

INTEGRATED BEHAVIORAL HEALTH CARE: ENHANCING ACCESS

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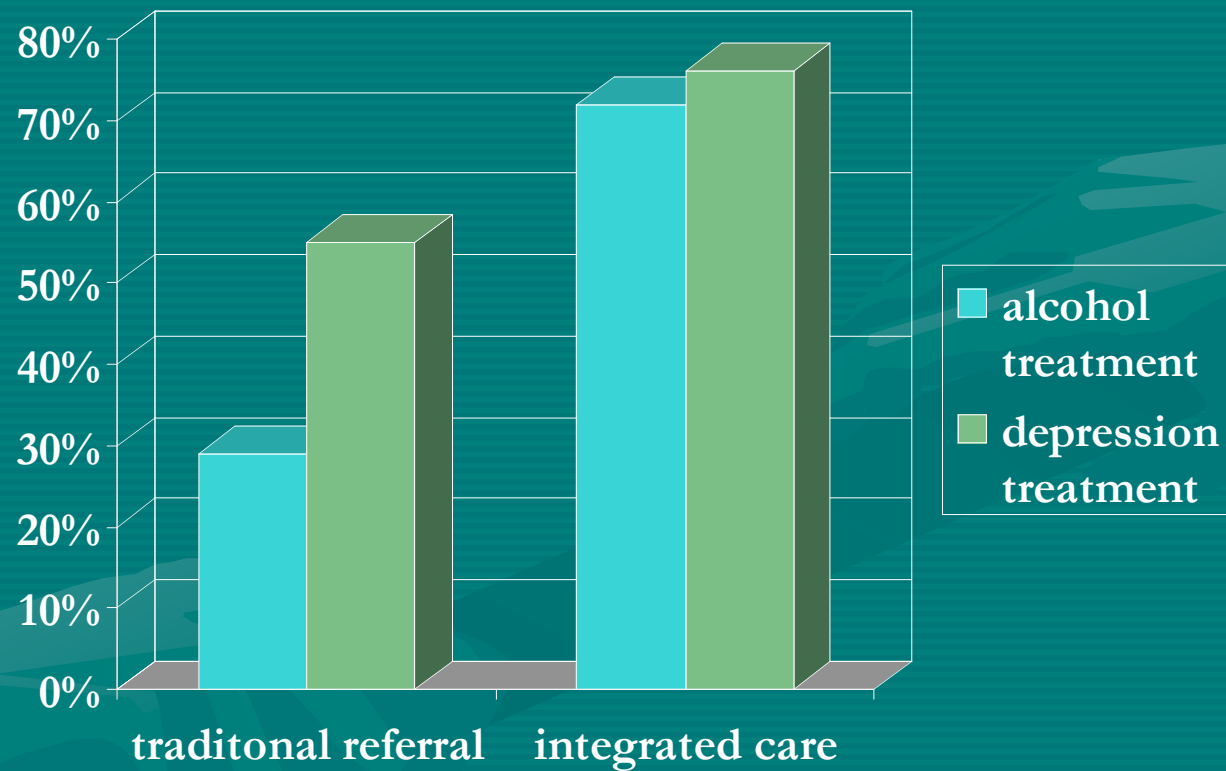
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The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

RATES OF CLIENT ENGAGEMENT

(PRISM-E study at 11 sites)







SOME REASONS CLIENTS DON'T COME FOR TREATMENT

- weather conditions
- got better on own
- forgot
- appointments not convenient
- scheduling too far in advance/wait list too long
- treatment not working/discouraged
- didn't feel the need for treatment
- didn't like the therapist and/or treatment plan
- client not motivated; agreed to services just to please PCP
- clinic's frequent cancellations set the precedence for client cancellations
- stigma issues
- cultural competence issues; client can't communicate with counselor or doesn't relate to him or her
- transportation problems
- child care needs
- can't afford co-pay

