

# The ABCs of Health Care Reform:

Practical Strategies for Integrating Mental Health Care in Primary Care



# The ABCs of Health Care Reform

## Practical Strategies for Integrating Mental Health Care in Primary Care



### **Jan Zieren, DO, MPH, FACOFP<sub>dist</sub>**

- Associate Professor of Family Medicine
- Lincoln Memorial University - DeBusk College of Osteopathic Medicine

*In 2012, after more than thirty years of practicing in a busy urban family medicine clinic and precepting medical students, Dr. Zieren shifted gears to academic osteopathic medical education and practice in a rural setting. Her experiences as a physician, health policy fellow, preceptor/professor and leader in local, state and national organizations enable her to meaningfully address the challenge of integrating mental health care into primary care practice.*

# The ABCs of Health Care Reform

## Practical Strategies for Integrating Mental Health Care in Primary Care



### **Nzinga A. Harrison, MD**

- Chief Medical Officer, Anka Behavioral Health, Inc.
- Clinical Adjunct Faculty, Morehouse School of Medicine

*A well-respected physician, administrator and educator, Dr. Harrison is an expert dedicated to providing education and support to the public, allied health professionals, physicians, and healthcare organizations about addictive and other psychiatric disorders, integrated health care and organizational efficiency and sustainability.*

# The ABCs of Health Care Reform

## Practical Strategies for Integrating Mental Health Care in Primary Care

Three Part Series presenting **PRACTICAL STRATEGIES** for integration of behavioral health in primary care

*Part One:*      **A**ccess to Integrated Care

*Part Two:*      **B**arriers to Integrated Care

*Part Three:*    **C**ost-Effective Integrated Care

# Learning Objectives

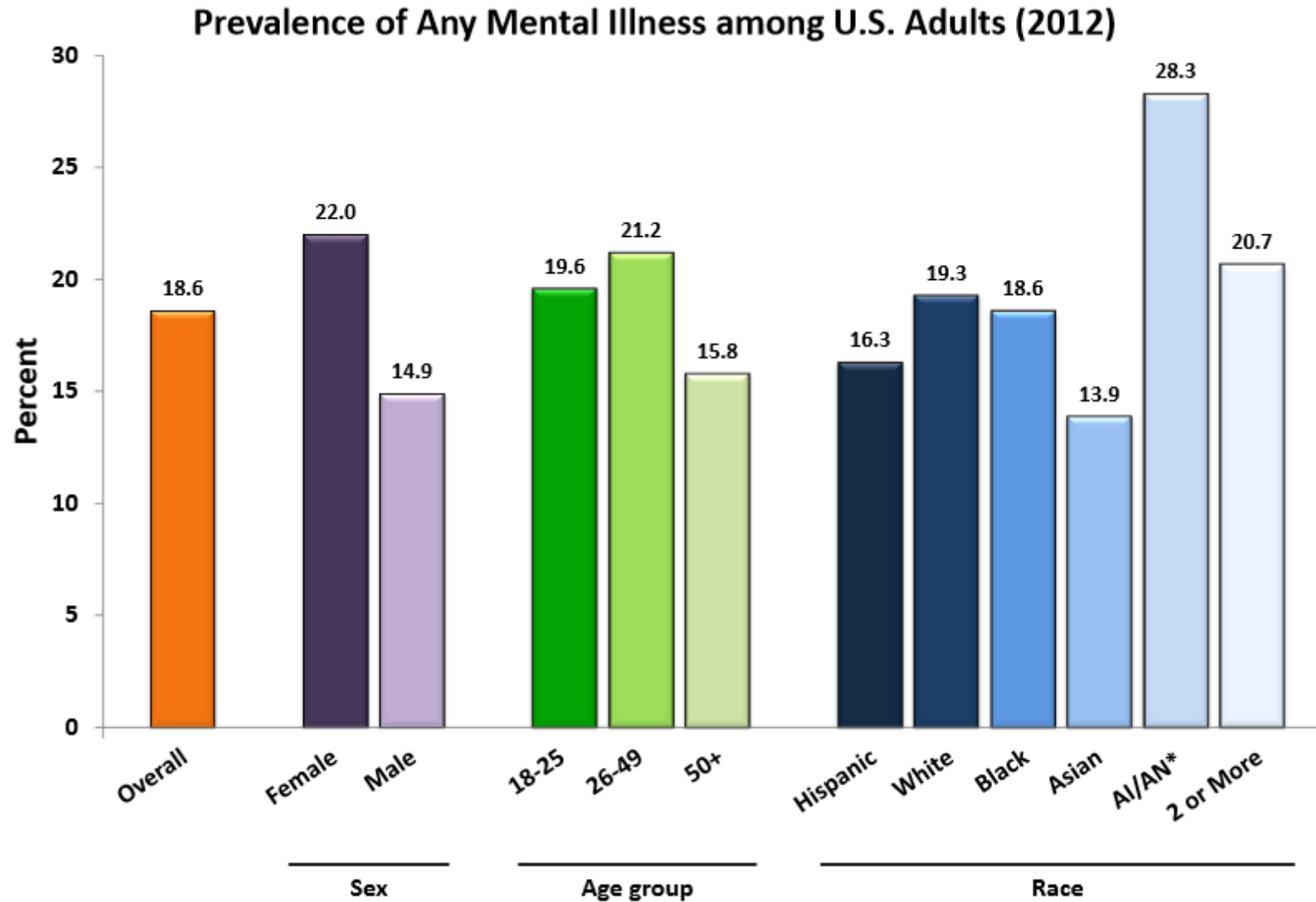
*Upon completion of Part 1, you will be able to:*

1. Describe the prevalence of mental health disorders in rural primary care settings.
2. Assess barriers to identifying mental health disorders in the rural primary care setting.
3. Describe how ACA requirements affect mental health treatment in primary care.
4. Implement the use of standardized screening tools for depression, anxiety and substance use disorders in your practice.

