Embedding Behavioral Health Resources in Primary Care

AMGA Annual Conference

April 5, 2014

Karen Lloyd, Ph.D., L.P.

Art Wineman, M.D

Agenda

- Overview of HealthPartners
  - Mission, Vision, Values & the Triple Aim
- Integrated, coordinated care for Behavioral Health
  - Health Plan and Medical Group
  - Primary Care and Behavior Health

Areas of Partnership

1. Depression Care
2. ADHD
3. Psychotherapists in Primary Care clinics
4. Non-Urgent Pools (a new tool)
5. Seriously Mentally Ill

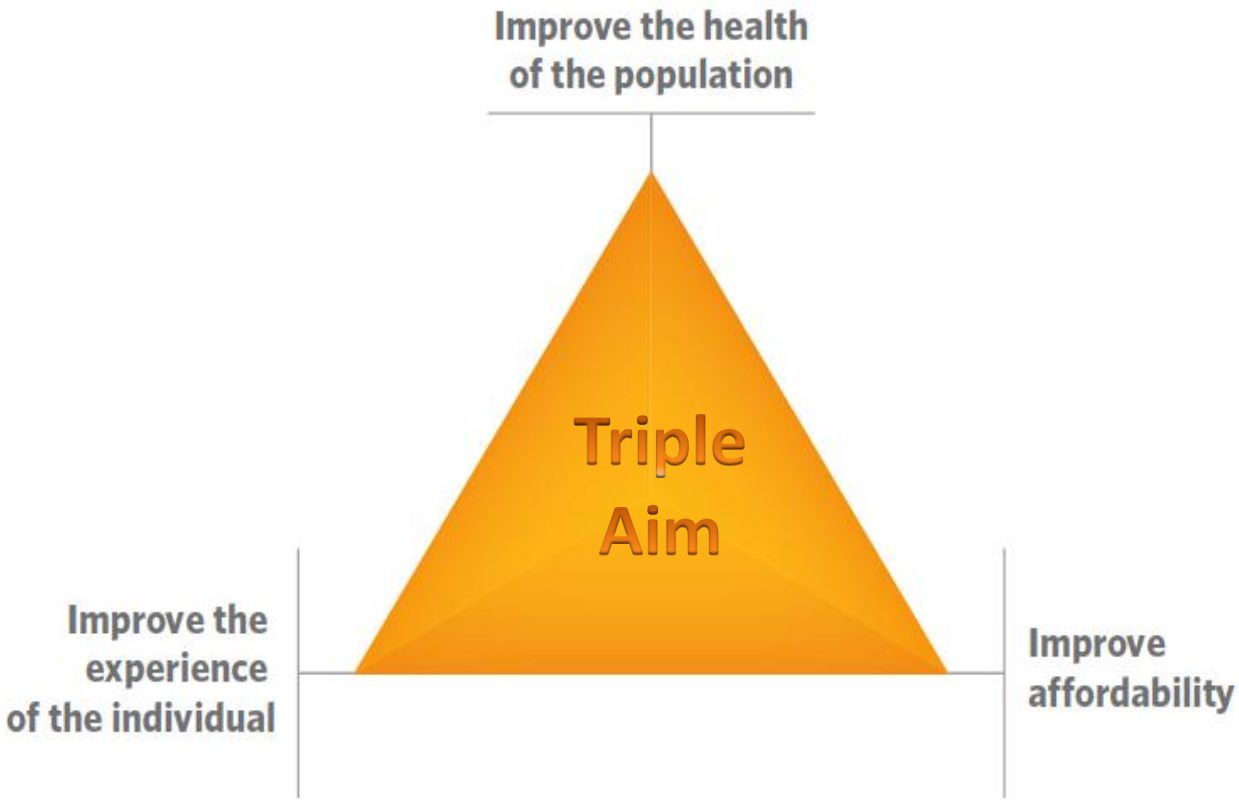
Areas of Partnership

6. Alcohol Counseling
7. Chronic Pain
8. Patients with Urgent Need for BH Care
9. Hard to Serve Patients
10. Close and mutually respectful relationship between medical group and health plan

HealthPartners

- Not-for-profit, consumer-governed
- Integrated care and financing system
  - A team of 22,500 people
  - Health plan
    - 1.4 million health and dental members in Minnesota and surrounding states
  - Medical Clinics
    - 1 million patients
    - 1,700 physicians
      - Park Nicollet Health Services
      - HealthPartners Medical Group
      - Stillwater Medical Group
    - 55+ primary care clinics
    - Multi-payer
  - Dental Clinics
  - Six hospitals
    - Regions: 454-bed level 1 trauma and tertiary center
    - Methodist: 426-bed acute care hospital, featuring the Jane Brattain Breast Center
    - Lakeview: 97-bed acute care hospital, national leader in orthopedic care
    - Hudson: 25-bed critical access hospital, award-winning healing arts program
    - Westfields: 25-bed critical access hospital, regional cancer care location
    - Amery Medical Center: 25-bed community hospital

