Alberta PCNs Work Together to Present their Progress in Integrated Behavioural Health

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PRESENTER DISCLOSURE

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LEARNING OBJECTIVES

1) Explain the rationale for implementing PCBH in a PCN.

2) Identify the variety of ways PCBH has been implemented across PCNs in Alberta.

3) Describe the challenges associated with PCBH program implementation and name potential solutions to overcome these barriers.

Behavioural Health and Primary Care Are Inseparable

- 84% of the time, the 14 most common physical complaints have no identifiable organic etiology[1]
- 80% with a behavioural health disorder will visit primary care at least 1 time in a calendar year[2]
- 50% of all behavioural health disorders are treated in primary care[3]
- 48% of the appointments for all psychotropic agents are with a non-psychiatric physician[4]

1. Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266.
2. Narrow et al., Arch Gen Psychiatry. 1993;50:5-107.
3. Kessler et al., NEJM. 2006;353:2515-23.
4. Pincus et al., JAMA. 1998;279:526-531.

Behavioural Health and Primary Care Are Inseparable

- 67% with a behavioural health disorder do not get behavioural health treatment[1]
- 30-50% of referrals from primary care to an outpatient behavioural health clinic don't make first appt[2,3]
- Two-thirds of primary care physicians (N=6,660) reported not being able to access outpatient mental health for their patients. Shortages of mental health care providers, health plan barriers, and lack of coverage or inadequate coverage were all cited by FPs as important barriers to mental health care access[4]

1. Kessler et al., NEJM. 2005;352:515-23.
2. Fisher & Ransom, Arch Intern Med. 1997;6:324-333.
3. Hoge et al., JAMA. 2006;95:1023-1032.
4. Cunningham, Health Affairs. 2009; 3:w490-w501.

Five Formal Integration Methods

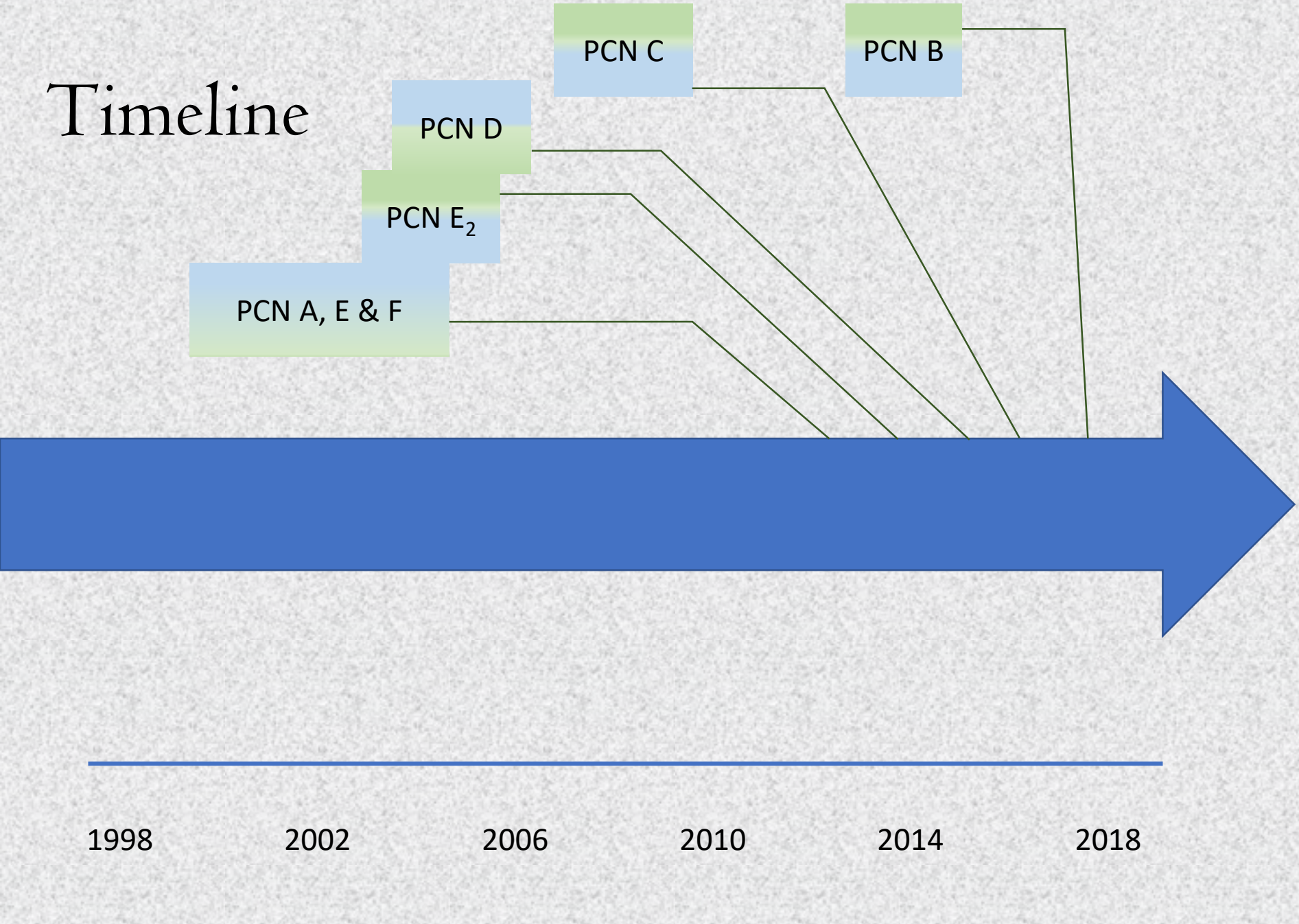
- Co-located Specialty Mental Health Models
- Primary Care Behavioural Health (PCBH; Behavioural health consultation/BHC)
- Medical Family Therapy
- Collaborative Care/Staff Advisor Models/Shared Care
- Reverse/Bi-Directional Integration