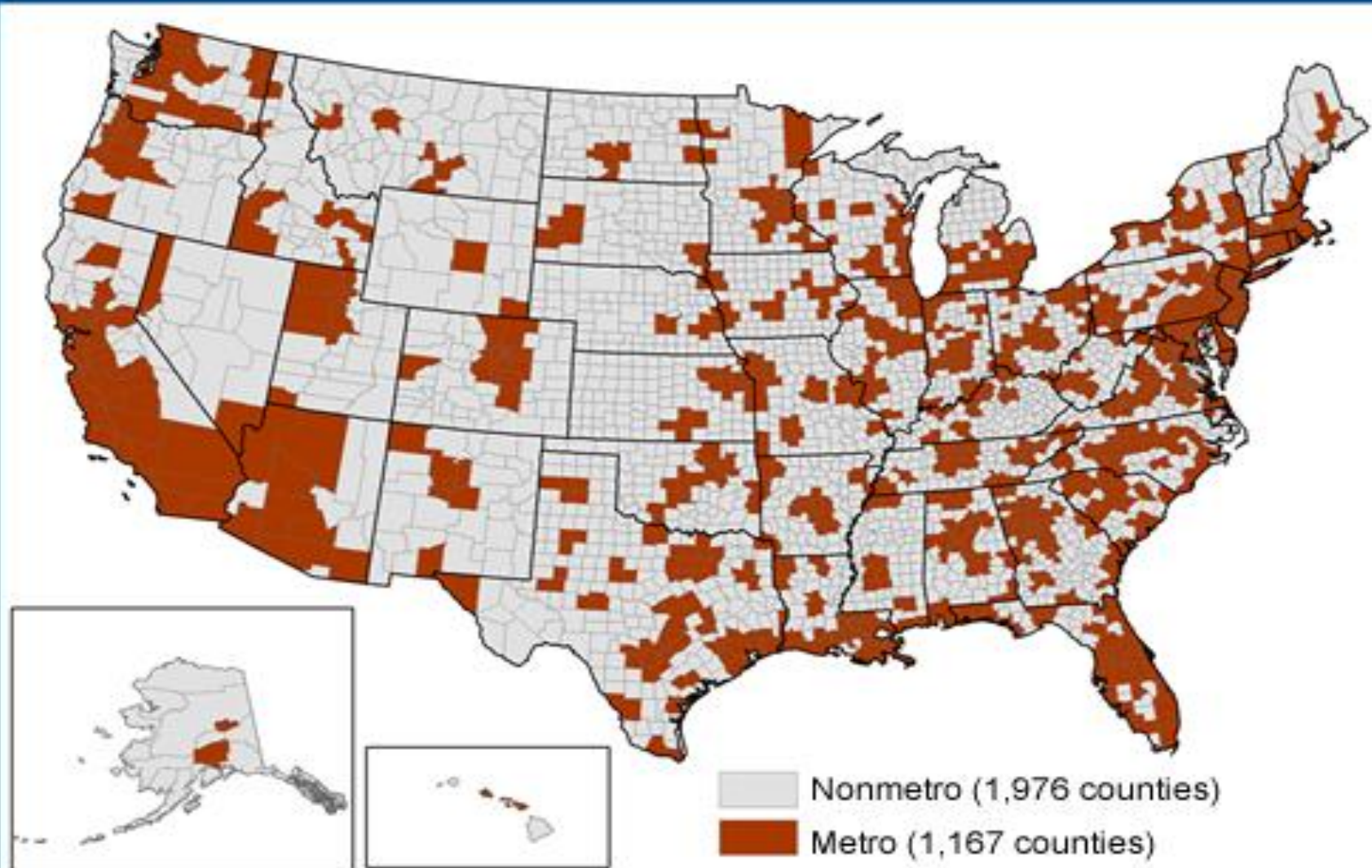


# MENTAL HEALTH AND PREVALENCE





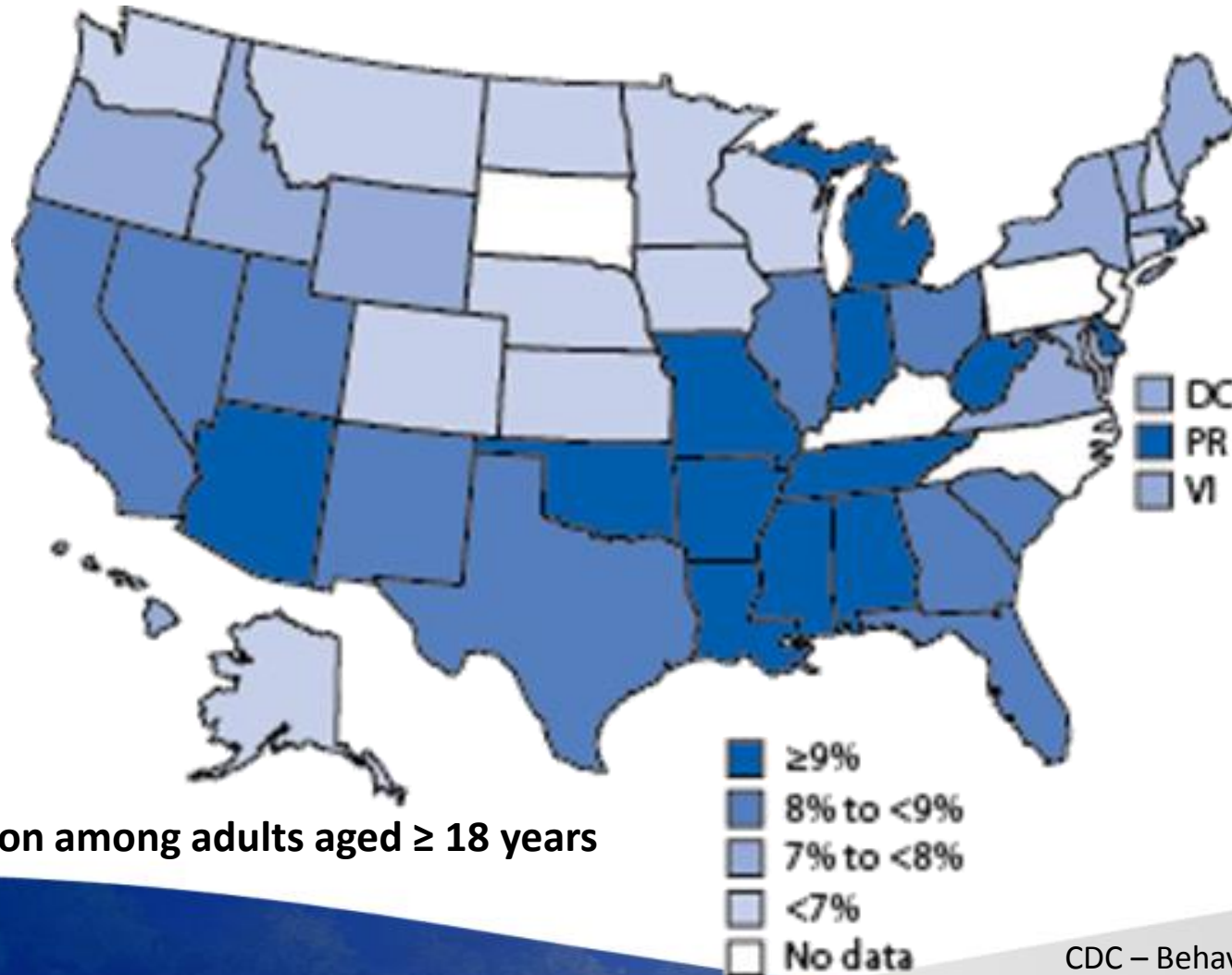
### Metro and nonmetro counties, 2013



Source: USDA, Economic Research Service using data from the U.S. Census Bureau.

