## Behavioral Health Continuity in Primary Care: Controversy, Evidence, and Future Research

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CFHA Annual Conference October 17-19, 2019 • Denver, Colorado



## Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.

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Slides and handouts shared by our conference presenters are available on the CFHA website at <a href="https://www.cfha.net/page/Resources">https://www.cfha.net/page/Resources</a> 2019 and on the conference mobile app.





## Learning Objectives

#### At the conclusion of this session, the participant will be able to:

- Summarize the evidence for the role of continuity on patient outcomes
- List three standard metrics for continuity of care provided by behavioral health providers in primary care
- Describe a research study to examine the value of continuity of behavioral health in primary care



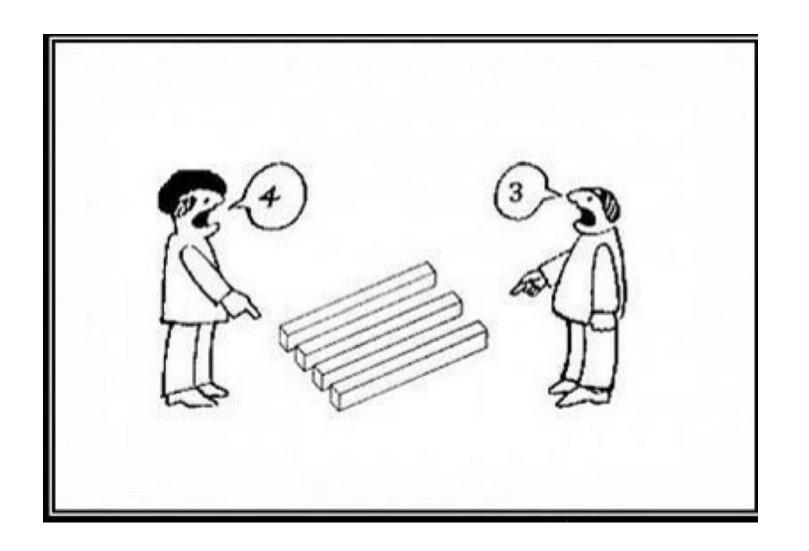
#### What is the Origin of this Presentation?

- CFHA listserve discussion
- Is continuity part of the primary care model?
- How important is continuity in primary care?
- Should continuity be equally valued in relationships with IBH clinicians if patients are only seen for 1-3 visits?
  - The evidence base for 1-3 visits being better than usual care delivered by a PCP is very weak, so should 1-3 visits be the standard on which continuity is based in IBH?
- How does teamwork play into the continuity formula?
- What research questions could be asked to clarify these issues?



#### Activity:

Write down your definition of continuity of care in primary care



Does your definition change if you think about it from a patient's perspective?

What if you think about continuity within the relationship between an IBH clinician and a patient?

**Looking for Answers** 

Identified Key Terms

Two
Reviewers/
Article

**Continuity Of Care** 

Pulled
Existing
Literature

## Does Continuity of Care Matter?



- Impact on the patient experience
- Improved patient satisfaction
- Decreased utilization of ED (including for behavioral health presentation)
- Decreased risk of hospitalization
- Decreased risk of mortality

# Continuity of Care within Integrated Primary Care

"The connection between the provider and the patient longitudinally allows for a relationship to be formed and trust to be established."

## Dimensions of Continuity

#### **Relational Continuity**

- Connects past, present,
   and future care
- Valued in primary and mental health care
- Provides predictability and coherence

#### **Informational Continuity**

- Links care from one provider to another
- Links care from one healthcare event to another
- Contains knowledge
   about patient's
   preferences, values, and
   context
- May be accumulated in the memory of providers who interact with the patient

#### **Management Continuity**

- Important in chronic/complex diseases
- Helpful when several providers are involved
- Achieved when care is delivered in a complementary and timely manner
- Enhanced by shared management plans or care protocols
- Both consistency and flexibility are critical

#### Four Modifiers of Continuity

Duration
Density
Dispersion
Sequence

#### Duration

**Duration -** measures length of time with a particular provider

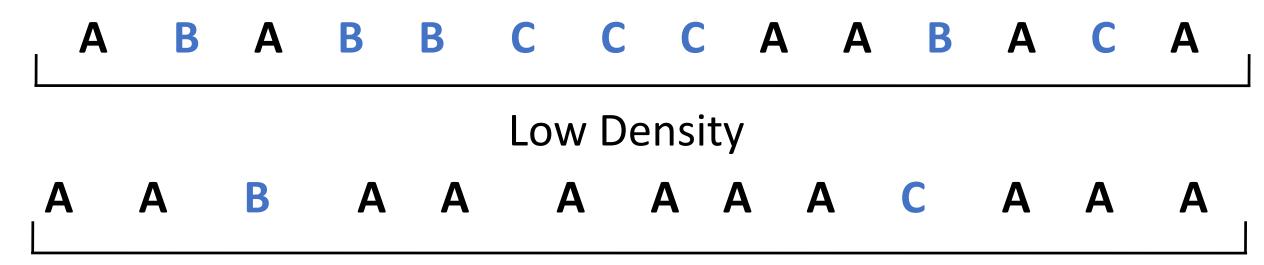
ABAA 1 Year

A B A A A B C A A A A B A B A A A A D A A A A B A A A B A

10 Years

## Density

**Density -** characterizes visits with the same provider quantified by number or percentage of visits over a defined time period



