Session # I7b

Integration of psychiatry into the IPC team to increase access to care in rural clinics

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Faculty Disclosure

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

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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.

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Learning Objectives

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

- Identify the advantages of integrating a psychiatric provider into an integrated healthcare system to improve access to behavioral health care and patient outcomes
- Describe the role the BHC plays in a collaborative psychiatric model of care when providing BH services to patients
- Identify qualities that comprise a good team member (e.g. BHC, PCP, psychiatric provider) to implement this model of care

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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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Demand for psychiatry

- 30,451 active psychiatrists in 2017
- This number is expected to decrease
  - 59% are 55 years old or older
- Insufficient psychiatric providers to manage patients with behavioral health disorders
- Meaning, PCPs are increasingly required to fill the gaps

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What is the Integrated Consultation Service (ICS)?

- Step-model of care for psychiatric services
- Consists of team of BHC, PCP, and psychiatric provider
- Goals:
  - Increase access to psychiatric services for patients
  - Increase PCP comfort with prescribing psychotropic medications under close supervision of psychiatric provider

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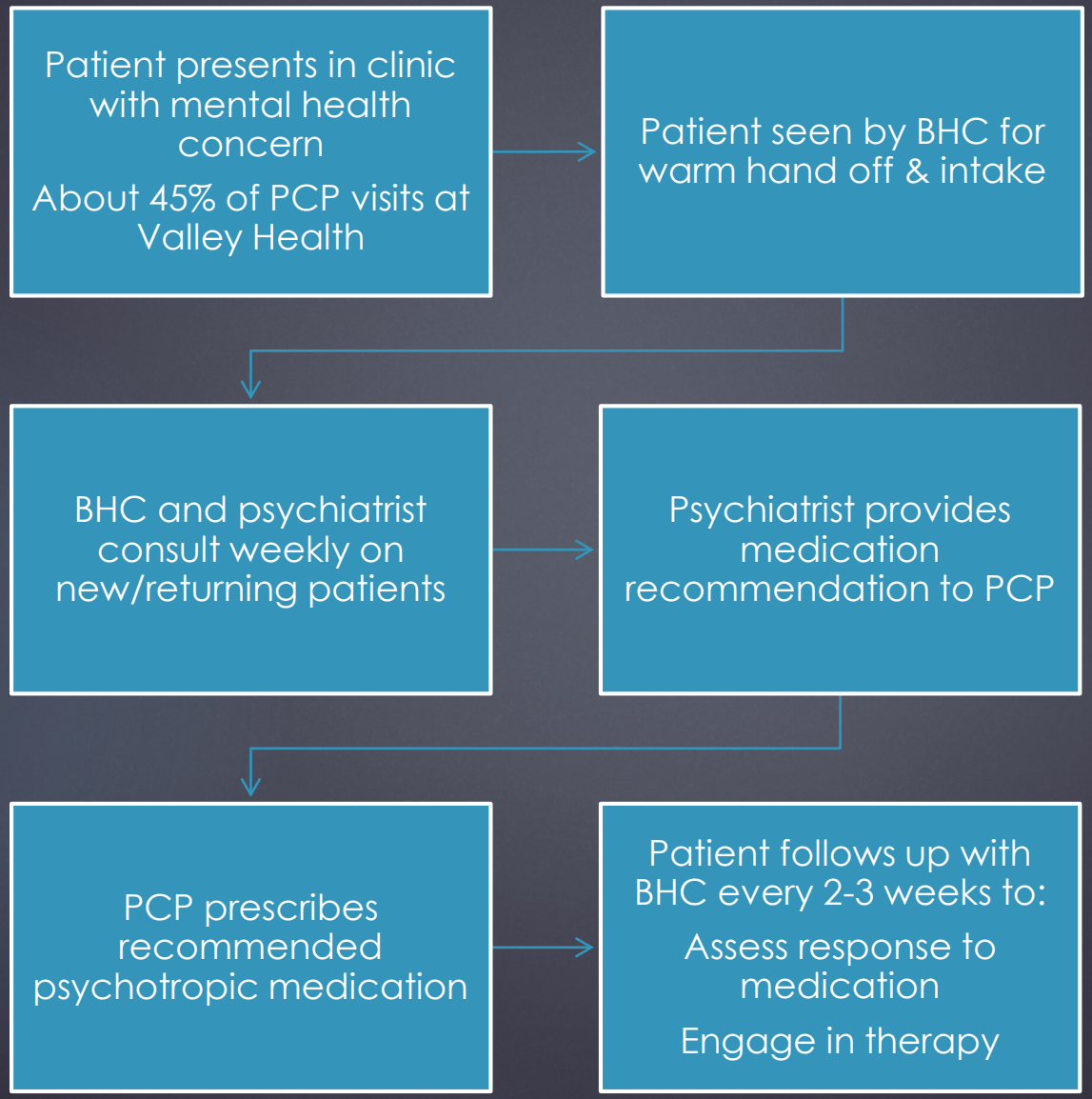
Integrated Consultation Service (ICS)



