Integration of Behavioral Health in Primary Care

Dr. Philip Henderson
Division Chief, Internal Medicine and Pediatrics
Spectrum Health

- Service Area
- Additional HDVCH Service Area
- Priority Health Locations

Priority Health service area extends across Michigan.

Spectrum Health also has more than 200 outpatient facilities (including integrated care campuses, urgent care centers, walk-in clinics and physician offices).

*Includes Select Specialty Hospital - Spectrum Health (A joint venture with Select Medical Corporation).
SPECTRUM HEALTH

Mission: To improve the health of the communities we serve

31,000 Employees
$6.5 Billion Enterprise*
$459 Million Community Benefit*
$30 Million Philanthropy*
3,200 Volunteers

4,200 Physicians and Advanced Practice Providers (employed and independent)
14 Hospitals
220 Ambulatory Sites (including integrated care campuses, urgent care centers, walk-in clinics and physician offices)
73,000 MedNow Telehealth Visits 24/7
415,000 Lives Touched Through Healthier Communities (fiscal year 2017)

Priority Health
7,000+ Employers Contracted by Priority Health
97% Michigan Providers in Network
Venture Capital $100 Million Fund

*Calculated based on fiscal year 2018 data for Spectrum Health and Spectrum Health Lakeland 11/8/2019
Why the Need for Integration of Behavioral Health

- Poor access for behavioral health care
- Shortage of providers
- Behavioral health provider medical inexperience
- Stigmatization
- Resistance to treatment
- Inadequate psychosocial resources
- Fragmentation of care – mental & medical
- Significant overlap of medical and behavioral health conditions
Individuals with behavioral health conditions frequently have co-occurring physical health conditions.

Chart 2: Percentage of Adults with Mental Health Conditions and/or Medical Conditions, 2001-2003

- Adults with Mental Health Conditions
- Adults with Medical Conditions
- 29% of Adults with Medical Conditions Also Have Mental Health Conditions
- 68% of Adults with Mental Health Conditions Also Have Medical Conditions

BH Comorbidity drives up the cost of health care by up to 60-75% - - in mostly medical, not mental health expenditures.

Comorbid behavioral health conditions lead to worse medical outcomes and can increase the cost of healthcare by up to 75%:

- Increased health care utilization
- Greater appropriate ED utilization
- Higher rates of avoidable hospital admissions/readmissions
- Longer hospital LOS

The presence of a mental health disorder raises treatment costs for chronic medical conditions.
Integration Model: PBM+
Psychiatry and Behavioral Medicine +

Behavioral Health Screening
Anxiety/Depression/Suicide/Substance use

Care Triage
Master Level Clinical Social Workers

Interventions
Psychotherapy/Psychiatry/MedNow/SCR

Medical Risk Stratification/Predictive Analysis
Informatics and Technology

Evidence-Based Best Practices

Health Care Continuum
Quality and Safety

Biopsychosocial assessment
Brief psychotherapy
Crisis management
Systematic Case Review
Care coordination
Linking to community resources
Referrals
Screening Tools

Suicide Safety Behavior Kit (Blue Envelope)
- Anyone 13,000 trained

PHQ-4
- EMR

PHQ-9
- Medical Assistant

GAD-7
- Medical Assistant

C-SSRS
- Provider

Paper/EMR
**Leveraging Technology**

**REVIEW OF SYSTEMS:**

<table>
<thead>
<tr>
<th>Behavioral Health Screening Scores</th>
<th>07/10/18 10:07</th>
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</thead>
<tbody>
<tr>
<td>PHQ-4 Score</td>
<td>10</td>
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<tr>
<td>PHQ-9 Score</td>
<td>12</td>
</tr>
<tr>
<td>GAD-7 Score</td>
<td>12</td>
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</tbody>
</table>

**Blue Envelope Event Documentation**

**Suicidality/C-SSRS**

1. Wish to be Dead: Yes
2. Suicidal Thoughts: Yes
3. Suicidal Thoughts with Method Without Specific Plan or Intent to Act: No
4. Suicidal Intent Without Specific Plan: No
5. Suicide Behavior Question: Yes
6. How long ago did you do any of these?: Over a year ago

- This is what the links bring into the note when corresponding documentation is completed:
  1. PHQ-4, PHQ-9 and GAD-7 scores
  2. Blue envelope documentation tools

**Columbia - Suicide Severity Rating Scale (C-SSRS)** indicator reference

- Any answer in the most severe risk category in suggests that level of risk for this patient

