Collaborative Care in Health Systems

Competencies and Skills of Psychosomatic Medicine Psychiatrists

James Rundell, MD, FAPM
Jürgen Unützer, MD, MPH, MA
Wayne Katon, MD, FAPM

ACADEMY OF PSYCHOSOMATIC MEDICINE
Psychiatrists Providing Collaborative Care for Physical and Mental Health

Game Changers

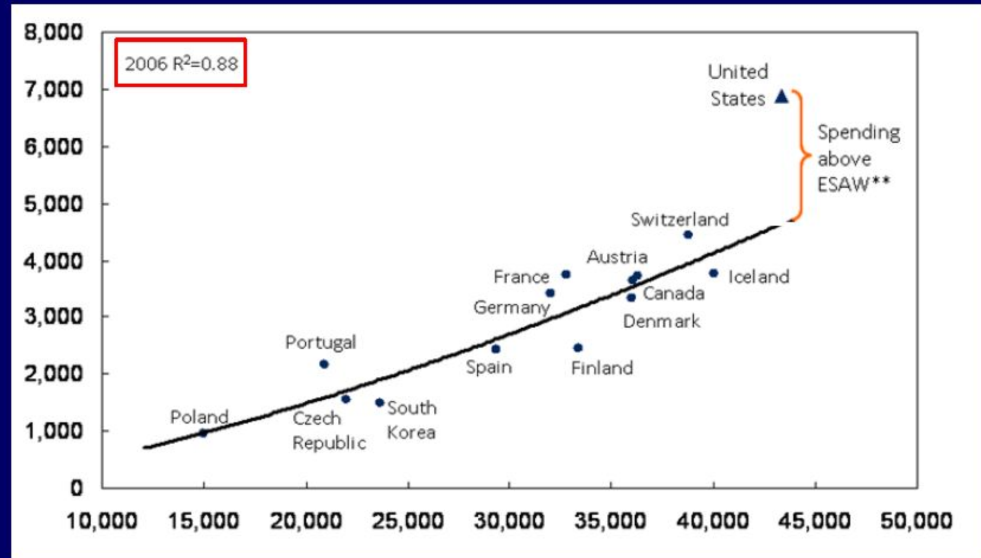
The rising costs of US health care drive reform

Source: Organization for Economic Co-operation and Development

US Spending vs. Other Countries

Per capita health care spending, 2006

$ at PPP*



Per capita GDP ($)

* Purchasing power parity.

** Estimated Spending According to Wealth.

Source: Organization for Economic Co-operation and Development (OECD)

Game Changers

- Health care systems of all sizes will survive if they provide the triple aims of health care reform:
  - Better quality care
  - Better outcomes
  - Lower costs

Game Changers

- Health care reform demands a change in how health care systems are paid for services
- Shift from fee-for-service to:
  - Population-based care
  - Capitation systems
  - Pay for outcomes

Game Changers

- Population Management
  - Patient Centered Medical Homes (PCMHs)
  - Accountable Care Organizations (ACOs)
    - Primary care and medical specialty systems and hospitals will work together often as single governing units using EMR and registries
    - ACOs will share financial savings in medical costs with the federal government for the population they are responsible for
  - 30 day re-admission prevention

Short-term Targets

- 10% of patients consume 63% of the health care dollar
  - “Complex patients”
  - Comorbid chronic medical and mental illness
  - High utilizers
- Psychosomatic Medicine physicians specialize in treating many of these patients

http://www.ahrq.gov/about/nac2012/nac0712/cohenmeyers/cohenmeyerssl10.htm
Hussain M, Seitz D: Integrated models of care for medical inpatients with psychiatric disorders: A systematic review. Psychosomatics 2014:55:315-325.

Short-term Targets

- Integrating psychiatric and medical care improves inpatient and outpatient outcomes:
  - Long-term care admissions
  - Re-admissions
  - Health costs/utilization

http://www.ahrq.gov/about/nac2012/nac0712/cohenmeyers/cohenmeyerssl10.htm
Hussain M, Seitz D: Integrated models of care for medical inpatients with psychiatric disorders: A systematic review. Psychosomatics 2014:55:315-325.

Who are the Top 10%?