**High Density** 

## Dispersion

**Dispersion -** quantifies the number or percentage of visits with distinct (unique) providers

A B A C D D B E A A C A A A

**High Dispersion** 

## Sequence

Sequence - accounts for the order in which different providers are seen

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A B A A B A B A B A B A B A B A Low Sequence Continuity
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A A A A B B B A A A A A A

**High Sequence Continuity** 

## How Have Others Measured Continuity of Care?



Data from the Electronic Medical
 Record or Claims Data

- Measures Vary Depending on 4 Modifiers
  - DENSITY: Usual Provider of Care index
    - % of patient visits to the clinic with the assigned provider or the most frequently seen provider during a period of time

#### **High Density**

#### Other Ways to Utilize EMR/Claims Data

 <u>Dispersion</u>: Continuity of Care (COC)-Extent to which different providers were seen—number or percentage of visits with distinct providers

#### Using EMR Can't Capture it All!!





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#### Self-Report Measures of Continuity of Care

#### Components of Primary Care Index (CPCI)-20-item questionnaire

- Example subscales and items
  - Comprehensiveness of Care: I go to this doctor for almost all of my medical care
  - Accumulated Knowledge: This doctor does not know my medical history very well.
  - Interpersonal Communication: I can easily talk about personal things with this doctor
  - Coordination of Care: This doctor does not always know about care I have received at other places.
  - Longitudinality: How many years have you been a patient of this physician?

Uijen, A., Heinst, C., Schellevis, F., van den Bosch, F., Terwee, C., Schers, H. (2017)—Measurement properties of questionnaires measuring continuity of care: A Systematic Review. Plos ONE 7, e42256.

Flocke, S.A. 1997 Measuring attributes of primary care: development of a new instrument J of Family Practice 45, 64-74

#### Self-Report Measures of Continuity of Care

#### Heart Continuity of Care Questionnaire

 Hadjistavropoulos, HD Biem, HJ, & Kowalyk, KM (2004) Measurement of continuity of care in cardiac patients: reliability and validity of an in-person questionnaire. Can J Cardiol 20, 883-891

#### Cancer Care Coordination Questionnaire

 Young, JM Walsh, J, Butow, PN, Solomon, MJ, & Shaw, J (2011) Measuring cancer care coordination: development and validation of a questionnaire for patients BMC Cancer 11, 298

#### Coordinated Care Initiative—

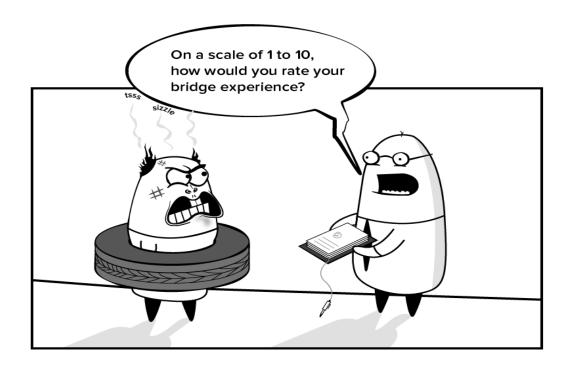
• Bull, M.J., Luo, D., Maruyama, GM (2000) Measuring continuity of elders posthospital care Journal of Nursing Measurement 8 41-60.

#### Client Perceptions of Coordination Questionnaire

• McGuinness, C. & Sibthorpe, B. (2003) Development and initial validation of a measure of coordination of healthcare. Int J Qual Health Care 15, 309-318

### Don't Forget Qualitative Data May Also Be Useful

#### The Post Test Interview





What Kinds of Questions Can We Ask That Might Help Us Better Understand Continuity of Care Within IPC Using the EMR?

### Examples of Some Questions We Have

- As an Administrator, I might be curious whether the amount of continuity of care (as assessed by dispersion of visits among different IBH providers) impacts primary care and emergency healthcare utilization by patients? OR as indicated by different members of the IBH team?
- As a clinician, I might want to know among high healthcare utilizers, is the usual care provider index associated with patient outcomes?



What Kinds of Questions Can We Ask That Might Help Us Better Understand Continuity of Care Within IPC Using Self-Report Questionnaires?





## Examples of Some Questions We Have

- What is the level of perceived continuity of care by the patient and is that modified by huddles, dispersion of providers, etc.? And is that related to patient outcomes?
- Does acuity of the visit (e.g., suicidal, social phobia) or presenting problem foci (e.g., sexual health, insomnia) or presence of chronic disease significantly impact patient's perception for the need for continuity of care? In context of its impact on access?



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### Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



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### Session Survey

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