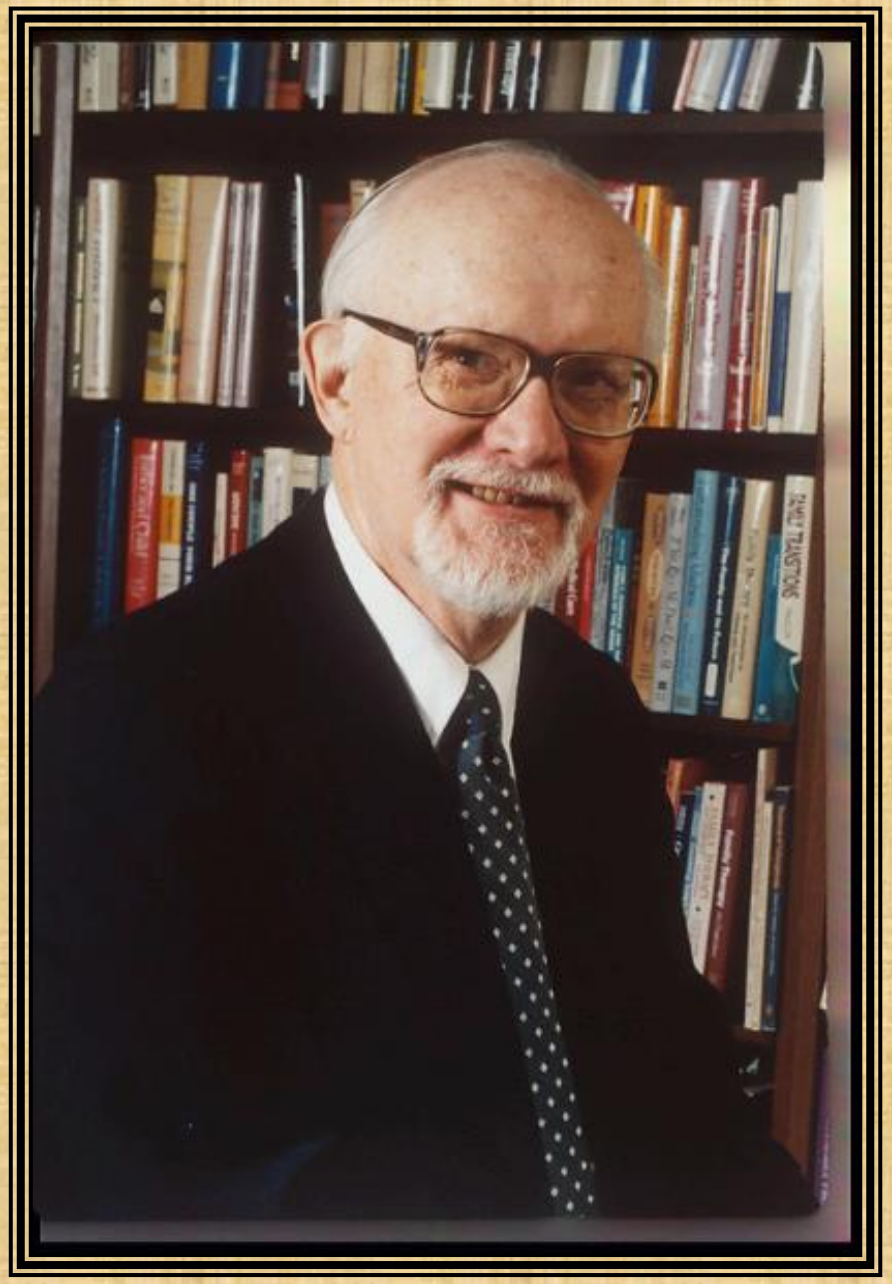
Susan B. Anthony



Frederick Douglass

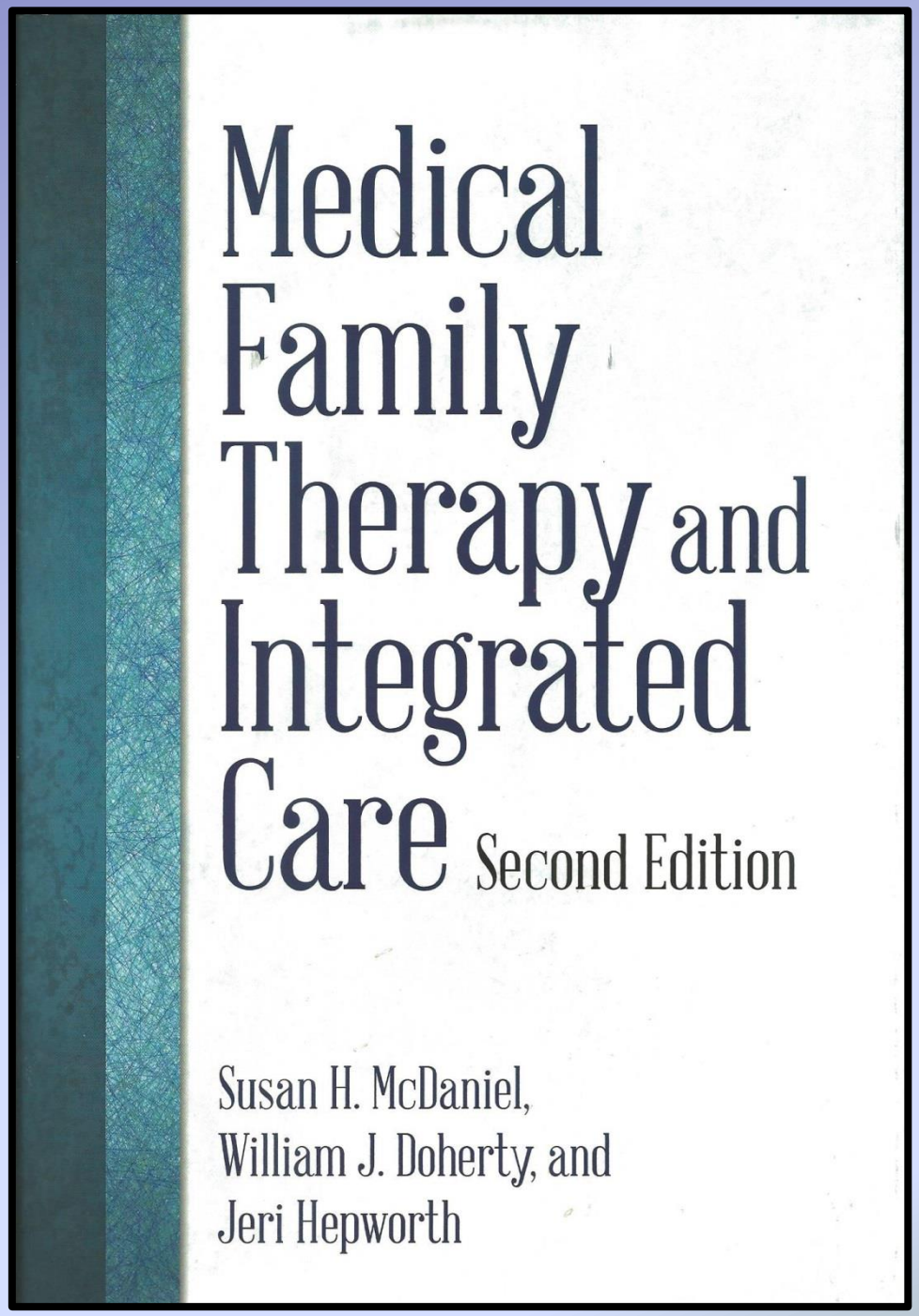
George Engel, MD

Father of the Biopsychosocial Approach



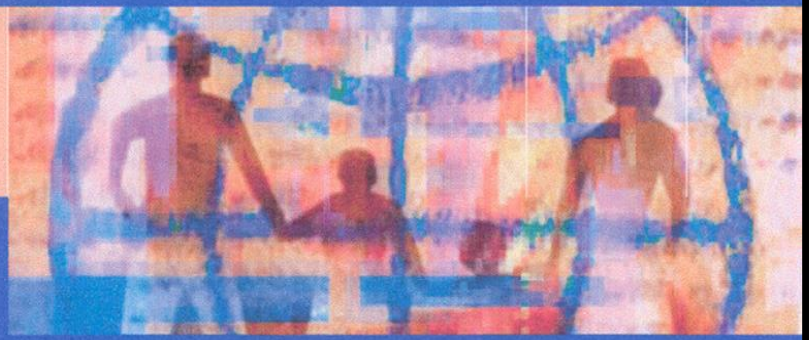
Lyman Wynne, MD, PhD

Schizophrenia Researcher and Pioneering Family Therapist


Medical Family Therapy and Integrated Care
Second Edition
Susan H. McDaniel,
William J. Doherty, and