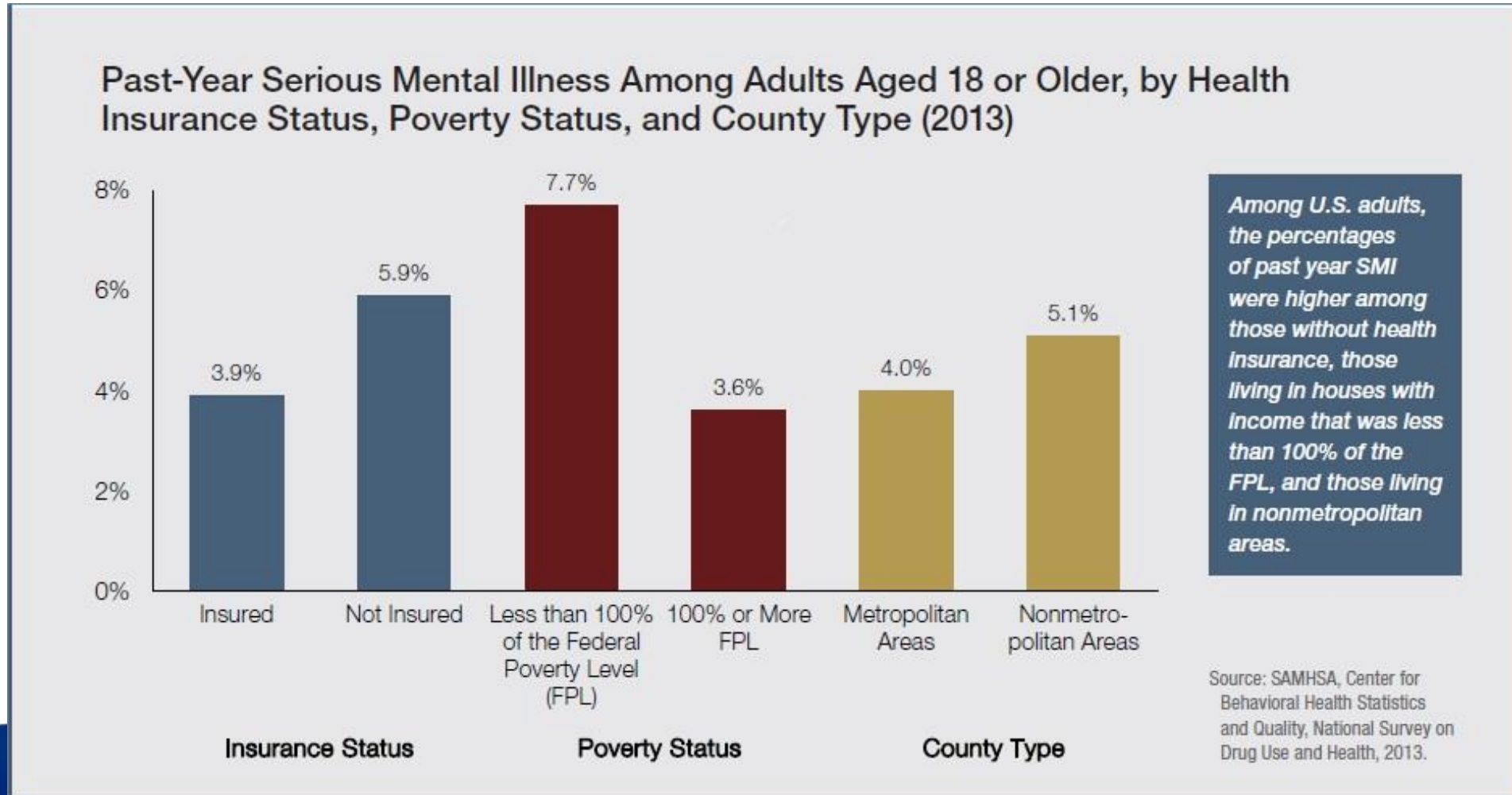


# Mental Health in the United States



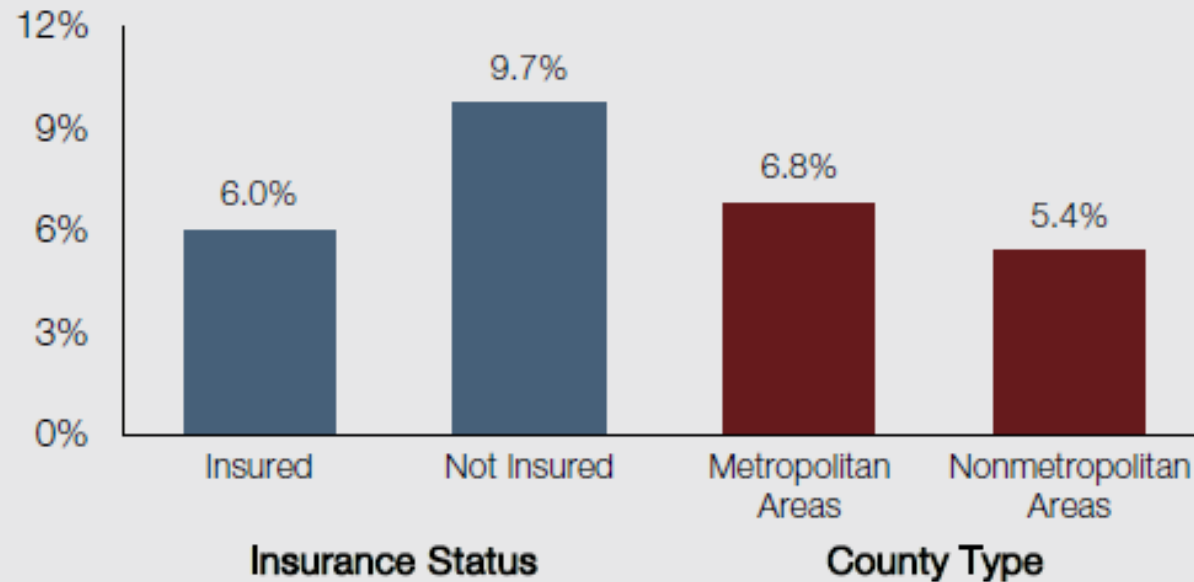
Prevalence of current depression among adults aged  $\geq 18$  years

# Mental Health in Nonmetropolitan Areas



# Alcohol Use Disorders in Nonmetropolitan Areas

Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older, by County Type and Health Insurance Status (2013)



*In 2013, percentages of alcohol dependence or abuse were higher among those who lived in metropolitan areas and among those without health insurance.*