Corso, Hunter, Dahl, Kallenberg, and Manson, 2016

Benefits of PCBH

- Population health model
- 10-16 patients/day; 15-30 minute appointments
- Mental health and physical health conditions
- 90% of referrals will not need a specialty referral outside of the primary care clinic
- Stepped care that is patient centered, provider-assisting, patient empowering and educating
- Modeled after primary care: self management of acute and chronic conditions

Timeline



Capacity Building

Initial and on-going training in PCBH provided by expert trainer. Didactics and role plays with 70-skill PCBH core competency tool to increase PCBH skills and model fidelity:

- Nurses and social workers
- Family physicians
- Director of Clinical Operations
- Coaching in clinic with PCBH providers and patients to sharpen skills
- Periodic phone calls for trouble shooting
- "Train the trainer"

Results Achieved

In two PCNs, 7% of PCBH patients have been referred to another specialist (e.g., social services, traditional psychotherapy or psychiatry services). The standard is that $\leq$10% will need a higher level of care once a PCBH program is optimized.

Results Achieved

- One PCN treated 270 unduplicated patients with traditional MH integration services, now: 3,188 (FTE increased from 3.2 to 6.9 – a 3x increase in FTE, but 12x increase in unduplicated patients treated)
- The same PCN completed 947 visits for MH at baseline and 5527 most recently.
- Compared to baseline, more patients are seen and for less time (i.e., more efficient).

Results Achieved

- In one PCN compared to the average appointment duration, within 1 year it was reduced by 22%

- Right before additional training, consultation and capacity building, the same PCN conducted 3,031 PHQ-9s. A little over a year later they had conducted 7,546 - a 150% increase with only one additional FTE .

- Higher rates of depression screening reflect increased population reach and potential for increased quality of care

Results Achieved

- In another PCN there was a 34% increase in unduplicated patients seen as the BHC model was launched
- The number of appointments with a behavioural health provider doubled
- 44% pts showed clinically meaningful improvement in PHQ9 scores, 2/3 show improvement in depression severity category
- 47% pts showed increased QOL on EQ-5D Index and 40% showed it on EQ-5D VAS
- Re-trained doctors to abstain from from making direct referrals to specialty mental health – PCBH providers make referrals as needed since most of the patients benefit from the PCBH treatment (1 referral to psychiatry per month)
- Collaborates with an agency that completes medical forms, financial benefits forms, etc. because initially, PCBH providers were unable to complete those within a 30 min visit while also providing brief assessment and treatment.