Jeri Hepworth

Thomas Campbell, MD

Susan H. McDaniel
Thomas L. Campbell
Jeri Hepworth
Alan Lorenz



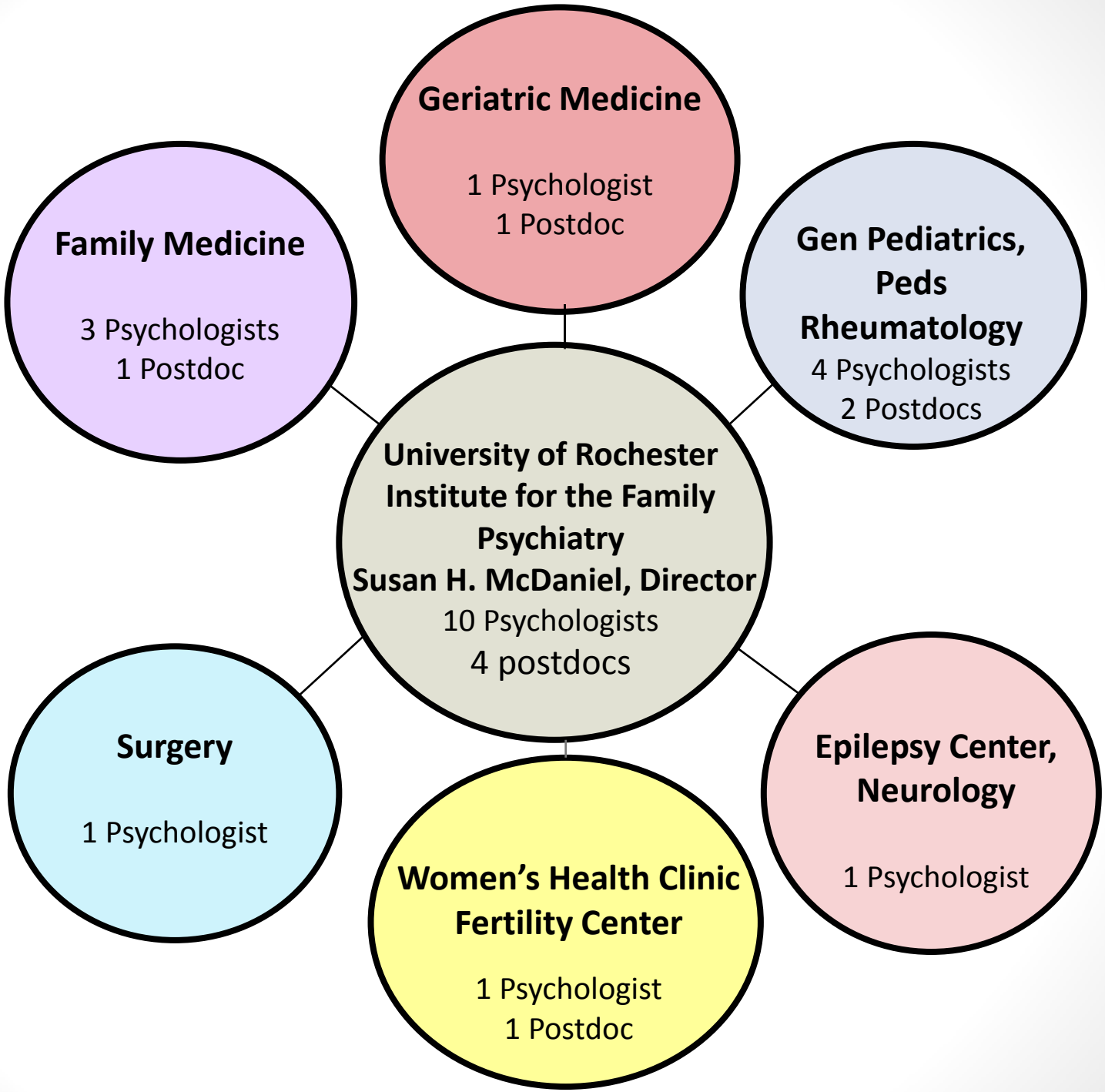
Family-Oriented Primary Care

Second Edition

Springer

30 YEARS of
INTEGRATED PRIMARY CARE
at the UNIVERSITY OF ROCHESTER

Health and mental health clinicians working as a team to provide coordinated services together in a family medicine clinic.