HealthPartners®



HealthPartners®

Depression Care

HealthPartners®

HP Depression Expert Panel

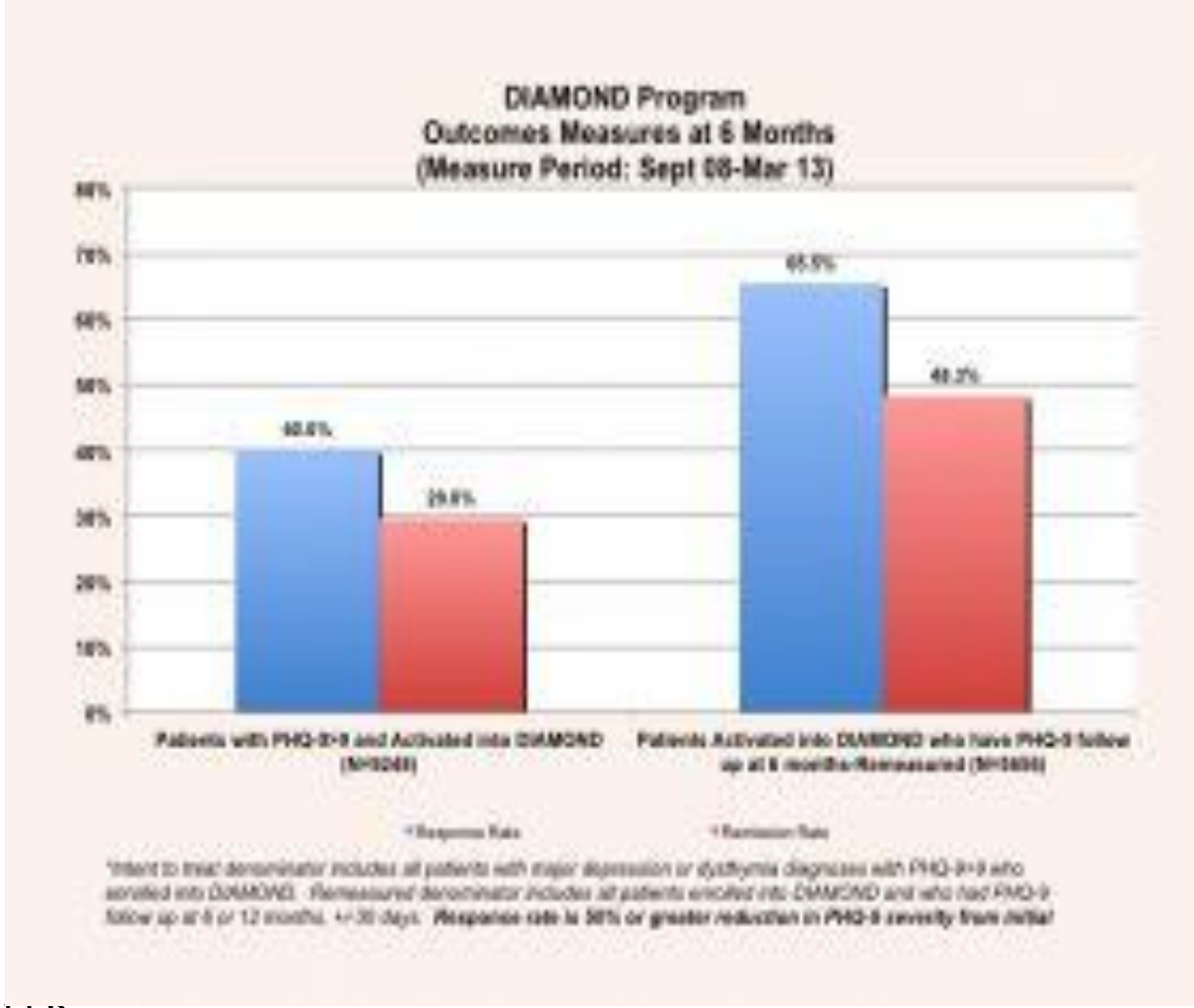
- Established 2000 as partnership between Primary Care and Behavioral Health
  - Served as model for other clinical expert panels
- Always contained reps from both BH and PC
- Chaired by psychiatrist for several years, then by family physician
- Recommends changes in clinic workflows for depressed patients based on recent evidence
- Championed new electronic medical record tools
  - PHQ-9 SmartForm was first for the medical group
- Chooses measurements and sets goals for medical group

DIAMOND

- Depression Improvements Across Minnesota Offering a New Direction
- Facilitated by Institute for Clinical Systems Improvement
- Care team in primary care clinic:
  - Physician
  - Care Manager
  - Consulting psychiatrist

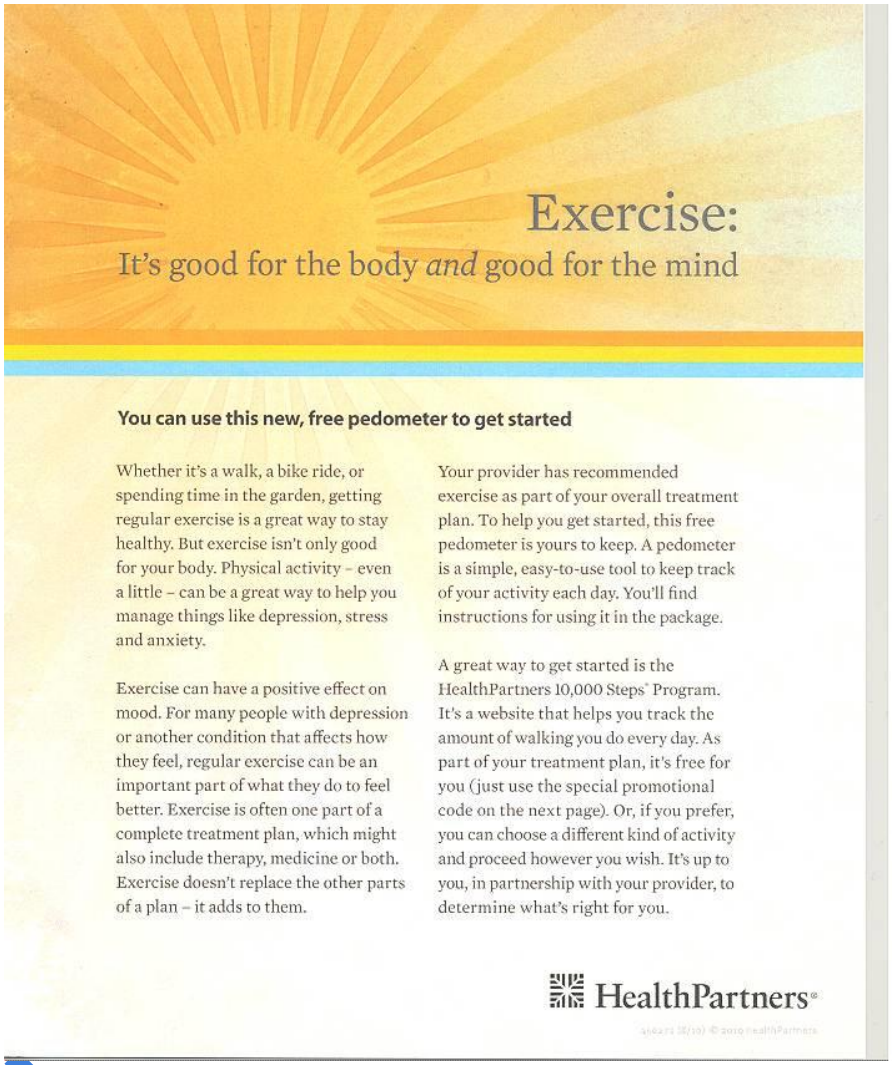
HealthPartners®

Depression Results



HealthPartners®

Pedometers for Depression



Exercise:

It's good for the body *and* good for the mind

You can use this new, free pedometer to get started

Whether it's a walk, a bike ride, or spending time in the garden, getting regular exercise is a great way to stay healthy. But exercise isn't only good for your body. Physical activity – even a little – can be a great way to help you manage things like depression, stress and anxiety.

