

Integrated Behavioral Health Services

Austin Travis County Integral Care & CommUnityCare

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Discussion

- **Review the genesis of the E-Merge services and the rationale for the collaboration by ATCIC and CommUnityCare**
- **Present an overview of the services, including population served, interventions provided, clinical characteristics and rationale for design on integrated behavioral health services**
- **Present an overview of the role of the Primary Care Provider in screening for behavioral health issues and in coordinating the care of the patient**
- **Present an overview of the role of the behavioral health consultant (BHC) in providing behavioral health screening, psychosocial evaluation and coordinating interventions with the PCP and/or Psychiatrist**

Discussion (cont.)

- **Present an overview on the role and principle tasks of the consulting Psychiatrist in providing consultation to the PCP and BHC on medication and behavioral interventions**
- **Present an overview on the role of psychiatry and specialty care (ATCIC) in providing interventions to patients referred from Primary Care**

Genesis of E-Merge Services

- **CommUnityCare (formerly CCSD/COA) engages with ATCIC (formerly ATCMHMR) to collaborate on creating behavioral health services in 2002**
- **ATCIC and CommUnityCare collaborate on design of services with ATCIC providing staffing, clinical/program guidance**
- **The essential role of committed leadership from both agencies in shepherding the development of the culture to support this effort**
- **Open and responsive administration and clinical leadership to problem-solving through a multitude of technical, clinical and administrative issues**
- **Establishing solid funding mechanism through HRSA, Travis County Healthcare District and reimbursements**

Overview of the E-Merge Services

- *The Goal of this service is to assist patients in achieving both improved physical health and behavioral health care functioning by concurrently addressing these needs.*
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- Referral to behavioral health services – patients must be referred by their PCP to access behavioral health services
 - Population served – Age range of the population served by behavioral health is age three (3) yrs. and greater.
 - Psychiatric services for adults and children
 - Psychiatric diagnoses – no limitation on the types of diagnoses served. Patients with more complex psychiatric issues are referred to ATCIC for specialty care.

Four Quadrant Model

High	Quadrant II High behavioral health needs; low physical health needs	Quadrant IV High behavioral health needs; high physical health needs
BH Risk	Quadrant I Low behavioral health needs; low physical health needs	Quadrant III Low behavioral health needs; high physical health needs
Low		
	Low	High

Physical Health Risk

Overview of Service Elements

- **Enhancement of Self-Management Skills** – this is a primary focus of the service with the goal of assisting the person in better managing chronic health conditions and developing personal care skills
- Behavioral health screening
- 30-minute initial intake/assessment session
- 30-minute follow-up treatment sessions
- Supportive group counseling sessions
- Coordination of care with PCP and other clinic staff
- Cognitive-behavioral and/or interpersonal therapy
- Psychiatric consultation provided on-site in the primary care clinics by consulting psychiatrists
- Psychosocial support for patients receiving pain management
- Referral and coordination with substance abuse treatment providers

Overview of Services Structure

- Behavioral Health Consultants (11 FTEs)
- Program Manager (1 FTE) – provide 50% time clinical services & 50% time clinical and program supervision
- Consulting Psychiatrists (2 FTEs)
- IBH Services Director
- All team members are ATCIC employees
- Administrative Assistant (1 FTE, CommUnityCare employee)
- Services provided in 14 primary care clinics
- Psychiatrists provide services at multiple locations
- All documentation entered into the electronic health record for CommUnityCare which greatly enhances care management
- IBH staff have their offices at clinic sites and are fully integrated into clinic structure and functioning

Role of the Primary Care Provider

- PCP is responsible for coordinating and managing all care that the patient receives
- During process of visit with PCP patients are routinely screened for behavioral health conditions utilizing the behavioral health screening tools
- PCP will refer to BHC if a positive result obtained on the BH screening tool, positive psychiatric treatment history, current psychosocial stressors, chemical dependency issues, pain management concerns and support in managing chronic health conditions
- PCP receives BHC consultation via electronic health record (EHR) and coordinates medical management with BHC and/or initiates a referral to psychiatry if indicated by psychosocial evaluation

Behavioral Health Screening Tool

“The Purple Form”