Geriatric Medicine
1 Psychologist
1 Postdoc
Family Medicine
3 Psychologists
1 Postdoc
Gen Pediatrics, Peds Rheumatology
4 Psychologists
2 Postdocs
University of Rochester Institute for the Family Psychiatry
Susan H. McDaniel, Director
10 Psychologists
4 postdocs
Surgery
1 Psychologist
Epilepsy Center, Neurology
1 Psychologist
Women's Health Clinic Fertility Center
1 Psychologist
1 Postdoc

Scaling Up for Integrated Care

A Global Push for Integration

Challenges Implementing Integrated Care

*Financial disincentives

Other Challenges Implementing Integrated Care

*Differing paradigms
*Different working styles
*Different approaches to confidentiality
*Disciplinary bias
*Population Health
*Collaborative and team based care
*The importance of education and training

What is Integrated Primary Care?

- Working together to provide coordinated on-site behavioral and mental health services
- Targeting all behavioral health problems (mental illness, substance abuse, health behavior change)

Integrated Primary Behavioral Healthcare

- More complex and nuanced
- Behavioral health providers need to manage:

√ Mental Health Diagnoses

√ Health Behaviors

√ Substance Abuse

Burden of Illness

	Lifetime Prevalence	Primary Care Prevalence
Depression	21%	24%
Anxiety	29%	20%
Alcohol	15%	17%
Any MH Disorder	46%	52%

Ronald Kessler et al., "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication", -Archives of General Psychiatry, 2005, Vol. 62, No. 6.

Mauksch, et al. Mental Illness, Functional Impairment, and Patient Preferences for Collaborative Care in an Uninsured, Primary Care Population. The Journal of Family Practice, 2001, 50 (1).

Anxiety in Primary Care

	Prevalence
PTSD	8.6%
GAD	7.6%
Panic Disorder	6.8%
Social Anxiety	6.2%
Any Anxiety D/O	19.5%

Type of Treatment	Percentage of Sample
Meds Only	42%
Only Counseling	8%
Both	13%
No Treatment	41%

Source: Kroenke, K, Spitzer, R.L., Williamson. J.B.W., Monahan, P.O, and Lowe, B. (2007). Anxiety Disorders in Primary Care: Prevalence, Impairment, Comorbidity and Detection. Annals of internal Medicine, 146 (5) 317-326.

Thomas L. Campbell, M.D.
Typical Primary Care Session

56 yo diabetic with poor control

19 yo smoker

33 yo with multiple somatic complaints

10 yo w/otitis media

67 yo w/insomnia

70 yo w/sinusitis

52 yo hypertensive patient

45 yo w/tinnitus

37 yo w/acute asthma

29 yo w/chest pain & SOB

Typical Primary Care Session
Mental Health Disorders

56 yo diabetic with poor control
19 yo smoker
33 yo with multiple somatic complaints — **DEPRESSION**
10 yo w/otitis media
67 yo w/insomnia — **ALCOHOL ABUSE**
70 yo w/sinusitis
52 yo hypertensive patient
45 yo w/tinnitus
37 yo w/acute asthma — **PANIC DISORDER**
29 yo w/chest pain & SOB

Typical Primary Care Session
Subthreshold Disorders

56 yo diabetic with poor control	ANXIETY
19 yo smoker	
33 yo with multiple somatic complaints	DEPRESSION
10 yo w/otitis media	
67 yo w/insomnia	ALCOHOL ABUSE
70 yo w/sinusitis	FAMILY VIOLENCE
52 yo hypertensive patient	
45 yo w/tinnitus	HYPOCHONDRIASAS
37 yo w/acute asthma	
29 yo w/chest pain & SOB	PANIC DISORDER

Typical Primary Care Session

Behavioral Health Needs

56 yo diabetic with poor control
19 yo smoker
33 yo with multiple somatic complaints
10 yo w/otitis media
67 yo w/insomnia
70 yo w/sinusitis
52 yo hypertensive patient
45 yo w/tinnitus
37 yo w/acute asthma
29 yo w/chest pain & SOB

ANXIETY
SMOKING CESSATION
DEPRESSION

ALCOHOL ABUSE
FAMILY VIOLENCE
CARDIAC RISK FACTORS
HYPOCHONDRIASAS
MEDICATION COMPLIANCE
PANIC DISORDER

Primary Care Behavioral Health IS Primary Care

*a routine part of medical care,

*the first line of access for behavioral health problems;

*we see anyone;

*care is coordinated with other team members so it is comprehensive;

*episodes of care often occur in the context of a longitudinal partnership

CO-LOCATION

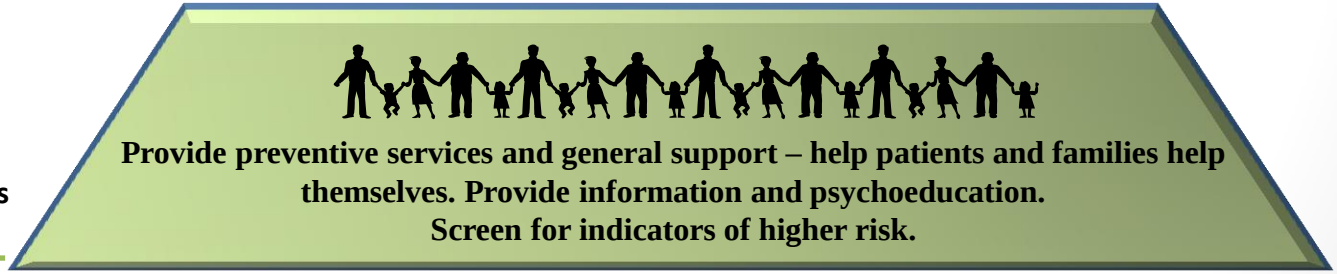
Typically necessary but not sufficient
for successful integration

Population Health and Integrated Primary Care

A Biopsychosocial Population Health Pyramid

Universal

- All patients and families



SH McDaniel (2015), Adapted from © 2005, Center for Pediatric Traumatic Stress (CPTS, Anne E. Kazak, Ph.D., ABPP, Director)
The Children's Hospital of Philadelphia