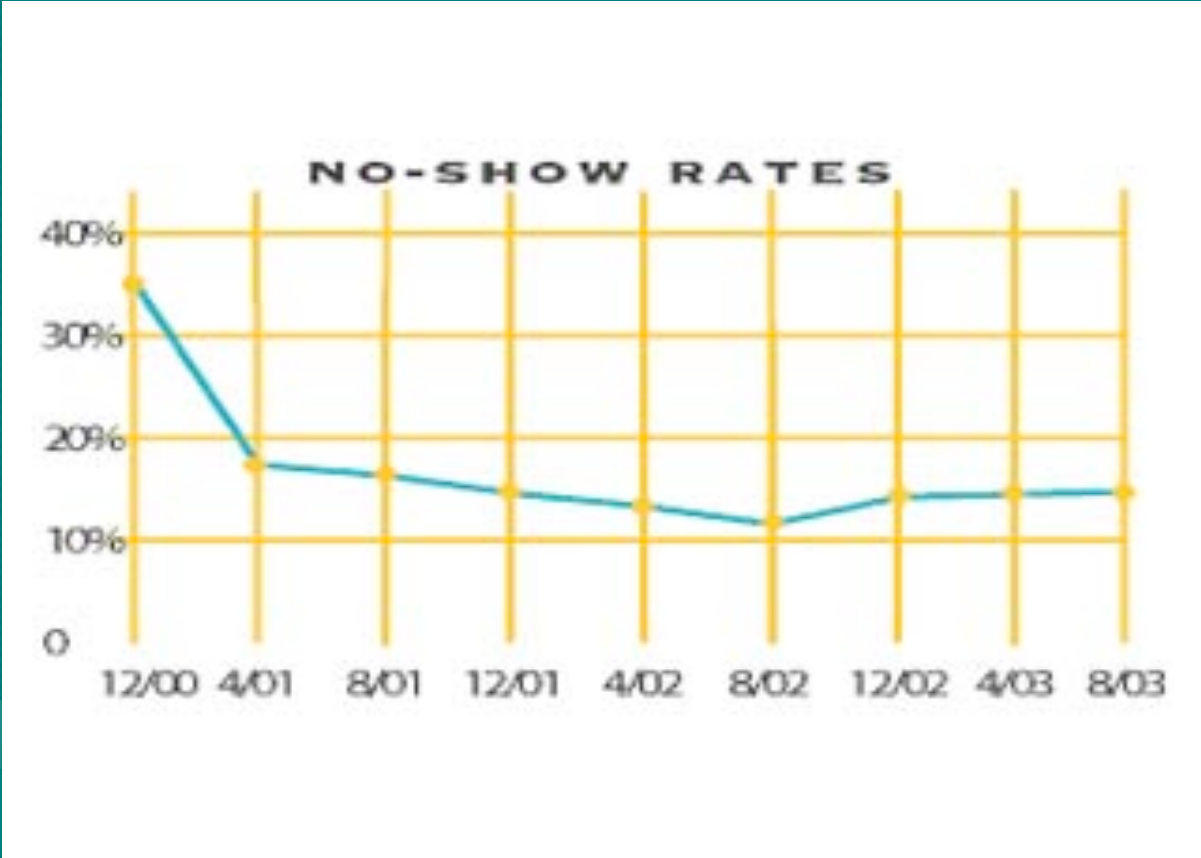


HOW TO ADDRESS THESE ISSUES

- weather conditions
- got better on own
- appointments not convenient
- scheduling too far in advance/
wait list too long
- clinic's frequent cancellations set the
precedence for client cancellations



Impact of advanced scheduling on “no show” rates at Clinica Campesina, Colorado



The second visit should occur within 14 days of initial contact and the 3rd and 4th should be within 30 days after the 2nd visit, so the 1st 4 visits should occur within 44 days

-engagement standards recommended by the Carter Center



HOW TO ADDRESS THESE ISSUES

- forgot
- felt treatment not working/discouraged
- didn't feel the need for treatment
- didn't like the therapist and/or treatment plan
- not motivated; agreed to services just to please PCP



One of the most powerful predictors of positive clinical outcomes in studies of collaborative care for depression was the inclusion of systematic follow-up as part of the protocol.

