



AIMS CENTER

W UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Collaborative Care: Evidence-Based Mental Health Care in Primary Care Settings

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Disclosures

- **Consulting Psychiatrist Contract, Community Health Plan of Washington**
- **Supported from contracts and grants to the AIMS Center at the University of Washington**





Lexicon of Integrated Care Terms



Adapted from: Peek, CJ - A family tree of related terms used in behavioral health and primary care integration.

<http://integrationacademy.ahrq.gov/lexicon>





Daniel





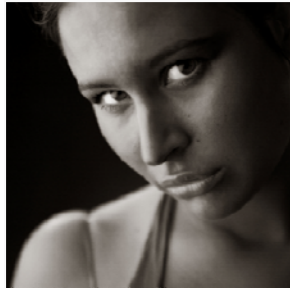
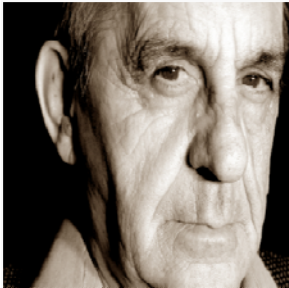
Mental health disorders are common – who gets treatment?





The other 9 patients.

No Treatment



Primary Care Provider



Mental Health Provider



Why not just refer?

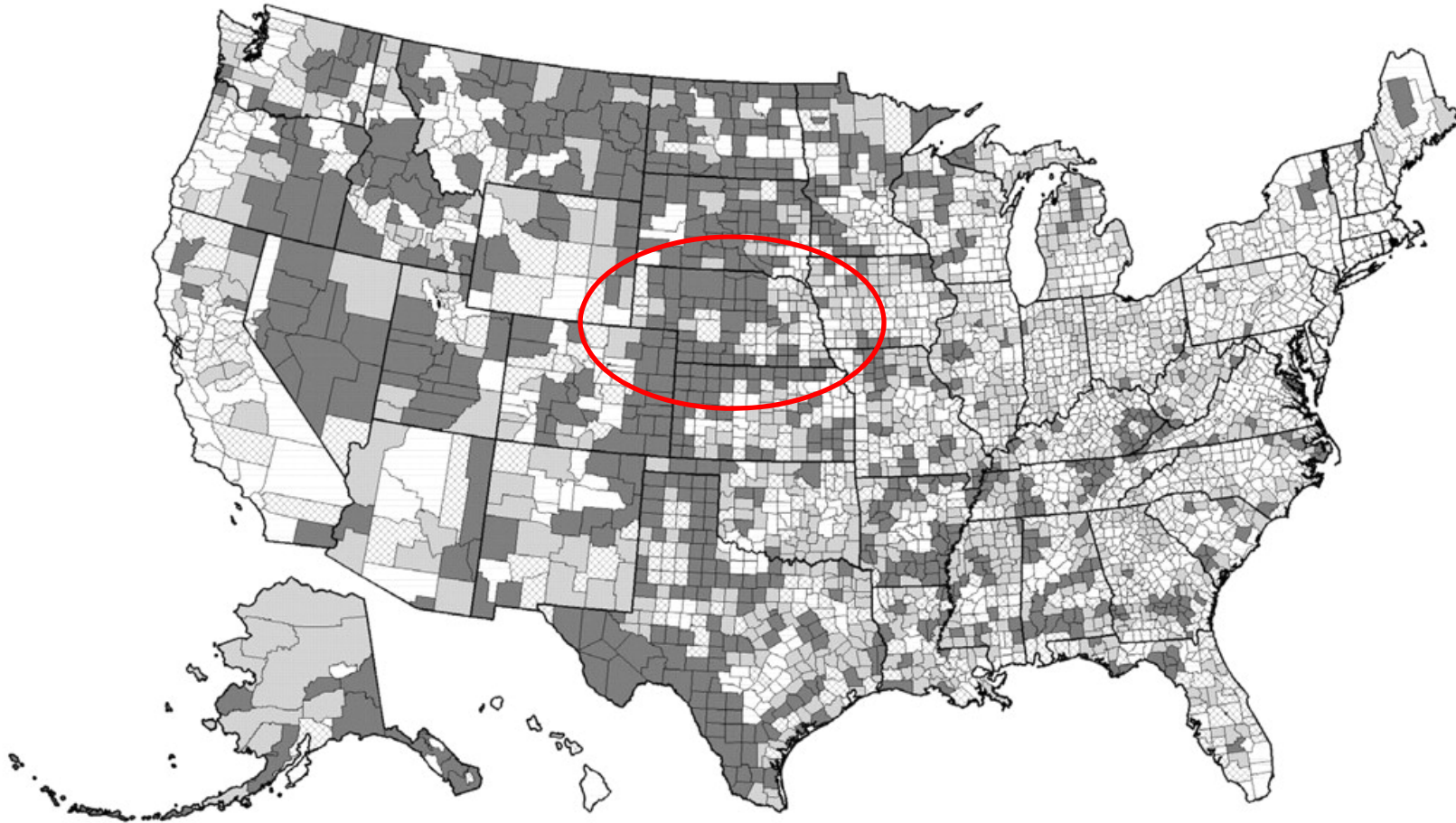
1/2 do not follow through

2 visit mean





Why not just refer?