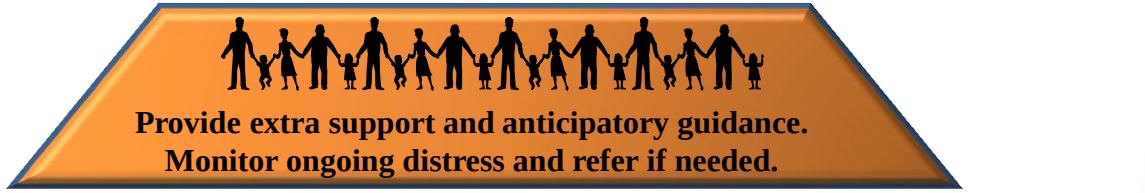
Population Health Interventions for Prevention or Mild Mental and Physical Health Conditions

- Behavioral health check-up
- Parent training
- Internet-based psychoeducation
- Medical group visits

A Biopsychosocial Population Health Pyramid

Targeted

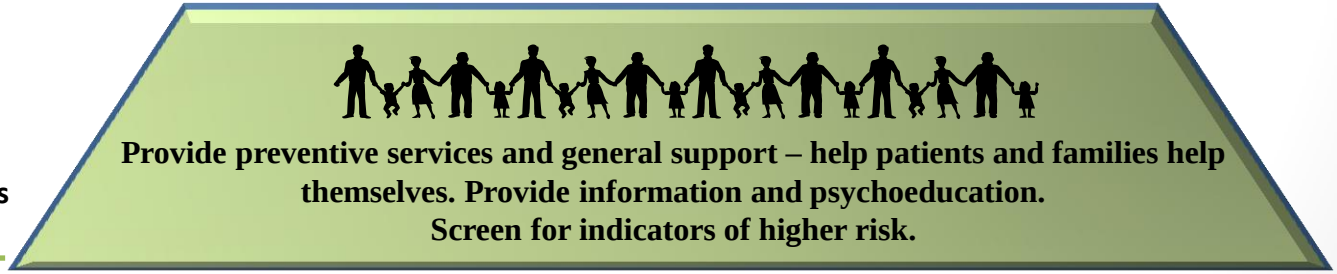
- Acute distress
- Risk factors present



Provide extra support and anticipatory guidance.
Monitor ongoing distress and refer if needed.

Universal

- All patients and families

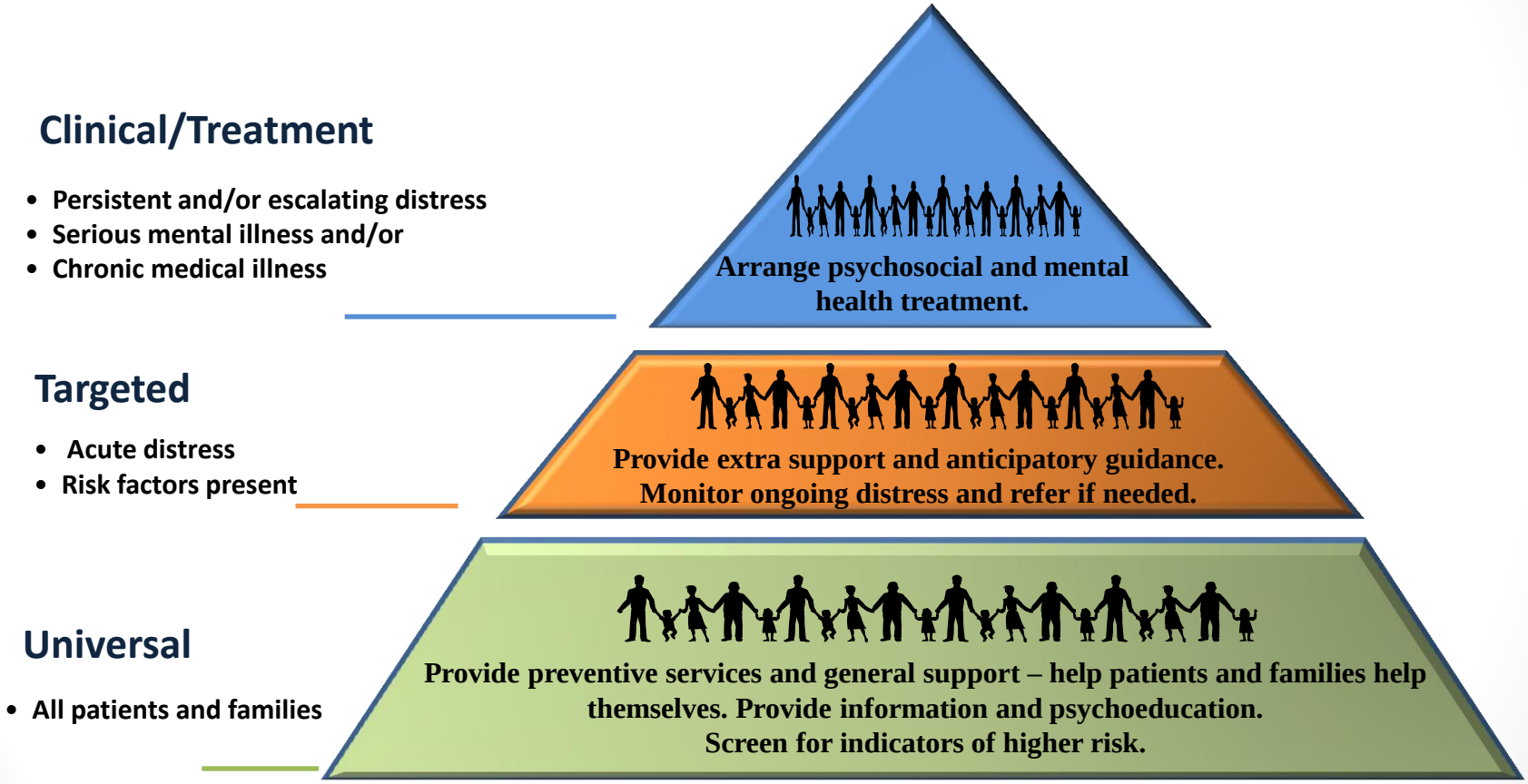


Provide preventive services and general support – help patients and families help themselves. Provide information and psychoeducation.
Screen for indicators of higher risk.

