

# Collaborative Care

Hogg Foundation for Mental Health

El Paso MHMR

Project Vida Health Center

Family Service of El Paso

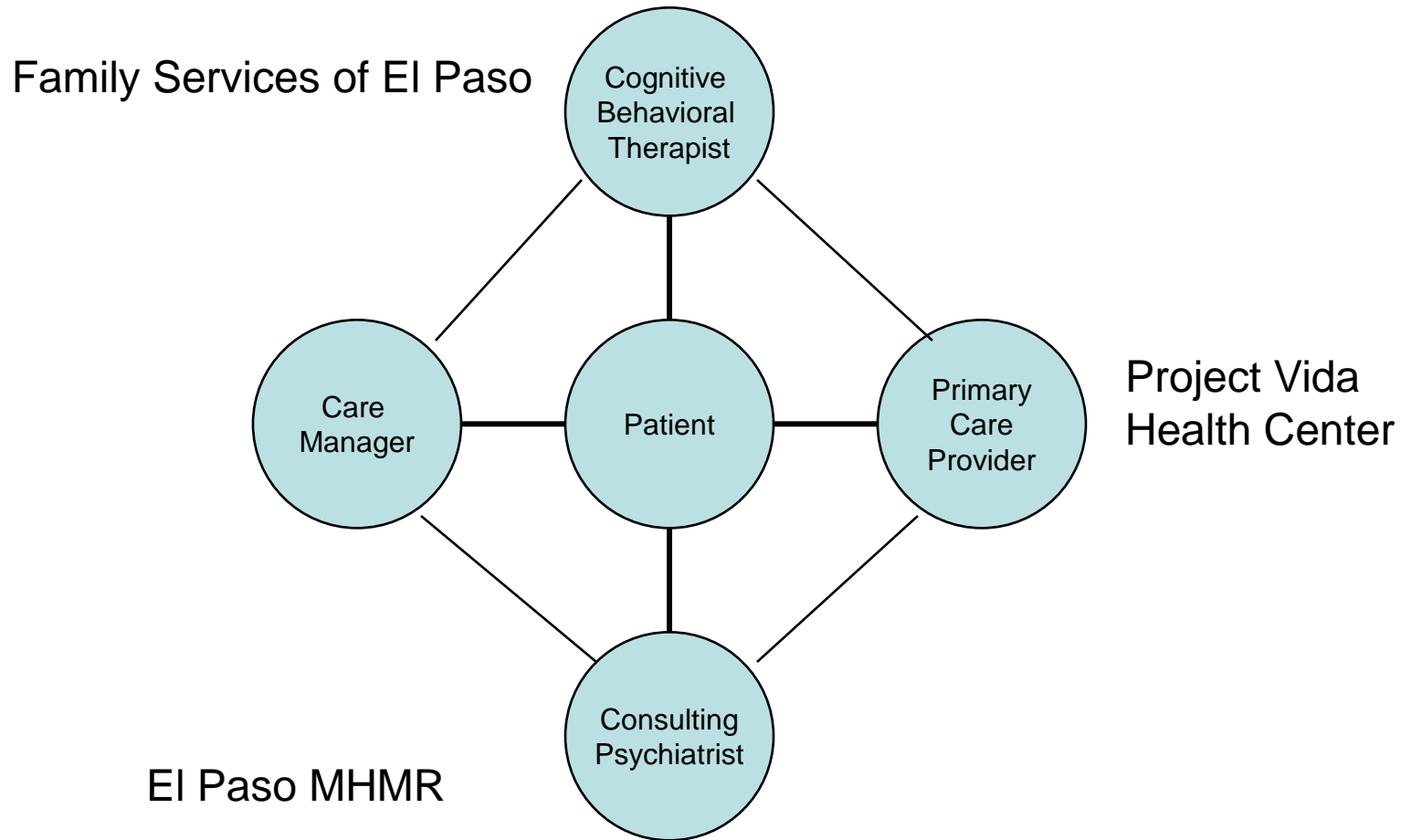
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# Behavioral Health Concerns

- Undiagnosed Behavioral Health issues
  - “I thought all adults felt like this all the time.”
- ‘Funded for 3,000 and seeing 4,000’
  - Stabilize, discharge, re-admit.
- Primary Care Providers reluctant to address behavioral health
  - Time, competence, cost, reimbursement

# Integrated Care Model



# Patient Encounter

- PHQ-9 and Oasis – every time/all the time.
- MA scores PHQ-9 and Oasis for Provider, passes information to Care Manager.
- Care Manager Assistant logs information into Web Registry.
- Registry programmed to:
  - Prompt follow-ups
  - Track treatment adherence and response

# Provider Encounter

- Provider reviews PHQ-9 and Oasis
- Mental health problems suspected or screen positive on assessment tool
- Provider offers initial diagnosis and determines appropriateness of psychotropic medication(s)
- Refers to Care Manager

# Care management

## Care Management

- Assessment Tool
- Psych. education
- Treatment adherence
- Sometimes therapy

Phone or in-person follow-ups

Care management ≠ case management or care coordination

# Care Manager

- Consults with provider for treatment implementation.
- Provides patient with psych. education on depression and anxiety
- Reviews Web Registry for 'outliers' – reported scores not improving, missed appointments, adherence to medication and counseling, etc.
- Makes phone or in-person follow-ups
- Coordinates contacts among providers, including consulting Psychiatrist.
- Sometimes provides CBT