Exercise can have a positive effect on mood. For many people with depression or another condition that affects how they feel, regular exercise can be an important part of what they do to feel better. Exercise is often one part of a complete treatment plan, which might also include therapy, medicine or both. Exercise doesn't replace the other parts of a plan – it adds to them.

Your provider has recommended exercise as part of your overall treatment plan. To help you get started, this free pedometer is yours to keep. A pedometer is a simple, easy-to-use tool to keep track of your activity each day. You'll find instructions for using it in the package.

A great way to get started is the HealthPartners 10,000 Steps® Program. It's a website that helps you track the amount of walking you do every day. As part of your treatment plan, it's free for you (just use the special promotional code on the next page). Or, if you prefer, you can choose a different kind of activity and proceed however you wish. It's up to you, in partnership with your provider, to determine what's right for you.

HealthPartners®

- The After-Visit Summary includes a "prescription" for a pedometer – filled at the pharmacy

- Brochure highlights the benefits of exercise, provides instructions for accessing the 10,000 Steps Program, if desired, and provides tools to track progress

HealthPartners®

Antidepressant Adherence "On Your Way"

- For patients with depression and newly starting antidepressant medication
- Program duration is 6 months
  - For patients:
    - Just in time medication refill reminder letter
    - Missed refill reminder letter
    - Monthly newsletters with health education
  - For prescribers:
    - Letter when patient is 10 days overdue for refill

HealthPartners®

"On Your Way" Patient Calls

- Phone call from Centralized BH Services when antidepressant refill is 4-6 days overdue to identify and resolve barriers to adherence

- In 2013 there were 2,934 instances
  - Spoke with 41% on the phone = 1,203
  - 35% refilled within 7 days after the phone call = 419

ADHD

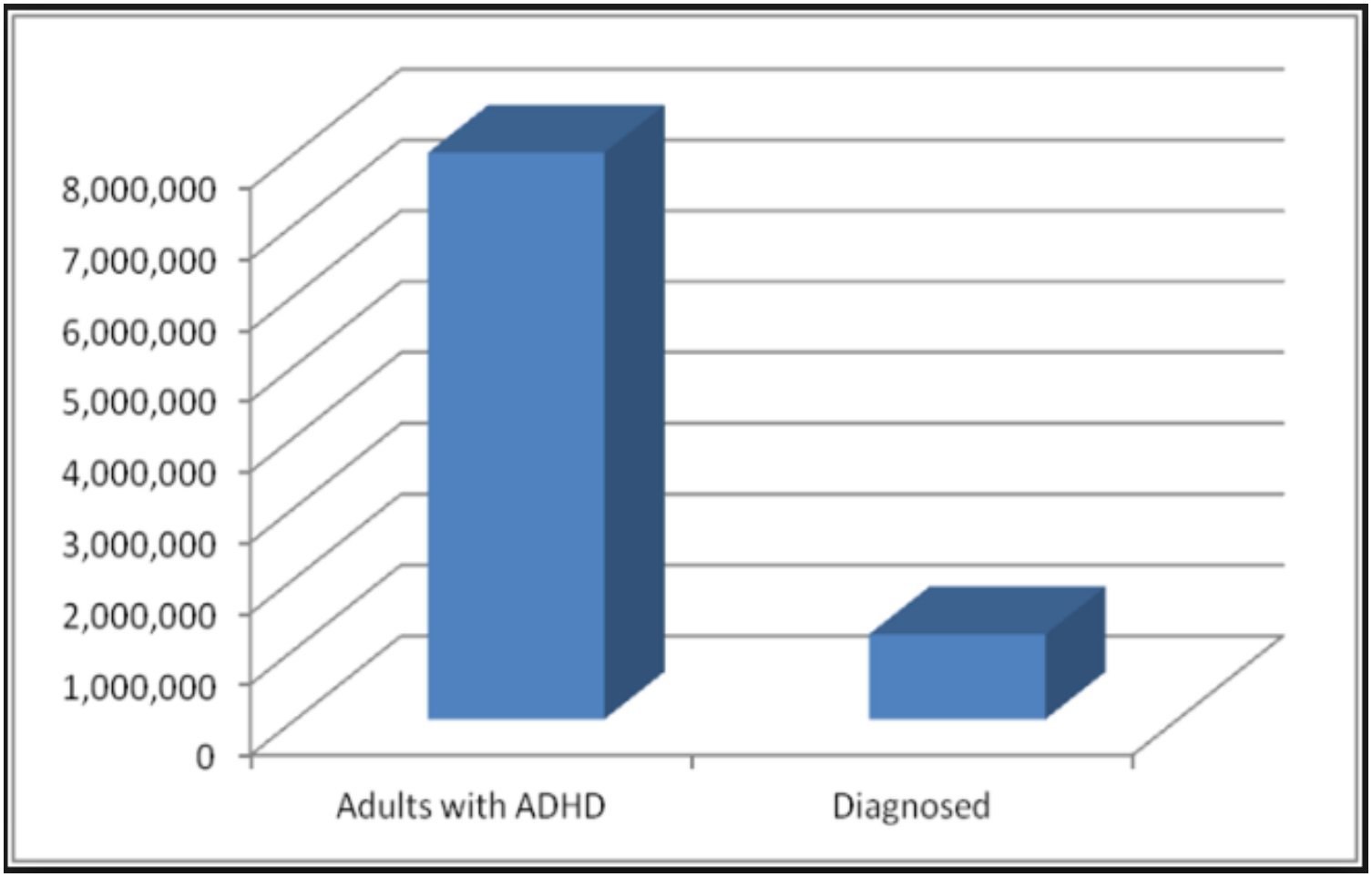
ADHD -- Pediatric

- Well understood standardized approach
- Initial diagnosis and care often done in Primary Care
- For more complex patients, or those not responding well to treatment
  - Developmental pediatric
  - Psychotherapy
  - Psychiatry for medication management

ADHD -- Pediatric

- Electronic Medical Record
  - Standardized scripting on After Visit Summary
  - Increased number of parents who scheduled timely follow-up appointments
- Partnership with Health Plan
  - Follow-up letter within 7-10 days
  - Follow-up telephone call to ensure return visit scheduled