Population Health Interventions for Moderate Mental and Physical Health Conditions

- Health behavior change programs as smoking cessation or lack of exercise.
- Medical group visits for depression, diabetes, hypertension, and opioid addiction.

A Biopsychosocial Population Health Pyramid



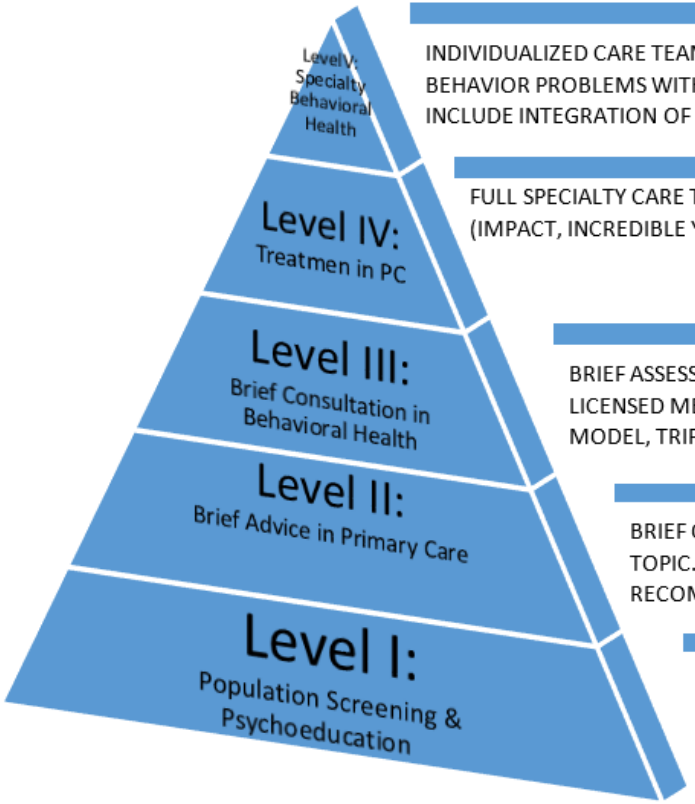
SH McDaniel (2015), Adapted from © 2005, Center for Pediatric Traumatic Stress (CPTS, Anne E. Kazak, Ph.D., ABPP, Director)
The Children's Hospital of Philadelphia

Population Health Interventions for Serious Mental and Physical Health Conditions

- Reverse integration:
  primary care clinicians on-site at mental health facilities (eg, IMPACT model)

- Specialty integrated care:
  Cancer Center, Pain Center, etc.

Levels of IPC Behavioral Interventions



INDIVIDUALIZED CARE TEAM FOR COMPLEX BEHAVIORAL HEALTH, SUD, HEALTH BEHAVIOR PROBLEMS WITH TEAM HEADED BY DOCTORAL LEVEL PROVIDER CAN INCLUDE INTEGRATION OF PRIMARY CARE IN MENTAL HEALTH SETTING

FULL SPECIALTY CARE TARGETED PROGRAM DELIVERED IN PRIMARY CARE SETTING (IMPACT, INCREDIBLE YEARS, YOUTH PARTNERS IN CARE)

BRIEF ASSESSMENT AND 2-3 BRIEF FOCUSED INTERVENTION SESSIONS WITH LICENSED MENTAL HEALTH PROVIDER (BEHAVIORAL HEALTH CONSULTANT MODEL, TRIPLE P LEVEL 3)

BRIEF ONE TIME CONSULTATION WITH A MEMBER OF HEALTH CARE TEAM ON A TOPIC. PROVIDED A HANDOUT TO TAKE HOME. TRIPLE P LEVEL 2, RECOMMENDED APPS. VIDEOS. SELF-HELP MATERIALS.

SCREENING FOR ANXIETY/DEPRESSION/LIFESTYLE ISSUES PUBLIC HEALTH MESSAGING AROUND DEPRESSION, ANXIETY, DEVELOPMENTAL DELAY, SUBSTANCE USE, DIET, EXERCISE THROUGH PRINT, VIDEO, AND TEXT MESSAGING

"It's got to come out, of course, but that doesn't address the deeper problem."

WARM HAND-OFF

*Screening for safety

*Brief Behavioral Consultation

*Brief solution-focused psychotherapy

EVIDENCE-BASED INTERVENTIONS for PRIMARY CARE

*IMPACT/DIAMOND/Collaborative Care

*Family-oriented psychoeducation

*CBT and DBT

*Problem-solving therapy

*Medical group visits

Innovation
&
Evaluation

The Model of Integration Depends on:

*Preferences of pt and family

*Nature of the problem

*Skill set of staff

*Capacity to work together

*Additional services

*The system incenting collaborative behavior, and

*Adequate financial support

Providing appropriate HOPE is key!

PRIMARY CARE

BEHAVIORAL HEALTH PROFESSIONALS NEED:

*Consultation or mentoring

*To like interdisciplinary work

*To be able to tolerate ambiguity

*To regularly handle novel presentations

INTEGRATION OF MENTAL HEALTH IN PRIMARY CARE BECAUSE OF:

*the burden of mental, neurological, and substance use (MNS) disorders globally;

*the lack of specialists to meet treatment needs, and

*the fact that the majority of people seek care for mental and behavioral health problems from primary care clinicians.

While communicable and nutritional disorders decreased,

Mental health disability rose 38%....

