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HEALTH MANAGEMENT ASSOCIATES

### Psychiatrists Addressing Health of Patients with Mental Illness

American Psychiatric Association Workgroup on Integrated Care and Association of Medicine and Psychiatry - Position Statement

Role of Psychiatrists in Reducing Physical Health Disparities in Patients with Mental Illness

**PASSED**

**A Framework for Extending Psychiatrists' Roles in Treating General Health Conditions**

Erik R. Vandenberg, M.D., M.P.H., Lori E. Runney, M.D., Benjamin G. Druss, M.D., M.P.H.

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

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### 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

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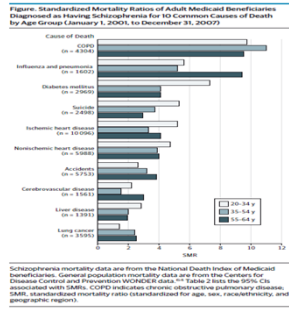
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## Premature Mortality in Adults with Schizophrenia in the US

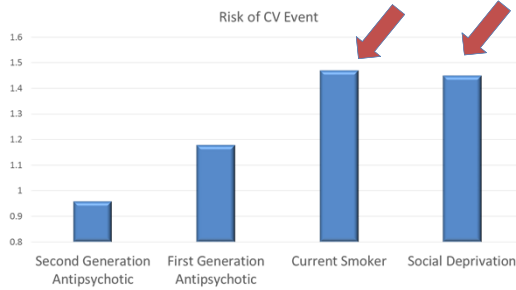


JAMA Psychiatry. 2015;72(12):1172-1181.  
doi:10.1001/jamapsychiatry.2015.1737.

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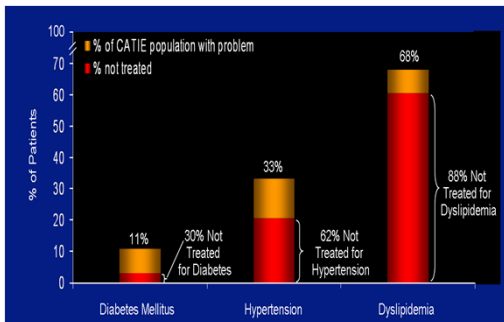
### Predicting Cardiovascular Risk in SMI



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## HEALTH MANAGEMENT ASSOCIATES


### Rates of Non-treatment




Nasralla, et al Schizophrenia Research 2006 HMA |

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### 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

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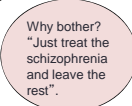
### Provider Level Factors




Lack of knowledge about specific disorders




Attribute physical sx to mental illness and miss the problems




Why bother? "Just treat the schizophrenia and leave the rest".



Fear and Distrust



Discomfort



Take too long, high no-show, impacts bottom line

Lester HE. BMJ. doi:1136/bmj.38440.418426.8F 2005

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APA/AMP 2014: Primary Care Skills for Psychiatrists

HEALTH MANAGEMENT ASSOCIATES

### What's Been Tried?

- PCARE
- PBHCI
- 2703 Health Homes
  
- NEW:
  - HOME
  - CCBHC
  - Psychiatrist's changing responsibility?

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### PCARE: PC Access, Referral and Eval.

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

	Usual Care	Intervention Group
Preventive Services	21.8%	57.8%
Cardiometabolic Interventions	27.7%	34.9%
Have Primary Care Provider	51.9%	71.2%
Framingham Risk Index	9.8%	6.9%

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Druss BG, et al. *Am J Psychiatry*. 2010;167(2):151-159.

