Collaborative Care: Evidence-Based Mental Health Care in Primary Care Settings

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Disclosures

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Lexicon of Integrated Care Terms

Integrated Care

- Shared Care
- Collaborative Care
- Co-located Care

Coordinated Care

Integrated Primary Care or Primary Care Behavioral Health

- Behavioral Health Care
- Patient-Centered Medical Home

Patient-Centered Care

- Mental Health Care
- Substance Abuse Care
- Primary Care

Adapted from: Peek, CJ - A family tree of related terms used in behavioral health and primary care integration. http://integrationacademy.ahrq.gov/lexicon

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Daniel
Mental health disorders are common – who gets treatment?
The other 9 patients.

No Treatment

Primary Care Provider

Mental Health Provider

Wang et al 2005
Why not just refer?

$\frac{1}{2}$ do not follow through

2 visit mean

Grembowski, Martin et al. 2002
Simon, Ding et al. 2012
Why not just refer?

1 in 5: unmet need for non-prescribers
96%: unmet need for prescribers

Thomas KC et al, 2009
Evidence Based Integrated Care: Collaborative Care

Primary Care Practice with Mental Health Care Manager

- Outcome Measures
- Treatment Protocols
- Population Registry
- Psychiatric Consultation

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Doubles Effectiveness of Care for Depression

50 % or greater improvement in depression at 12 months

Unützer et al., JAMA 2002; Psych Clin North America 2004
IMPACT reduces health care costs
ROI: $ 6.5 saved / $ 1 invested

<table>
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<tr>
<th>Cost Category</th>
<th>4-year costs in $</th>
<th>Intervention group cost in $</th>
<th>Usual care group cost in $</th>
<th>Difference in $</th>
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<td>Outpatient mental health costs</td>
<td>661</td>
<td>558</td>
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<td>Pharmacy costs</td>
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<td>Total health care cost</td>
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IMPACT: Summary

1) Improved Outcomes:
   • Less depression
   • Less physical pain
   • Better functioning
   • Higher quality of life

2) Greater patient and provider satisfaction

3) More cost-effective

→ THE TRIPLE AIM

“I got my life back”
Collaborative Care: The Research Evidence

- Now over 80 Randomized Controlled Trials (RCTs)
  - Meta analysis of collaborative care (CC) for depression in primary care (US and Europe)

  → Consistently more effective than usual care

- Since 2006, several additional RCTs in new populations and for other common mental disorders
  - Including anxiety disorders, PTSD

Archer, J. et al., 2012
Daniel’s Story
Daniel and Angel
Principle 1: Patient Centered Team Care
Principle 2: Population Based Treatment

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<th>Flags</th>
<th>MHITS ID</th>
<th>Population</th>
<th>Enrollment Date</th>
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<th>Clinical Assessment Date</th>
<th># of Sessions</th>
<th>Wks in Tx</th>
<th>Last Follow Up Contact Date</th>
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Principle 3: Measurement Based Treatment To Target
Daniel and Anna
Principle 4: Evidence-Based Treatment
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

Rush, 2007
Problem-Solving Treatment (PST):

**UNIVERSE OF PROBLEMS**

- **FAST**
  - Engage patient in what they care most about

- **FOCUS ATTENTION**
  - Training brain to solve problems
Principle 5: Accountable Care
PDSA

Act
Determine what changes are to be made

Plan
Change or test

Study
Summarize what was learned

Do
Carry out the plan

Source: Langley et al. (1996)
## Case Load Statistics L1

<table>
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<th>CO</th>
<th># of P.</th>
<th>Clinical Assessment</th>
<th>Follow Up</th>
<th>50% Improved After &gt; 10 Wks</th>
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<td>MEAN PHQ</td>
<td>MEAN GAD</td>
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<td>LCSW</td>
<td>70</td>
<td>68 (97%)</td>
<td>15.1 (n=51)</td>
<td>12.8 (n=52)</td>
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<tr>
<td>LCSW</td>
<td>86</td>
<td>86 (100%)</td>
<td>15.9 (n=86)</td>
<td>14.2 (n=84)</td>
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<tr>
<td>All</td>
<td>156</td>
<td>154 (99%)</td>
<td>15.6 (n=147)</td>
<td>13.6 (n=136)</td>
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C/C = Continued Care Plan
Pay-for-performance cuts median time to depression treatment response in half.

Unützer et al. 2012.
How well does it work in the ‘real world’?
% with tx response: > 50 % improvement in PHQ-9

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<th>Sample</th>
<th>Usual Care</th>
<th>Collaborative Care Intervention</th>
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<td>RESEARCH (RCTs)</td>
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<tr>
<td>Insured, middle aged (GHC)</td>
<td>40%</td>
<td>70%</td>
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<td>Older adults with chronic medical illnesses (IMPACT)</td>
<td>19%</td>
<td>49%</td>
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<td>Unutzer et al, 2002</td>
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<td>‘REAL WORLD’</td>
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<tr>
<td>‘REAL WORLD’</td>
<td>BASELINE</td>
<td>COLLABORATIVE CARE FULLY IMPLEMENTED</td>
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<td>UW Medicine BHIP (insured)</td>
<td>43%</td>
<td>71%</td>
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<tr>
<td>WA State MHIP (safety net)</td>
<td>24%</td>
<td>46%</td>
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Menu of Inspiration Options

• Use patient centered goals.
  • Communication with other providers.

• Use screeners regularly.
  • Track patient goals regularly.

• Track patient outcomes.
  • Set a practice improvement goal.

Patient Centered Team

Population Based Care

Measurement-Based Treatment to Target

Evidence-Based Treatment

Accountable Care

• Use a registry.
  • Lead efforts for implementation.

• Participate in continuing ed.
  • Form a learning collaborative.
Daniel’s Mom

“Just watching and seeing the difference it made … I believe it it’s made all the difference for him.”
Acknowledgments:

Daniel and his family
Annie McGuire
Angel Mathis
Rebecca Sladek
Jürgen Unützer
AIMS Center Staff

http://aims.uw.edu/