BH Screening Tools

PLACE PATIENT LABEL HERE

PHQ-9

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Question	Not at all	Several days	More than half the days	Nearly every day
1. Feeling down, depressed or hopeless?	0	1	2	3
2. Little interest or pleasure in doing things?	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much?	0	1	2	3
4. Poor appetite, weight loss or overeating?	0	1	2	3
5. Feeling tired or having little energy?	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or that you have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way?	0	1	2	3
Total Score: _____				
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?	Not at all difficult	Somewhat difficult	Very difficult	Extremely difficult

ICC

1. In the past two weeks, how many times have you used alcohol or drugs (other than prescribed by a doctor) to make you feel better?	
2. In the past three months, how many times have you gone to the hospital emergency room for medical care?	
3. On a scale from 1-10, with 1 being the worst health and 10 being the best health, how would you rate your physical health in the last two weeks?	

GAD-7

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Question	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3
Total Score: _____				
8. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?	Not at all difficult	Somewhat difficult	Very difficult	Extremely difficult

CAGE-AID

	NO	YES
1. Have you ever felt that you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	<input type="checkbox"/>	<input type="checkbox"/>

MDQ

1. Has there ever been a period of time when you were not your usual self and (while not on drugs or alcohol)...

	NO	YES
you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
you were much more talkative or spoke faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
you were so easily distracted by things around you that you had trouble concentrating or staying awake?	<input type="checkbox"/>	<input type="checkbox"/>
you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	<input type="checkbox"/>	<input type="checkbox"/>
spending money got you or your family into trouble?	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check one response only.

	NO	YES
3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please check one response only.		
No problem	<input type="checkbox"/>	
Minor problem	<input type="checkbox"/>	
Moderate problem	<input type="checkbox"/>	
Serious problem	<input type="checkbox"/>	
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic depressive illness or bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a health professional ever told you that you have manic depressive illness or bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____

Behavioral Health Screening Tool- Spanish “The Purple Form”



BH Screening Tools

PLACE PATIENT LABEL HERE

PHQ-9

¿En las últimas 2 semanas, con qué frecuencia le han molestado los siguientes problemas?				
Pregunta	Nunca	Varios días	Más de la mitad de los días	Casi a diario
1. ¿Se ha sentido triste, deprimido o sin esperanza?	0	1	2	3
2. ¿Sin interés, gusto o placer en la vida?	0	1	2	3
3. ¿Le cuesta dormir o duerme demasiado?	0	1	2	3
4. ¿Falta de apetito o demasiado apetito?	0	1	2	3
5. ¿Cansado o sin energía?	0	1	2	3
6. ¿Se ha sentido mal de sí mismo o que se ha fallado a sí mismo o a su familia?	0	1	2	3
7. ¿Le cuesta concentrarse? ¿Le cuesta prestar atención? (Por ejemplo, cuando mira televisión o lee un libro.)	0	1	2	3
8. ¿Le dicen personas que se ve triste, agitado o inquieto?	0	1	2	3
9. ¿Ha pensado que sería mejor estar muerto o en hacerse daño a sí mismo?	0	1	2	3
Score Total: _____				
10. ¿Si usted se identificó con cualquier problema; cuán difícil se le ha hecho cumplir con su trabajo, atender su casa, o relacionarse con otras personas?	No difícil <input type="checkbox"/>	Un poco difícil <input type="checkbox"/>	Muy difícil <input type="checkbox"/>	Casi imposible <input type="checkbox"/>

ICC

1. ¿En las últimas 2 semanas, cuántas veces ha usado alcohol o drogas (que no sean recetadas por un doctor) para sentirse mejor?	
2. ¿En los últimos 3 meses, cuántas veces ha ido a una sala de urgencia de un hospital para cuidado médico?	
3. ¿En una escala del 1-10, con el 1 siendo lo más bajo y 10 siendo lo más alto, como consideraría su bienestar físico sobre todo?	

