Integrated Team Shares Responsibility for Behavioral Health

Case in Brief: Intermountain Healthcare

- Nonprofit system of 22 hospitals, a medical group spanning 185 physician clinics, and a health insurance company
- Developed mental health integration model (MHI) in 1998 to better care for patients who presented in the primary care setting with underlying behavioral health conditions
- Model supported by longitudinal patient record allowing outcome tracking and segmentation

In response to concerns that co-morbid mental health conditions were not treated effectively in the primary care setting, Intermountain Healthcare created the mental health integration (MHI) clinical model. A cross-continuum team of clinical and non-clinical staff, patients, and representatives of the National Alliance of Mental Illness collaborated on the MHI's design. Patient and family engagement serves as the cornerstone of the MHI model and enables the MHI team to develop a self-management focused, culturally competent care plan.

Embedded Mental Health Providers Offer Consults, Self-Management Focused Interventions

The primary care physician (PCP) and support staff form the core of the MHI provider team. The support staff includes an MHI coordinator who is responsible for entering patient information into the EMR system, facilitating coordination between team members, and helping patients and their families navigate through the MHI model. Care managers and/or advocates may also support PCPs by working with the patient to encourage adherence, track outcomes, and coordinate with the team. Finally, mental health specialists collaborate with both the care team and patients. Specialist positions can be filled by clinical psychologists, social workers, APRNs, psychiatrists, or other mental health professionals. In some clinics, a psychologist, APRN, or social worker is embedded within the clinic while a remote psychiatrist and/or APRN staffed within the hospital offers training and additional consults and support. The MHI program is based on evidence-based models that call for integration of both behavioral health providers who offer counseling and those who prescribe medication with the broader primary care team.

Screening Utilizes In-Depth Psychosocial Assessment

Providers have autonomy within their clinics to determine their own screening procedures, but generally, the PCP or designated support staff provide patients with an MHI screening packet if behavioral health indicators are identified (e.g., social withdrawal, sudden changes in appetite, etc.). The packet includes a comprehensive assessment of behavioral health and chronic disease risk factors, global impairment, and family support. Using the completed assessment, the provider determines the overall health risk of the patient and family. Based on the risk level, the provider assigns patients to either routine care, collaborative care, or mental health specialty care, which is described further in the graphic below.

Sample Triage Pathway for Depression Care

Routine Care

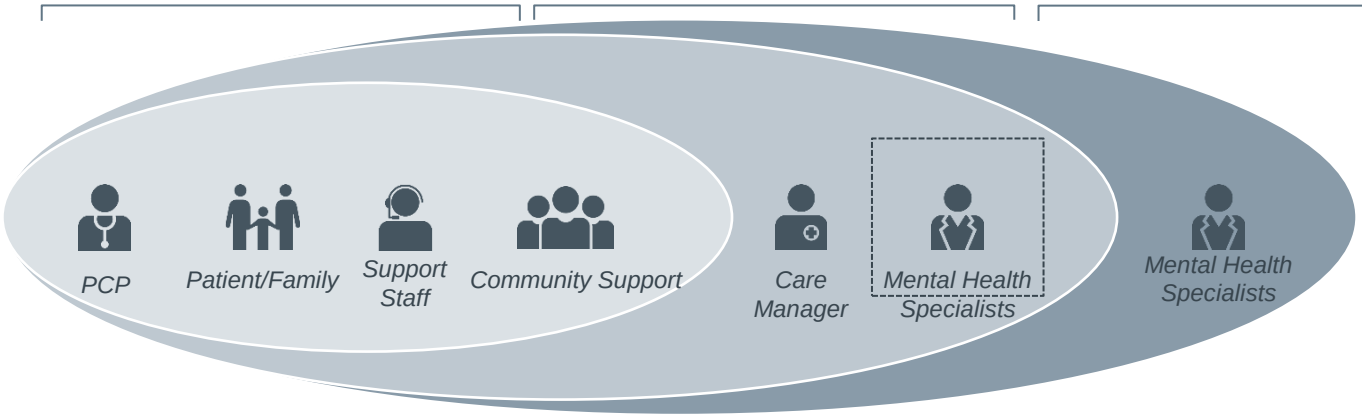
- Appropriate for mild depression
- Managed by PCP and support staff, connected to family/social support