Characteristics that Influence High Levels of Expenditures

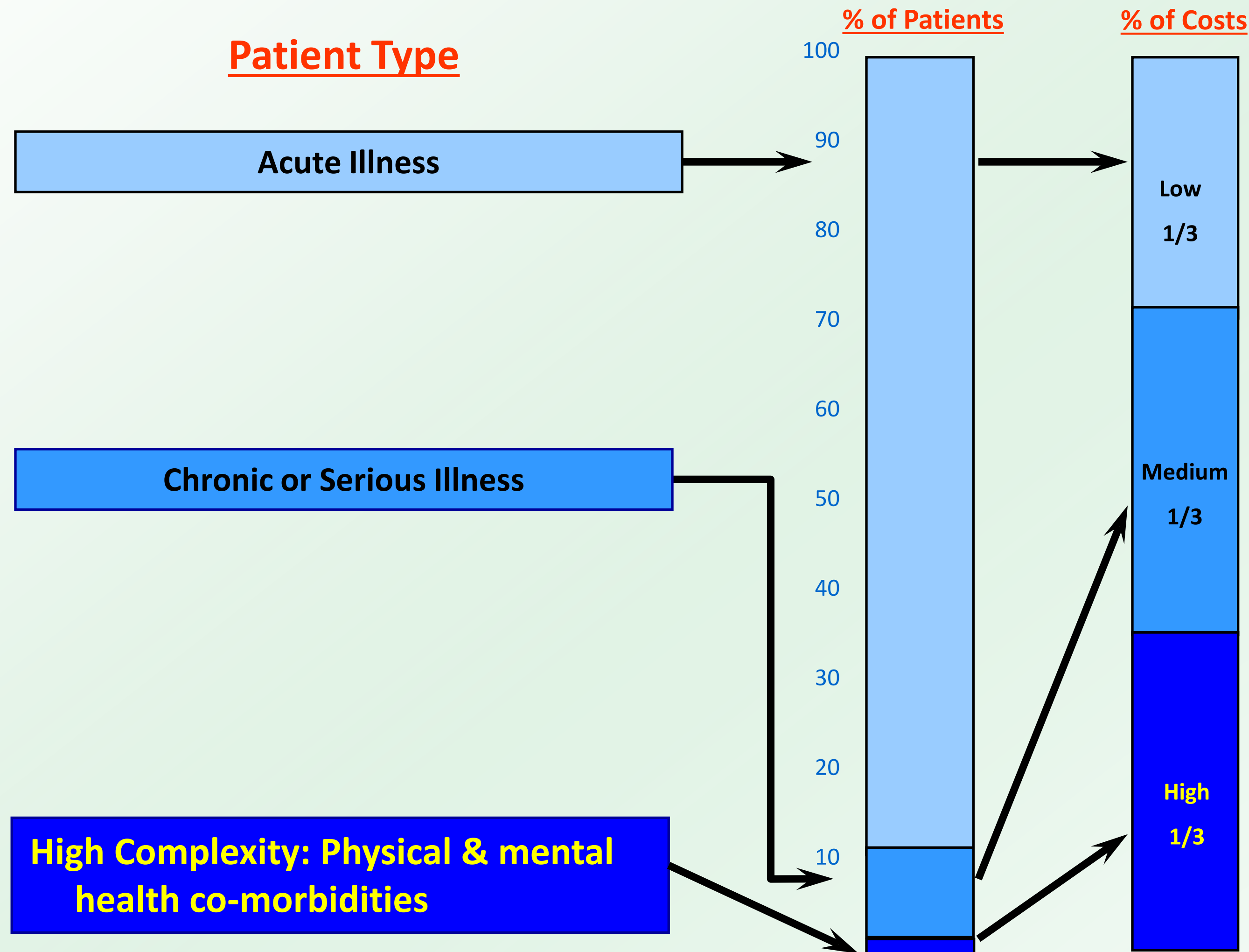
- Chronic condition(s): heart disease, cancer, mental disorders, COPD, diabetes
- End of life care
- In-patient care, unnecessary re-admissions
- Medical errors
- Overuse of healthcare services
- Obesity

Primary care patients with 1 chronic medical condition have 2x higher rates of psychiatric illness

Primary care patients with 4 or more chronic medical conditions have 5x higher rates of psychiatric illness

Barnett K et al: Epidemiology of multimorbidity and implications for health care, research and medical education: a cross sectional study. Lancet 2012; 380:37-43

Health Complexity Requires Individualized Physical and Mental Condition Care Integration



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Adapted from Meier DE, J Pall Med, 7:119-134, 2004

Essentials of Effective Care

Chronic Physical Pain

25-50%

Cancer

10-20%

Percentage with comorbid behavioral condition

Patient-centered care?