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

# THE ABCs OF HEALTH CARE REFORM

INTEGRATING MENTAL HEALTH CARE IN PRIMARY CARE

## ADDRESSING THE ISSUES

- ☐ **ACCESS**
  - ☐ **AVAILABILITY**
  - ☐ **AFFORDABILITY**
  - ☐ **ACCEPTABILITY**
  - ☐ **AWARENESS**
- 



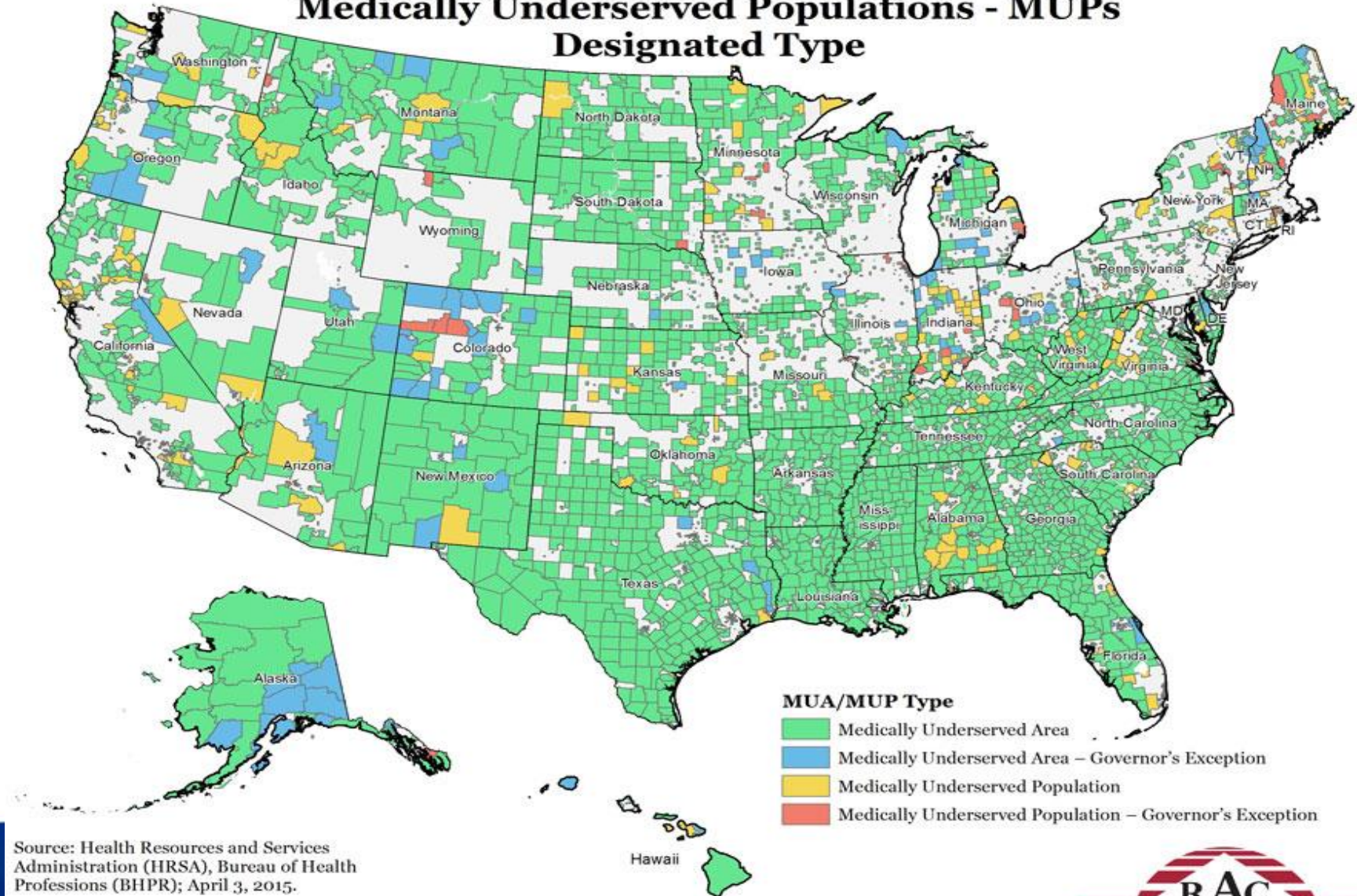
Rural

Underserved

Limited  
Access



## Medically Underserved Areas - MUAs and Medically Underserved Populations - MUPs Designated Type

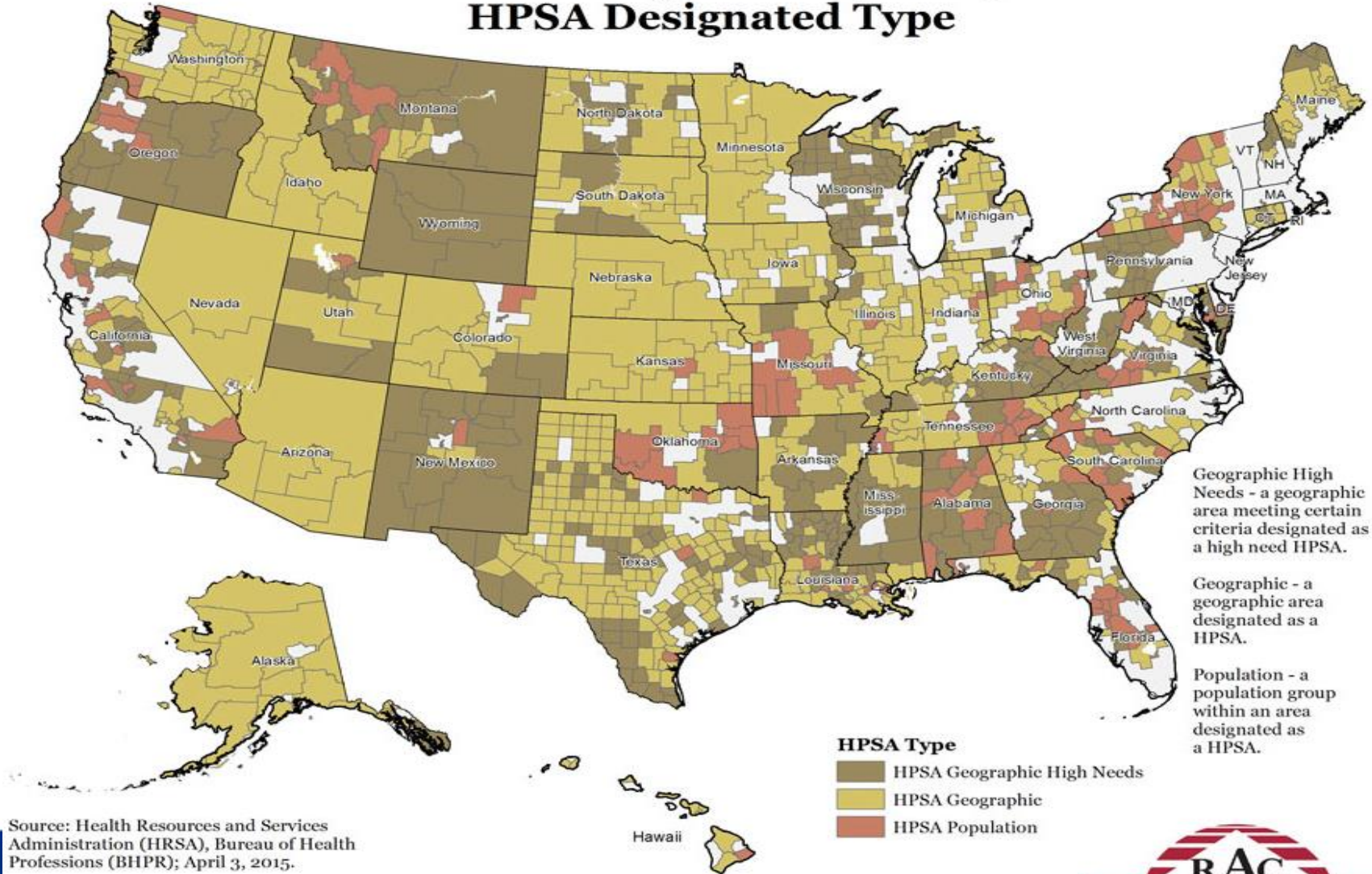


Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); April 3, 2015.

