

Psychiatry Addiction Case Conference: What Community Practitioners Value in a Community and Academic Collaborative

- Mark Duncan, MD, Assistant Professor
- Kari A. Stephens, PhD, Associate Professor



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Faculty Disclosure

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

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Learning Objectives

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

- Describe how an ECHO learning collaborative can be adopted to address mental / behavioral health, addiction, and integrated behavioral health care gaps in the community
- Understand the basic evaluation process of such a program
- Improve understanding of the value of a program like this

UW PACC Goal

- To **increase patient access** across the state to effective and evidence based psychiatric, psychological and addiction care through increasing the **knowledge** and **self-efficacy** of all interested health providers within an **intentionally supportive** virtual community

Starting Assumptions

- Interest in this program exists due to limited mental healthcare resources across the state
 - Need to target primary care
- Need for flexibility
- Intentionally develop a supportive environment
- Our didactic time would be brief
- Cases would start slow but grow in numbers

UW PACC—the 411

- Funding: *WA State Grant from legislature*
- When: Every Thursday, 12-1:30pm PST
 - Started 7/2016—Present
- Where: Zoom platform, UW Medical Center Conference Room
- Panelists
 - Kari Stephens PhD - psychologist
 - Barb McCann PhD - psychologist
 - Mark Duncan MD - psychiatrist
 - Rick Ries MD – psychiatrist
 - Rotating Fellow - psychiatrist

FREE to Providers in WA State
Thursdays 12-1:30pm

<http://ictp.uw.edu/programs/uw-pacc>



UW PACC—Structure

Schedule

- Didactic and discussion
 - 12-12:50pm
- Roll call/announcements
 - 12:50-1pm
- Case Presentation
 - 1-1:30pm
- Case recommendations sent out

Curriculum

- Refreshes every academic year
 - UW Faculty
 - Outside Faculty
- Full-spectrum outpatient psychiatry and addiction
 - Monthly opioid related topic
- No requirements or limits → open-ended

Evaluation

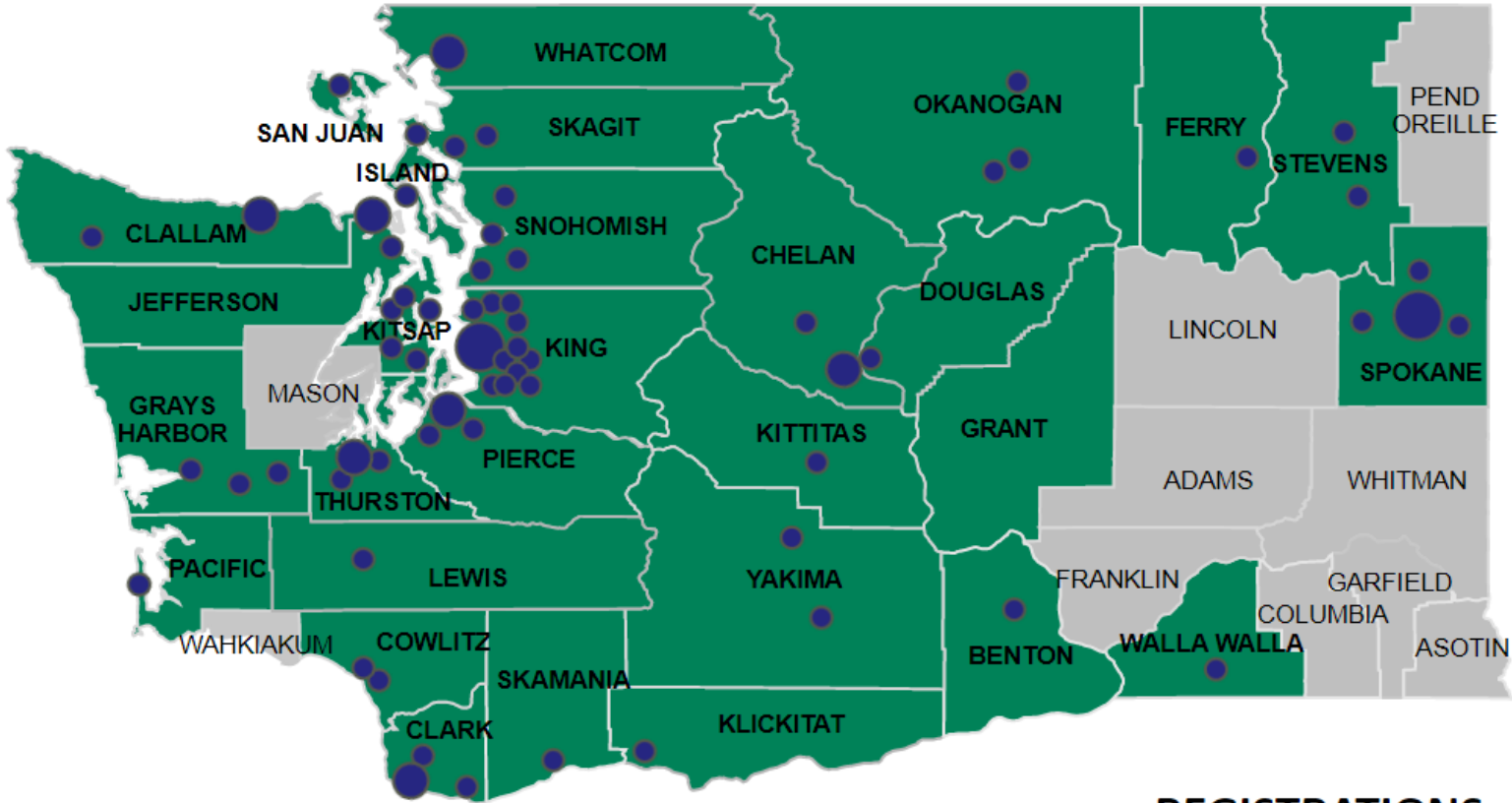
- Participants/Attendance
- Didactics
- Case consultation

