Psychiatrists Addressing Health of Patients with Mental Illness

- Courses at APA meetings
- Online CME on APA website
- Prevention in Psychiatry - McCarron et al, American Psychiatric Publishing 2014

Why primary care services to mental health populations?

- High rates of physical illness in mentally ill
- Premature mortality
- Low quality of medical care to patients with mental illness
- Costly physically ill with mental illness – “High Utilizers”
- Access problems
Premature Mortality in Adults with Schizophrenia in the US

Predicting Cardiovascular Risk in SMI

Rates of Non-treatment
Patient Level Factors Inhibiting Treatment

- Lack of motivation, apathy
- Cognitive Impairment
- Lack of perceived need for health care
- Comorbidity
- Fear and Distrust
- Poor social, communication skills

Provider Level Factors

- Lack of knowledge about specific disorders
- Attribute physical sx to mental illness and miss the problems
- Fear and Distrust
- Discomfort
- Take too long, high no-show, impacts bottom line

Lester HE. BMJ. doi:10.3365/jm.38440.418426.8F 2005

What’s Been Tried?

- PCARE
- PBHCI
- 2703 Health Homes

- NEW:
  - HOME
  - CCBHC
  - Psychiatrist’s changing responsibility?
PCARE: PC Access, Referral and Eval.

PCARE: RCT, Atlanta, GA: 407 SMI over 1 year

<table>
<thead>
<tr>
<th></th>
<th>Usual Care</th>
<th>Intervention Group</th>
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<tbody>
<tr>
<td>Preventive Services</td>
<td>21.8%</td>
<td>57.8%</td>
</tr>
<tr>
<td>Cardiometabolic</td>
<td>27.7%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have Primary</td>
<td>51.9%</td>
<td>71.2%</td>
</tr>
<tr>
<td>Care Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Framingham Risk Index</td>
<td>9.8%</td>
<td>6.9%</td>
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</table>


PCARE: Care Management Roles

- RN/LCSW
- Facilitates patient engagement
- Identification and targeting of high-risk individuals
- Monitoring of health status and adherence – tracking outcomes in registries
- Staff and patient education
- Development of treatment guidelines
- Individualized planning with patients
- Tracks care transitions

Adaptations
Integrating Primary Care Into Behavioral Health Settings: What Works For Individuals with Serious Mental Illness
Millbank Report 2014

- The use of fully integrated systems or enhancing collaboration through care management enhances outcomes.
- The interventions required additional staffing, training and support of care managers.
- Cost savings is not clear but early reports from Health Home model is this will be effective.
- Integrated data and population health tracking.

Gerrity, et al: Integrating Primary Care Into Behavioral Health Settings: What Works For Individuals with Serious Mental Illness
Millbank Memorial Fund, NY, 2014

HOME (Health Outcomes Management and Evaluation) Study

- An RCT Permutation of PCARE
- 300 patients with SMI and at least one chronic condition: DM, HTN, Dyslipidemia, Heart Disease
- Randomized 150/150 usual care or intervention
- Partner with FQHC on site
- ICC: Integrated Community Care
  - Medical outcomes and budget analysis


Certified Community Behavioral Health Clinics (CCBHC)

Excellence in Mental Health Act – passed March 31, 2014

Scope:
- Primary Care Screenings and Monitoring of Key Health Indicators and Risk
- Care Management
- Partnerships with FQHCs for physical health
- Evidence-Based Practices
- Robust evaluation of 8 pilots – 24 states applying
Metabolic Quality Metrics for CCBHC

**CCBHC**

- BMI
- Control high blood pressure
- Tobacco screen and cessation

**State Requirements**

- Diabetes screening schizophrenia and bipolar disorder on SGAs
- Diabetes care for SMI with poor control HbA1c>9
- Cardiovascular health screening SMI
- Health monitoring for SMI and cardiovascular disease

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Model Programs Generally Contain

3 Major Components:

- Primary Care Services In or Near
- Care Management and Tracking
- Health Behavior Change