1 in 5: unmet need for non-prescribers
96%: unmet need for prescribers





Evidence Based Integrated Care: Collaborative Care



Primary Care Practice with Mental Health Care Manager



Outcome Measures



Treatment Protocols



Population Registry



Psychiatric Consultation

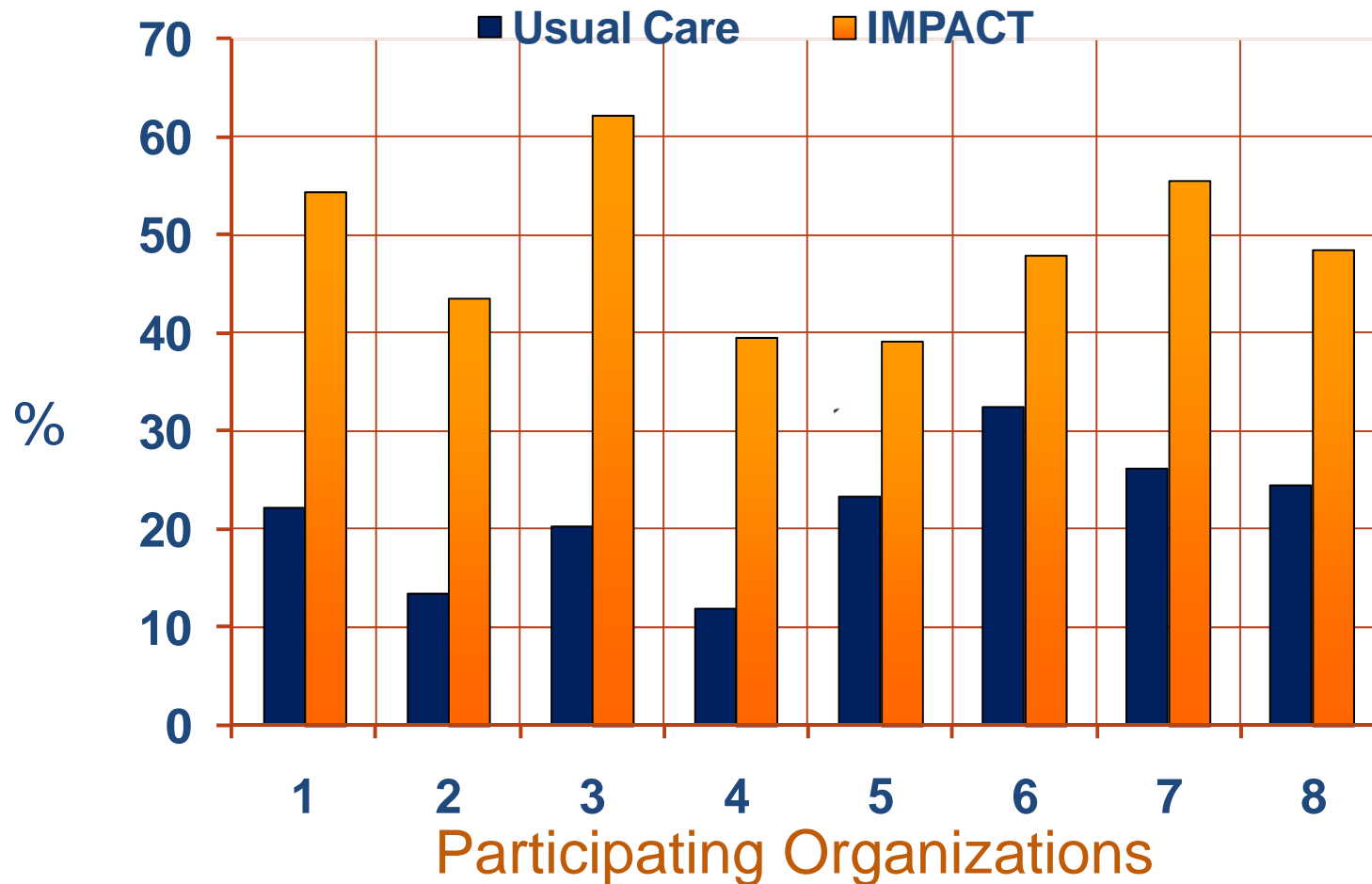




Doubles Effectiveness of Care for Depression



50 % or greater improvement in depression at 12 months



Unützer et al., JAMA 2002; Psych Clin North America 2004

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IMPACT reduces health care costs

ROI: \$ 6.5 saved / \$ 1 invested

Cost Category	4-year costs in \$	Intervention group cost in \$	Usual care group cost in \$	Difference in \$
IMPACT program cost		522	0	522
Outpatient mental health costs	661	558	767	-210
Pharmacy costs	7,284	6,942	7,636	-694
Other outpatient costs	14,306	14,160	14,456	-296
Inpatient medical costs	8,452	7,179	9,757	-2578
Inpatient mental health / substance abuse costs	114	61	169	-108
Total health care cost	31,082	29,422	32,785	-\$3363

Savings



ROI
\$6.50: \$1

Unützer et al., *Am J Managed Care* 2008.

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IMPACT: Summary



- 1) **Improved Outcomes:**
 - Less depression
 - Less physical pain
 - Better functioning
 - Higher quality of life
- 2) **Greater patient and provider satisfaction**
- 3) **More cost-effective**



→ **THE TRIPLE
AIM**

“I got my life back”



Collaborative Care: The Research Evidence

- Now over 80 Randomized Controlled Trials (RCTs)
 - Meta analysis of collaborative care (CC) for depression in primary care (US and Europe)
→ Consistently more effective than usual care
- Since 2006, several additional RCTs in new populations and for other common mental disorders
 - Including anxiety disorders, PTSD





