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APPLYING THE INTEGRATED CARE APPROACH:

PRACTICAL SKILLS FOR THE PSYCHIATRIC CONSULTANT

WORKSHOP: TEAM BUILDING AND IMPLEMENTATION FOR COLLABORATIVE CARE

FUNDING ACKNOWLEDGEMENT

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PRINCIPLES OF COLLABORATIVE CARE

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Population-Based Care

Measurement-Based Treatment to Target

Patient-Centered Collaboration

Evidence-Based Care

Accountable Care

Principles © University of Washington

EXERCISE 1:
PUTTING PRINCIPLES INTO PRACTICE

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Step 1: Consider each statement in the checklist below.

Put a check mark in the left column next to any tasks that you do now in your current practice. Put a check mark in the right column next to any tasks that you consider areas that you could work on in your practice. **Do not worry about the shaded area until Step 2.**

	I do this now!	My Current Practice	Possible Areas to Improve	My Practice Goal
	**Population-Based Care**		**Population-Based Care**	
		I maintain a list of all my currently active patients.		
		I use a registry to track all my patients and to help identify patients who may be 'falling through the cracks'.		
		I actively reach out to patients on my caseload who are not following up or not improving.		
		I consider the entire population of potential patients when I think about delivering care.		

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NURTURING THE COLLABORATIVE CARE TEAM

BEYOND CLINICAL CARE: NURTURING THE TEAM

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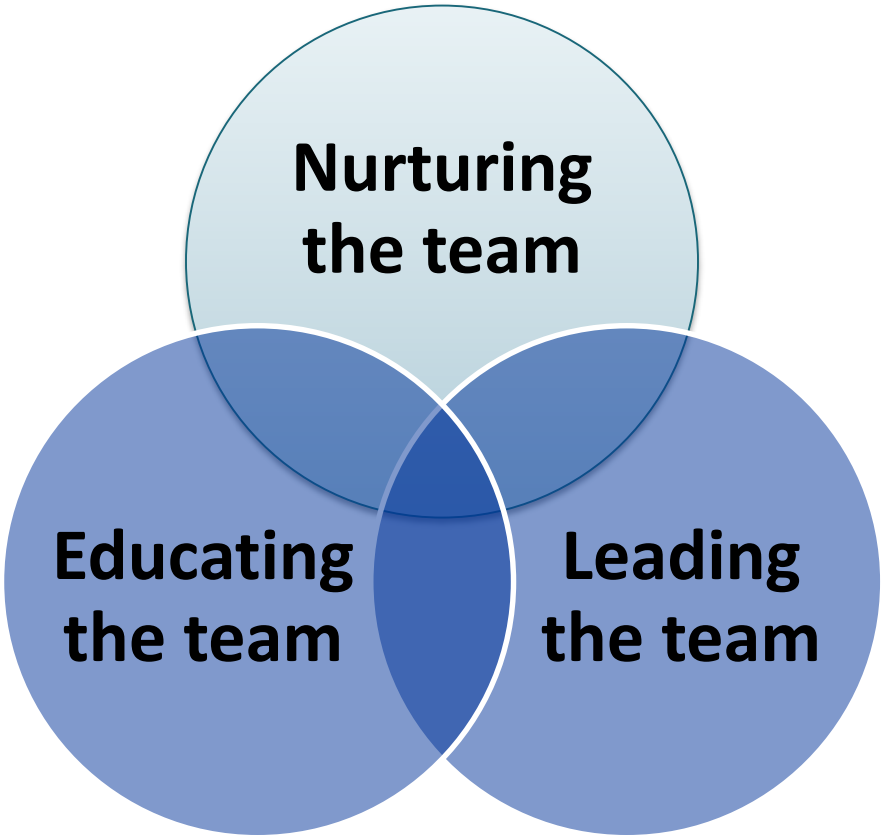

WHAT MAKES A HIGH FUNCTIONING TEAM?