WORLD HEALTH ORGANIZATION

Integrated primary care is the only feasible way to address treatment gaps

INTEGRATED PRIMARY CARE

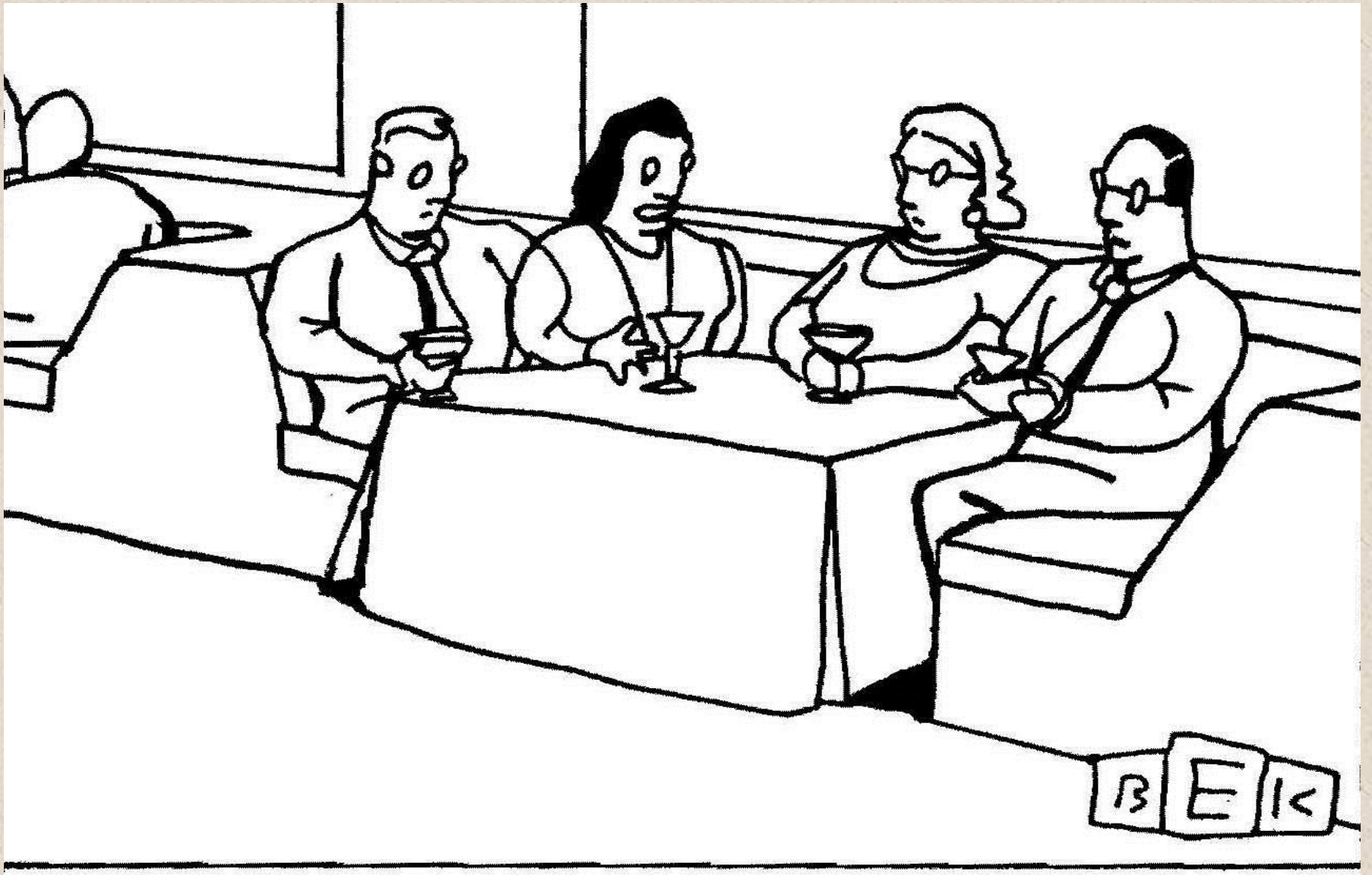
- Provides access
- Reduces fragmentation
- Appeals to patients & families sensitive to stigma

COMORBID HEALTH AND MENTAL HEALTH PROBLEMS ARE

Common and extremely expensive

No health without mental health!

PRIMARY CARE
allows us to see patients we wouldn’t otherwise see.



"We don't go to therapists—we just watch them on TV."

WHO Healthcare Outcome Ranking by Country

	Cuba	USA
World Health Outcomes	39	37
Life Expectancy	79 years	79 years
Infant Mortality	.0058	.0063
Health Expenditures	118	1
Literacy	99	99

US Healthcare Costs 2015

$3.24 trillion

Total GDP Great Britain*

$2.94 trillion

**5th largest economy in the world*

The Cuban Approach to Healthcare

*Prevention-oriented

*Stratify by level of health risk

*Track those with chronic medical conditions

*Each pt has home visit once/yr (those with chronic conditions more)

*Health professionals live in the community with their clinics next door to their home.

*Psychologists are embedded throughout the healthcare system

*Frequent health education (about mosquito-borne infections, for ex) and psychoeducation

*The care is free! Same-day access.

*Each family physician and team has a panel of about 1,000 patients.

*Family meetings are common.

Many of my Cuban patients here in Rochester have very high health literacy levels. Several have gone back to Cuba to have various surgeries as they feel the care there is more trustworthy.

Colleen Fogarty MD MSc, May 2016

Systematic Barriers to Integrated Care

*States dictate details of benefits

*Fee-for-service models don't cover all behavioral health services

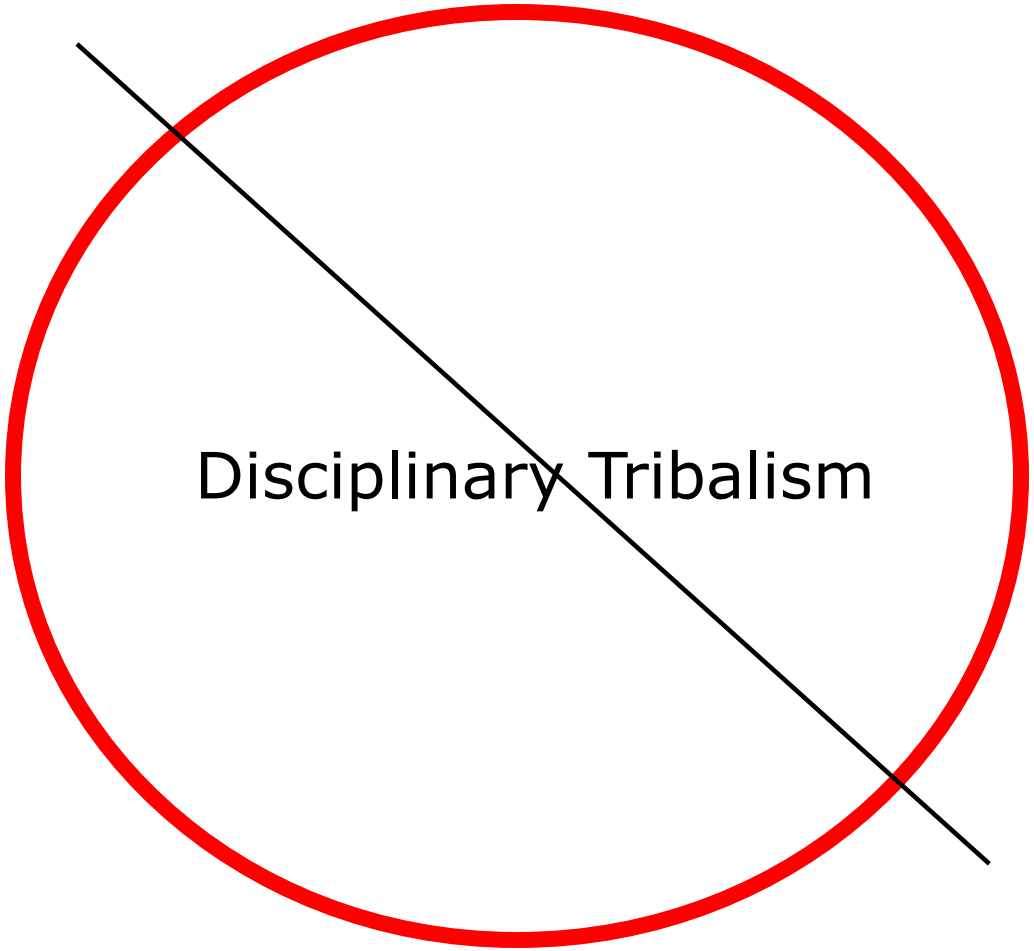
*Health and mental health professionals often don't understand each other