Katzelnick, et al., *Arch Family Medicine*, 2000

Katon et al., *JAMA*, 1995

Katon et al., *Arch Gen Psychiatry*, 1996

Hunkeler et al., *Arch Family Medicine*, 2000

Simon et al., *British Med Journal*, 2000

Rost et al, *British Med Journal*, 2002

Katon et al., *Arch Gen Psychiatry*, 1999

Unutzer et al., *JAMA*, 2002

Gater et al., *Psychol Medicine*, 1997

Cook et al., *Brit Journal Occup Therapy*, 2003

Lovell et al., *Brit Journal of General Practice*, 2003

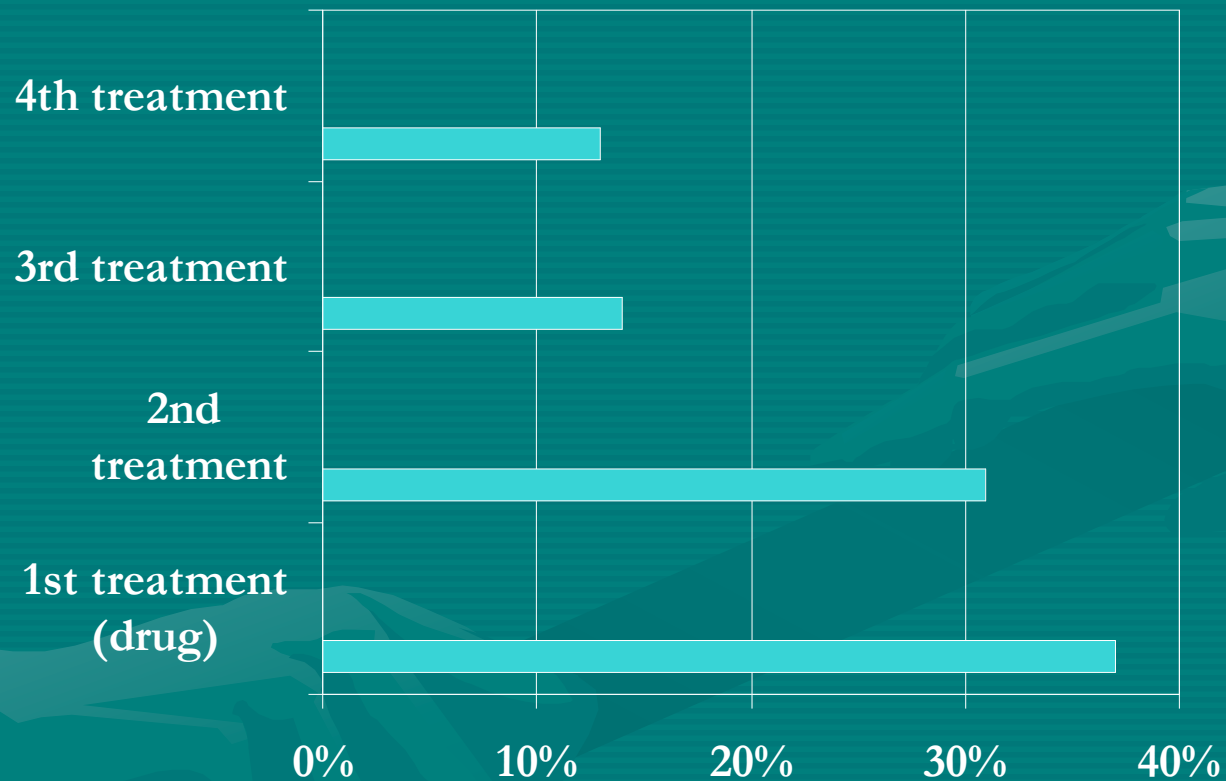
Wells et al., *JAMA* 2000

Sherbourne et al., *Arch Gen Psychiatry*, 2001

Sharma et al., *Internat'l Journal of Soc Psych*, 2001



Percent of clients achieving full remission of depression after treatment

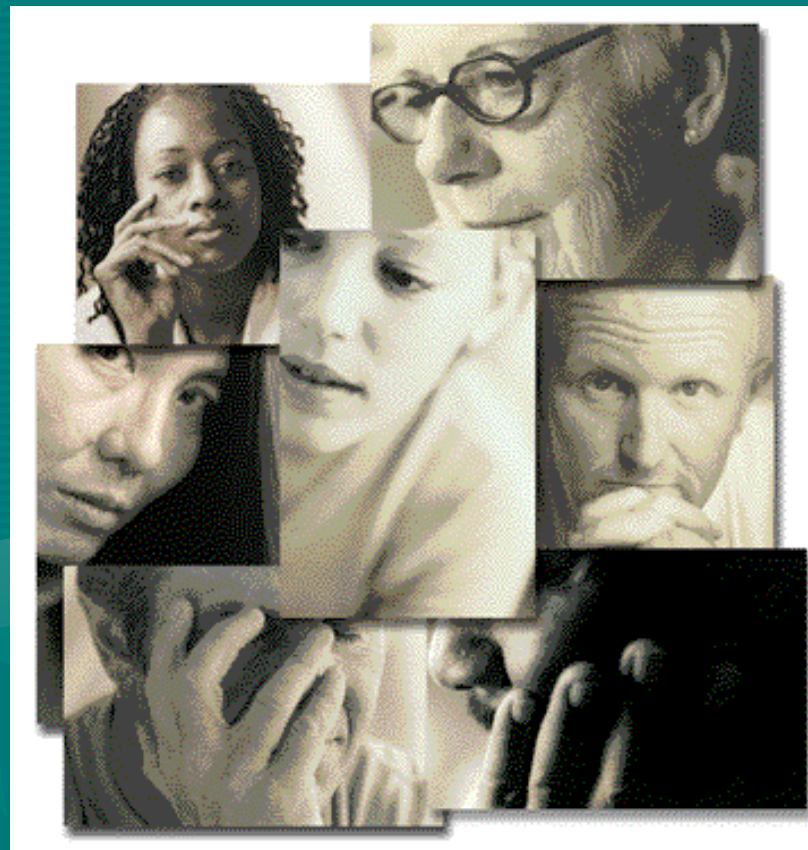


A. John Rush et al. *American Journal of Psychiatry* 11/06



Among clients for whom antidepressants are prescribed, 40% discontinue within a month and only 25% receive a follow-up appointment.

—Simon, G. et al., *Arch Gen Psychiatry*, 2001



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PSYCHIATRIC SERVICES AT PRIMARY CLINICS COULD TAKE SEVERAL FORMS:

- **Limiting the psychiatrist interaction to doctor-to-doctor contacts via phone and email consultation.**
- **Limiting the psychiatrist interaction to medication consults with the PCP.**
- **Having the psychiatrist perform face-to-face assessments of clinic patients and make treatment recommendations to PCP's.**
- **Having a psychiatrist available to consult with behavioral staff.**
- **Having psychiatrist as principal provider of behavioral health service (traditional model)**