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Primary Care Onsite

- PCP
- Psychiatrist

- Care Manager
- Case Manager

- Patient

- Vocational Rehabilitation

- Other Behavioral Health Clinicians Substance Treatment, Wellness Coach
Consultative Model with Primary Care

Consultant PCP Duties

- Case Consultation
- Collaboration
- Population management
- Education

**Does this look familiar?**

- Looking over your shoulder to make sure adequate care is being provided

Primary Care Provider

<table>
<thead>
<tr>
<th>Establish Priorities</th>
<th>Education</th>
</tr>
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<tbody>
<tr>
<td>Develop Collaborative Relationships</td>
<td>Case Consultation</td>
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</tbody>
</table>

Psychiatrist

<table>
<thead>
<tr>
<th>Medical Leadership</th>
<th>Shared Medical Oversight</th>
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<tbody>
<tr>
<td>Collaboration with other Team Members in Comprehensive Care Management</td>
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</table>

Medical Staff Summits Missouri 2012 and 2013
Training PCPs to Work in CMHCs

**PRIMARY CARE PROVIDER CURRICULUM**

- Curriculum designed to be taught by Psychiatrists or PCPs
- 30 slides per module
- Downloadable
- Updateable
- Modifiable
- Pre and post test questions
- Resources


PCPs who are a “Good Fit”

- Flexible, sense of humor
- Adapts well to behavioral health environment
- Likes working with patients with mental illnesses – compassion and passion
- Enjoys being part of a team – no lone rangers
- Want to make a difference in a health disparity group
- Prefer to use data to drive care including utilizing a ‘treat-to-target” approach to meet goals

“My observations are that the key variable is a seasoned/experienced, confident provider who may not fully understand but isn’t frightened or put off by issues of mental illness - we’ve had multiple folks fitting this description who have functioned very well in behavioral health-based primary care clinics.”

PBHCI Grantee, Colorado

Psychiatric Oversight of all Health: “Doctor Up”
Management of Care Options

Co-Management
- Each provider has their own caseload
- PCP manages all medical problems
- Psychiatrist manages all mental health problems
- Work together to re-enforce treatment plans
- Psychiatrist screens for medical problems
- Same site or different
- Facilitated referral

Manage with Primary Care Consultation
- Psychiatrist works with a nurse care manager
- Manages a caseload of patients for both mental health and basic medical problems
- Utilizes protocols from PCP
- PCP available for consultation and stepped care as needed
- Outside PCP care continued

Comprehensive Management
- Typically dually trained psychiatrist
- One provider manages both medical and mental health problems
- Limited number of providers have this expertise

All psychiatrists are responsible for “not making people sicker”.

What Is the Psychiatrist’s Role?

- **Do No Harm**: Minimizing metabolic effects of psychotropic medications
- **Know Harm**: Screening for cardiometabolic risk factors – APA/ADA Guidelines
- **Counsel**: for lifestyle issues - tobacco, obesity, diet
- **Treat**: some basic medical conditions
- **Lead**: teams - psychiatrists uniquely trained in both worlds

Adapted from Ben Druss, MD, MPH, 2010.

Do No Harm: Psychiatrists Prescribing SGAs

Agents with higher cardiometabolic risk were prescribed to over 75% of individuals with cardiometabolic disorders

- Primary Reasons Cited Upon Interview included:
  - *Efficacy*
  - *Less sedation/more sedation*
  - *Patient preference*
  - Low incidence of extra pyramidal symptoms
  - Low incidence of tardive dyskinesia
  - Cannot tolerate alternatives

Know Harm: Screening – What’s Up?