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- Many different models with lots of overlap
- IOM Report Healthcare Teams
  - — Values of team members
    - Honesty, Discipline, Creativity, Humility, Curiosity
  - — Accountability
    - Measuring and reflecting on function and continuous improvement
  - — Principles of team functioning
    - Shared goals, Clear roles, Mutual trust, Effective communication, Measurable processes and outcomes

Mitchell et al., 2012

BEYOND CLINICAL CARE: EDUCATING THE TEAM

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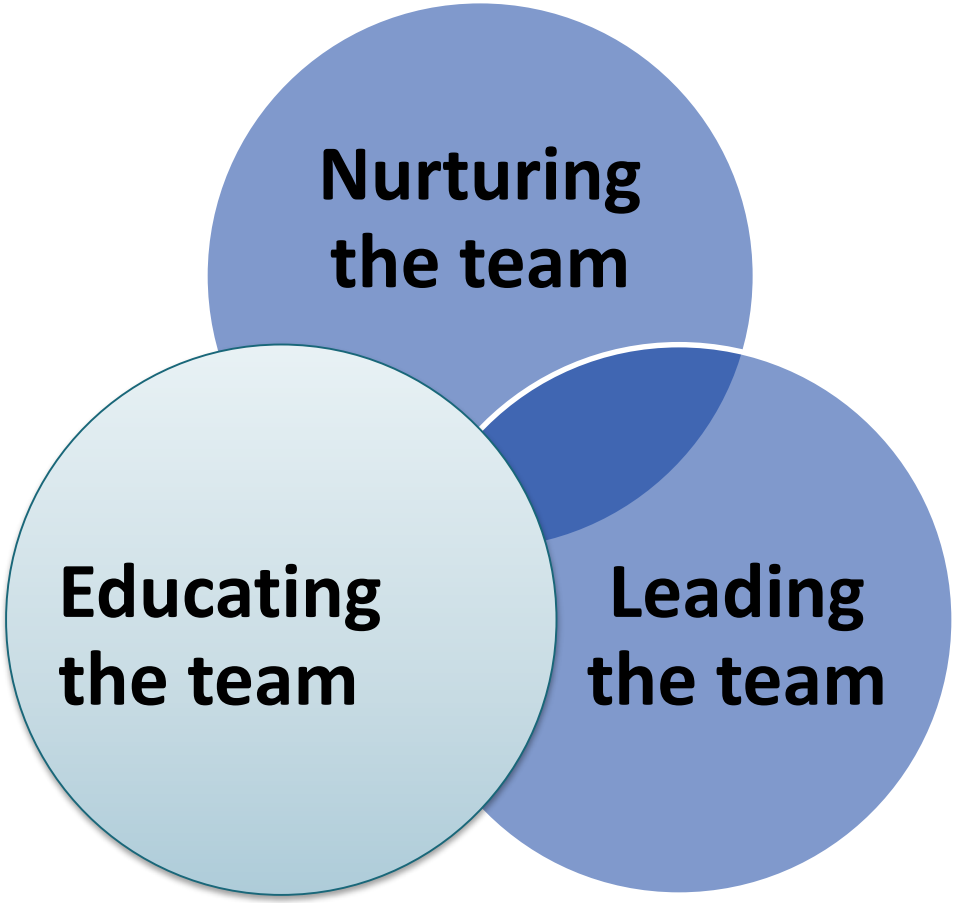

CLINICAL TOPICS

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	All members of the Collaborative Care team	Mental health: psychiatrist and BHP	Medical: psychiatrist and PCP	Psychiatric Consultant
Clinical presentations	Substance Use Disorder	Bipolar Disorder	Unexplained Physical Symptoms	ADHD
	Major Depressive Disorder	PTSD	Dementia	Eating Disorder
	Anxiety	Personality Disorders	TBI	Psychiatric problems in pregnancy
	Somatic Symptoms or Fatigue	Psychotic Disorders		
	Suicide or Violence			
	Child Psychiatry			
Treatment strategies	Evidence-based medication	Evidence-based intervention	Monitoring modifiable risk factors	
		Crisis Management Planning	Managing medical comorbidities	Pediatric medication recommendations

Adapted from "Perceived Educational Needs of the Integrated Care Psychiatric Consultant," by Ratzliff et al., 2015. *Acad Psychiatry*, *39*(4), 448-456.