TELEPSYCHIATRY – SELECTED STUDY RESULTS

(as compiled by Don Hilty MD)

- Changes in diagnosis in 91% of the cases and improvement in 56% of the cases
- No differences in the Global Assessment Function (GAF) scores at 6-month follow-up vs. in-person treatment
- High patient satisfaction (80% of the clients found it useful)
- Positive acceptance of telepsychiatry aftercare (90% positive ratings)



Some ways to enhance psychiatric services

- Psychiatrist hired by clinic
- Circuit rider financed by group of clinics, consortium, county mental health department, foundation, etc.
- Telepsychiatry



OTHER POSSIBLE WAYS OF BRINGING NEEDED SERVICES TO THE CLIENTS

- **Enhance PCP referrals**
 - educate PCP's about services
 - schmooze
 - offer consultation
 - educate PCP's about behavioral health issues
 - be available when needed
 - provide valuable service
 - offer incentives for referrals
 - offer services promoting client adherence to the treatment plan
 - offer chronic disease management education in behavioral areas like smoking cessation, diet adherence, pain management, etc.



OTHER POSSIBLE WAYS OF BRINGING NEEDED SERVICES TO THE CLIENTS

- **Offer one-stop shopping**
 - provide substance abuse treatment
 - provide help with needed resources
- **Screen all new clients to identify those who need behavioral intervention**



- How feasible is this to implement?
- How valuable would this be to the clinics?
- How valuable would this be to the clients?
- How costly would this be?
- How sustainable would this be once grant funding stops?
- How can we measure the impact ?
- What are the problems/drawbacks?