Many Mental Health Professionals

*lack skills
*don’t know the culture

A REFERRAL BY A PHYSICIAN TO A THERAPIST

THOMAS L. CAMPBELL, M.D.
SUSAN H. McDANIEL, Ph.D.


Disciplinary Tribalism

OVERCOME TRIBALISM

*develop strong professional identity

*good interprofessional training

Confidentiality is the privilege of the patient!

NEW SKILLS FOR INTEGRATION

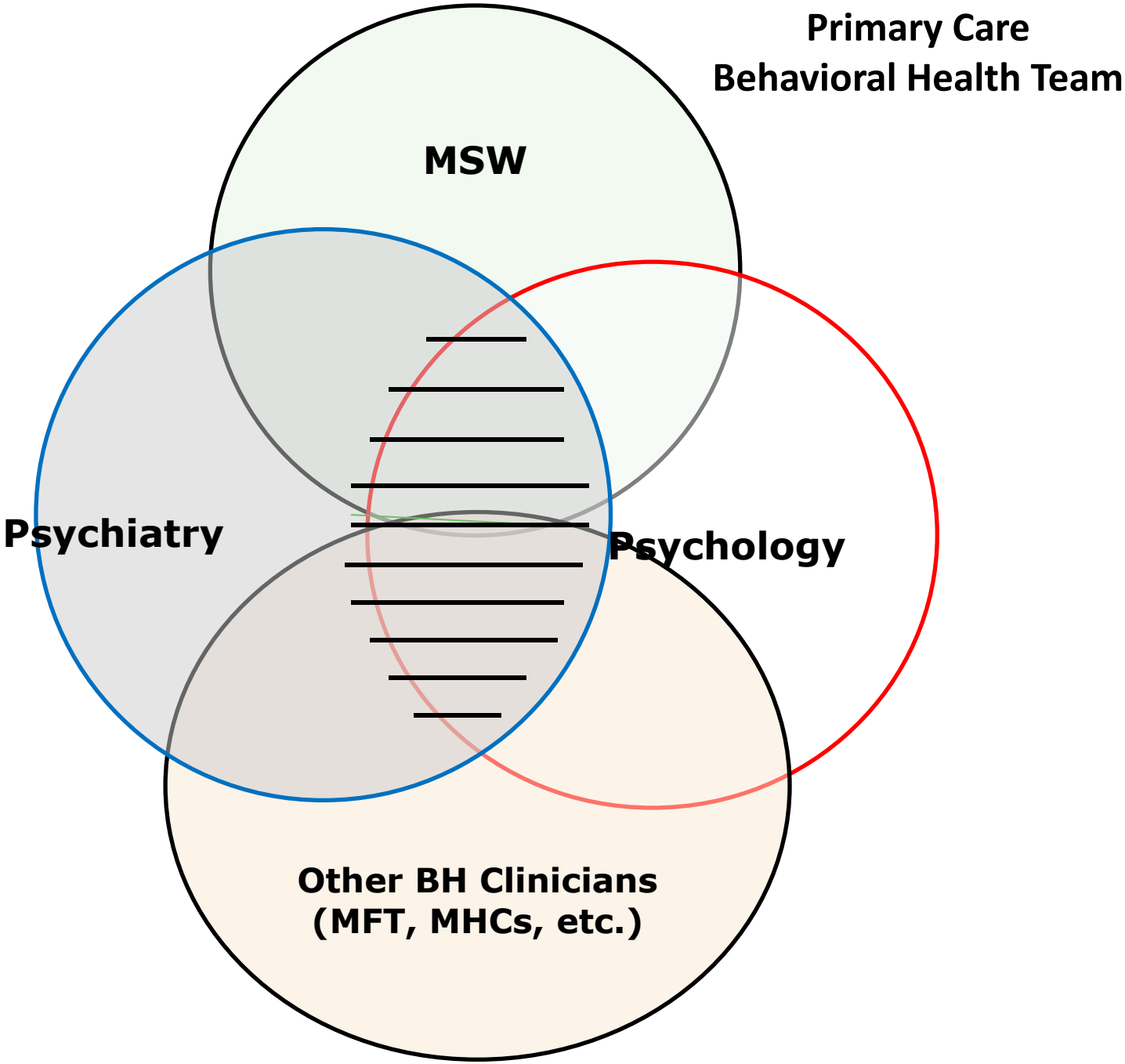
*Patient-centered (rather than clinician-centered) care

*Different time management

Who is on the Primary Care Behavioral Health Team?

What Model(s) of Integration Do You Choose?

*Preferences of pt and family
*Nature of the problem
*Skill set of staff
*Capacity to work together
*Additional services
*Incentives for collaborative behavior
*Adequate financial support


Primary Care
Behavioral Health Team
MSW
Psychiatry
Psychology
Other BH Clinicians
(MFT, MHCs, etc.)

A family is to an individual

as

a team is to a clinician

COLLABORATION:

TO WORK TOGETHER

American Heritage Dictionary

Like creativity, collaboration is a habit—and one I encourage you to develop.

….