GAD-7

¿En las últimas 2 semanas, con qué frecuencia le han molestado los siguientes problemas?				
Pregunta	Nunca	Varios días	Más de la mitad de los días	Casi a diario
1. Sentirse nervioso, ansioso, notar que se le ponen los nervios de punta	0	1	2	3
2. No ser capaz de parar o controlar sus preocupaciones	0	1	2	3
3. Preocuparse demasiado sobre diferentes cosas	0	1	2	3
4. Dificultad para relajarse	0	1	2	3
5. Estar tan desasosegado que le resulta difícil parar quieto	0	1	2	3
6. Sentirse fácilmente disgustado o irritable	0	1	2	3
7. Sentirse asustado como si algo horrible pudiese pasar	0	1	2	3
Score Total: _____				
8. ¿Si usted se identificó con cualquier problema; cuán difícil se le ha hecho cumplir con su trabajo, atender su casa, o relacionarse con otras personas?	No difícil <input type="checkbox"/>	Un poco difícil <input type="checkbox"/>	Muy difícil <input type="checkbox"/>	Casi imposible <input type="checkbox"/>

CAGE-AID

	NO	SI
1. ¿Alguna vez en su vida ha sentido la necesidad de reducir su consumo de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Se ha sentido molesto si la gente le critica su consumo de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Alguna vez en su vida ha sentido mal o culpable por su consumo de alcohol o drogas?	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Ha bebido alcohol o usado drogas en las primeras horas de la mañana para controlar sus nervios o para eliminar una resaca o cruda?	<input type="checkbox"/>	<input type="checkbox"/>

MDQ

1. ¿Ha pasado alguna vez en su vida por un periodo en el cual su personalidad o comportamiento no fueron los habituales y (sin usar alcohol o drogas)...	NO	SI
se sentía tan bien o tan exaltado que la gente pensó que su comportamiento no era el habitual, o estaba tan exaltado que se metió en problemas?	<input type="checkbox"/>	<input type="checkbox"/>
estaba tan irritable que le gritó a la gente o inició peleas físicas o verbales?	<input type="checkbox"/>	<input type="checkbox"/>
se sentió con mucha más seguridad en sí mismo que lo habitual?	<input type="checkbox"/>	<input type="checkbox"/>
dormía mucho menos que lo habitual, y se dio cuenta de que, a pesar de ello no necesitaba más horas de sueño?	<input type="checkbox"/>	<input type="checkbox"/>
hablaba más o más rápido que lo habitual?	<input type="checkbox"/>	<input type="checkbox"/>
sentía que los pensamientos le llenaban su cabeza, y que no podía detenerlos?	<input type="checkbox"/>	<input type="checkbox"/>
se distraía tan fácilmente con lo que sucedía a su alrededor que tenía dificultad para mantener la concentración?	<input type="checkbox"/>	<input type="checkbox"/>
tenía mucha más energía que lo habitual?	<input type="checkbox"/>	<input type="checkbox"/>
estaba mucho más activo o hacía muchas más cosas que lo habitual?	<input type="checkbox"/>	<input type="checkbox"/>
estaba mucho más social o extrovertido que lo habitual - por ejemplo, llamar a sus amigos por teléfono a altas horas de la noche?	<input type="checkbox"/>	<input type="checkbox"/>
tenía mucho más apetito sexual que lo habitual?	<input type="checkbox"/>	<input type="checkbox"/>
hacía cosas que no eran comunes en usted, o que a la gente le podrían haber parecido exageradas, tontas, o riesgosas?	<input type="checkbox"/>	<input type="checkbox"/>
gastó dinero que le causó problemas a usted o a su familia?	<input type="checkbox"/>	<input type="checkbox"/>

2. Si respondió "SI" a dos o más de las preguntas anteriores, ¿algunas de las situaciones descritas ocurrieron durante el mismo periodo de tiempo?	NO	SI	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. ¿Cuánto problema le causaron algunas de estas situaciones - como por ejemplo, problemas en el trabajo, problemas familiares, financieros o legales, peleas físicas o verbales?			
Ningún problema <input type="checkbox"/>	Problemas mínimos <input type="checkbox"/>	Problemas moderados <input type="checkbox"/>	Problemas graves <input type="checkbox"/>
4. ¿Alguno de sus familiares directos (es decir, hijos, hermanos, padres, abuelos, tíos) padeció alguna vez de trastorno maníaco-depresivo o bipolar?	<input type="checkbox"/>	<input type="checkbox"/>	
5. ¿Alguno vez algún profesional médico le ha dicho que usted padece de trastorno maníaco-depresivo o bipolar?	<input type="checkbox"/>	<input type="checkbox"/>	