ADHD -- Adult

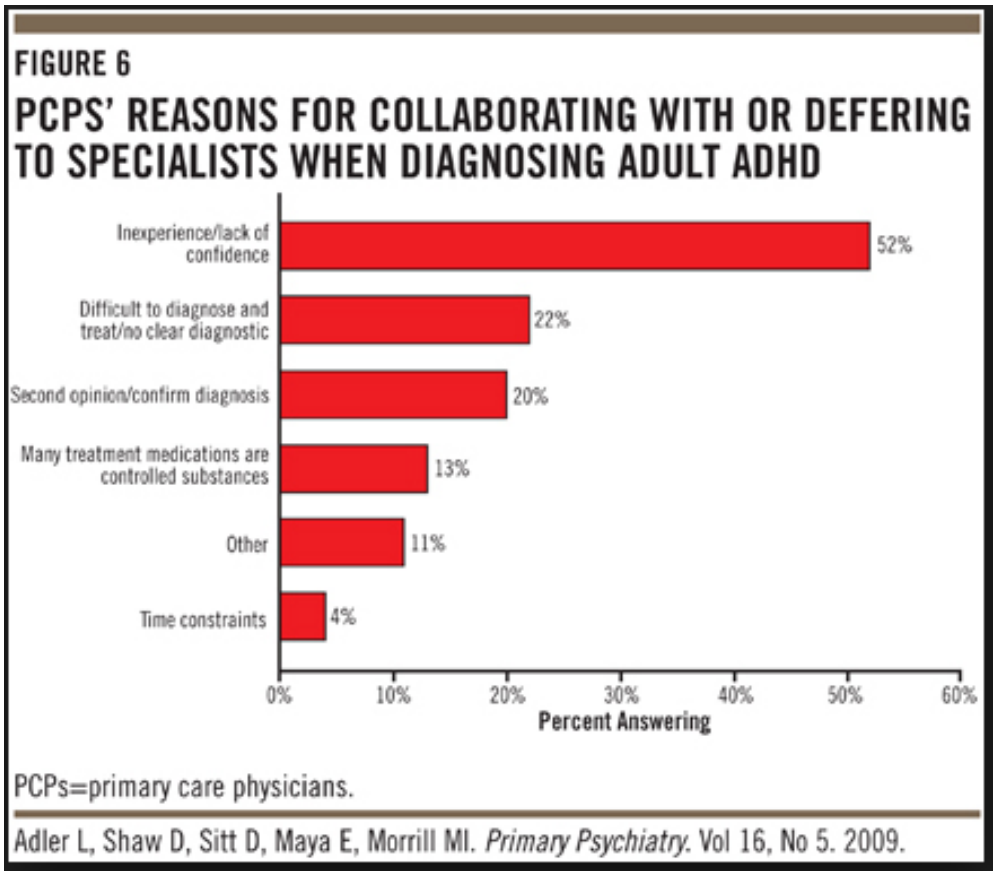


HealthPartners®

ADHD – Adult

- Less well understood, controversial
- By default, care often started in PC
  - Diagnosis often poorly supported
  - Use of medication problematic
  - Significant risk of abuse/diversion of meds
- Patients have had unrealistic expectations when referred to BH

ADHD – Adult



HealthPartners®

ADHD -- Adult

- Behavioral Health has agreed to do initial assessment and treatment
  - Slots held for better access
  - Allows assessment of comorbid conditions
- Initial evaluation done by therapists using standardized tools
- If medication indicated, can be initiated by Psychiatry or Primary Care
- Once stable, returned to PC for maintenance therapy

Psychotherapists physically present in many of our primary care clinics

HealthPartners®

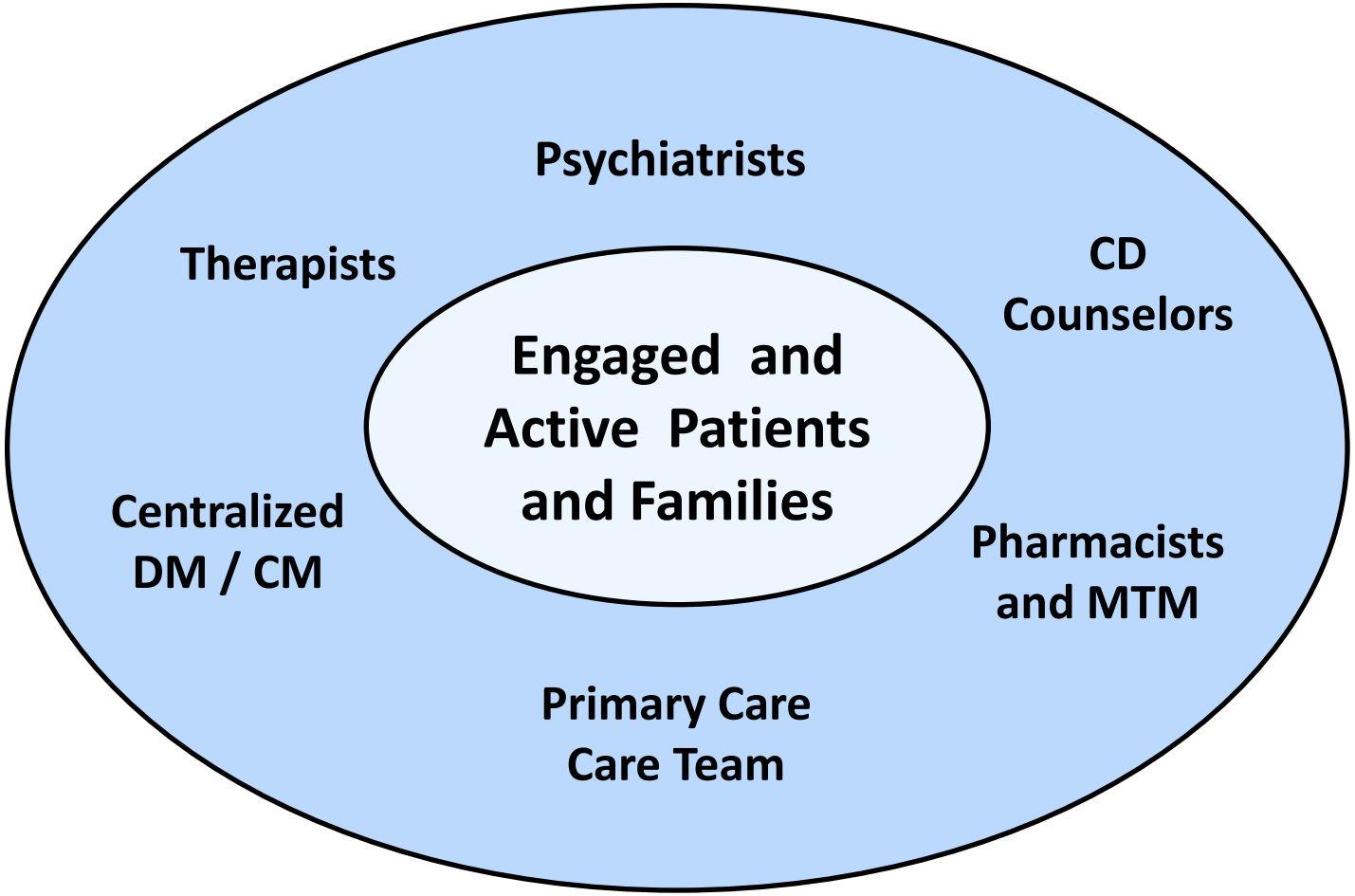
Physical Presence

- Of 15 "original clinics" (before recent additions) – 10 have therapists present, 5 with psychiatrists as well
- Two are regional BH centers
- Therapists work on building relationship with the Primary Care clinicians