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### 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

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### Adaptations

2703 SPA

PBHCI

% of Patients with at least 2 Hospitalization

	Pair 1	Pair 2	Pair 3	Combined
DBP				
DBP				
SMI				
TC				
HDL-C				
LDL-C				
EPG				
ASL				
Tag				
Smok				

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### 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

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### 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

Druss, NIMH funded. <http://clinicaltrials.gov/ct2/show/NCT01228032>

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### 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

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### Metabolic Quality Metrics for CCBHC

CCBHC	State Requirements
<ul style="list-style-type: none"> <li>BMI</li> <li>Control high blood pressure</li> <li>Tobacco screen and cessation</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes screening schizophrenia and bipolar disorder on SGAs</li> <li>Diabetes care for SMI with poor control HbA1c&gt;9</li> <li>Cardiovascular health screening SMI</li> <li>Health monitoring for SMI and cardiovascular disease</li> </ul>

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### Model Programs Generally Contain 3 Major Components:

Primary Care Services In or Near

Care Management and Tracking

Health Behavior Change

Kern J in Integrated Care: Working at the Interface of Primary Care and Behavioral Health. L. Ramey, editor, American Psychiatric Publishing, 2014. HMA |

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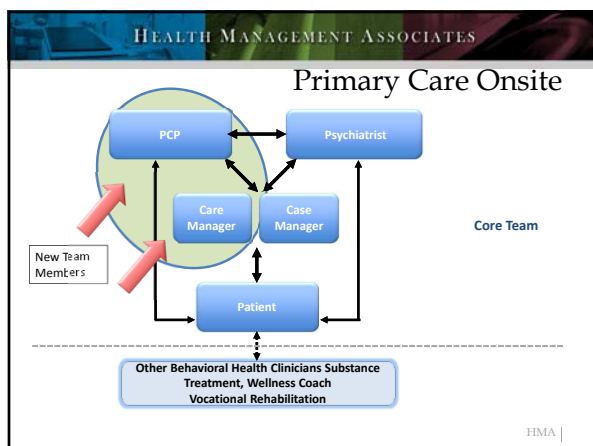
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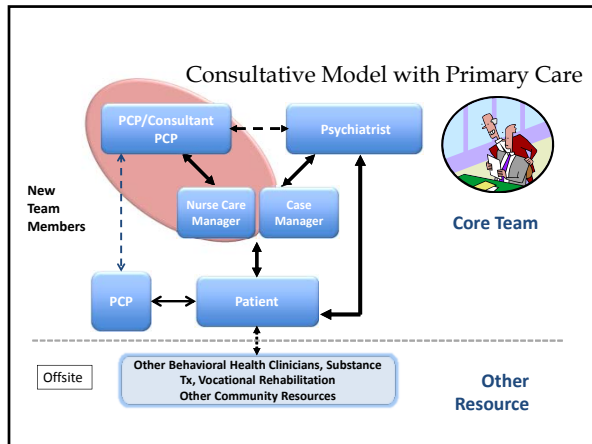
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**HEALTH MANAGEMENT ASSOCIATES**

### 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

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**HEALTH MANAGEMENT ASSOCIATES**

Primary Care Provider	Psychiatrist
<div style="display: flex; justify-content: space-around;"> <div style="background-color: #f08080; padding: 5px; text-align: center;">Establish Priorities</div> <div style="background-color: #f08080; padding: 5px; text-align: center;">Education</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #f08080; padding: 5px; text-align: center;">Develop Collaborative Relationships</div> <div style="background-color: #f08080; padding: 5px; text-align: center;">Case Consultation</div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="background-color: #4682b4; color: white; padding: 5px; text-align: center;">Medical Leadership</div> <div style="background-color: #000080; color: white; padding: 5px; text-align: center;">Shared Medical Oversight</div> </div> <div style="background-color: #4682b4; color: white; padding: 10px; text-align: center; margin-top: 10px;">                     Collaboration with other Team Members in Comprehensive Care Management                 </div>

Medical Staff Summits  
Missouri 2012 and 2013

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## 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

Primary Care Providers Working in Mental Health Settings is a five-part curriculum that was developed by primary care professionals working in public mental health settings about the unique aspects of behavioral health settings, the people they