Smoking, Obesity, Physical Inactivity

40-70%

Mental Health / Substance Abuse

Neurologic Disorders

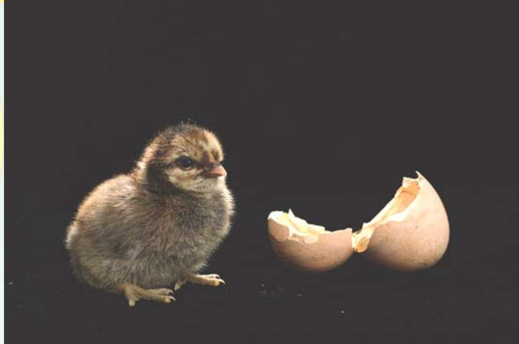
10-20%

Heart Disease

10-30%

Diabetes

10-30%



Short-term Targets

- Strategies for reform focusing on top 10%:
  - Chronic illness model
  - Registries of high utilizers
    - Hot Spotter Teams to reduce costs
  - Proactive psychiatric consultation reduces
    - Length of stay
    - Transfers
    - Early readmissions
  - Delirium prevention programs
- Psychosomatic Medicine physicians lead these initiatives

Desan PH, et al, 2011; Inouye S, et al, 2009

Collaborative Care

Psychiatric conditions are *already mostly treated in primary care*

- 20-40% of primary care patients have behavioral care needs
- Up to 80% of antidepressants are prescribed by primary care physicians
- 75% of patients with depression see primary care providers
- Depression goes undetected in >50% of primary care patients
- Only 20-40% of patients improve substantially in 6 months without specialty assistance
- Only about half of patients referred to specialty mental health actually follow through

Mitchell AJ, et al: Clinical diagnosis of depression in primary care:a meta-analysis.The Lancet; 2009; 374:609-619.
Schulberg HC, Block MR, Madonia MJ, et al: Treatment of major depression in primary care practice:
8-month clinical outcomes. Arch Gen Psychiatry 1996; 53:913-919

Collaborative Care

- Behavioral conditions drive total health care costs
- Integrated models of care increase value for patients, PCPs, & payors
  - Remission (patient)
  - Capacity and quality (PCP)
  - Behavioral care and medical cost reductions (payor)
  - Especially when co-morbid conditions exist (e.g., diabetes and depression)
  - Effective in both inpatient and outpatient settings

Hussain M, Seitz D: Integrated models of care for medical inpatients with psychiatric disorders: A systematic review. Psychosomatics 2014:55:315-325.
Schulberg HC, Block MR, Madonia MJ, et al: Treatment major depression in primary care practice: 8-month clinical outcomes. Arch Gen Psychiatry 1996; 53:913-919

Psychiatry and Primary Care

An evolving relationship:

Consultative Model

- Psychiatrists sees patients in consultation in his/her office – away from primary care

Co-located Model

- Psychiatrist sees patients in primary care

Collaborative Model

- Psychiatrists takes responsibility for a caseload of primary care patients and works closely with PCPs and other primary care-based behavioral health providers

http://uwaims.org

Evidence to Support Collaborative Care

- 69 randomized studies of collaborative vs usual depression treatment in primary care
  - Meta-analysis Gilbody et al, Arch Internal Med, 2006
  - Additional meta-analysis analysis, Verughese et al Am J Prev Med, 2012
  - Outcomes improved as long as 2 to 5 years
- Consistently more effective than usual care
  - Effect size related to
    - Presence of care managers to monitor adherence
    - Medication dose
    - Psychiatrist engagement with PCPs and caseload supervision of care coordinators

Unutzer J, et al: Transforming mental health care at the interface with general medicine: report for the President's Commission. Psychiatric Services 2006; 57:37-47.
Gilbody S, Bower P, Fletcher J, et al: Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Internal Medicine 2006; 166:2314-2321.
Verghese J, Chattopadhyat SK, Sipe TA, et al: Economics of collaborative care for management of depressive disorders. Am J Prev Med 2012;42:539-549.