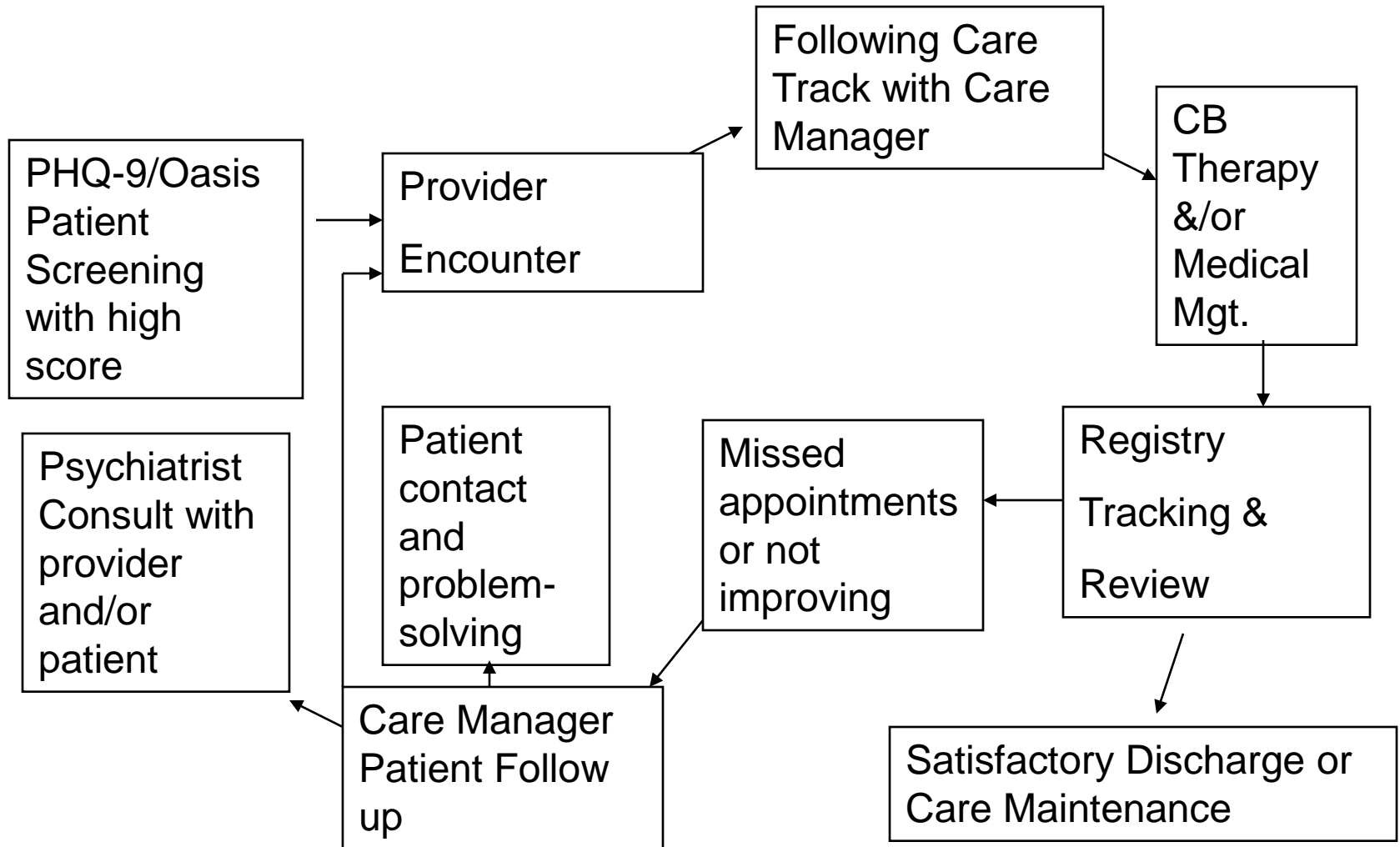
# Psychiatrist Role

- Weekly psychiatrist consultation
  - In person or by phone
  - Focus on patients showing least improvement
  - Treatment recommendations conveyed to PCP
- Psychiatrist may also work directly with PCP or Patients
  - Clarifying 'Behavioral Health'
  - Addressing myths and fears
- Capacity building impact
  - Medication updates
  - Diagnosis and treatment elements
- Consulting on specific cases
  - Clarifying diagnoses
  - Medical regimen

# Relapse Prevention

- Care management continues until patient improves and stabilizes
- Continued monthly follow ups
- Before termination, care manager helps patient plan for and prevent future psychiatric episodes

# Screening and Tracking



# Cognitive Behavioral Therapy

- Evidence Based
- Brief Version
- Cultural Adaptations
- On-site and Off-site

# First year Results

- 150 under care
- 50% improved after >10 weeks
  - (Off-site counselor screener administration)
  - (On-site counselor changes)
- Staff buy-in
  - 100% Administration, PCP, Support Staff
- Partnering agency cooperation
  - 100%

# Clinical Barriers

- Clinical barriers involving PCPs include:
  - Limited training in psychiatric disorders and their treatment
  - Hesitance to consider psychiatric disorders within their scope of practice
  - Stigmatizing attitudes toward mental illness
- Clinical barriers involving patients include:
  - Variable treatment adherence
  - Stigmatizing attitudes toward mental illness

# Lessons learned

- PCP and support staff champions are critical
- Psychiatrist and care manager need to establish trust with PCPs
- Once implemented, PCPs quickly see the benefits, and late adopters come on board
- Care managers' personality may be more important than credentials
- Collaborative care approach reduces stigma as barrier to treatment seeking
- Co-morbid conditions (especially substance abuse and chronic pain) must be addressed
- Creative partnerships facilitate model