Daniel's Story





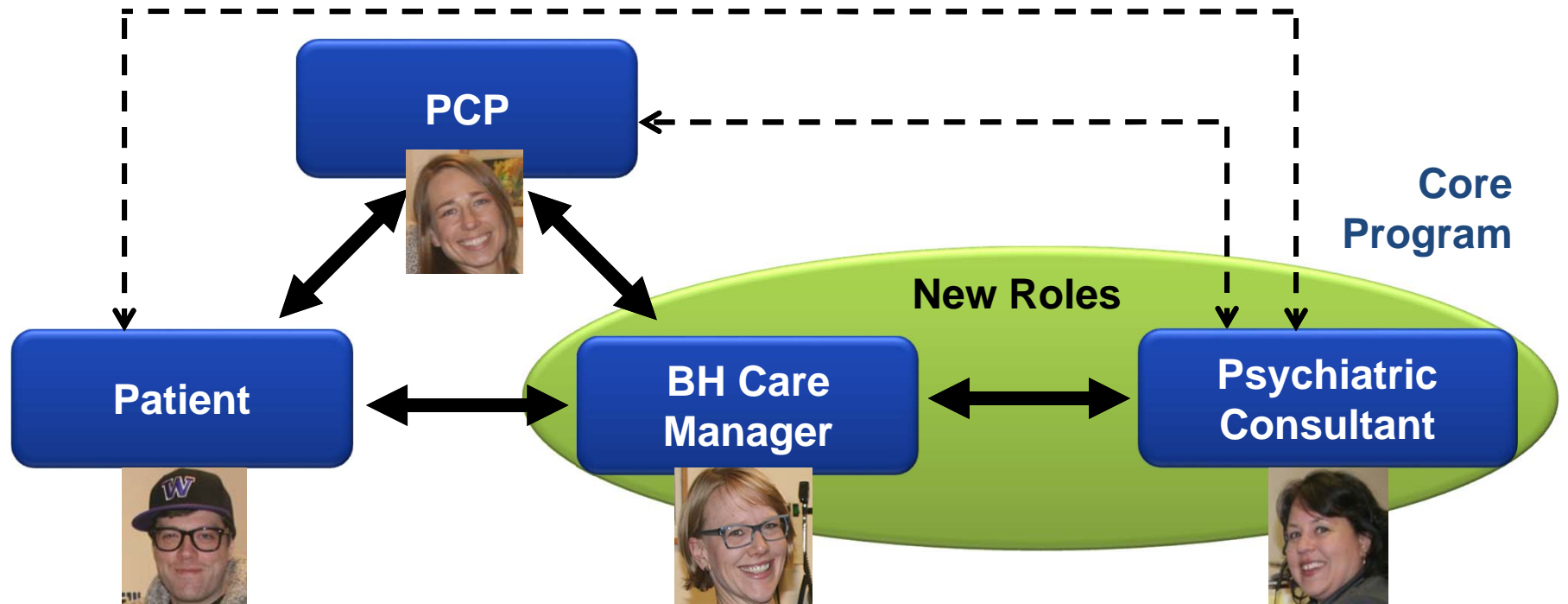
Daniel and Angel





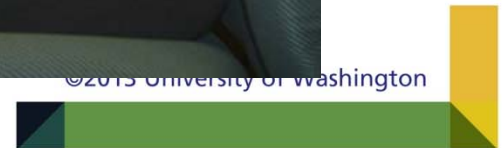
Principle 1:

Patient Centered Team Care





Daniel and Annie





Principle 2:

Population Based Treatment

Patient ▾ Caseload ▾ Program ▾ Tools ▾ Logout Search Patient :

CURRENT PATIENTS

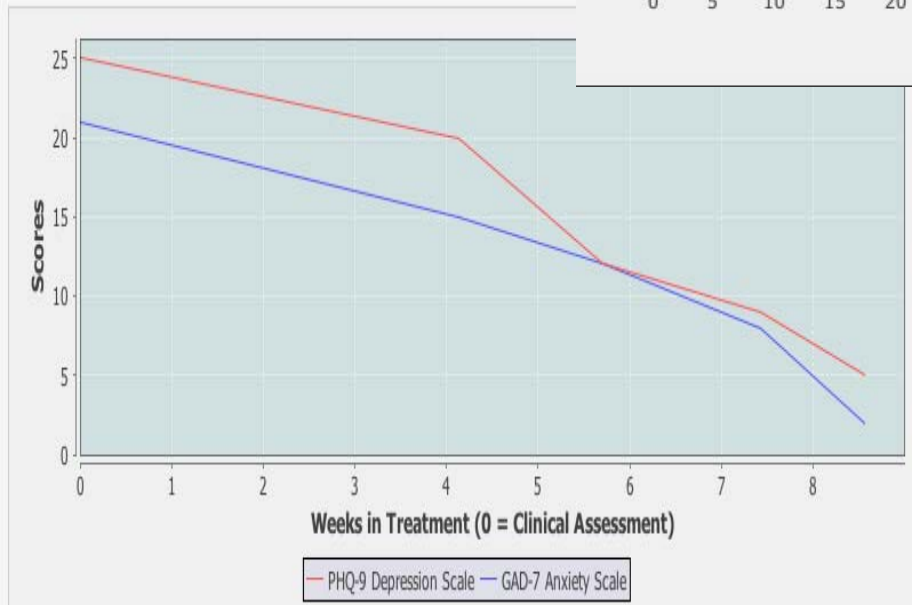
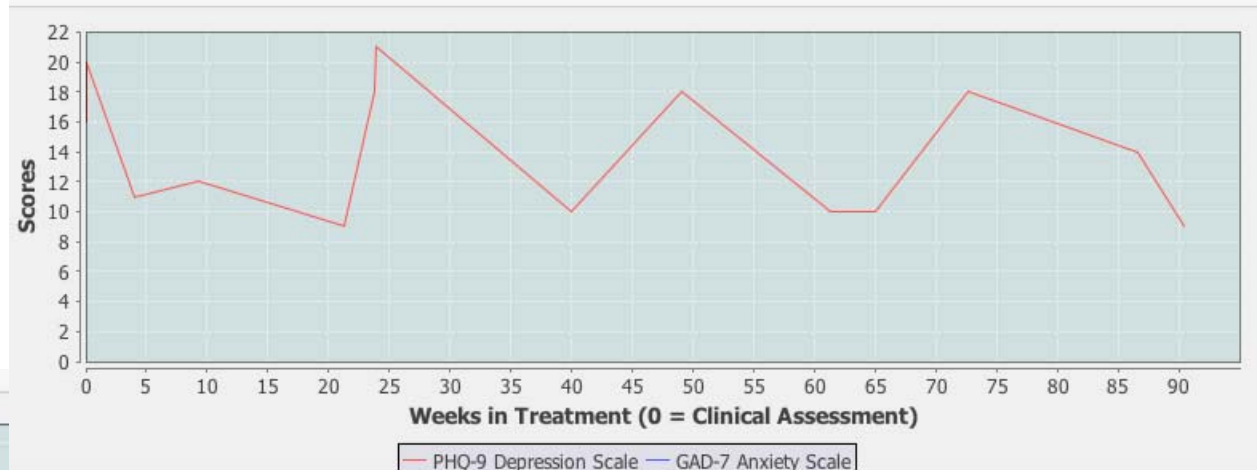