Other PC/BH partnerships

- NorthWest Alliance
  - Partnership with competitor to combine best of Primary Care, care manager, and psychiatrist
- New partners
  - Eating disorders clinic
- Pharmacy/MTM support
- Hospital clinics with more urgent access

Patient Centered, Seamless Care



The Non-Urgent Pool

HealthPartners®

Non-Urgent Pool

- Older tool – Hotline
- Newer tool – takes the place of the old curbside consult in the doctor's lounge
- Uses new technology – staff messages via electronic medical record
- Began as partnership with Specialty division – extended to Behavioral Health last year

Non-Urgent Pool

- Query entered electronically, sent to pool
- Nurse monitors pool, triages message
- Nurse speaks with or forwards message to appropriate clinician
- Response expected with 48 hours
  - Average response time – 45 minutes
- Focus on triple aim
  - Health – improved care
  - Patient experience – care through primary provider
  - Affordability – prevents unnecessary referrals

HealthPartners®

Barriers – not!

- Legal concerns
  - For individual BH provider – doesn't establish a doctor-patient relationship (like a curbside consult)
  - For medical group – improved care
- Overwhelming number of questions
  - Doesn't happen
  - Nurses do triage well
- Technology – already in place, needed new workflow

SMI
(Serious Mental Illness)

SMI

Average Age at Death of the General Population and Patients with Serious Mental Illnesses	
General MHCP Population	82
Patients with Serious Mental Illness*	58
Total Years of Life Lost	24

* Minnesota patients on MA, PMAP, MNCare, GAMC, and Indian Health Insurance products

HealthPartners®

SMI

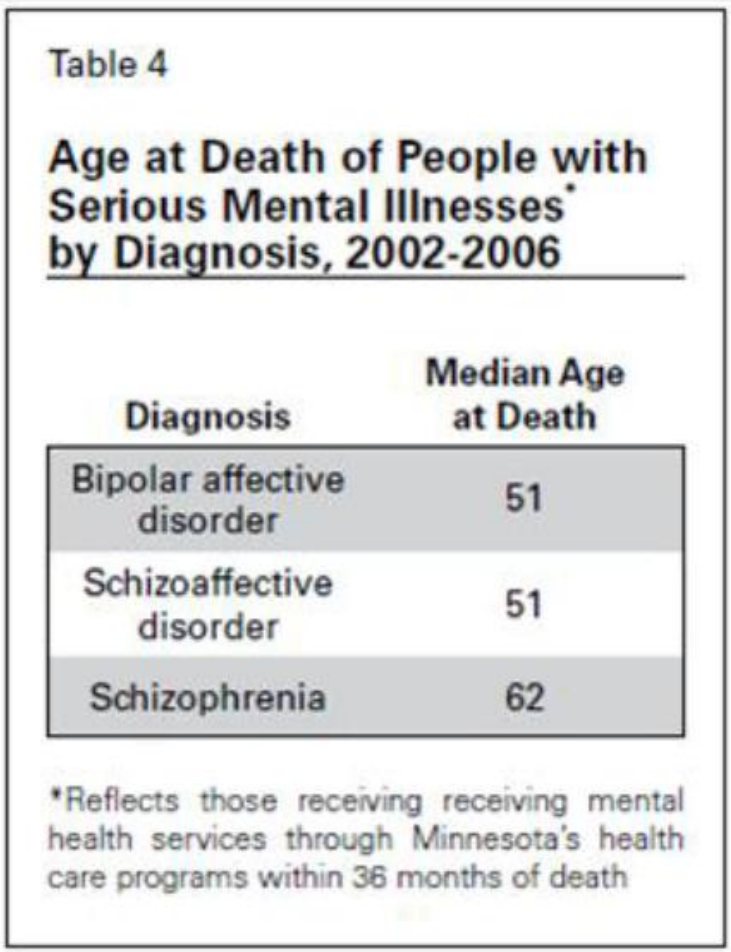


Table 4

Age at Death of People with Serious Mental Illnesses* by Diagnosis, 2002-2006

Diagnosis	Median Age at Death
Bipolar affective disorder	51
Schizoaffective disorder	51
Schizophrenia	62

*Reflects those receiving receiving mental health services through Minnesota's health care programs within 36 months of death

HealthPartners®

SMI

Table 3

Causes of Death among the General Population in Minnesota and those with Serious Mental Illnesses

Cause of Death	Median Age at Death (Years) SMI*	Others	Years Lost
Heart disease (n=387)	56	83	27
COPD (n=141)	65	80	15
Cancer (n=281)	59	74	15
Unintentional injury (accidents) (n=175)	45	63	18
Suicide (n=152)	41	43	2

*Serious mental illnesses.

HealthPartners®

SMI

- Behavioral Health uses EMR to confirm that pt has had visit with Primary Care and that appropriate testing is done.
  - PC referral given if no current primary doctor
- Educational "Pearl" sent to all PC clinicians
- Each Care Team given list of SMI patients
- PC uses existing workflows to
  - Order tests (LDL, glucose/HbA1C) earlier and more often
  - Address risk factors (smoking, obesity, drug/ETOH use, poor nutrition, limited exercise, regular F/U)

Medication Adherence:
BH Centralized Services for SMI

- Inconsistent use of antipsychotic or mood stabilizer meds often precedes hospitalization
- "Moving Forward" a Centralized BH program created several years ago
  - Quarterly newsletters
  - Patient refill reminders
  - Overdue refill letters to patient & prescriber
- New program for vulnerable SMI patients
  - Proactive phone outreach 3-5 days after missed refill
  - Identify and resolve barriers to adherence
  - Document in EPIC so whole care team can see

Meet Sarah

- Sarah, a 35 year old female, missed filling her antipsychotic medication, and a follow-up appointment.
- Identified proactively by Centralized BH DM and CM for overdue refill.
- She had failed to attend her arranged psychiatry appointment due to transportation barriers and could only be seen very close to home.

