The Heart of Community Health

BALTIMORE
Medical SYSTEM

Behavioral Health Integration For Vulnerable Populations

An Internist's Perspective

Alliance for Health Reform

May 2, 2014

Baltimore Medical System

Federally Qualified Health Center

Serving over 150,000 visits per year in Baltimore City and County

Primary Care for adults and children, OB-GYN care and Behavioral Health services on both sides of the city

Applicable partnerships with Mosaic Health and Care First.

Scope of Problem

- "Primary Care Will It Survive" Bodenheimer NEJM 2006 – 18 hour dilemma
- Primary care physicians treat most of the country's depression and anxiety
- Physician culture : best trained = highest quality
- Depression/Anxiety screening not done due to time constraints
- Many Medicaid patients with uncontrolled physical diseases have co-morbid uncontrolled behavioral health diseases.
- Most common BH co-morbidities for our practice are depression, anxiety and bipolar disorder.
- 12 month prevalence – US adults
  - Depression 6.7%, Anxiety 18.1%, Bipolar 2.6%

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Our Approach – PCP & MA

- Medical assistant screens for anxiety and depression with the PHQ4 and with follow up tools (PHQ9 or GAD7) if screening is positive. Takes 5-7 minutes if positive.
- I know the diagnosis or treatment trend before entering the exam room.
- My medical assistant has screened 81% of our patients in 1 year, saving me > 120 hours per year, over ½ hour per day.

Our Approach – PCP, MA & LCSW-C

- Modified Cherokee Health System Integrated Model
- If patient scores very high, MA calls LCSW-C to come see patient, before I go into the room.
- LCSW-C identifies stressors, initiates relationship and sets follow up appt.
- I then focus on BH medications and physical ailments.
- Patients' stressors are addressed and then they can focus on physical health concerns.
- LCSW-C can work with patient to reach healthy habit goals like walking 2-3 times per week.
- Better care and, saves me 30 minutes per week.

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Our Approach – PCP, LCSW-C & Psychiatry

- University of Washington Impact Model
- PCP and LCSW-C treating patient who isn't getting better.
- PCP asks for Psychiatry input.
- LCSW-C presents patient to psychiatry at weekly rounds
- LCSW-C sends psychiatry recommendations to PCP who adjusts treatment.
- Increases access to psychiatry expertise for difficult patients, saving patients a 6 week wait for new psychiatry appt.
- Transfer of BH care to psychiatry is a later option

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Policy Recommendations

- Continue experimenting and moving from payment for volume of care to payment for effectiveness of care
- In the meantime…
  - Pay for brief LCSW-C encounters, hand-offs and behavior modification.
  - Pay for PCP visits for depression and anxiety since we treat the vast majority of patients with these illnesses.

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