FLAGS	MHITS ID	POPULATION	ENROLLMENT DATE	STATUS	CLINICAL ASSESSMENT			# OF SESSIONS	WKS IN TX	LAST FOLLOW UP CONTACT				
					DATE	PHQ -9	GAD -7			DATE	PHQ -9	DEP IMPR	GAD -7	ANX IMPR
👍👍	000279	U	7/24/2012	L1	7/24/2012			2	32	7/24/2012	17	🟡		
👍👍	000258	F	6/18/2012	L1	3/18/2012	9		2	50	5/18/2012	17	🟡		
👍👍	000114	G	10/18/2010	L2R	1/18/2011	6		6	111	8/27/2012	17*	🟡		
👍👍	000156	S	1/25/2012	L1	11/25/2011		18	5	66	4/17/2012	17	🟡	14*	🟡
👍👍	000245	V	6/14/2012	L1	7/15/2012			2	33	7/23/2012	14	🟡		
👍👍	000127	UV	5/1/2012	L1	6/14/2012	12	12	5	37	1/9/2013	13*	🟡	10	🟡
👍👍	000218	G	4/3/2012	L1	4/6/2012			4	47	5/15/2012	12	🟡		
👍👍	000142	O	1/12/2012	L1	1/12/2012			2	59	2/27/2012	12	🟡		
👍👍	000277	U	6/8/2012	L1	6/8/2012	9		2	38	6/30/2012	10	🟡		
👍👍	000210	T	3/27/2012	L1	1/1/2012	25	19	9	61	6/13/2012	9	🟢	6	🟢
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👍👍	000227	UP	4/3/2012	L1	5/18/2012			1	41					



Principle 3:

Measurement Based Treatment To Target



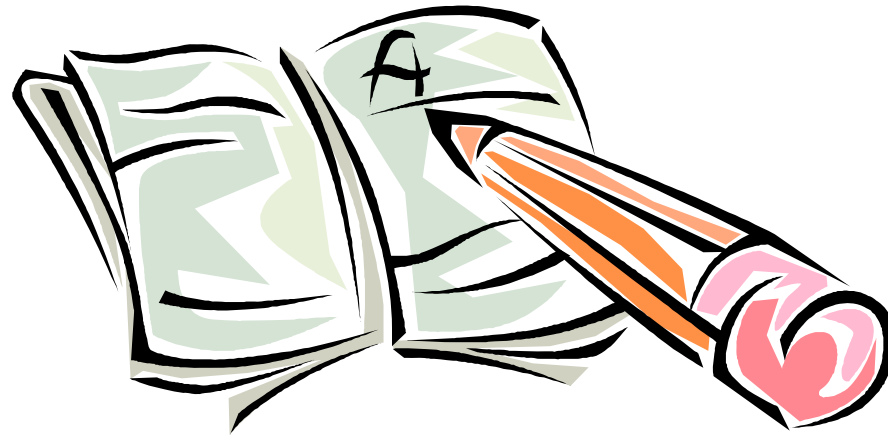


Daniel and Anna





Principle 4: Evidence-Based Treatment





STAR-D Summary

Level 1: Citalopram
~30% in remission

Level 2: Switch or Augmentation
~50% in remission

<http://aims.uw.edu/>

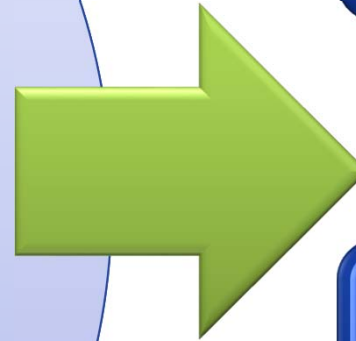
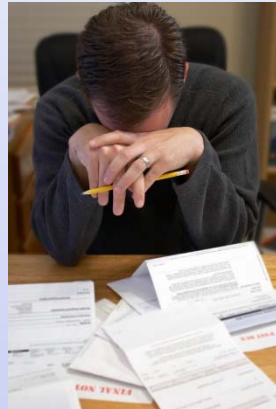
Level 3: Switch or Augmentation
~60% in remission