Sarah's Care

Proactive outreach to patient (missed refill)

Centralized DM/CM resolves access issue

Follow-up appointment at primary care clinic

Meds filled at clinic pharmacy

Established care & support at neighborhood BH clinic

Key themes:

- Proactive identification
- Outreach offers between-visit care
- Utilize claims/EHR data
- Electronic communication to via EHR

Overdue Antipsychotics / Mood Stabilizers

2013 Results: PMAP and MNCare members/patients in HealthPartners Medical Group

- 725 overdue instances
- 43% engaged by phone by Centralized BH services within 3-7 days after missed refill (312)
- 43% of those engaged had a claim for the refill within 7 days of the phone contact
  - Of those originally identified: 134/725 = 18%
- High patient and provider satisfaction
- Many crises and hospitalizations likely averted

Alcohol Misuse

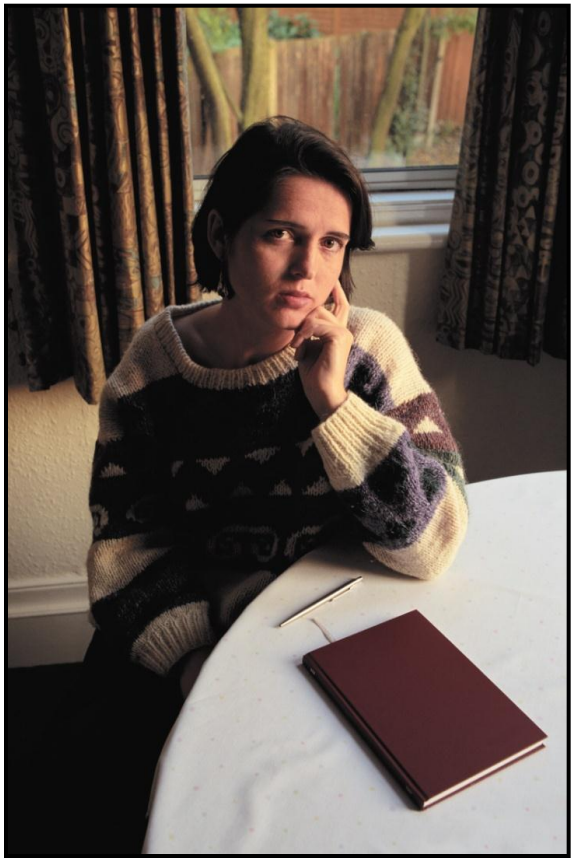
HealthPartners®

The Impact of Alcohol Misuse

- Alcohol misuse is strongly associated with health problems, disability, death, accidents, injury, social disruption, and violence

- 2010 Minnesota Department of Health reports that **19%** of adults report binge drinking in the past 30 days

- Total annual Minnesota alcohol related costs over $4.5B



HealthPartners®

Who are these patients?

- 30% of adults misuse alcohol
- 26% are "risky drinkers" and do not meet formal criteria for addiction
  - Benefit from education and counseling
- 3% have mild to moderate addiction
  - Few legal/occupational/social consequences
  - Can benefit from more intense counseling, but usually don't participate in extensive treatment
- 1% have severe and chronic problems
  - That's where our treatment has traditionally focused

Available Clinical Resources

- ADAP (Alcohol and Drug Abuse Program)
  - Excellent for the more severely addicted
  - Counseling available for others
  - Patients often reluctant
- Primary Care
  - Time constraints
  - Competing priorities

Screening, Brief Intervention or Referral to Treatment (SBIRT)

Referral model for alcohol misuse screening embedded in Primary Care & Behavioral Health

- Phone outreach by BH Centralized Services
  - Complete the 10 question Alcohol Use Disorders Inventory Test (AUDIT)
  - Coaching for lifestyle change or can refer and motivate patients for CD treatment
  - Documented in electronic health recorded as a telephone encounter

Meet Mark

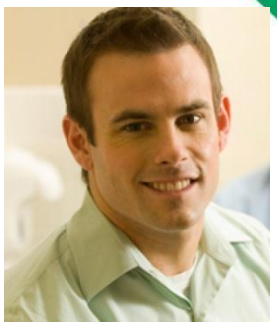
- Mark, a 43 year old male, was having his annual exam with his primary care provider when his physician expressed concern about the frequency & quantity of the patient's daily alcohol intake.
- Mark is an avid sports fan who usually drinks 5-6 beers when his favorite team plays.
- The provider discussed his concerns with Mark, and referred him to SBIRT program

Mark's Care

Primary Care Physician's Office

Referral to the SBIRT program

Telephone outreach to the patient from SBIRT program



Evaluation & coaching from health coaches

Key themes:

- Partnership across the organization
- Simple process for referral
- Phone based
- Health Coaching

2013 SBIRT Results

Results: All products, all payers

662 referrals for telephonic outreach

- 47% engaged by Centralized BH and completed the 10 question AUDIT
- Documented in EPIC for PCP use
- Up to 3 coaching calls for either a lifestyle change or a face-to-face CD evaluation
  - Risk zone 1 = 36
  - Risk zone 2 = 110
  - Risk zone 3 = 53
  - Risk zone 4 = 109 (56% had appt within 30 days = 61)
- Warm transfer to ADAP for Zone 4 who are willing

HealthPartners®

Chronic Pain

HealthPartners®

Opioids for Chronic Pain

- Overuse and abuse of prescription opioid meds is major problem for society
- Primary Care developed new workflows for addressing
  - Scheduled longer visit to fully assess
  - Regular use of multiple tools – Care Plans, controlled substance agreements, urine drug screens, use of state database of prescriptions
  - But – can still be challenging, and more resources needed

Chronic Pain/Opioid Patients: New Phone Coaching

- Protocol based on ICSI Chronic Pain Guideline
- Centralized BH Services provides 3-6 month care coordination & support for lifestyle changes
  - Biological:
    - Physical pain, physical conditioning, opioid use, nutrition, MH/CD
  - Psychological:
    - Fear of pain, motivation and locus of control, healthy thinking, self image, leading a meaningful life even with pain
  - Social:
    - Primary and secondary relationships, roles and responsibilities, healthy communications, cultivating interests and activities

Patients with Urgent Need for BH Care

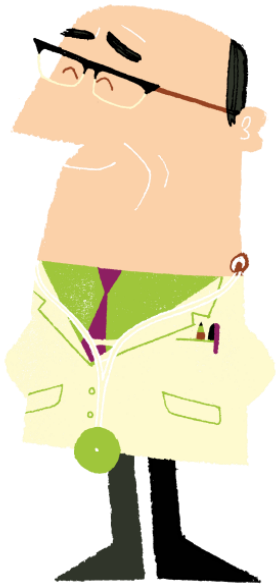
HealthPartners®

Three Newer Access Options

1. A Medicaid dedicated mini clinic with <u>both</u> scheduled and walk-in capacity

   "Population Health Clinic"