Results Achieved

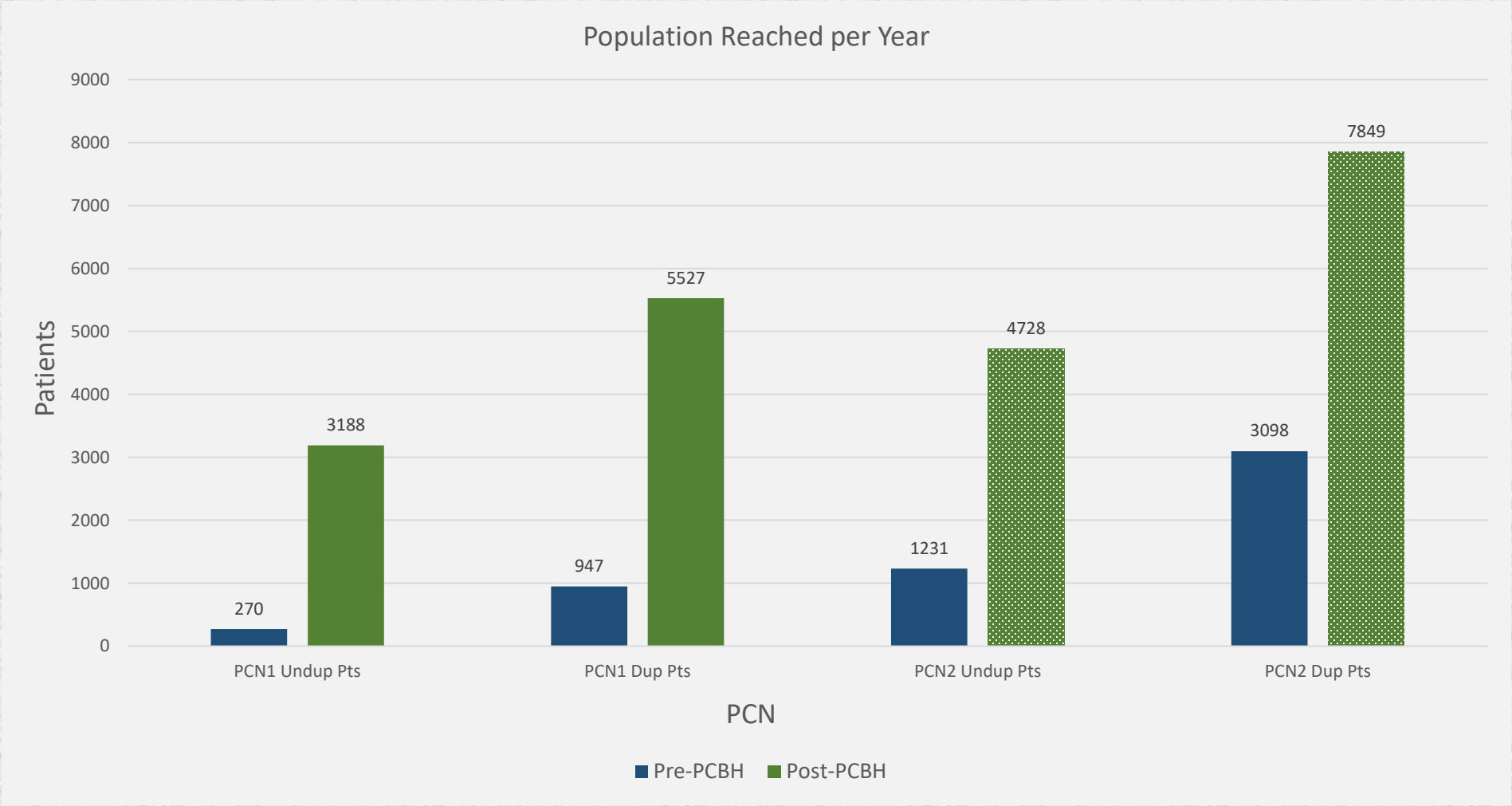
- In one PCN, an FTE costs $128,928 including benefits.
- Currently the FTEs in this PCN average 1,150 patient appointments per year.
- For this cost, up to 16 patients can be seen per day and access is usually same day, if not within the same week.
- In another PCN, a PCBH provider FTE costs 25% less compared to the traditional mental health provider in primary care