MANY OPPORTUNITIES TO TEACH:

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Integrated Teaching

- Include education into ALL consultations and case reviews
  - PCP
  - BHP/CM
- Briefly explain rationale
  - Diagnosis
  - Recommendations

Structured Teaching

- Scheduled trainings
  - CME
  - Brown Bag lunch
- Formal educational content
  - Journal articles
  - Handouts
  - Protocols
- Encourage BHPs/CMs to attend educational meetings with psychiatric consultant

BEYOND CLINICAL CARE: LEADING THE TEAM

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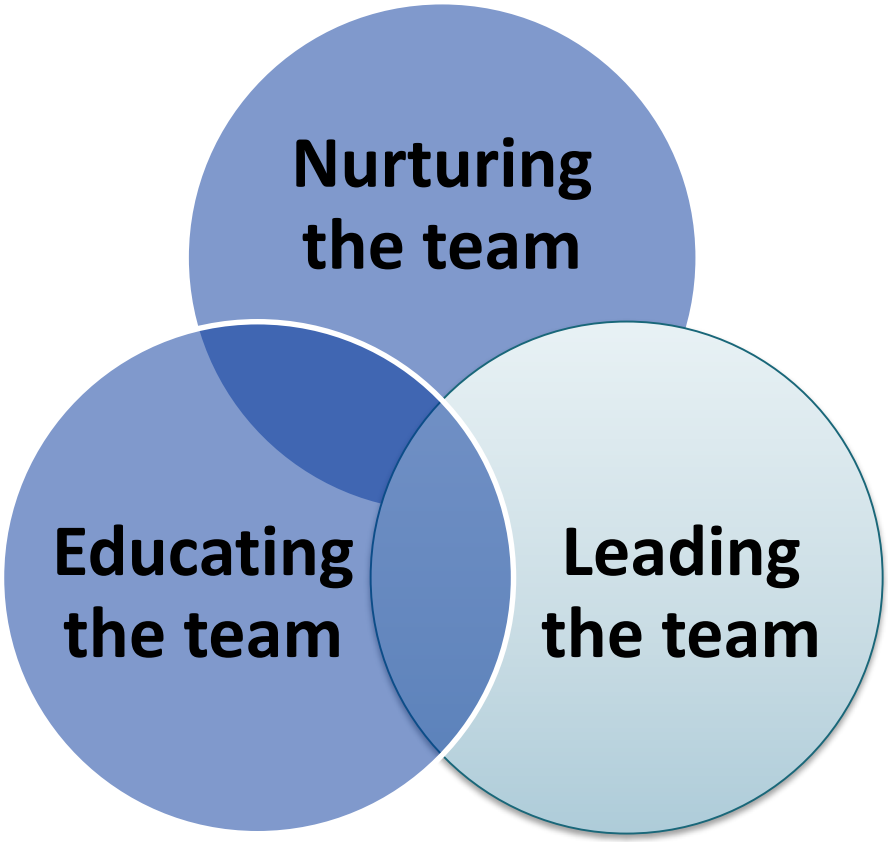

NINE FACTORS FOR EFFECTIVE IMPLEMENTATION

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Table 1. Factors Considered Important for Implementation of DIAMOND

Ranking	Implementation Factor	Definition
1	Operating costs of DIAMOND not seen as a barrier	The clinic has adequate coverage or other financial resources for most patients to be able to afford the extra operational costs.
2	Engaged psychiatrist	The consulting psychiatrist is responsive to the care manager and to all patients, especially those not improving.
3	Primary care provider (PCP) "buy-in"	Most clinicians in the clinic support the program and refer patients to it.
4	Strong care manager	The care manager is seen as the right person for this job and works well in the clinic setting.
5	Warm handoff	Referrals from clinicians to the care manager are usually conducted face-to-face rather than through indirect means.
6	Strong top leadership support	Clinic and medical group leaders are committed and support the care model.
7	Strong PCP champion	There is a PCP in the clinic who actively promotes and supports the project.
8	Care manager role well defined and implemented	The care manager job description is well defined, with appropriate time, support, and a dedicated space.
9	Care manager on-site and accessible	The care manager is present and visible in the clinic and is available for referrals and patient care problems.

DIAMOND indicates Depression Improvement Across Minnesota—Offering a New Direction.