<http://www.integration.samhsa.gov/workforce/primary-care-provider-curriculum>

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APA/AMP 2014: Primary Care Settings
23
Psychiatrists
HEALTH MANAGEMENT ASSOCIATES

## 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 HMA |

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## Psychiatric Oversight of all Health: “Doctor Up”



Copyright © Ron Leishman • <http://TeaDrops.com/1242> HMA |

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## Management of Care Options

Co-Management	Manage with Primary Care Consultation	Comprehensive Management
<ul style="list-style-type: none"> <li>Each provider has their own caseload</li> <li>PCP manages all medical problems</li> <li>Psychiatrist manages all mental health problems</li> <li>Work together to re-enforce treatment plans</li> <li>Psychiatrist screens for medical problems</li> <li>Same site or different</li> <li>Facilitated referral</li> </ul>	<ul style="list-style-type: none"> <li>Psychiatrist works with a nurse care manager</li> <li>Manages a caseload of patients for BOTH mental health and <u>basic</u> medical problems</li> <li>Utilize protocols from PCP</li> <li>PCP available for consultation and stepped care as needed</li> <li>Outside PCP care continued</li> </ul>	<ul style="list-style-type: none"> <li>Typically dually trained psychiatrist</li> <li>One provider manages both medical and mental health problems</li> <li>Limited number of providers have this expertise</li> </ul>

All psychiatrists are responsible for "not making people sicker".

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## 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.

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## 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

Psych Services, 2013. Hermes, et al. Prescription of Second Generation Antipsychotics: Responding to Treatment Risk in Real World Practice

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APA/AMP 2014: Primary Care Skills for Psychiatrists


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## 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

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APA/AMP 2014: Primary Care Skills for Psychiatrists

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## Non-Fasting Labs: the New Standard

Hemoglobin A1c	Pre-DM: >5.7%, DM: >6.5%
Random Plasma Glucose	Pre-DM: > 140 mg/dL, DM: > 200 mg/dL
Blood Pressure	>140/90 mmHg
Non-Fasting TC and HDL	Non-HDL: >220mg/dL; or 10-yr risk > 7.5%

Vanderlip et al; Nonfasting Screening for Cardiovascular Risk Among Individuals Taking Second Generation Antipsychotics. Psychiatric Services, 2014

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## Tobacco Use Treatment – What's Up?

Integrated Care

### Tobacco Use and Mental Illness: A Wake-Up Call for Psychiatrists

Jill M. Williams, M.D.  
T. Scott Stroup, M.D., M.P.H.  
Mary F. Brunette, M.D.  
Lori E. Roney, M.D.



- 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

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## Psychiatrist as Behaviorist




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APA/AMP 2014: Primary Care Settings  
Psychiatrists

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## Treating Common Conditions

### A Framework for Extending Psychiatrists' Roles in Treating General Health Conditions

Erik R. Vanderlip, M.D., M.P.H., Lori E. Raney, M.D., Benjamin G. Druss, M.D., M.P.H.

American Journal of Psychiatry, July 2016

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Treating: Hypertension Dosing Guideline		
<b>1<sup>st</sup> LINE: Thiazide Diuretics</b> Unless have CHF, DM, Chronic Kidney Dz	HCTZ 12.5 mg, 25 mg, 50 mg (max) Chlorthalidone 25 mg (max)	QD dosing. Check electrolytes 4-6 weeks, then q 3 mos, then annually Add second agent if partial response § 4 list - both
<b>2<sup>nd</sup> LINE: ACE Inhibitors</b> 1 <sup>st</sup> line for above dx	Lisinopril 5mg, 10 mg Enalapril 2.5mg, 5 mg, 10 mg, 20 mg	Start at 5-10 mg/day and titrate up to as much 40 mg per day. Check electrolytes 8-10 weeks. Stop if CR > 2.5 Once a day, dry cough, elev CR, angioedema, facial swelling, do not use in pregnancy § 4 list
<b>3<sup>rd</sup> LINE: Calcium Channel Blockers</b>	Amlodipine 2.5 mg, 5 mg, 10 mg (max) Nifedipine LA 30 mg, 60 mg, (max 90 mg)	Very potent, if adding as 3 <sup>rd</sup> agent call PCP first! can cause peripheral edema
<b>4<sup>th</sup> LINE: Beta Blockers</b>	Metoprolol succinate (XL) 25, 50, 100, 200 (200 mg max)	Once a day, Do not give if Pulse <55, 25-100 mg/day usual, can go to max 200 mg
<b>** Remember BP 139/89 is fine for all patients</b>	Adjust meds q 2 weeks, follow q 3-6 mos once stable	If K+ falls below nl and BP responding, add 10 meq K+ up to total dose 20 mg