Effective Care Models

Patient Centered Team Care / Collaborative

- Effective collaboration requires more than physical co-location

Population-Based

- Patients tracked in a registry: no one falls through the cracks

Measurement-Based Treatment to Target

- Treatments are actively changed until the clinical goals are achieved

Evidence-Based

- Treatments used are evidence-based

Accountable

- Providers are accountable and reimbursed for quality of care and clinical outcomes, not just the volume of care provided

Collaborative Care for Patients with Depression or Anxiety and Chronic Illness

- Improved medical, mental health, financial, satisfaction and functional outcome measures compared with usual care
- Collaborative care effectively treats depression in
  - Cancer patients
    - Improvements in fatigue, depression, and anxiety levels
  - Coronary artery disease patients
    - Improvements in prognosis, depression, and satisfaction
  - Diabetes patients
    - Improvements in mortality, diabetes control, functioning

Katon et al: Collaborative care for patients with depression and chronic illness. N Engl J Med 2010;363:2611-2620

Rollan et al:Telephone-delivered collaborative care for treating postCABG depression:randomized controlled trial.JAMA 2009;301:2095-2103

Davidson KW et al: Enhanced depression care for patients with acute coronary syndrome and persistent depressive symptoms: coronary psychosocial evaluation studies randomized controlled trial Arch Intern Med 2010; 170:600-608

http://www.thelancet.com/themed/depression-and-cancer

Ell K et al: Collaborative care management of major depression among low income, predominantly Hispanic subjects with diabetes. Diabetes Care 2010; 33:706-713

Bogner HR et al: Diabetes, depression and death: a randomized controlled trial of a depression treatment program for older adults based in primary care. Diabetes Care 2007; 30:3005-3010

Collaborative Care Reduces Health Care Costs

- Depression increases health care costs 50-100%
- Collaborative care is more cost-effective than usual care, especially in patients with medical disorders
  - Katon et al; Diabetes Care 2008; 31:1155-1159
  - Katon et al; Arch Gen Psychiatry 2002; 59:1098-1104
- Long-term cost savings observed in inpatient and outpatient implementations
  - Unutzer et al; Am J Managed Care 2008; 14:95-100
  - Grypma et al; Gen Hosp Psychiatry 2005; 28:101-107
  - Reiss-Brennan B; J Healthcare Management 2010: 55:97-113
  - Hussain and Seitz, Psychosomatics 2014: 55:315-325

Effectiveness of Collaborative Care

- Less depression and anxiety
- Less physical pain
- Better functioning
- Higher quality of life
- Greater patient and provider satisfaction
- More cost-effective care
- Can be performed at-distance to address supply/demand

IMPACT reduces health care costs
ROI: $ 6.5 saved / $ 1 invested

Cost Category	4-year costs in $	Intervention group cost in $	Usual care group cost in $	Difference in $
IMPACT program cost		522	0	522
Outpatient mental health costs	661	558	767	-210
Pharmacy costs	7,284	6,942	7,636	-694
Other outpatient costs	14,306	14,160	14,456	-296
Inpatient medical costs	8,452	7,179	9,757	-2578
Inpatient mental health / substance abuse costs	114	61	169	-108
Total health care cost	**31,082**	29,422	32,785	**-$3363**

Savings

Unützer et al., Am J Managed Care 2008

Collaborative Care

Caseload-focused psychiatric consultation supported by a care manager

Better Access

- PCPs get input on their patients' behavioral health problems within a days /a week versus months
- Focuses in-person visits on the most challenging patients

Regular Communication

- Psychiatrist has regular (weekly) meetings with a care manager
- Reviews all patients who are not improving and makes treatment recommendations

More patients covered by one psychiatrist

- Psychiatrist provides input on 10 – 20 patients in a half day as opposed to 3-4 patients

"Shaping over time"

- Multiple brief consultations
- More opportunity to 'correct the course' if patients are not improving