Whitebird, et al. Am J Manag Care. 2014;20(9):699-707

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BUILDING COLLABORATIVE CARE

STEPPED CONTINUUM OF BEHAVIORAL HEALTH CARE

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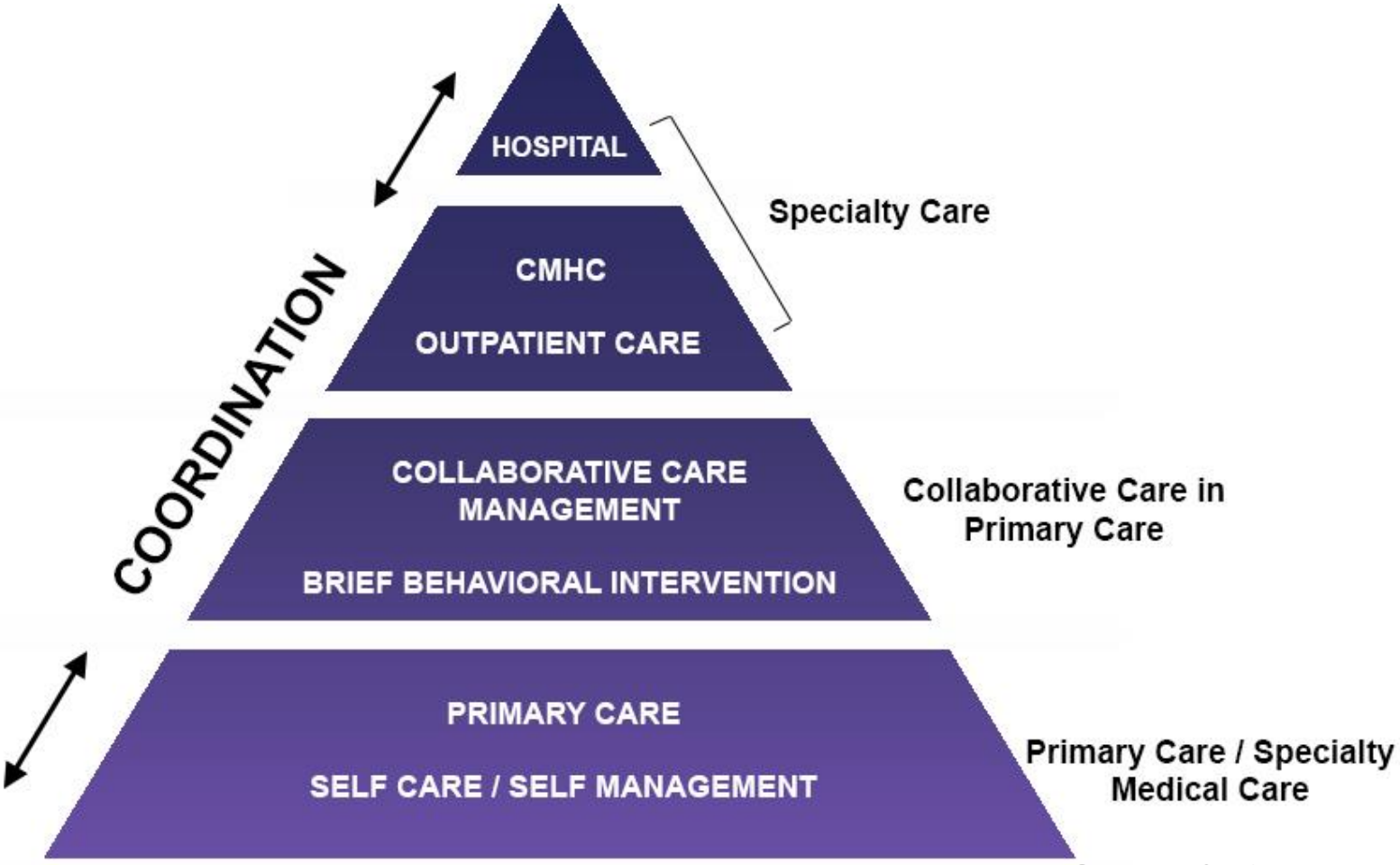