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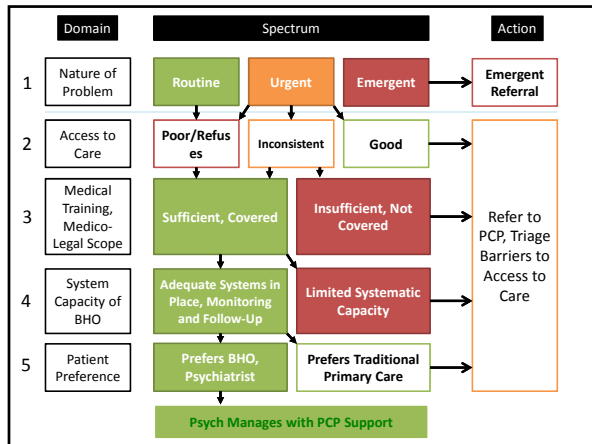
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### Psychiatrist as Leaders

- 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

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### Registry for Tracking and Analyzing

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## Performance Measurement




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## 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  
Kopes-Kerr, Am Fam Physician. 2010 Sep 15;82(6):610-614

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## Two Cultures, One Patient




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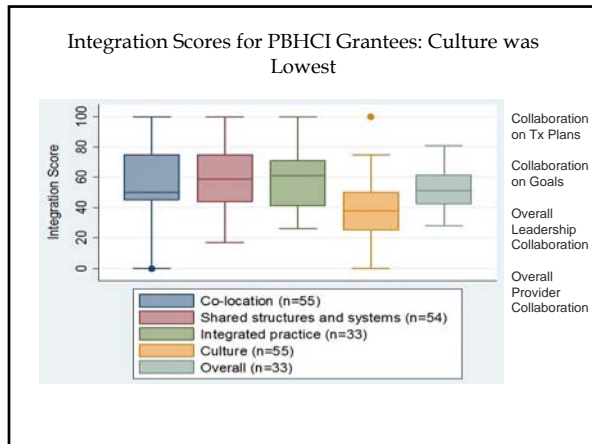
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### E & M Coding for Complexity

- 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

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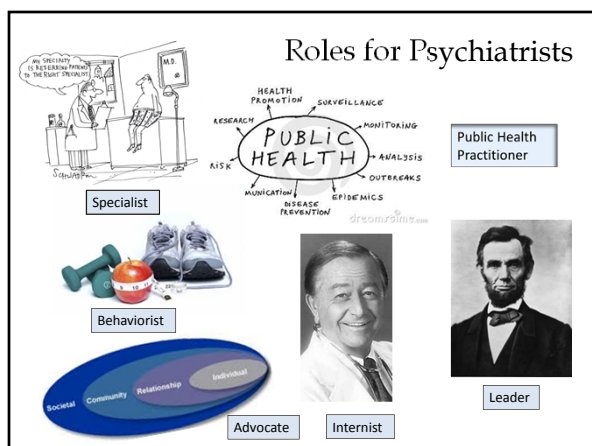
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Thank You

[lraney@healthmanagement.com](mailto:lraney@healthmanagement.com)



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