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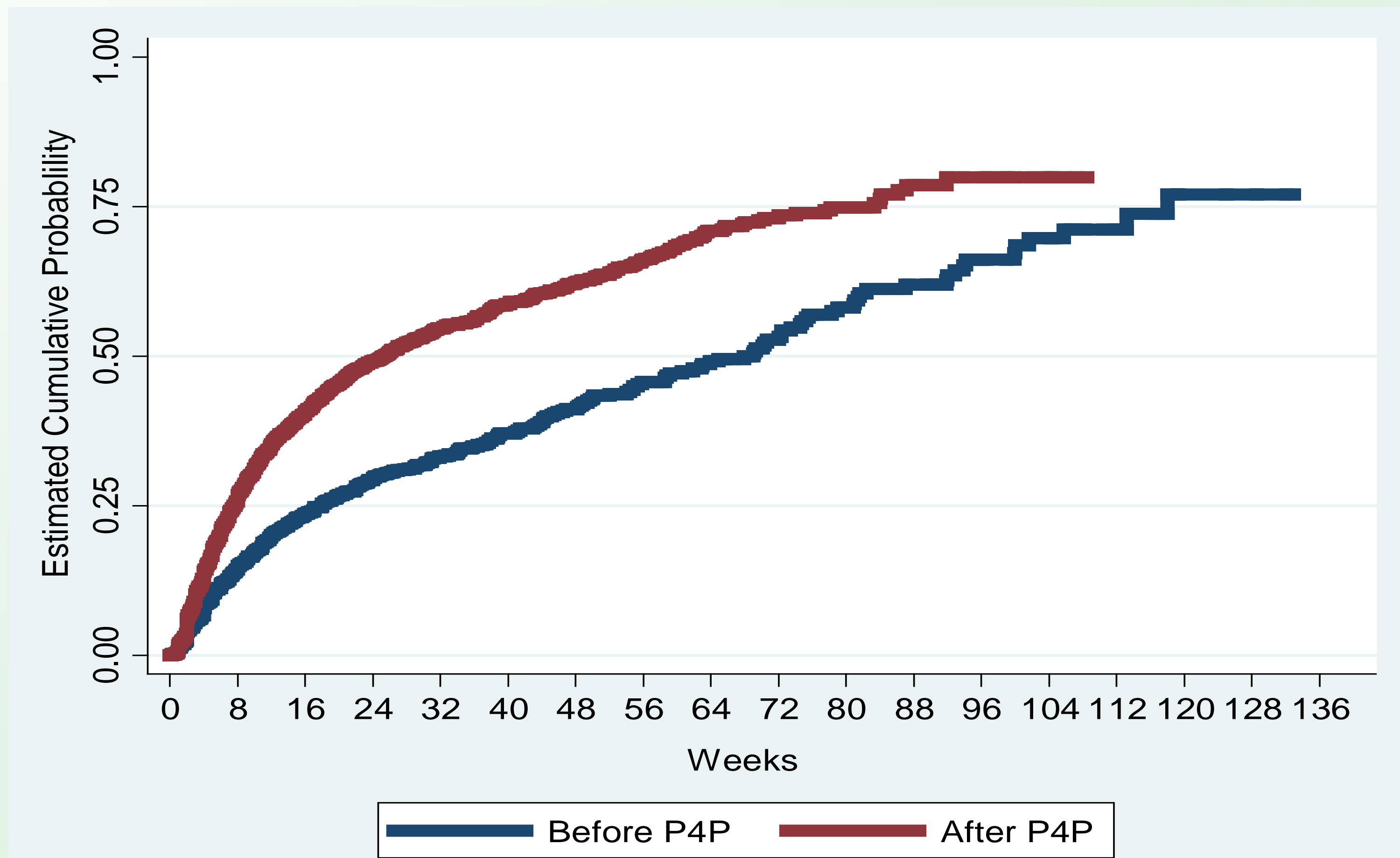
Pay-for-Performance Based Quality Improvement Cuts Median Time to Depression Treatment Response in Half



Washington State Mental Health Integration Program: Unutzer et al, AJPH, 2012.

Collaborative Care and Employment/Workforce Participation

- Depression and anxiety disorders reduce productivity and effective workforce participation
- Collaborative care is associated with improved employment, personal income, and other workforce outcomes
  - Schoenbaum et al. Health Services Research 2002; 37:1145-58
  - Wang PS et al. JAMA 2007; 298:1401-11.