Level 4: Stop meds and start new
~70% in remission



Problem-Solving Treatment (PST):

UNIVERSE OF PROBLEMS



FAST

- Engage patient in what they care most about

FOCUS ATTENTION

- Training brain to solve problems



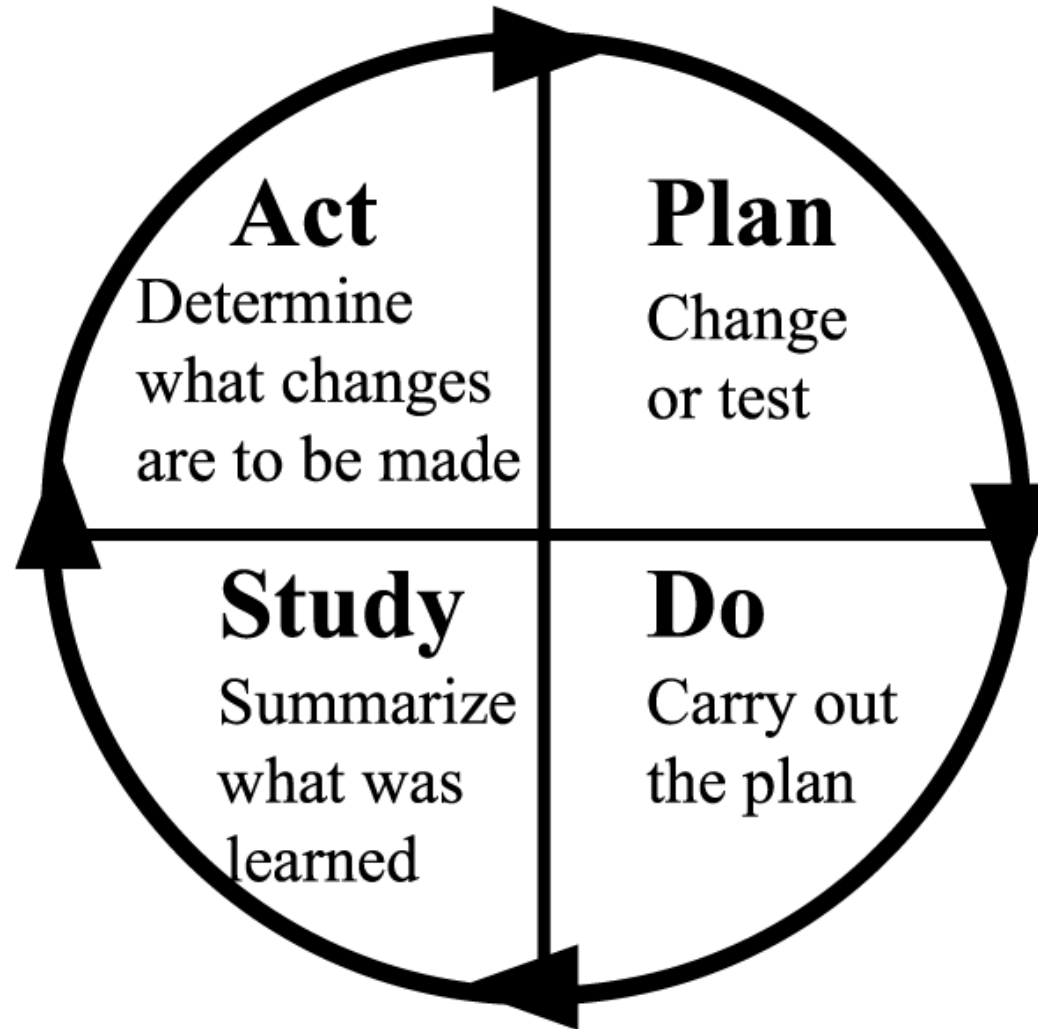


Principle 5: Accountable Care





PDSA



Source: Langley *et al.* (1996)





Patient ▾ Caseload ▾ Program ▾ Tools ▾ Logout Hello, Jurgen (unutzer)