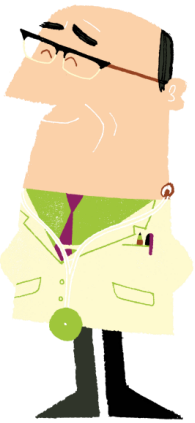
   - ½ time psychiatric prescriber
   - ½ therapist



HealthPartners®

Three Newer Access Options

2. Televideo capacity installed in 26 primary care clinics
   - Connects to the dedicated Medicaid mini clinic
   - Supports scheduled visits with the psychiatric prescriber or crisis counselor in a comfortable primary care setting
   - Supports primary care team who (with patient permission) may sit in during the televideo visit



HealthPartners®

Newer Access Options

3. Referrals to Centralized BH Services after repeated no shows for outreach and engagement
   - Telephonic outreach, identify barriers to appointment attendance
   - Identify alternative treatment settings including the mini clinic or network options
   - Prepaid psychiatric slots in the contracted network

Meet Scott

- Scott, a 62 year old male, is seeing his primary care provider for a routine appointment. His primary care provider determined that Scott needed psychiatric evaluation for worsening depression and anxiety.
- Scott is unable to travel, but is at one of our clinics equipped with televideo equipment.

HealthPartners®

Scott's Care

Visit with primary care provider

Patient needs immediate access

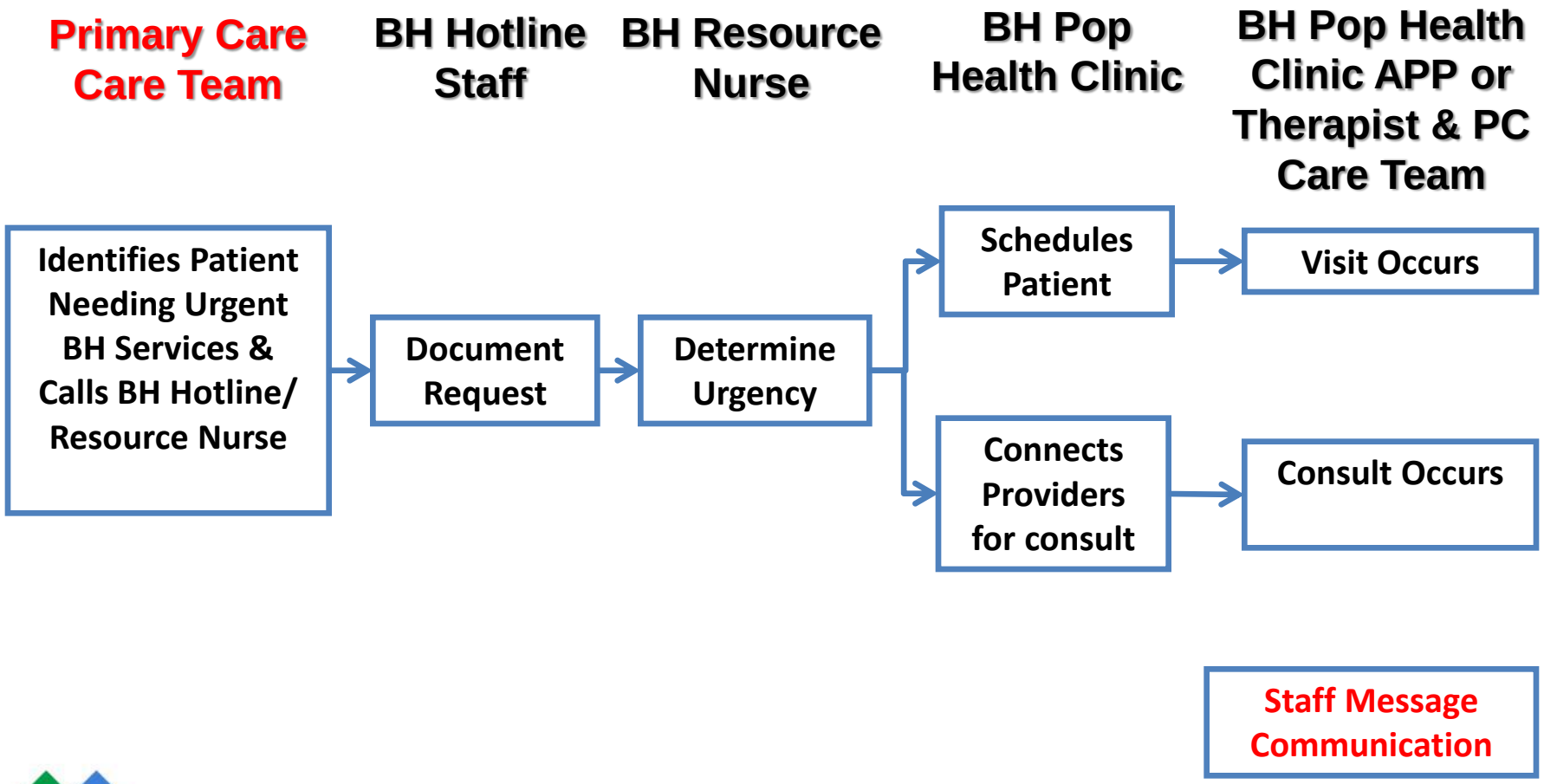
Tele-video visit with psychiatric prescriber

Medications filled at clinic pharmacy

Key themes:

- Access to care in preferred setting
- Overcomes transportation barriers
- Innovative technology
- Care expedited

Workflow for BH Urgent Access



Population Health Clinic

- 2013 Appointments
- Over 2500 appointments (scheduled, walk-in and televideo)
  - 55% completed the visit*
  - 45% cancelled or failed to attend

* Obvious, but worth noting: walk-ins (no appointment) 100% attended

Hard to Serve Patients

HealthPartners®

Hard to Serve Patients

- Hard to serve have significant mental health needs
- Do not reliably attend mental health appointments
- Refer to Centralized BH Services phone coaching

Meet Tom

- Tom, a 43 year old male, has Diabetes for the past 5 years and Bipolar Disorder for 12 years.
- Sometimes is adherent to medication/diet but 2-3 times per year Tom he runs into difficulty.
- As his mental illness exacerbates, he misses his primary care and psychiatry appointments and does not adhere to his medications.
- He was identified as a hard to serve patient and was referred for additional access options and telephonic support.