Collaboration may be a practice—a way of working in harmony with others—but it begins with a point of view.

--Twyla Tharp, *The Collaborative Habit—Life Lessons for Working Together, 2014*

The difference between a group and a team

A Group

- Two or more people contributing to a common product
- who each perform their own specific work independently
- and do not depend upon the work of the other to complete their task.

A Team

- Two or more people who interact dynamically, *inter*dependently, and adaptively
- to achieve a *common valued goal*
- shared within the context of some larger group or organization

Training is important for all Integrated Care!

Integrated Primary Care
Foundational Knowledge & Attitudes

- a shared mental model with the rest of the team
- an understanding of screening tools, treatment targets, and outcomes
- knowledge of each professional's role and skill set
- regular communication
- new methods of research to evaluate the rapid transformation of primary care practice

UNIVERSITY of ROCHESTER MEDICAL CENTER

23RD

ANNUAL INTERDISCIPLINARY

INTEGRATED HEALTHCARE & MEDICAL FAMILY THERAPY INTENSIVE

PRESENTED BY CO-DIRECTORS:

Susan H. McDaniel,
PhD, ABPP

Professor of Psychiatry and Family Medicine; Director, Institute for the Family

Pieter Le Roux,
D Litt et Phil, LMFT

Professor Emeritus, Family Therapy Training Program Institute for the Family

WHEN:
June 13TH–17TH, 2016

WHERE:
University of Rochester Medical Center

CONTACT:
(585) 275-2532

http://www.urmc.rochester.edu/psychiatry/institute-for-the-family/family-therapy/mfti.aspx

What predicts effective team functioning?

*Task interdependency

*The ability to reflect and grow from feedback (huddles and debriefs)

--Eduardo Salas

Team Collaborative

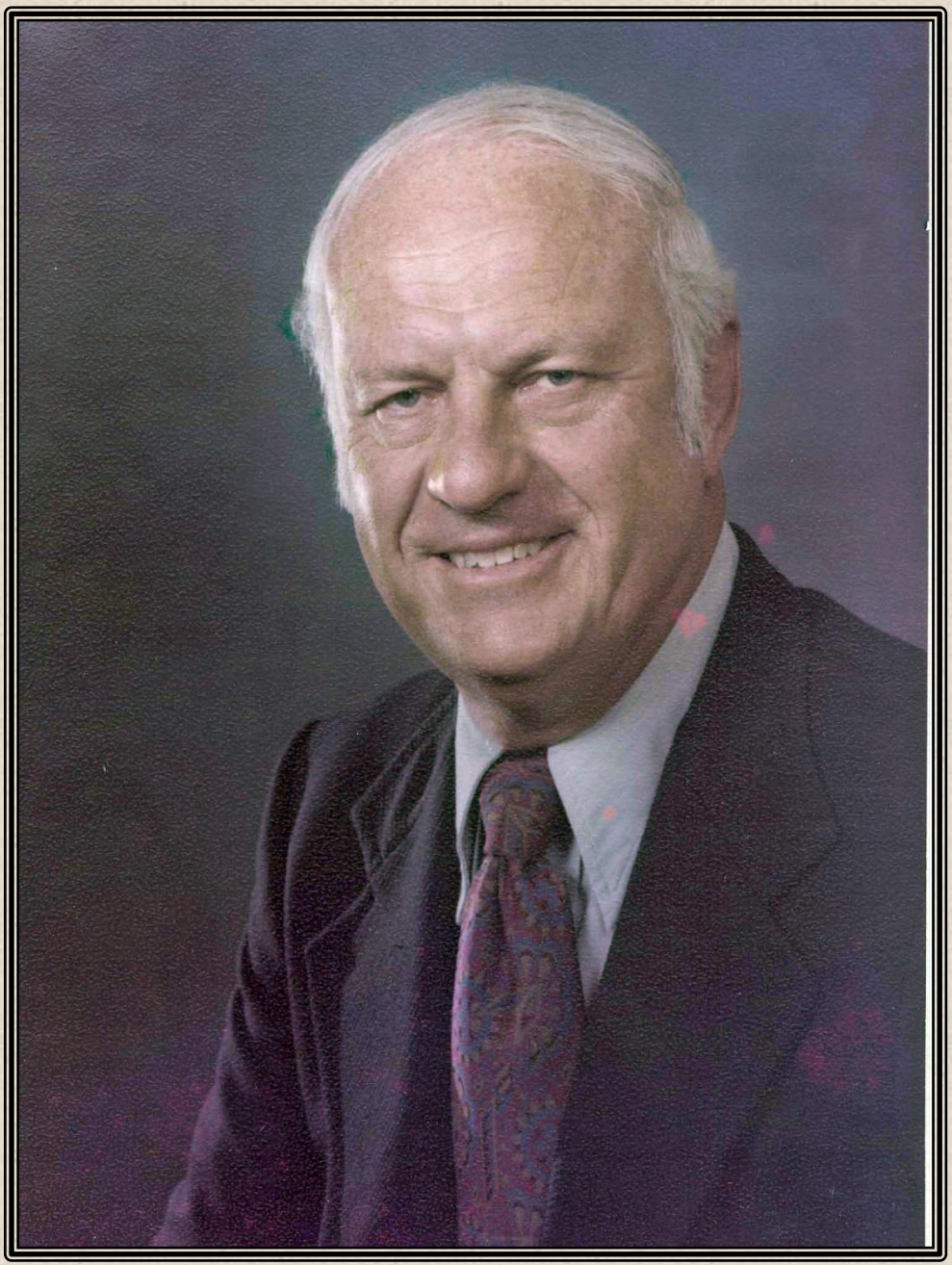
- Entire practice, monthly, for an hour
- 120 diverse staff & clinicians
- Team effectiveness goals
    - *QI
    - *Cultural humility
    - *Core communication skills
    - *Practice-wide change

Playful yet purposeful exercises
Tziporah Rosenberg, PhD

Cuban Clinician Wellness Program

I want to make sure that people see her role as clinical and developmental – clinical in that she provides lots of direct care and even more indirect care (through clinician support and team support). I can give examples of patients she has seen and even more who she has not seen who have both benefited from her expertise. And there's a lot of pure team development--coaching our staff (and us!) through managing interpersonal conflicts on the team that impact workplace wellness (and therefore patient care) but mostly wellness in and of itself…

--Michael Mendoza, MD, Medical Director



Dr. Grover C. McDaniel

Thank you!