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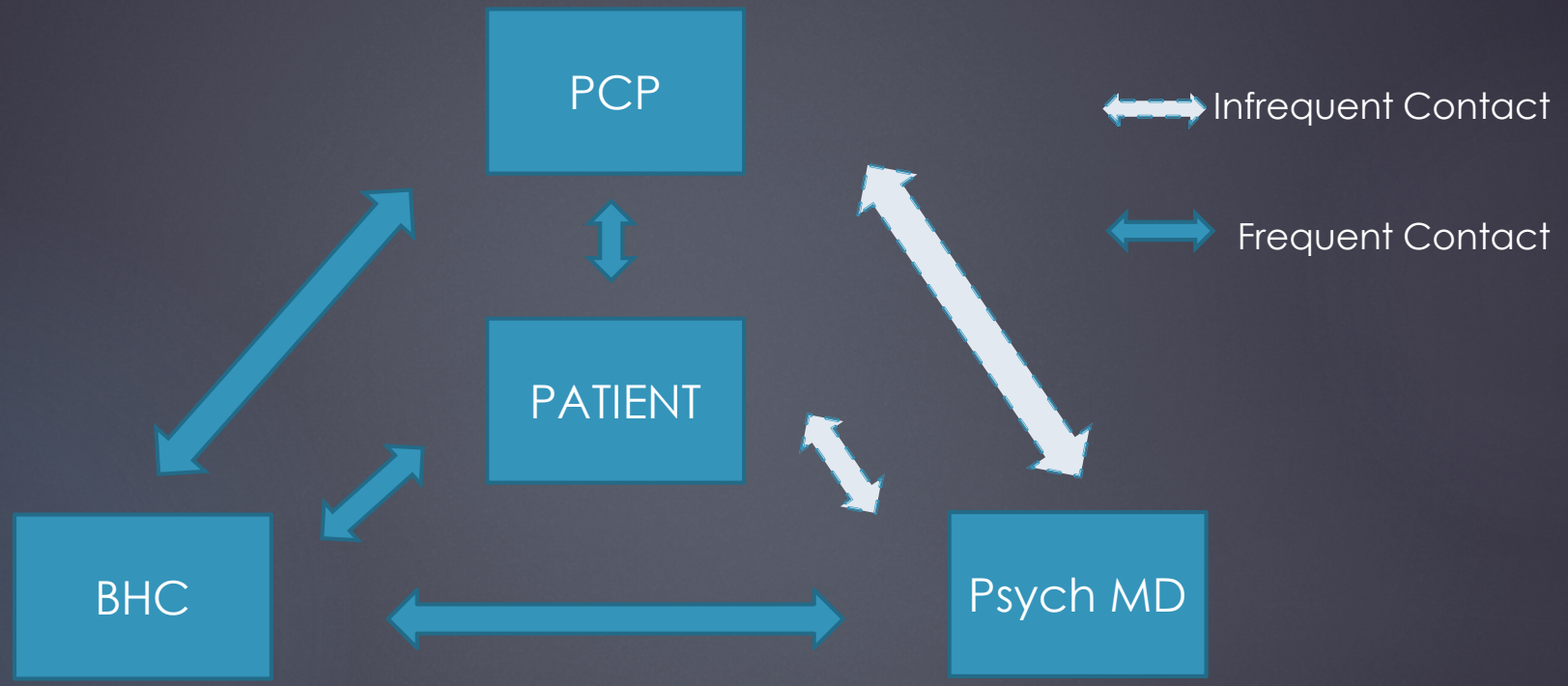
The treatment team



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Advantages of Integrating Psychiatry into IPC

- Improved access to evidence-based mental health treatment for primary care patients
- Decreasing overutilization of primary care
- Enhanced patient satisfaction with mental health & overall healthcare services
- Encourages patient participation in psychotherapy when they may not have engaged otherwise

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Advantages of Integrating Psychiatry into IPC

- Reduced PCP burnout due to collaborative approach to complex patients
- Increased competency and independence of PCP in prescribing and managing patients with mental illness
  - With each exposure to recommendations from the team, PCPs may improve their knowledge base and skills in mental health care
  - Improved comfort with managing psychiatric disorders

