Update on Behavioral Health Initiatives in The Upstate

SCHA Behavioral Health Coalition
March 29, 2018

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The Mission of the Upstate Behavioral Health Collaboration to identify needs of the communities we serve, provide a conduit for support, promote standards of care, and empower providers, community members, patients, and their families to affect change at the local and state level.

Rev 3.28.18
Crisis Stabilization Centers
Anderson & Greenville

Greenville Mental Health Center
Integrated Behavioral Health Care

The Collaborative Care Model
Behavioral Health Crisis

• 1 in 4 people have a mental health condition
• Up to 40% of all patients seen in primary care settings have a mental illness
• 70% of psychotropic medications are prescribed in primary care
• Fewer than 25% of patients in primary care receive an intervention expected to improve symptoms
• Of those requiring specialty behavioral health, 67% never get it
Barriers to Care

- Stigma
- Inadequate depression screening
- Lack of training in primary care
- Dearth of behavioral health providers
- Lack of integration of medical, mental health and substance use disorders
- Copayments and coinsurance requirements
The Collaborative Care Model

- A Best Practice Integrated Care Model
- Cochrane Review of 79 RCT including 24,308 patients found that the Collaborative Care Model is more effective for Depression and Anxiety than routine care or alternative treatments
- Depression, Anxiety, PTSD, Dementia, OBGYN, Pediatrics
- CMS began reimbursement for services January 1, 2017 through G- Codes and now has CPT codes effective January 1, 2018
Clinic Structure

https://aims.uw.edu/collaborative-care/team-structure
How The Collaborative Care Model Works

- Patient-Centered Team Care in primary care
- Population-Based Care
- Measurement-Based Treatment to Target
- Evidence-Based Care
- Accountable Care
### Patient Registry

<table>
<thead>
<tr>
<th>MRN</th>
<th>Name</th>
<th>Treatment Status</th>
<th>Episode Number</th>
<th>Follow-up Contact Number</th>
<th>Date Follow-up Due</th>
<th>Actual Contact Dates</th>
<th>Type of Contact</th>
<th>PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Contact Notes and Psychiatric Case Review</th>
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<tbody>
<tr>
<td>1234</td>
<td>Joe Smith</td>
<td>Active</td>
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<td>1</td>
<td>9/9/17</td>
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<td>Person in clinic</td>
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<td>11%</td>
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</tr>
<tr>
<td>1222</td>
<td>Bob Dolittle</td>
<td>Active</td>
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<td>7%</td>
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<td>-59%</td>
<td>8%</td>
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</table>

**MRN**: This is a required field for the Caseload Overview worksheet. MRN must be entered to display information properly.
## Consulting Psychiatrist Caseload Review

<table>
<thead>
<tr>
<th>View Record</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Date Next Follow-up Due</th>
<th>Number of Follow-up Contact</th>
<th>Weeks in Treatment</th>
<th>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Flag</th>
<th>Date of Most Recent Psychiatric Case Review</th>
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</thead>
<tbody>
<tr>
<td>View Record</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/19/2017</td>
<td>11/8/2017</td>
<td>12/6/2017</td>
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<td>16</td>
<td>19</td>
<td>18</td>
<td>-5%</td>
<td>12/8/2017</td>
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<td>10</td>
<td>-23%</td>
<td>11/8/2017</td>
<td>Flag for discussion</td>
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</tr>
<tr>
<td>View Record</td>
<td>Active</td>
<td>Bob Dolittle</td>
<td>9/26/2017</td>
<td>12/5/2017</td>
<td>12/19/2017</td>
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<td>10</td>
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<td>-14%</td>
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<td>-9%</td>
<td>12/5/2017</td>
<td>Flags as needed/review</td>
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<tr>
<td>View Record</td>
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<td>Nancy Fake</td>
<td>12/8/2017</td>
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<td>12/22/2017</td>
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<td>No Score</td>
<td>No Score</td>
<td></td>
<td></td>
<td>No Score</td>
<td></td>
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</tbody>
</table>
Why is there not widespread implementation of this BEST PRACTICE?