Participants: Degree & Roles

Degree	Number	%
MD	162	28.0
NP	74	12.8
Student	44	7.6
PhD	38	6.6
DO	16	2.8
PA	14	2.4
PharmD	12	2.1
SW	18	
Other: Chemical dependency counselor, RNs, BAs, Master's in counseling, JD, MPH, PsyD, Dietician, Naturopathic Doctor		

Role	Number	%
Mental Health Provider	133	26%
PCP	93	19%
Other	274	55%
Roles: Addiction physician, administrator, counselors/therapists, care coordinators, care managers, navigators, medical assistant, chief medical officers, researchers, educators, hospitalists, clinic managers, outreach staff, student, primary care provider, quality analyst, nurse care managers		

Participants: Registration by City



REGISTRATIONS

- 1 - 10
- 11 - 50
- 50+

Other States:

AK	3
CA	3
CO	1
GA	1
ID	2
MT	2
NY	1
OR	4
TN	1
VA	1
WY	1
Total	20

Other Countries:

Australia
New Zealand
Germany

Participants: Self-Reported “Competency” → Confidence / Self-efficacy in diagnosis and management

Scale
range is
1 to 5

	Mean at Registration	Mean at Year 3/Quarter 4	N	p value
Opiates addictions	3.32	3.90	31	0.001
Alcohol addictions	3.65	4.03	31	0.026
Other addictions	3.32	3.75	28	0.008
Depression/anxiety	4.39	4.48	31	ns
More severe mental illness	3.84	3.87	31	ns
Chronic pain	2.71	2.84	31	ns

Attendance and Case Presentation Totals

Through Year 3 Attendance and other overall numbers:

- Hours of instruction: 6,339
- Unique attendees: 588
- Cases presented: 138
- Providers presenting cases: 72
- Number of sessions: 143