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Role of BHC in consult clinic

- Provide access to psychiatrist
- Serve as bridge between PCP, psychiatrist, and patient
- Provide targeted interventions to complement care from PCP and psychiatry

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How this differs from traditional IPC…

- Intakes
  - Emphasis on medical history, psychiatric family history, previous psychiatric care and psychopharmacological history
    - Utilize documents & tools to help gain a complete history of medication use
  - Frequent record requests for previous psychiatric documentation
  - Administer PHQ 9/ GAD 7 at intake
  - Explain consult services by PCP and BHP – informed consent
  - Gage appropriateness of service
  - Determine target symptoms

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Previous Psychiatric Medication Trials

ANTI-DEPRESSANT MEDICATIONS							
Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Prozac (fluoxetine)				Vivactil (protriptyline)			
Zoloft (sertraline)				Tofranil (imipramine)			
Paxil (paroxetine)				Elavil (amitriptyline)			
Celexa (citalopram)				Silenor (doxepin)			
Lexapro (escitalopram)				Surmontil (trimipramine)			
Fluvox (fluvoxamine)				Emsam/Eldepryl (selegeline)			
Effexor (venlafaxine)				Marplan (isocarboxazid)			
Cymbalta (duloxetine)				Parnate (tranylcypromine)			
Pristiq (desvenlafaxine)				Nardil (phenelzine)			
Savella (milnacipran)				Remeron (mirtazapine)			
Anafranil (clomipramine)				Viibryd (vilazodone)			
Pamelor (nortriptyline)				Wellbutrin (bupropion)			
Norpramin (desipramine)				Oleptro, Desyrl (trazodone)			
Serzone** (nefazodone)				Fetzima (Levomilnacipran)			
Trintellix* (vortioxetine)				Spravato (nasal esketamine)			

*Formerly Brintellix

**Indicates discontinued medication by FDA

MOOD STABILIZATION MEDICATIONS							
Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Lithium				Lyrica** (pregabalin)			
Depakote (Valproic Acid)				Neurontin** (gabapentin)			
Lamictal (Lamotrigine)				Zonegran** (zonisamide)			
Tegretol (carbamazepine)				Keppra** (levetiracetam)			
Trileptal (oxcarbamazepine)				Topamax ** (Topiramate)			

** indicates off label use

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ANTI-ANXIETY MEDICATIONS							
Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Buspar (buspirone)				Restoril (temazepam)			
Vistaril/Atarax (hydroxyzine)				Librium (chlordiazepoxide)			
Inderal (propranolol)				Tranxene (clorazepate)			
Xanax (alprazolam)				Valium (diazepam)			
Halcion (triazolam)				Klonopin (clonazepam)			
Serax (oxazepam)				Dalmane (flurazepam)			
Versed (midazolam)				Ativan (lorazepam)			

ALTERNATIVE TREATMENTS							
Treatment	Sessions	Benefits	Side effects	Treatment	Sessions	Benefits	Side Effects
ECT (electroconvulsive therapy/shock therapy)				TMS (transcranial magnetic stimulation)			
DBS (deep brain stimulation)				Ketamine IV infusions			

ADDICTION TREATMENT MEDICATIONS							
Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Methadone				Subutex (buprenorphine)			
Suboxone (bupe+naloxone)				Sublocade (bupe depot)			
Zubsolv (bupe+naloxone)				Bunavail (bupe+naloxone)			
Vivitrol (naloxone depot)				Lucemyra (lofexidine)			
Revia (naltrexone)				Antabuse (disulfiram)			
Campral (acamprosate)				Chantix (varenicline)			

SLEEP MEDICATIONS							
Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Ambien (zolpidem)				Melatonin			
Lunesta (eszopiclone)				Clonidine			
Sonata (zaleplon)				Prazosin			
Rozarem (ramelteon)				Belsomra (suvorexant)			

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ANTI-PSYCHOTIC MEDICATIONS

Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Thorazine (chlorpromazine)				Invega (paliperidone)			
Melaril (Thioridazine)				Fanapt (iloperidone)			
Stelazine (trifluperazine)				Latuda (lurasidone)			
Prolixin (fluphenazine)				Abilify (aripiprazole)			
Navane (thiothixene)				Clozaril (clozapine)			
Haldol (haloperidol)				Zyprexa (olanzapine)			
Loxitane (loxapine)				Seroquel (quetiapine)			
Moban (Molindone)				Saphris (asenapine)			
Risperdal (risperidone)				Geodon (ziprasidone)			
Rexulti (brexpiprazole)				Vraylar (cariprazine)			
Long acting injectables	Haldol Decanoate, Prolixin, Risperdal Consta, Invega Sustenna, Invega Trinza, Zyprexa Relprevv, Abilify Maintena, Aristrada						