Payment for Collaborative Care

- Fully capitated
  - e.g., DoD, VA, Kaiser Permanente
- Fee-for-service with case rate payment for care management and psychiatric consultation/case reviews
  - e.g., DIAMOND Initiative in Minnesota
- Payment for performance can improve quality and outcomes of care
  - Unutzer et al, Am J Public Health 2012

Psychosomatic Medicine Strategies Provide Value

Roles, Competencies and Skills of Psychosomatic Medicine Psychiatrists

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Psychiatrists Providing Collaborative Care for Physical and Mental Health

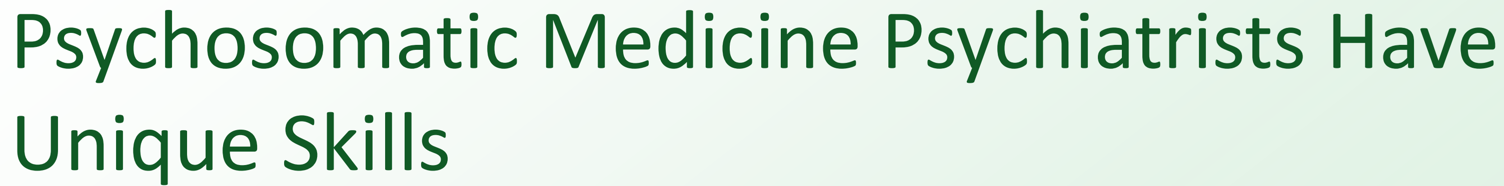
Clinical Outcomes and Cost Drivers

- Psychosomatic medicine physicians are trained to identify and manage key contributing factors to high costs:
  - Lack of adherence
  - Mental illness
  - High risks for delirium and extended inpatient stays
  - High risks for early re-hospitalization

Re-hospitalization

- 20% of Medicare beneficiaries are re-hospitalized within 30 days, 33% within 90 days (1/4 are preventable)
- Depression predicts re-hospitalization within 30 days
- Estimated $12 billion in Medicare costs are due to preventable hospitalization
  - Medicare will reduce payments to hospitals with an excess of readmissions
- Integrating psychiatric care into inpatient medical services prevents re-hospitalization

Hussain and Seitz 2014
Davydow D et al, J Gen Intern Med 2013
Mitchell SE et al, 2010



Psychosomatic Medicine Psychiatrists Have Unique Skills

- Physicians—medical degrees and comprehensive training
- Medical expertise beyond the scope of general psychiatrists
- Training and experience with the most frequent psychiatric conditions in primary care
- Expertise working in outpatient and inpatient medical settings
- Expertise in primary care integration settings and in high utilizers
- Experience with working closely with primary care physicians and specialists in clinics and hospitals
- Experience with working on collaborative teams
- Familiar with medical-surgical cultures

Psychosomatic Medicine Competencies

- Psychosomatic Medicine Psychiatrists' unique skills make them ideal resources for implementing and executing integrated and collaborative care in:
  - Primary care
  - Specialty care
  - Inpatient medical surgical settings
- Academy of Psychosomatic Medicine Scope of Practice and Competencies
  - Medical expertise
  - Collaboration across settings/disciplines
  - Communication and interpersonal skills
  - Effectiveness for patients and consultees
  - Health advocacy
  - Scholarship and research

Psychosomatic Medicine & Consultation-Liaison Psychiatry: Scope of Practice, Processes, and Competencies for psychiatrists or psychosomatic medicine specialists. A Consensus Statement of the European Association of Consultation-Liaison Psychiatry and the Academy of Psychosomatic Medicine. Psychosomatics 2011;52:19-25

Strategies Provide Value: Psychosomatic Medicine

- Collaborative Care
- Proactive Consultation
- Delirium Prevention
- Hot Spotter Teams
- Complexity Intervention Units
- Patients with Chronic Medical Conditions

Who Makes Reform Happen?

- The Role of Psychosomatic Medicine specialists:
  - Leaders in research on integrated care
    - Cost-effectiveness research
  - Experts in identifying psychiatric illness complicating chronic medical conditions
  - Experts in integrating psychiatric care into medical care and triaging patients to appropriate level of mental health care
  - Experts in system change for integrated care
  - Experts in improving patient outcomes through comprehensive care