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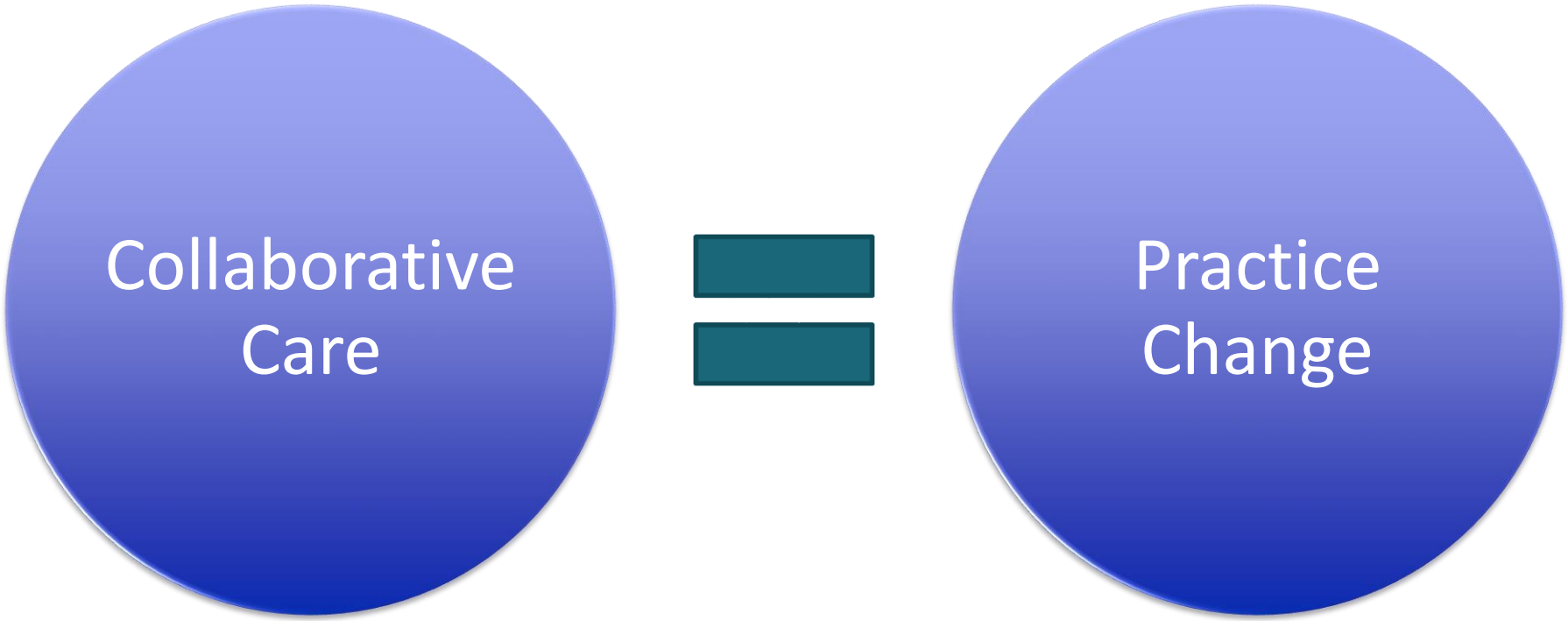
PRACTICE CHANGE IS HARD!



Nease et al, 2010.
Gallagher et al, 2010.

MAKING THE 'BUSINESS CASE' FOR INTEGRATED CARE

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- Improved patient outcomes
- Savings in total health care costs
  - Demonstrated in research (IMPACT, Pathways)
  - Demonstrated in real world evaluations (Kaiser Permanente, Intermountain)
- Improved patient and provider satisfaction
- Improved provider productivity
  - PCPs have shorter, more productive primary care visits = more visits
  - Mental health consultants in primary care have lower no-show rates
- Improved productivity
  - Reduced absenteeism and presenteeism
  - Higher incomes / net worth
- In safety net populations
  - Reduced homelessness and arrest rates

PAYMENT FOR COLLABORATIVE CARE

- Fully capitated
  - Kaiser Permanente
  - VA
  - DOD

For up to date information on financing Collaborative Care, see resources:

- SAMHSA-HRSA CIHS
- AHRQ

- Partially capitated: PCP bills FFS; clinics get payment for care management resources
  - Funded through Washington State Mental Health Integration Program (CHPW)

- Case rate payment: for care management and psychiatric consultation
  - DIAMOND Program

OVERVIEW OF IMPLEMENTATION

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PUTTING IT ALL TOGETHER

EXERCISE 1:
PUTTING PRINCIPLES INTO PRACTICE

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Step 2: Now focus on the shaded areas. Consider your responses from Step 1. Review the whole document and move any unmarked tasks to potential areas to improve. At the end of this exercise, you should have 3-5 small goals to improve your practice!

- Which principles have the most check marks? Great work!
- Which principles have the fewest check marks? Great opportunity!

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NEXT STEPS

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Participate in a virtual Learning Collaborative

- Technical Assistance
- Network
- Apply knowledge in practice settings
- MOC Credit

How to Participate:

1. Indicate that you are interested on your YELLOW form
2. You will receive more information about participating in Learning Collaboratives in late October/early November

GET CONNECTED

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Stay up-to-date on APA's SAN and training offerings at:

www.psychiatry.org/SAN

For more information or questions, email:

SAN@psych.org

QUESTIONS?

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