Note: Alaska and Hawaii not shown to scale



## Health Professional Shortage Areas (HPSA) - Mental Health HPSA Designated Type

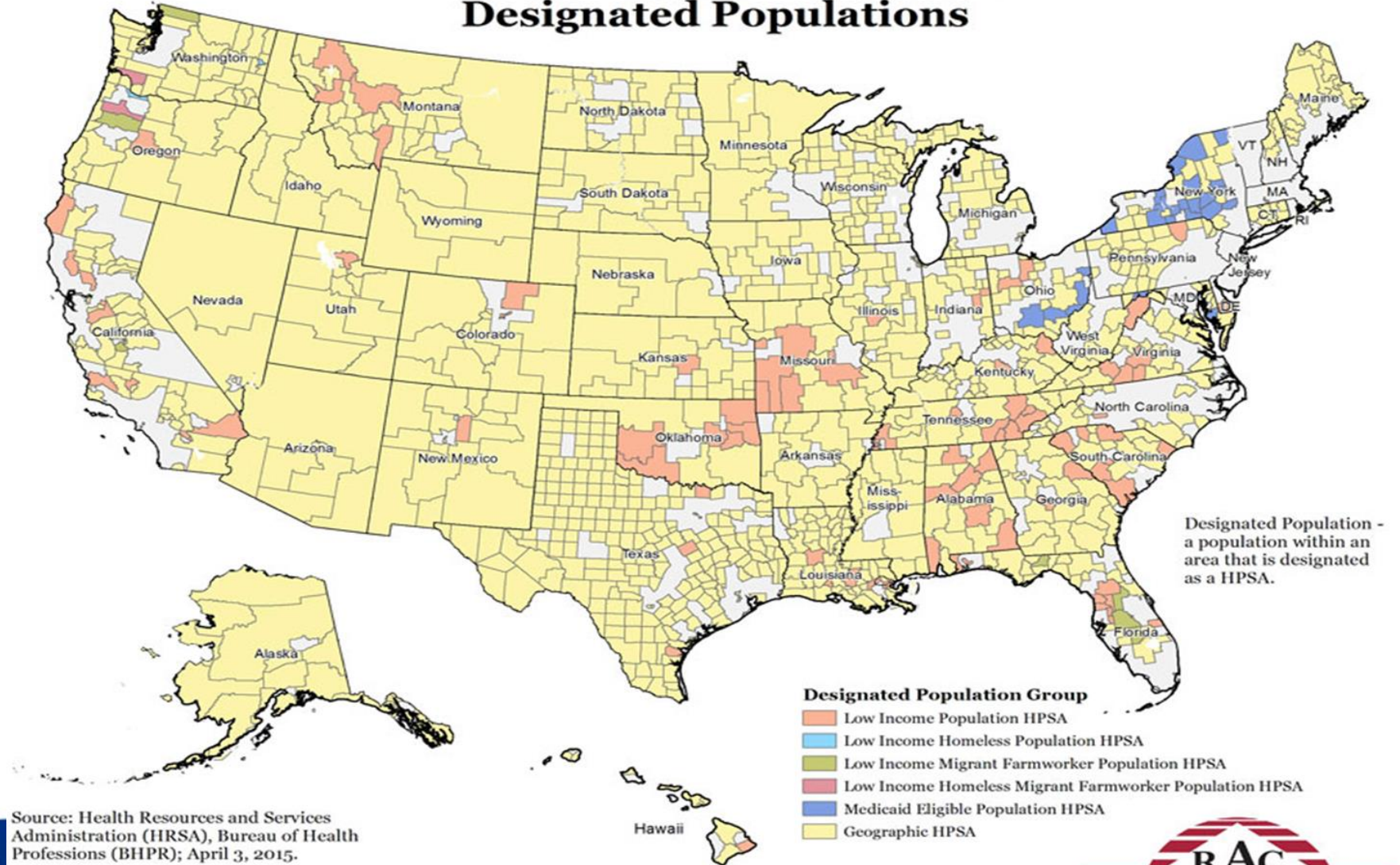


Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); April 3, 2015.

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## Health Professional Shortage Areas (HPSA) - Mental Health Designated Populations