• Fee-For-Service still dominates healthcare despite a ROI of $6.50.
• Intermountain Healthcare System 10 year study on effectiveness of CoCM. Saved $115 dollars per patient per year. Resulted in 157 million dollars lost to the system (value savings)!
• Co-Payment / Co-Insurance associated with chronic care management codes
# CPT Codes: Collaborative Care Management

<table>
<thead>
<tr>
<th>BHI CODE</th>
<th>BEHAVIORAL HEALTH CARE MANAGER OR CLINICAL STAFF THRESHOLD TIME</th>
<th>ASSUMED BILLING PRACTITIONER TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoCM First Month (99492)</td>
<td>70 minutes per calendar month</td>
<td>30 min</td>
</tr>
<tr>
<td>CoCM Subsequent Months**</td>
<td>60 minutes per calendar month</td>
<td>26 min</td>
</tr>
<tr>
<td>Add-On CoCM (Any month) (99494)</td>
<td>Each additional 30 minutes per calendar month</td>
<td>13 min</td>
</tr>
<tr>
<td>General BHI (99484)</td>
<td>At least 20 minutes per calendar month</td>
<td>15 min</td>
</tr>
</tbody>
</table>

Developing a Comprehensive Behavioral Health Integration Strategy

- Upscaling the Collaborative Care Model requires Medicaid and private payer adoption of the CoCM CPT codes.
- Copays will continue to deter patients from enrolling in CoCM. Suggest model of care after Annual Wellness Visit with no copay.
- Development of a new culture that integrates medical, mental health, and substance abuse.
- Development of a statewide Depression Screening, Treatment, and Follow-up Guideline for primary care.
- Development of Collaborative Care/Integrated Care training site in Greenville to train all health professionals involved in this multidisciplinary team approach.
Project ECHO: A Novel Method for Workforce Development and Sustainability

Eve Fields, MD
Medical Director for Integrated Care Services
Project ECHO

- ECHO: Extension of Community Healthcare Outcomes
- Sanjeev Arora, MD, gastroenterologist at University of New Mexico specializing in Hepatitis C
- 2011 New England Journal of Medicine article
  - Demonstrated outcomes of spoke sites as equal or better than hub site
  - Significant decrease in waitlist for Hub site
Project ECHO Premise

- Access to specialty care for complex health conditions is needed
- There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities
- ECHO trains primary care clinicians to provide specialty care services
- **Patients get the right care, in the right place, at the right time**
- Improves outcomes and reduces costs
- De-monopolizes medical knowledge
- Decreases the bench to bedside gap
ECHO model™

- Hub-and-Spoke knowledge-sharing networks
  - Hub: academic specialists, “experts”
  - Spokes: primary care teams
- Use of multi-point videoconferencing to conduct virtual clinics with community providers (zoom.com)
- CME credits based on content
  - Case based learning
  - Targeted didactics
- Occurs on a regular schedule (weekly, biweekly, etc.)

**Everybody teaches, everybody learns**

- Force multiplier - exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities
TeleECHO clinic

Eve Fields, MD
<table>
<thead>
<tr>
<th>Features</th>
<th>TeleECHO</th>
<th>Telemedicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hub &amp; Spoke Model</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Videoconferencing/Internet</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rural/Underserved Populations</td>
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<td>✓</td>
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<tr>
<td>Direct Doctor-Patient Relationship</td>
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<td>✓</td>
</tr>
<tr>
<td>Patients are De-identified</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Case-based Learning &amp; Didactic Presentations</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Case Consultation</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>CME Credit</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Coverage of Services (CPT Codes)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Develops Subspecialty Expertise Over Time</td>
<td></td>
<td>✓ Health Affairs 2011 Jun; 30(6):1176-84</td>
</tr>
<tr>
<td>Care Provided by Participants is as Safe and Effective as that of a Specialist</td>
<td>✓ NEJM 2011 Jun; 364;23</td>
<td></td>
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</table>
Geriatric Mental Health TeleECHO Clinics

- Nursing homes reduced use of physical and chemical restraints
- Per insurance claims data, for patients with a mental health diagnosis emergency room costs decreased by 24% when comparing the period 6 months prior joining the TeleECHO clinic with the period 6 months after
ECHO Psychiatric Applications