Firma _____

Fecha _____

Role of the Behavioral Health Consultant

- BHC receives referral from PCP, including a “warm hand-off” if urgent. Most appointments are scheduled within the week of the primary care visit.
- BHC will often administer BH screening tools as component of the initial psychosocial eval. to obtain more specific information regarding symptoms and functioning.
- BHC identify with patient principal goals for focus of a plan of care
- BHC confers with PCP on appropriate plan of care and suggests referral to psychiatry if indicated
- BHC coordinates care with PCP and psychiatry as needed
- BHC coordinates care with nursing, clinical pharmacist, nutritionist as indicated
- BHC coordinates care with substance abuse treatment and other external treatment providers as indicated

Role of the Psychiatry Consultant

- Psychiatrist receives referral via the BHC from the PCP. All scheduling for initial psychiatric consultations is done by the BHC.
- Psychiatrist completes evaluation and may initiate a therapy if indicated. Psychiatric evaluation is documented in EHR and transmitted to the PCP.
- In the majority of instances the PCP will then follow the medication recommendations outlined by psychiatrists.
- Psychiatrist may choose to follow certain patients on an ongoing basis if care and medication management is more complex.
- Psychiatrist provides “curbside” consultations and training to PCPs on use and indications of psychotropic medications.
- In instances where patient’s needs are more complex or acute, psychiatrist will complete and document a referral to ATCIC in the EHR for ATCIC.

Referral form PC – MH

Fax this form and release of info from both CHC and ATCMHMR
to ATCMHMR Intake: Att/ Intake (512) 476-1469

EMERGE PSYCHIATRY REFERRAL - CHC to ATCMHMR

Step I @ CHC

CHC : East South Montopolis Oak Hill _____
PCP: _____ Behavioral Health Consultant: _____
Client Name: _____ CHC MR# _____ DOB: _____

Diagnosis(es): _____ Ref. Psychiatrist: _____

Psychiatric meds tried and response/ Reason for referral:

Medical Problems:

Current Medication (with dates):

Labs done or other tests (with dates):

Psych Signature: _____ Date: _____

Client=> Call SPOE @ 472-HELP to schedule Intake

Step II @ ATCMHMR

Date of MHMR Intake: _____ (MHMR Intake @ 804-3800)
Date/time for ATCMHMR Psych eval: _____ Psych. assigned: _____
MHMR MR# _____ Previous Psych: _____

ions? Contact E-merge staff: Deborah.Delvalle@atcmhmr.com (Cell 922-
Andres.Guariguata@atcmhmr.com (Cell 796-3379),
a.Zaborowski@atcmhmr.com
'91-5786)

Confidential

5/25/2011

Role of Psychiatry Services – Specialty Care

- Patient is received from consulting psychiatrist at primary care and scheduled to be seen by staff psychiatrist
- Medication management and other indicated services appropriate to patients level of need are initiated
- Patient will receive services at ATCIC until determined that person is ready to return to their medical home.
- A process has been developed through which clients in service at ATCIC who are psychiatrically stable/receive medication management may choose to establish a medical home with CommUnityCare and discontinue services with ATCIC.
- Benefits of establishing this process are for the client to establish a medical home to address overall healthcare needs. This process assists in creating more capacity at ATCIC to serve clients with more complex and acute needs.

Future Directions

- Travis County Healthcare District currently funding an evaluation study of the E-Merge services. The study, ***Translating Behavioral Health Interventions in the Primary Care Setting: An Evaluation of E-Merge in Underserved Patients***, was completed in 2010.
- A principal goal of this study is to develop quality improvement mechanisms for behavioral health services in CommUnityCare.
- Last year the National Council on Community Behavioral Healthcare awarded CommUnityCare/ATCIC a Primary Care-Mental Health Collaborative Care Grant to analyze and improve care and services to delivery to the consumers of these services.
- An integrated behavioral health Care Management curriculum and protocols to be developed in the next 6 months. The goal is to make care management more systematic and improve the management of BH services delivery in primary care.