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# ADDRESSING THE ISSUES



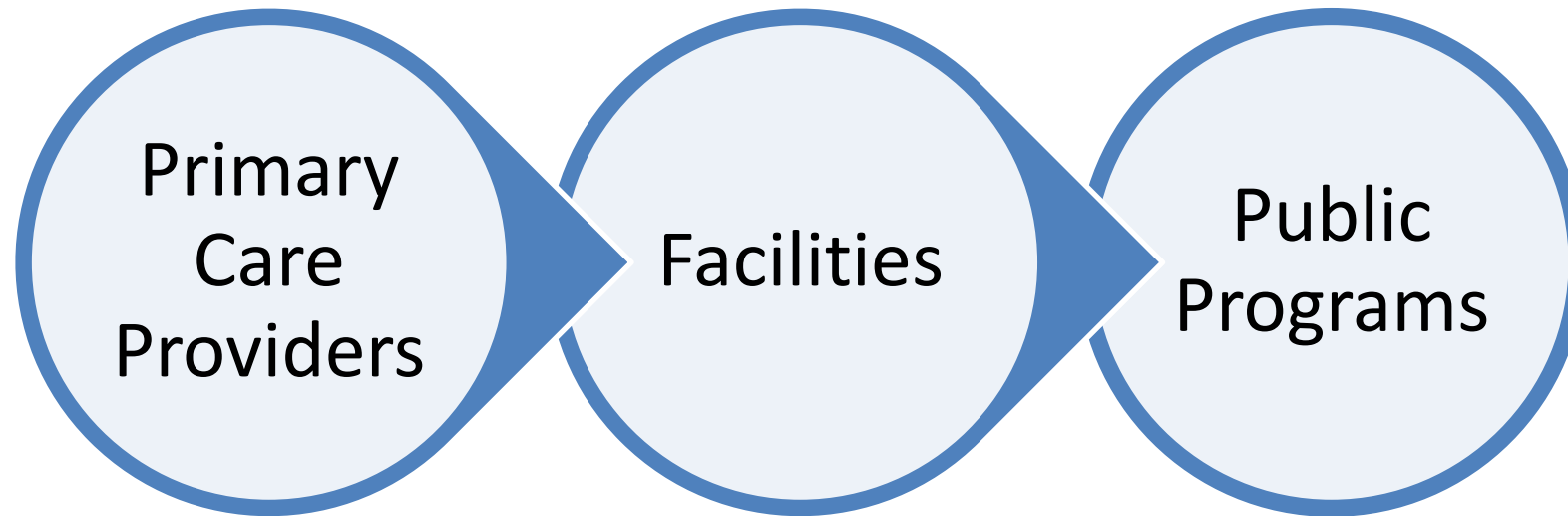
**AVAILABILITY**

**PROVIDERS**

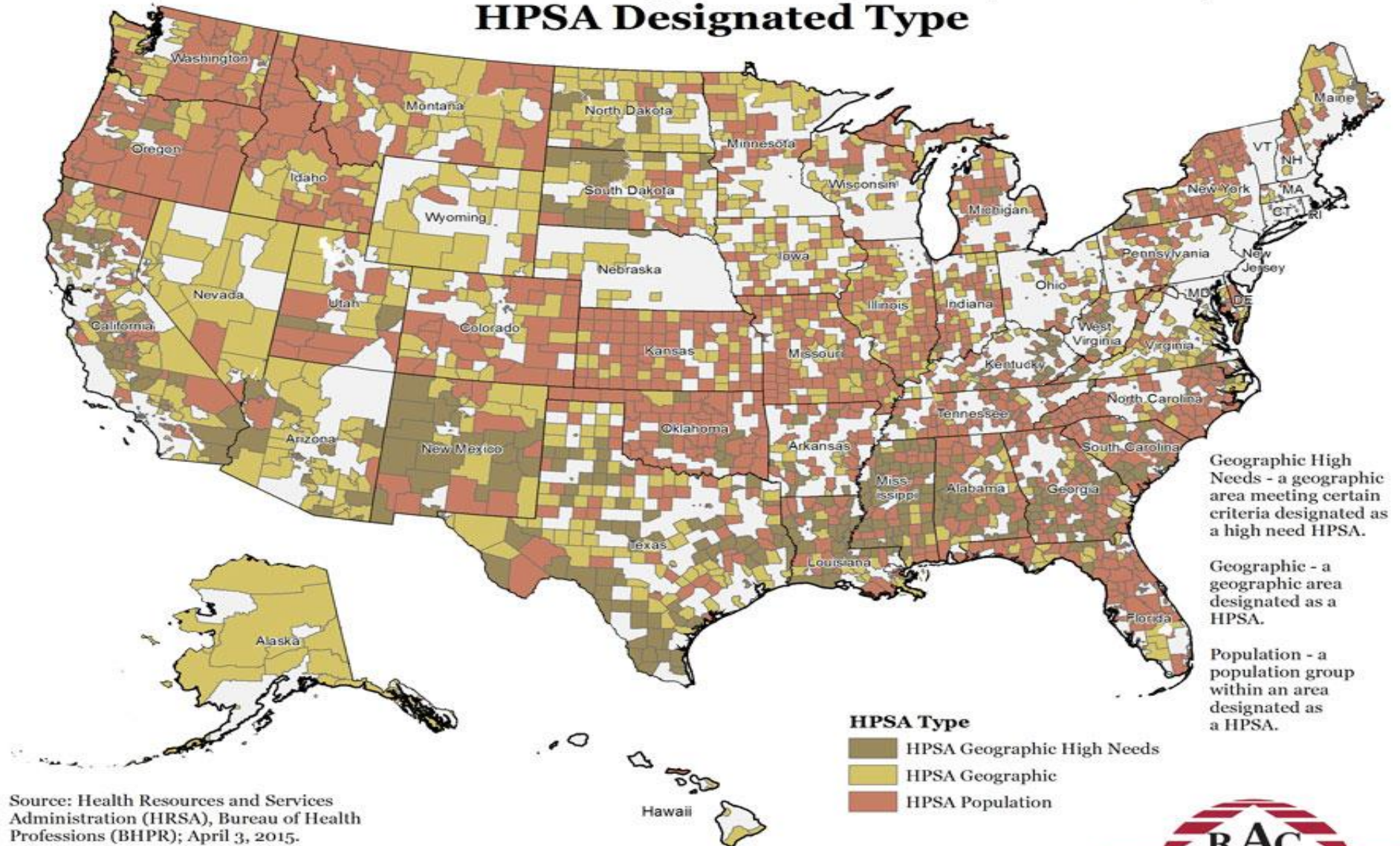
**FACILITIES**

**SHORTAGES**

## Practice Gap



## Health Professional Shortage