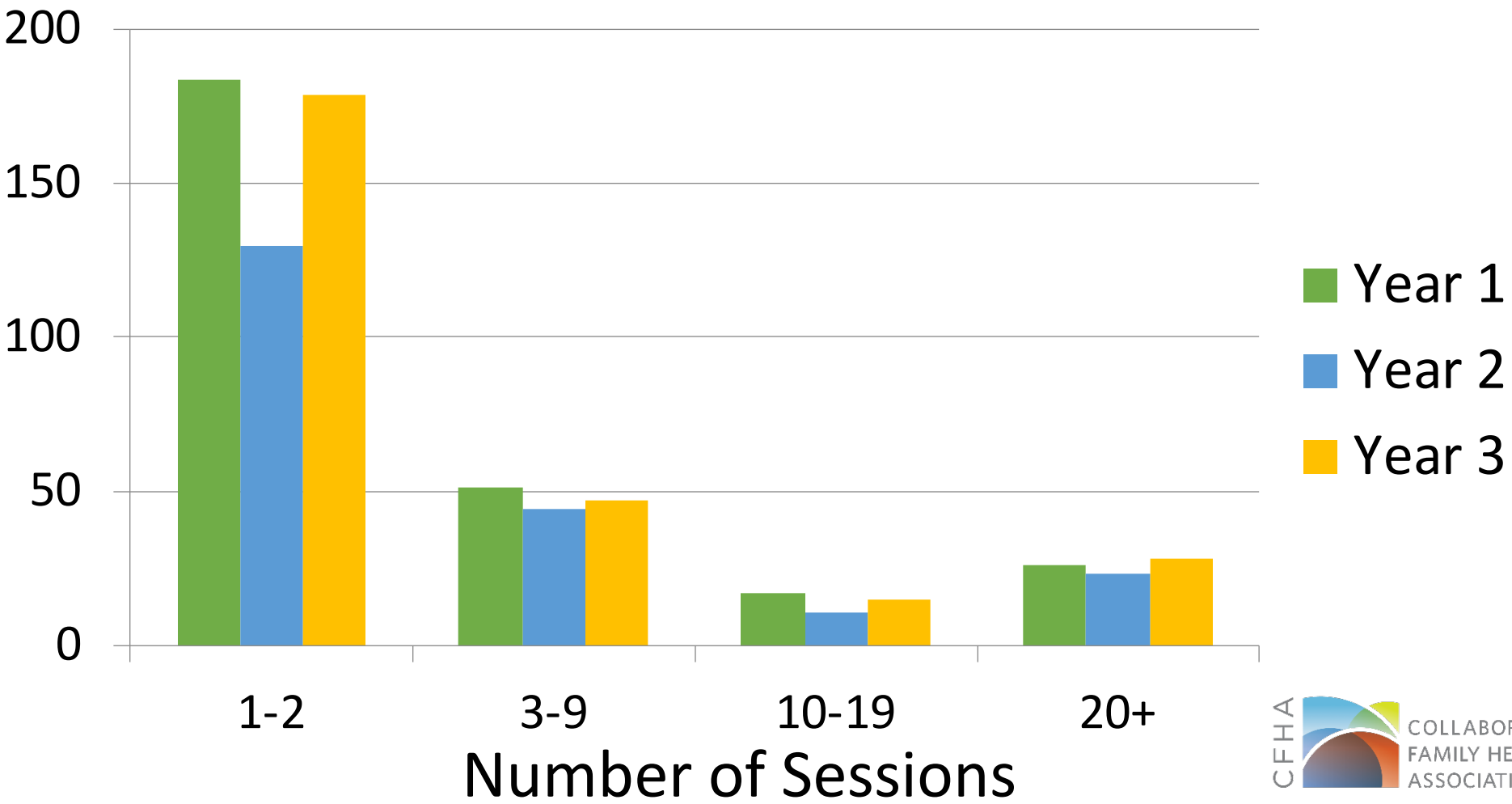
Attendance

- Unique attendees (3 yrs): 588

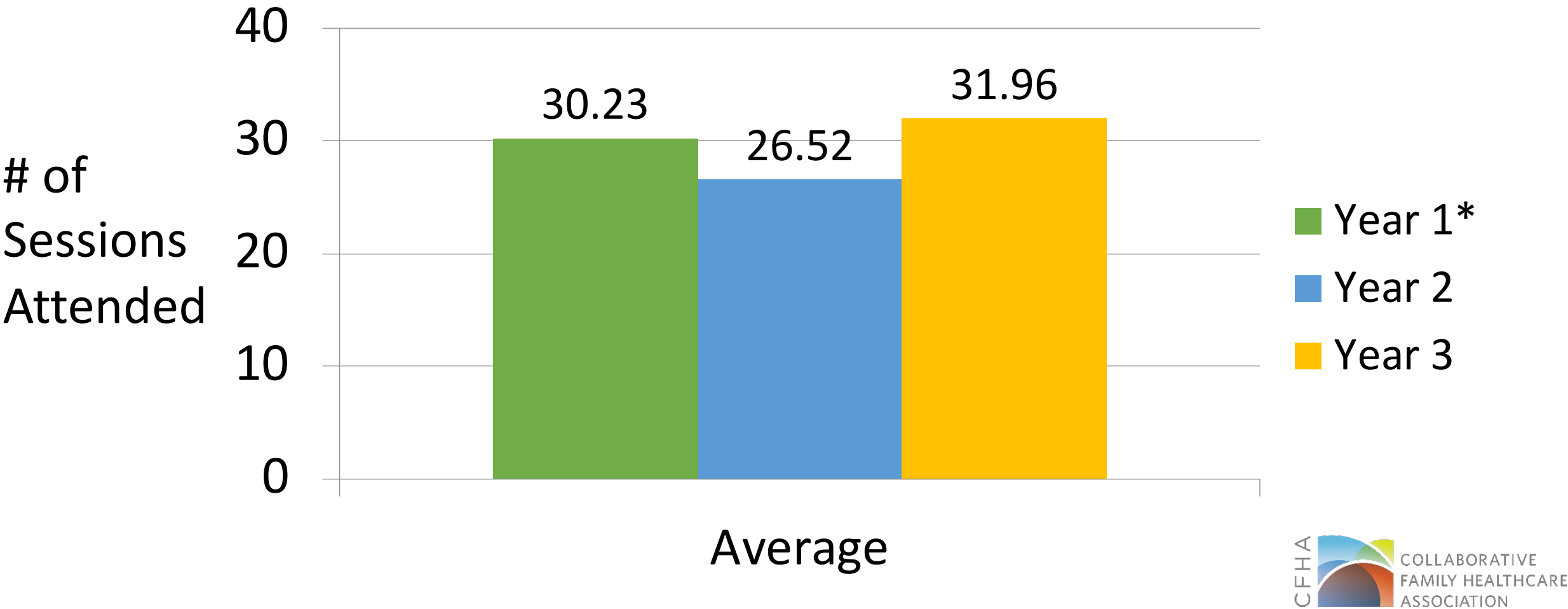
	Year 1	Year 2	Year 3
Mean # of sessions attended	5.26	6.09	5.58
Range	1-46	1-44	1-43
Median	1	2	1

Attendance by Attendee

Participant
Totals



Average Attendance per Session



Didactics

- Hours of instruction: 6,339

	# Attended	How Relevant* (N)	Quality* (N)
Year 1 Totals	1,451	4.52 (599)	4.71 (598)
Year 2 Totals	1,273	4.61 (571)	4.60 (559)
Year 3 Totals	1,502	4.51 (521)	4.71 (519)

***Scale:**

Relevancy: 1-Not At All Relevant, 5-Very Relevant

Quality: 1-Poor, 5-Excellent

Didactics

- Best Attended (≥ 40 on the call)
 - Yr 1—ADHD: Screening, Dx, and Treatment Monitoring
 - Yr 1—Club Drugs
 - Yr 2—Psychotic symptoms in the elderly
 - Yr 3—Diagnosing ADHD in the SUD Population
- Highest Rated (a perfect presentation! 5.0)
 - The role of psychosocial support in OUD Treatment
 - Rick Ries, MD

PACC – Value Added Areas

- Case consultations helped guide care
- Changed practice
- Community building – isolated providers need community
- Cross disciplinary consultations - mental health treatment teams are large and diverse and have to work together