HealthPartners®

Tom's Care

Outreach after appt. failure

Case manager works with patient

ID a non-traditional treatment setting

First appt with new psychiatric prescriber & therapist

Ongoing coaching for appointment attendance

Key themes:

- Coaching on barriers
- ID alternative tx setting
- Between visit calls
- Electronic communication with PCP + care team

HealthPartners®

Hard to Serve Patients

- 2013 Results:
  - 370 referred for follow-up and care coordination to Centralized BH Services
    - 57% engaged on the phone
      - All coached and scheduled for an appointment within 30 days
    - 53% of those engaged attended the visit
      - 112/370 = 30%

Access to Behavioral Health

HealthPartners®

Access to Behavioral Health

- Same/Next Day– within 24 hours
- Urgent – within 1-2 weeks
  - Last month placed 60 urgent/semi-urgent patients
- Non-Urgent – within 6 weeks
  - If cannot get in within 6 weeks then put on waiting list

Access to Behavioral Health

- Hotline for curbside consults
- In-basket messages in the EMR
- More refined psychiatric nurse triage protocol
  - New approaches:
    - Proactive phone outreach
    - Between visit care and coaching
  - New options for selected appointments:
    - Primary care clinic connects to BH via televideo
    - Psychiatric prescriber or therapist at Population Health Clinic
  - Therapists on call
  - Same-day access

How to Access Behavioral Health at HealthPartners Medical Group

	Urgent Clinic Guide Appt. w/in 1-2 wks	What To Do	Contact Information
Mental Health	**Suicidal or Dangerous**	1. Determine risk status 2. If needed, consult with Resource Nurse/BH Hotline or Psychiatrist on call 3. If transport required, Call 911, complete transport hold form, and notify Emergency Department	**Regular Clinic Hours:** Resource Nurse/BH Hotline: 612-341-6804 **After Hours:** Psychiatrist on call: CareLine 952-883-5883 for name/number
	Patient Crisis, Family Crisis, or Basic/Complex Psychiatric Advice **OR** **Appointment within 1 week with Psychiatrist or Therapist**	Call Resource Nurse/BH Hotline. They will triage and determine appropriate next steps for crisis stabilization services and behavioral and medication advise and services. These may be accomplished by: • Consult with on-call Therapist • Consult with on-call Psychiatrist • Consult by phone or video conference with Population Health Resources (HP PMAP & HP MNCare only) • Schedule appointment • Send to walk-in clinic	Resource Nurse/BH Hotline: 612-341-6804
Chemical Health	**Chemical Health Advise** **OR** **Appointment within 1 week**	**Adults (18 years and older, out of high school)**: Appts: Call ADAP (8 am – 5 pm) Advise: Call ADAP and ask for Consulting Counselor (8am–5pm) **Adolescents (Up to 18 years or in high school)**: Appts: Call New Connection Programs (NCP) (8 am – 4:30 pm) Advise: Call New Connection Programs (NCP) and ask for Consulting Counselor (8 am – 4:30 pm)	ADAP: 651-254-4804 Hastings NCP: 651-480-1180 St. Paul NCP: 651-254-5294 Coon Rapids NCP: 763-784-2454 Eden Prairie NCP: 952-941-5151

HealthPartners®

	Routine BH Services	What To Do	Contact Information
Mental Health	**Routine appointment in Psychiatry or Therapy**	Place Order in Epic "BH Therapy (REF129)" or "BH Psychiatry (REF058)" Patient is instructed to stop at check-out desk, contacted for an appt., or instructed to call the Appointment Center. If patient desires an appointment sooner or in a different location, refer patient to their member services for options.	Appointment Center 952-967-7992 Open 7 am – 9 pm
	Psychiatric Nurse Home Assessment/Treatment (including psychotropic injectables)	Qualifications: Patient has to have a major BH diagnosis Medicare patients must be homebound Place Order in Epic "Home Care (REF020)" and request "Psychiatric Nurse" in comments	Integrated Home Health Care: 651-415-4663
Chemical Health	**Chemical Health Appointment (Patient agrees to intake visit)**	**Adults**: Refer patient to ADAP. Place order in Epic "ADAP (REF016)" **Adolescents**: Refer patient to New Connection Programs (NCP). Place order in Epic "New Connections (REF016)"	ADAP: 651-254-4804 Hastings NCP: 651-480-1180 St. Paul NCP: 651-254-5294 Coon Rapids NCP: 763-784-2454 Eden Prairie NCP: 952-941-5151
	Further Assessment for Alcohol Use **OR** **Telephonic Outreach for Alcohol Use (Patient doesn't agree to intake visit)**	Adults Only: Place order in Epic "HealthPartners Programs (REF650)" (for SBIRT. Patients will be reached within 1 week. SBIRT is telephonic outreach by BH Case Management for all HPMG patients. Includes phone screening, brief intervention, and referral for treatment.	Epic Order "HealthPartners Programs (REF650)"

Please note: *There is a community-wide shortage of psychiatrists and HealthPartners Behavioral Health will not always be able to fit patient's needs for non-emergency appointments in the desired time-frame. Many insurance companies have their own triage service which can be utilized via Member Services or their emergency lines listed on the back of member's insurance cards.*

HealthPartners®

Close Relationship

Collaboration

- Example – Alcohol Telephone Counseling
- Are all patients eligible? (not just Plan pts)
- Simple process – added time, extra clicks
- Piloted one site, listened, then spread
- When initial numbers low
  - Plan staff did follow-up calls based on Dx
  - Clinic chiefs were first volunteers
  - Respectful scripting – "May I help you?"

Innovation Can Seem Risky

- Thinking outside the box is one thing---putting it into ***action*** is quite another…
- Fear factors:
  - **Fear of trying** something new which alters your typical work and typical roles
  - **Fear of failing** in public and being humiliated
  - **Fear of disappointing** others and losing credibility
  - **Fear of the hard work** it takes to create and implement new protocols
  - **Fear of getting guidance from & taking direction from those you consider outside "My Team"**

Conditions Supporting Innovation

- **Triple Aim** culture
- **Trust** among leaders representing a variety of areas and perspectives
- **Mutual encouragement** to tackle the hard problems
- **Creativity plus** deep clinical expertise in care and care support processes
- **Courage** to move from the conceptual to the practical--trying "what has never been"

Questions and Comments?

Karen Lloyd, PhD, LP
Karen.D.Lloyd@HealthPartners.com
952-883-7162

Art Wineman M.D.
Arthur.P.Wineman@HealthPartners.com
952-883-5330