Areas (HPSA) - Primary Health HPSA Designated Type

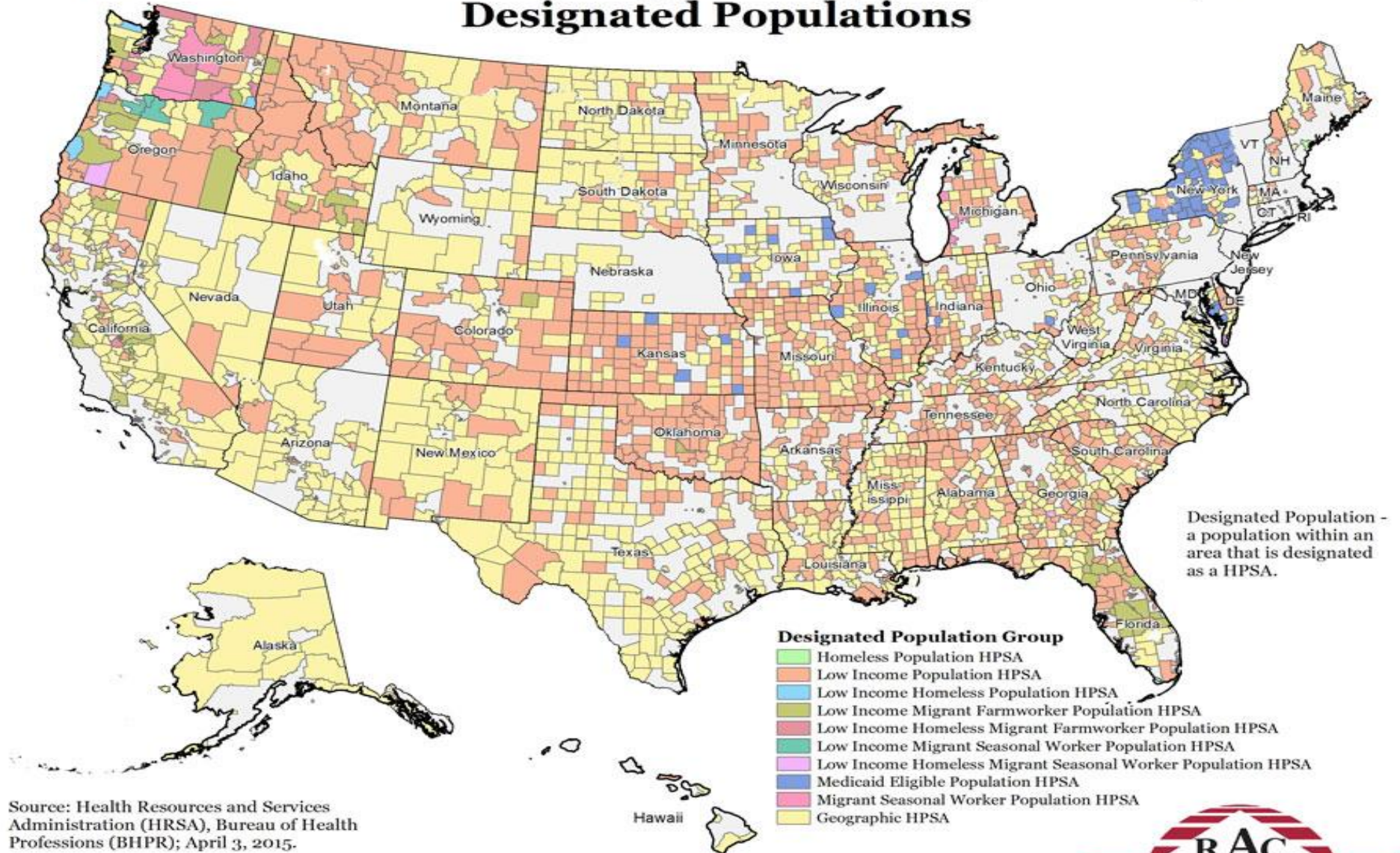


Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); April 3, 2015.

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## Health Professional Shortage Areas (HPSA) - Primary Health Designated Populations