Collaborative Care

- Appropriate for moderate depression, co-morbid conditions
- Ongoing CM support, option for brief management-focused therapy with MH staff

Specialty Care Referral

- Appropriate for danger risk, relational burden, co-morbid complexity
- Specialist consults on stabilization or refers to secondary services



Source: Reiss-Brennan R, et al.,2006, "Mental Health Integration: Rethinking Practitioner Roles in the Treatment of Depression: The Specialist, Primary Care Physicians, and the Practice Nurse," available at: http://www.ncbi.nlm.nih.gov/pubmed/16774022, accessed on Oct 16 2013; Intermountain HealthCare, "Overview of Mental Health Integration (MHI), available at: https://intermountainhealthcare.org/ext/Dcmnt?ncid=51080953 , accessed on Oct 16, 2013; Population Health Advisor research and analysis.

Implementation Framework Guides Clinic Adoption Process

Treatment Cascade Involves Each MHI Team Member in Provision of Behavioral Health Care

Intermountain Healthcare believes that each primary care team member is responsible for treating behavioral health patients. As shown in the previous graphic, Intermountain's treatment cascade involves three different levels of care. For instance, patients sent to routine care are managed by a PCP and support staff. These low-risk patients have access to family and social support. Tier 2, collaborative care, relies primarily on care management but utilizes mental health specialists when needed. Finally, Tier 3, connects patients directly to the mental health specialists, while continuing to offer treatment through a PCP and his/her care management team. After treatment is initiated, the MHI providers will use a follow-up MHI packet to assess improvement and determine whether the care plan should be revised.

Physical and IT Infrastructure Adapted to Support Care Model

Intermountain made several infrastructure investments to support the MHI model. First, new clinics are built with a MHI room that can be used for one-on-one psychotherapy and consultations. Second, Intermountain maintains a longitudinal MHI/depression registry that tracks treatments and outcomes. The registry has incorporated data from over 400,000 patients since 2000 and has about 150,000 "active" patients annually. Based on the registry's wealth of longitudinal data which includes PHQ9 scores, Intermountain has developed predictive risk modeling for depression using the Archimedes IndiGO platform. Providers use the results of the modeling to inform treatment plans and sometimes show the modeling output to patients to highlight their potential risk of complication in the absence of a behavioral health intervention.

"Routinization Process" Provides Hallmarks for Clinic Development

Based on the experience of early pilot clinics, Intermountain developed a scorecard that guides collaborative adoption across a three-phase "routinization" process. As clinics adopt the MHI model, providers and administrators use this scorecard to guide their decisions and evaluate readiness. The scorecard is divided into five areas: leadership and team culture, workflow, information systems, cost, and community resources.

MHI Implementation Framework

	Level 1: Potential	Level 2: Adoption	Level 3: Routinized
Leadership and Team Culture	• Initiated allocation planning	• Identified and/or hired staff	• Monitor and regularly discuss resource use • Engaged team
Workflow	• Reviewed workflow • Identified barriers	• Designed clinic process	• Use PHQ-9 and PHQ-2 consistently • Normalized MHI clinic process
Information Systems	• Designed information workflow • Initiated MHI scorecard	• Initiated information workflow • Used MHI scorecard	• Use EMR and dashboard
Cost	• Identified ED visits/admissions baseline	• Aimed to decrease ED visits by 10% • Aimed to decrease admissions by 5%	• Aimed to decrease ED visits by 20% • Aimed to decrease admissions by 10%
Community Resources	• Identified resources • Initiated recruitment	• Implemented resource use	• Use resources for follow up and maintenance

Source: Intermountain HealthCare, "Overview of Mental Health Integration (MHI), available at: https://intermountainhealthcare.org/ext/Dcmnt?ncid=51080953 , accessed on Oct 16, 2013; Population Health Advisor research and analysis.