Results Achieved

- In one PCN they had 2.8 FTEs of mental health clinicians for 20 clinics. After the PCBH program launched – they now have 13.9 FTEs which increased availability of behavioural health services, decreased wait time and increased time in clinic.

- Results were achieved by restructuring services and hiring PCBH providers at lower costs per FTE

Population Reach per Year



Physician Feedback

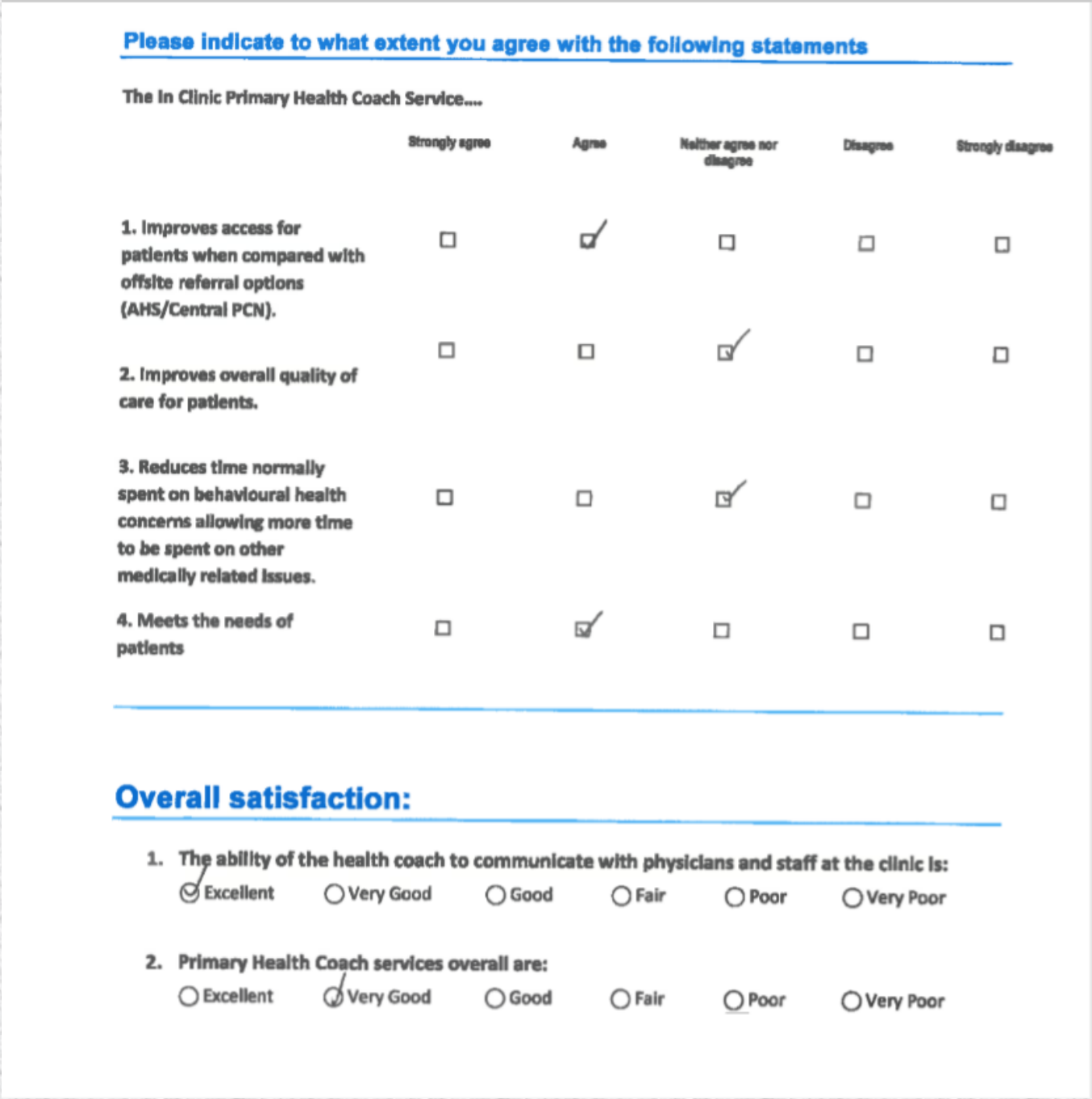
- "The BHC program is a valuable tool for patient assessment and management. Treatment approaches empower patients to take responsibility for their own management which improves their potential for recovery."