Case Consultation Ratings

- Verbal feedback was helpful
 - Somewhat agree: 26%
 - Strongly agree: 70%
- Written feedback was helpful
 - Neither agree or disagree: 11%
 - Strongly agree: 78%

Practice Change

- 78.8% indicated that they intend to make practice changes, including:
 - ***“prescribing Buprenorphine”***
 - ***“setting aside more time to discuss sleep with patients”***
 - ***“better identify sources of perceptual disturbance better (i.e., psychosis vs PTSD)”***
 - ***“Way that I approach patients with Substance Use Disorder and Co-occurring Psychiatric and Social disorders”***

Practice Change Testimonials

- *“One of the most memorable ways that the UW PACC has influenced my practice has been the use of intra nasal Narcan (naloxone). I first learned about the product and its indications during a UW PACC lecture. That following week I prescribed it to all of my high risk patients (probably 10). Last week one of my patients relayed that he saved his friend’s life with the Narcan! The info that I got from UW PACC is hitting the streets of Spokane, WA and saving lives. Bravo. Together, we are a great team.”*
- *“I love having your expertise so accessible. As a PA student I have greatly appreciated the opportunity to present cases to you. I have received excellent treatment recommendations from the panel, which I have already began to implement in my care plans.”*
- *“I actually use the feedback and incorporate it into my long term care plans for the patients affected and so far I am very pleased with the outcomes...”*
- *“The feedback was very helpful and I have begun to utilize it.”*

Community Building Testimonials

- *“I appreciate that you ran overtime by 10 minutes for my case presentation. I'm having difficulty finding providers who will take some of these more complicated patients. No primary care provider wants a patient taking narcotics or benzodiazepines, and this is an unusual pain patient because he continues to experience acute pain.”*
- *“Wonderful resource for rural communities.”*
- *“The recommendations by the panel are often about important matters that do not necessarily involve medications and dosing but practical suggestions for better management of difficult cases”*

Future Evaluation – RE-AIM (preliminary)

The RE-AIM framework came about as a way to “*systematically consider the strength and weaknesses of chronic illness management interventions in order to guide program planning*”

- **Reach:**

How far within WA State have we disseminated PACC?

- **Efficacy (effectiveness):**

How big is the change in confidence / self-efficacy in diagnosis and management of conditions from time of registration to follow-up?

- **Adoption:**

What percent of participants intend to make practice change?

- **Implementation:**

What has continued attendance over time been, how many cases are presented over time, and what do testimonials say?

- **Maintenance:**

Difficult to measure, given we would need to evaluate our participants after they stop attending

Future Evaluation Targets

- **Reach:**

- Increase in # of participants who get waived for Buprenorphine
- Increase in # of patients prescribed MOUD

- **Efficacy (effectiveness):**

- Provider overall satisfaction



References

1. McBain, R.K., Sousa, J.L., Rose, A.J. et al. (2019). Impact of Project ECHO models of medical tele-education: A systematic Review. *Journal of General Internal Medicine*.
<https://doi.org/10.1007/s11606-019-05291-1>
2. Sockalingam, S., Arena, A., Serhal, E. et al. (2018). Building provincial mental health capacity in primary care: An evaluation of a Project ECHO mental health program. *Academic Psychiatry*, 42, 451-457.
3. Mehrotra, K., Chand, P., Bandawar, M et al. (2018). Effectiveness of NIMHANS ECHO blended tele-mentoring model on integrated mental health and addiction for counsellors in rural and underserved districts of Chhattisgarh, India. *Asian Journal of Psychiatry*, 36, 123-127.
4. Project ECHO Evaluation 101: A practical guide for evaluating your program. (2017) The New York Academy of Medicine: <https://nyshealthfoundation.org/wp-content/uploads/2017/12/project-echo-evaluation-guide.pdf>
5. Zhou, C., Crawford, A., Serhal, E., Kurdyak, P., & Sockalingam, S. (2016). The impact of Project ECHO on participant and patient outcomes: A systematic Review. *Academic Medicine*, 91, 1439-1461.

Learning Assessment

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

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!