ADHD MEDICATIONS

Medication	Duration/Dosage	Benefits	Side Effects	Medication	Duration/Dosage	Benefits	Side Effects
Strattera (atomoxetine)				Focalin XR			
Provigil ** (modafanil)				Metadate CD			
Nuvigil ** (armodafinil)				Ritalin LA			
Ritalin				Dextrostat			
Focalin				Liquadd			
Methylin				Desoxyn			
Methylin CT				Adderall			
Ritalin SR				Adderall XR			
Metadate ER				Vyvanse			
Methylin ER				Dexadrine			
Concerta				Kapvay/Catapres (Clonidine)			
Daytrana Patch				Intuniv/Tenex (Guanfacine)			
Quillichew				Adzvenzys			
Quillivant				Procentra			
Aptensio XR				Mydayis			
Evekeo				Zenzedi			

ANT-DEMENTIA MEDICATIONS

Medication	Dosage/Duration	Benefits	Side Effects	Medication	Dosage/Duration	Benefits	Side Effects
Aricept (donepezil)				Cognex (tacrine)			
Razadyne (galantamine)				Namenda (memantine)			
Exelon (rivastigmine)							

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How this differs from traditional IPC…

- Follow-up sessions
  - Increased focus on medication efficacy & side effects
  - Administer PHQ 9/ GAD 7 at every appointment
  - Ethically appropriate psychoeducation re: medication
  - Frequent consultation with other team members about medication and adherence to regimen
  - Address any barriers to adherence to visits or medications with patient
  - Obtain any requested information from other treatment providers (i.e. additional history, questions re: family history and/or previous treatment)

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Why would a PCP want this?

- Access to traditional psychiatry is limited
- Evidence-based
- Helps their patients
- Encourages patient participation in psychotherapy, when they may not have otherwise engaged with BHC
- Helps reduce PCP burnout
- Builds confidence/knowledge base
  - Support of behavioral health team
- Very minimal change in their workflow

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Keys for success…

1. Administrative buy-in and support
2. PCP
   - Willingness to learn about management of BH disorders
   - Comfortable with prescribing psychotropic meds under guidance of psychiatrist
   - Respond promptly to psychiatry med recommendations
     - E.g. call in medications ASAP, so patient can begin taking prior to next BH f/u
   - Willingness to accept BH team into workflow

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Keys for success…

3. BHC
   - Knowledge of psychotropic medications & ability to ask about and know common side effects to report back to psychiatrist
   - Flexible & efficient
   - Identify primary care patients who may benefit from this service
   - Support PCP—this is new for most
   - Proactive about treatment response
   - Alert psychiatrist/PCP when patient is not doing well
   - Support medication management
   - Encourage use of this service with PCPs, nurses, patients
   - Use of brief interventions targeted at symptom reduction

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Keys for success…

4. Psychiatrist
   - Comfortable recommending medications without seeing patient face-to-face
   - Flexible, available, open to interruptions
     - Differs from traditional psychiatry
   - Team oriented
   - Supportive of psychotherapy goals & interventions
   - Educator
   - Champion of the model to other psychiatric providers

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It works!

- Piloted initially in one of our sites
- Rolled out to all 38 locations earlier this year for patients ages 13 and above
  - 5 BHCs and 1 psychiatrist managing this caseload
- Treated 212 patients since 11/3/2017
  - Currently 45 active patients, 167 "discharged" for various reasons:
    - 37 "cured"
      - Discharged back to PCP for ongoing medication management
      - Significant symptom reduction, improvement in objective measure scores, improved functioning
    - **20** absorbed by psychiatry into caseload
    - 11 one-time consults
    - 98 LTFU

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It works!

- Average decrease in PHQ-9 scores: -24%
- Average decrease in GAD-7 scores: -29%
  - Includes patients LTFU or transferred to psychiatry
- Average time for PCP to receive medication recommendation from psychiatrist:
  - 4.5 days
- Average wait list for psychiatry at Valley Health:
  - 3-6 months
- Average number of visits with BHC:
  - 3 sessions

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What we've learned…

- PCP resistance
  - Offer additional support
    - Phone calls/direct communication with psychiatrist
  - Conjoint BHC/PCP visits
- Breakdown in communication
  - EHR task system
  - Face-to-face communication
  - Weekly huddles
- Patients that may not benefit from this model of care
- Patient barriers and engagement in ICS model

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Questions?

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Session Survey

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

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