Substance Abuse TeleECHO Clinics in New Mexico

• Begun in 2005
• Weekly 2 hour Integrated Addictions and Psychiatry TeleECHO Clinic
• Used to recruit physicians to participate in Drug Addiction Treatment Act (DATA)-2000 buprenorphine waiver trainings
• New Mexico moved from ranking 13th nationally in the number of waived physicians per capita to 4th in 2014
• Number of waived physicians per capita practicing in underserved areas has increased more rapidly in NM than in the US overall since 2005
TeleECHO Clinic Topics

- Bone Health
- Chronic Pain and Opioid Management
- Integrated Addictions and Psychiatry
- Antimicrobial Stewardship
- Palliative Care
- Dementia Care
- Child Psychiatry
- Community Health Worker
- Asthma
- Dermatology
USA ECHO Hubs & Superhubs

Key: ECHO Hub Type (101)
- Superhub (6)
- Hub (86)
- U.S. DoD Hub (6)
- U.S. VA Hub (9)

Key: US State Shading
- ECHO impact (39)
- Awaiting ECHO impact (11)

Eve Fields, MD
Global ECHO Hubs & Superhubs

Key: ECHO Hub Type (168)
- Superhub (10)
- Hub (152)
- U.S. DoD Hub (7)
- U.S. VA Hub (9)

Key: Country Shading
- ECHO impact (25)
- Awaiting ECHO impact (145)

Eve Fields, MD
Bipartisan Support

- **Expanding Capacity for Health Outcomes Act or the ECHO Act** became Public Law No: 114-270 on 12/14/2016 after being passed in the House and unanimously in the Senate.

- Bill requires the Department of Health and Human Services (HHS) to report on technology-enabled collaborative learning and capacity building models, which connect specialists to primary care providers through videoconferencing to facilitate case-based learning, dissemination of best practices, and evaluation of outcomes.

- The report must include:
  1. an analysis of the use, integration, and impact of such models
  2. a list of such models recently funded by HHS
  3. recommendations to reduce barriers to adoption of such models
  4. opportunities for adoption of such models into HHS programs
  5. recommendations regarding the role of such models in continuing medical education.
GHS Behavioral Health Care Manager
TeleECHO Clinic

ECHO Hub

Behavioral Health Case Worker
Psychiatrist
Pharmacist
Psychologist
Practice Administrator

Patient

Behavioral Health Manager

PCP

Spoke

PCP / Patient

Patient

Behavioral Health Manager

PCP

Spoke

PCP / Patient

Eve Fields, MD
Medical Home Mental Health
TeleECHO Clinic

PCP
Psychiatrist
Psychologist
Pharmacologist
Practice Administrator
Substance Abuse Specialist

Hub

Eve Fields, MD
# Didactics Completed

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<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Major Depression: Diagnosis &amp; Severity Rating</td>
<td>Psychiatrist</td>
<td>1/31/18</td>
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<tr>
<td>PTSD</td>
<td>Psychiatrist</td>
<td>2/7/18</td>
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<tr>
<td>Problem Solving Therapy #1 Foundations</td>
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<tr>
<td>Problem Solving Therapy #2 Applications</td>
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<tr>
<td>Social Anxiety Disorder</td>
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<td>3/21/18</td>
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<tr>
<td>Problem Solving Therapy # 3 Special Populations</td>
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# Drugs of the Day Completed

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<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
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<td>Paroxetine (Paxil)</td>
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<tr>
<td>Sertraline (Zoloft)</td>
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<td>Citalopram (Celexa)</td>
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<tr>
<td>Escitalopram (Lexapro)</td>
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<tr>
<td>Venalfaxine ER (Effexor XR)</td>
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Future Didactics (# sessions)

- Problem Solving Therapy (2)
- Behavioral Activation (1)
- Interpersonal Counseling (1)
- Motivational Interviewing (1)
- Brief Cognitive Behavioral Therapy (including Mindfulness) (2)
- Relaxation Techniques (1)
- Solution Focused Therapy (1)
- Bipolar Disorder & Differentiating Bipolar Depression from Major Depression (1)
- Commonly ordered labs for psychiatric assessment (1)
- Sleep Disorders/Insomnia (1)
- Metabolic Syndrome (1)
- Pain (1)
- Medical conditions with mental health symptoms/Medications that can affect mental health (1)
- Suicidality: assessment & risk (1)
- Pharmacogenomic testing (1)
References