Self-Sustainability Model Required of All Clinics

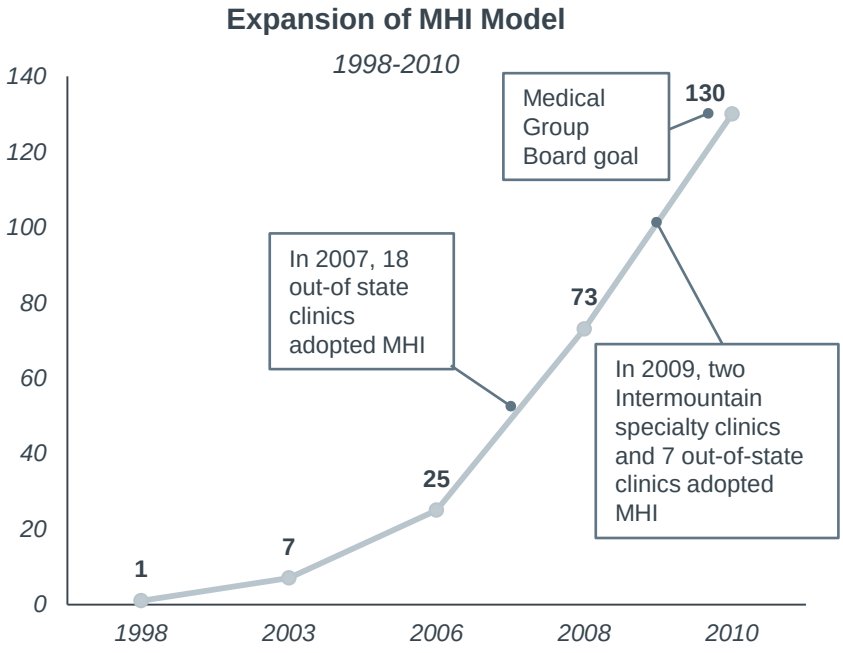
MHI Program Developed with the Goal of Self-Sustainability

While grant funding offset some of the cost of the MHI/depression registry and other tools, the MHI program was developed to be self-sustaining from the outset. Each Intermountain clinic must submit a pro forma detailing how it will fund the care model before officially adopting the MHI program.

One key component of self-sustainability is targeting interventions to the services covered by a particular patient's insurance plan. For instance, a behavioral health carve out in the Utah Medicaid program prohibits patients from seeing behavioral health specialists in the primary care setting. Instead of scheduling visits with these patients, the specialists coach the primary care team on the patients' treatment. The MHI model is not meant to be a revenue-generating service, but rather to be a self-sustaining model that improves care quality while preventing high downstream costs and complications.

MHI Program Led Improves Patient and Provider Satisfaction, Outcomes, and Cost of Care

Intermountain tracked provider satisfaction before and after the implementation of the MHI program, and identified a significant increase in the number of providers who felt confident identifying and caring for their patients' behavioral health needs. Providers report feeling more certain of their ability to offer integrated care in their clinics. Intermountain has also experienced improvements in patient satisfaction, in particular patients reporting that providers listened to their concerns and that they were receiving high quality coordinated care. Finally lower utilization rates of high cost, inappropriate services among MHI patients has been observed. Positive outcomes have driven adoption across Intermountain's primary care clinics. Intermountain has also initiated MHI implementation in specialty care clinics and has consulted on implementation in other ambulatory clinics across the country.



Cost and Quality Implications of MHI

Average overall medical expenses of newly diagnosed MHI patients were **$667 less** than expenses of control group patients

Newly diagnosed depression patients seen in MHI clinics were **54% less** likely to present in the ED than depressed patients from clinics providing usual care.

Source: Reiss-Brennan, B, 2010,"Cost and quality impact of Intermountain's mental health integration program," available at: http://www.biomedsearch.com/article/Cost-quality-impact-intermountains-mental/224863076.html, accessed on Oct 16, 2013; Intermountain Healthcare, "The Cost and Quality Impact of Intermountain's Mental Health Integration Program," available at: http://instituteforbehavioralhealthintegration.org/media/9610/cost_quality_intermountain_program.pdf, accessed on)ct 16, 2013; Population Health Advisor research and analysis.