- "The rapid accessibility saves me an enormous amount of time. It is extremely well received by patients and provides further safety valves for patients struggling with mental health issues."

- "With this new model, by making the visits briefer and to-the-point, patients get in sooner. I get to see the improvements much quicker."

Physician Feedback

- 4 of 6 physicians responded to the survey in this clinic.
- The data to the right are the "worst."



Please indicate to what extent you agree with the following statements

The In Clinic Primary Health Coach Service....

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Improves access for patients when compared with offsite referral options (AHS/Central PCN).	☐	☑	☐	☐	☐
2. Improves overall quality of care for patients.	☐	☐	☑	☐	☐
3. Reduces time normally spent on behavioural health concerns allowing more time to be spent on other medically related issues.	☐	☐	☑	☐	☐
4. Meets the needs of patients	☐	☑	☐	☐	☐

Overall satisfaction:

1. **The ability of the health coach to communicate with physicians and staff at the clinic is:**
   ◉ Excellent ○ Very Good ○ Good ○ Fair ○ Poor ○ Very Poor
2. **Primary Health Coach services overall are:**
   ○ Excellent ◉ Very Good ○ Good ○ Fair ○ Poor ○ Very Poor

Patient Feedback

hi!

I'm Darwin! I fought a hard battle against the stigma that can sometimes be attached to mental health and when I finally accepted it, my life changed for the better.

All about Darwin...

Age: 54
Referring Doc: Dr. Strytveen
Programs: Mental Health
Residency: Morinville
Clinicians: Shelley Porter (Behavioural Health Consultant)

Patient Success Story

What led you to the SASPCN?
My breaking point came when I saw how upset my wife had become as a result of my bad temper and negativity. I saw my doctor who then referred me to a psychiatrist where I was diagnosed with being bi-polar. I then started seeing Shelley at the SASPCN...this was the changing point.

What did you take away from your experiences with the SASPCN?
It's taken me a long time but I am finally able to admit that I had a problem and more importantly, I am receptive to feedback. These days I am a strong supporter of all things mental health. Have you heard of the semi-colon project? Look it up!

What challenges do you currently face?
Life is really good. My relationship with my wife is so much better and my happiness in life has made a huge turnaround.

What advice do you have for others?
Step one for me was recognizing that there was an actual issue and accepting feedback! If you feel like something isn't quite right, ask your doc. for a referral to see a mental health nurse and make a plan.

Challenges

- Technical expertise among PCBH Providers
- Broad misconceptions of the PCBH model
- FP understanding of how to use the PCBH providers
- Learning new practice skills (old habits die hard)

Challenges

- Paradigm shifting
- Confusion around language and role
- Unique Challenges rolling out the hybrid model (e.g., process, documentation)
- System limitations – silos, wait time, lack of mutual understanding about what each program does, coordinating care with specialty services and other agencies, child and adolescent mental health

Lessons Learned and Solutions

- There are various ways to implement the PCBH model
  - Preserve model fidelity (clinical services delivered)
  - Adapt to meet your operational needs
  - Think flexibly

- Working together (sharing resources, information, troubleshooting as a group, policy development, shadowing and mentoring – "learning collaborative")

- You can't just teach it once or implement based on reading an article (initial training)

- Need accountability over practice and documentation skills (management)

Questions

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