[\(Switch to Clinic-stat\)](#)

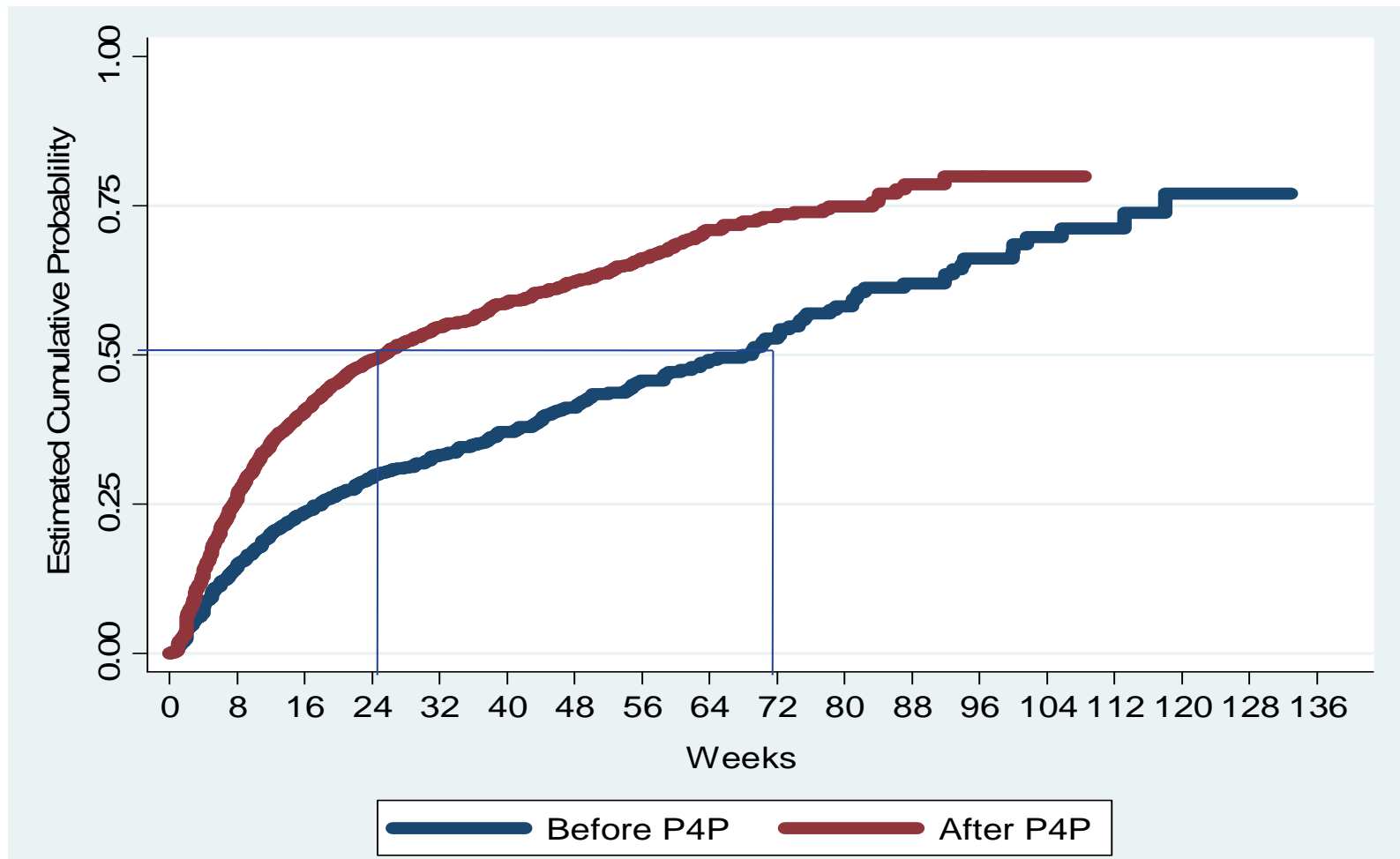
CASELOAD STATISTICS L1

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Pl:



Pay-for-performance cuts median time to depression treatment response in half.



Unützer et al. 2012.



How well does it work in the 'real world'?