<table>
<thead>
<tr>
<th>LOW Level of Risk</th>
<th>MODERATE Level of Risk</th>
<th>HIGH Level of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1 = Yes</td>
<td>Question 3 = Yes</td>
<td>Question 4 = Yes</td>
</tr>
<tr>
<td>or Question 2 = Yes</td>
<td>or</td>
<td>or</td>
</tr>
<tr>
<td>or Question 6 = Over a year ago</td>
<td>or</td>
<td>or Question 5 = Yes</td>
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<tr>
<td>or Question 6 = Between three months and a year ago</td>
<td></td>
<td>or Question 6 = With the last three months</td>
</tr>
</tbody>
</table>

- Additional Assessments:
  - Additional risk factors: (Risk Factors.42856)
  - Protective factors: (Protective Factors.42857)
  - Lethal means reduction steps: (Lethal Means Reduction.42856)
  - Safety plan: (Safety Plan.42859)
  - Established with: (Established Hand Off.42860)

- Risk Disposition:
  - (Disposition.42861)
Ground-Breaking Outcomes: Ambulatory

Suicide Safety Response

2016 SHMG Total Events: 165
2017 SHMG Total Events: 322
2018 SHMG Total Events: **1081**

Increased 335%

Maintained 89% Process Proficiency!
Spectrum Health Hospitals—ED & Ambulatory

The Blue Envelope

Overall Data for Spectrum Health

Hospitals and Eds 7926
Ambulatory 1081

9007 Potential Lives Saved this year!
## Diabetes Outcomes for Original 10 AMH Sites

<table>
<thead>
<tr>
<th></th>
<th>Pre-SW Engaged</th>
<th>Post-SW Engaged</th>
<th>All Diabetics</th>
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<tbody>
<tr>
<td>Distinct Diabetic Pts</td>
<td>269.0</td>
<td>370.0</td>
<td>539.0</td>
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<tr>
<td>Avg HbA1c</td>
<td>7.95</td>
<td>7.67</td>
<td>7.77</td>
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</table>

### Avg HbA1C Outcomes Engaged with Allied Health Team Member >0 Months

<table>
<thead>
<tr>
<th>Site Description</th>
<th>Post-SW Engaged</th>
<th>Pre-SW Engaged</th>
<th>Total Population</th>
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<tbody>
<tr>
<td>FAM MED GR GASLIGHT</td>
<td>7.93</td>
<td>7.90</td>
<td>7.93</td>
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<tr>
<td>FAM MED GR ICC BELTLINE</td>
<td>7.49</td>
<td>8.42</td>
<td>7.95</td>
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<tr>
<td>FAM MED KENTWOOD</td>
<td>7.52</td>
<td>7.52</td>
<td>7.52</td>
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<tr>
<td>FAM MED SPARTA</td>
<td>7.77</td>
<td>8.06</td>
<td>7.83</td>
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<td>FAM MED ZEELAND</td>
<td>6.26</td>
<td>7.93</td>
<td>7.61</td>
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<td>FAM MED IM EPC GR WEST PV</td>
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<td>7.40</td>
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<tr>
<td>IM GR 4444 KALAMAZOO AVE</td>
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<tr>
<td>IMPEDS GR 1300 MICHIGAN</td>
<td>7.66</td>
<td>7.64</td>
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<td>IMPEDS GR ALPINE</td>
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<tr>
<td>IMPEDS GR ICC BELTLINE</td>
<td>7.51</td>
<td>9.25</td>
<td>8.28</td>
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Suicide / Self Harm Average Length of Stay
Patient Class in Scope: All

Month of Discharge Date Time

Age Group
Adult
Pediatric

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<tr>
<td>Avg. LOS in Days</td>
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<td>1.5 Days</td>
<td>1.6 Days</td>
<td>1.4 Days</td>
<td>1.1 Days</td>
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<td>1.1 Days</td>
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<td>0.9 Days</td>
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<td>Pediatric</td>
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<tr>
<td>Avg. LOS in Days</td>
<td>0.9 Days</td>
<td>0.6 Days</td>
<td>1.0 Days</td>
<td>0.7 Days</td>
<td>0.8 Days</td>
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<td>153</td>
<td>142</td>
<td>189</td>
<td>219</td>
<td>198</td>
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Total in 1 year - 2018: 7926
Approximately 152/week
Lessons Learned

• Phased rollout

• Find a provider champion (or several)

• Develop toolkits inclusive of communication pieces, scripting for staff/providers, standard work

• Leverage technology

• Start on data analytics early

• Be patient – teams will become more efficient with practice