- Three quarters with SMI on antipsychotics not being adequately screened for diabetes despite a higher likelihood of chronic disease
- Missouri study – implementation of health homes increased rates of screening

NQF Standard 1932

JAMA Internal Medicine, online Nov 9, 2015

Non-Fasting Labs: the New Standard

<table>
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<tr>
<th>Test</th>
<th>Pre-DM:</th>
<th>DM:</th>
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<tbody>
<tr>
<td>Hemoglobin A1c</td>
<td>&gt;5.7%</td>
<td>&gt;6.5%</td>
</tr>
<tr>
<td>Random Plasma Glucose</td>
<td>&gt;140 mg/dL</td>
<td>&gt;200 mg/dL</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>&gt;140/90 mmHg</td>
<td></td>
</tr>
<tr>
<td>Non-Fasting TC and HDL</td>
<td>Non-HDL: &gt;220 mg/dL or 10-yr risk &gt; 7.5%</td>
<td></td>
</tr>
</tbody>
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Vanderlip et al; Nonfasting Screening for Cardiovascular Risk Among Individuals Taking Second Generation Antipsychotics. Psychiatric Services, 2014

Tobacco Use Treatment – What’s Up?

- 50% of deaths in SMI population are due to smoking related cause
- Psychiatrists counsel patients less frequently regarding cessation ~<15% vs 90% for PCPs
- Education issue? Reluctance? Belief not interested in quitting?
- Must train psychiatrists and residents: Psychiatry Undertaking Freedom From Smoking (PUFFS) Project

Williams, et al, Psychiatric Services, October 2014
Treating: Hypertension Dosing Guideline

1st LINE: Thiazide Diuretics
- HCTZ 12.5 mg, 25 mg, 50 mg (max)
- Chlorthalidone 25 mg (max)
- SD starting, Check electrolytes 4-6 weeks, then q 6 mos, then annual
- Add second agent if partial response or partial response 4-6 h - both

2nd LINE: ACE Inhibitors
- Lisinopril: 5 mg, 10 mg
- Enalapril: 2.5 mg, 5 mg, 10 mg, 20 mg
- Start at 5-10 mg/day and titrate up to as much 40 mg per day
- Check electrolytes 4-6 weeks. Stop if CR > 2.5
- Once a day, dry cough, skin rash, angioedema, facial swelling, do not use in pregnancy

3rd LINE: Calcium Channel Blockers
- Amlodipine 2.5 mg, 5 mg, 10 mg (max)
- Nifedipine LA 30 mg, 60 mg, (max 90 mg)
- Very potent, if adding as 3rd agent call PCP first! can cause peripheral edema

4th LINE: Beta Blockers
- Metoprolol succinate (XL) 25, 50, 100 mg (max)
- Once a day, Do not give if Pulse <55, 25-200 mg/day usual, use go to max 200 mg
- If HR falls below 65 and BP responding, add 10 mg H1 up to total dose 20 mg

** Remember SBP 100/80 is fine for all patients

Adjust meds q 2 weeks, follow q 3-6 mos once stable

Remember HMA
Treating Common Conditions
A Framework for Extending Psychiatric Roles in Treating General Health Conditions
Erik R. Vanderlip, M.D., A.M.P., Lori E. Runey, M.D., Bergman C. Dress, M.D., M.P.H.

American Journal of Psychiatry, July 2016

6/20/2016
Pschiatrist as Leaders

- Champions of improving all medical care
  - Training non-medical workforce
- Help design programs with strong medical component
- Perform needs analysis
- Determine quality metrics
- Use of registries
- Targeted educational efforts

Registry for Tracking and Analyzing
Performance Measurement

Help All Staff View Lifestyle Issues as Their Mission

- Something YOU want to do
- Reasonable amount of information
- Behavior-specific
- Answer the questions:
  - What?
  - How much?
  - When?
  - How often?
- Confidence level of 7 or more

Formula for Good Health

Two Cultures, One Patient
Integration Scores for PBHCI Grantees: Culture was Lowest

E & M Coding for Complexity

- HPI – mixed behavioral health and physical health issues ex: schizophrenia, smoking, obesity – 3 problems addressed in the visit
- ROS: 2 plus systems
- Examination: must have 3 of 7 elements of vital signs
- Data: ordering and reviewing labs
- Problem points: from HPI – what is stable (1 point), not improving (2 points), new problem, etc

Roles for Psychiatrists

- Specialist
- Behaviorist
- Advocate
- Internist
- Leader
- Public health Practitioner
Thank You

lraney@healthmanagement.com