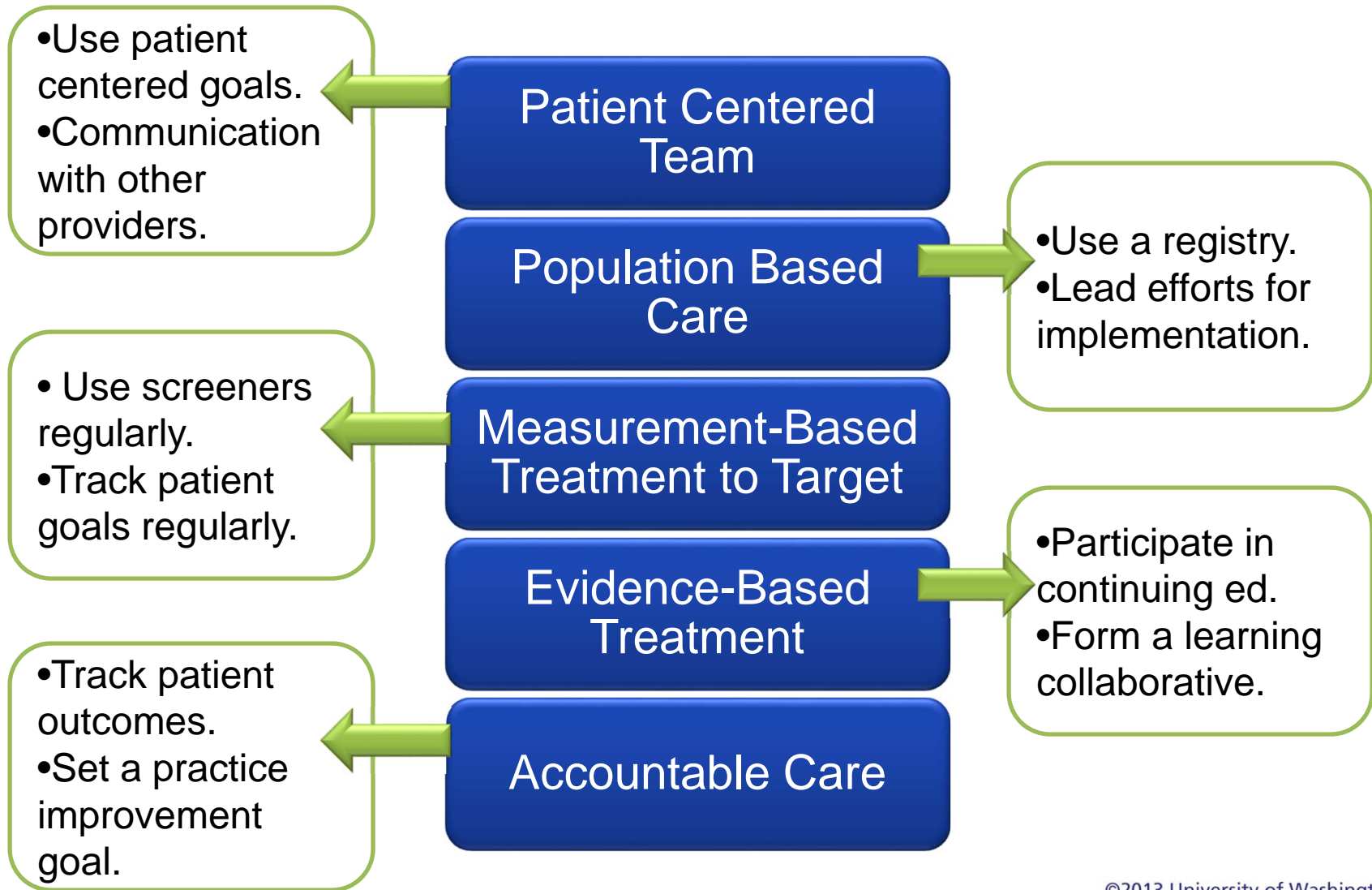
% with tx response: ≥ 50 % improvement in PHQ-9

Sample		
<u>RESEARCH (RCTs)</u>	USUAL CARE	COLLABORATIVE CARE INTERVENTION
Insured, middle aged (GHC) Katon et al, 1995, 1997	40%	70%
Older adults with chronic medical illnesses (IMPACT) Unutzer et al, 2002	19%	49%
<u>'REAL WORLD'</u>	BASELINE	COLLABORATIVE CARE FULLY IMPLEMENTED
UW Medicine BHIP (insured)	43%	71%
WA State MHIP (safety net)	24%	46%





Menu of Inspiration Options





Daniel's Mom

“Just watching and seeing the difference it made ...I believe it it's made all the difference for him.”



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