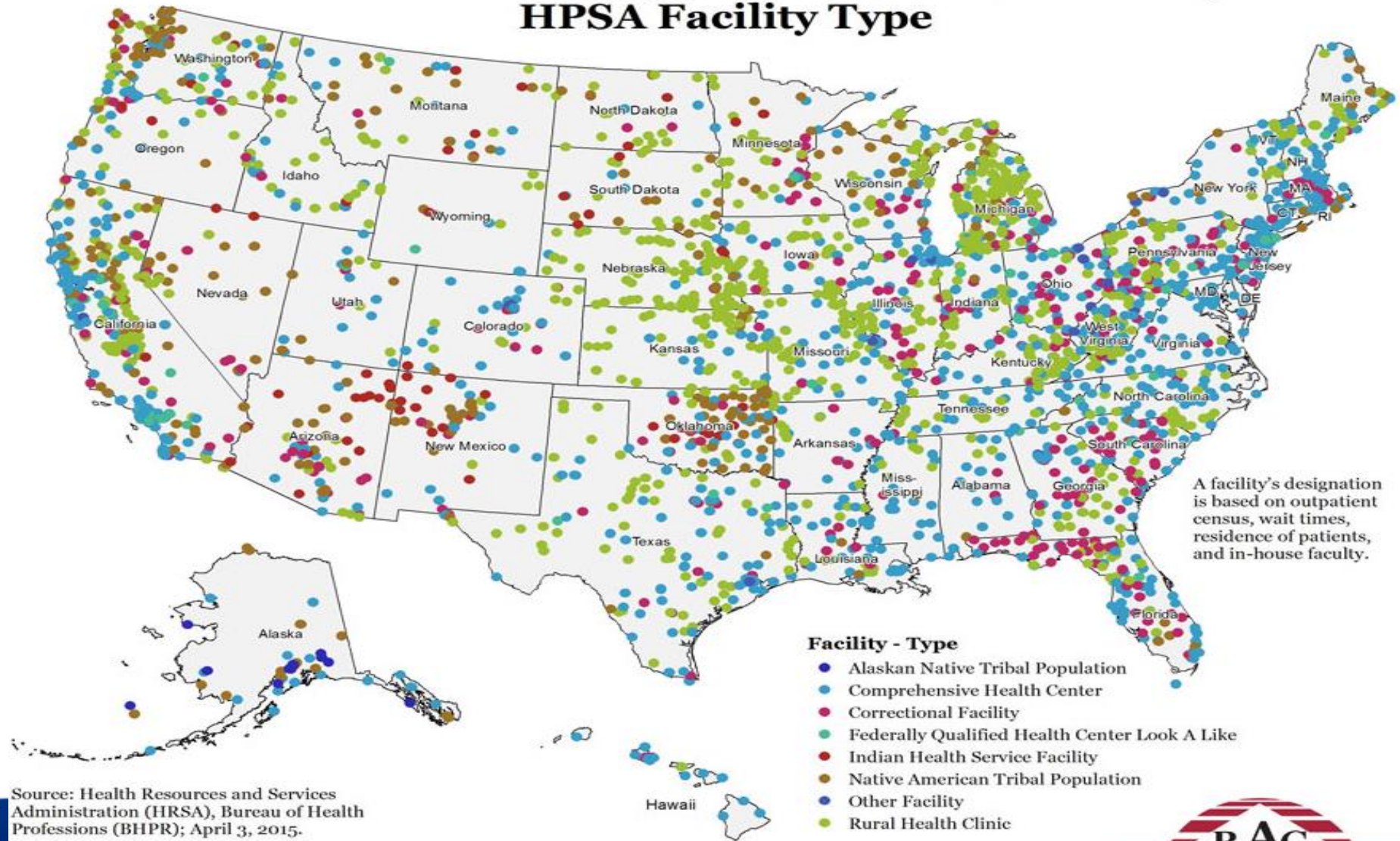


Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); April 3, 2015.

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## Health Professional Shortage Areas (HPSA) - Primary Health HPSA Facility Type

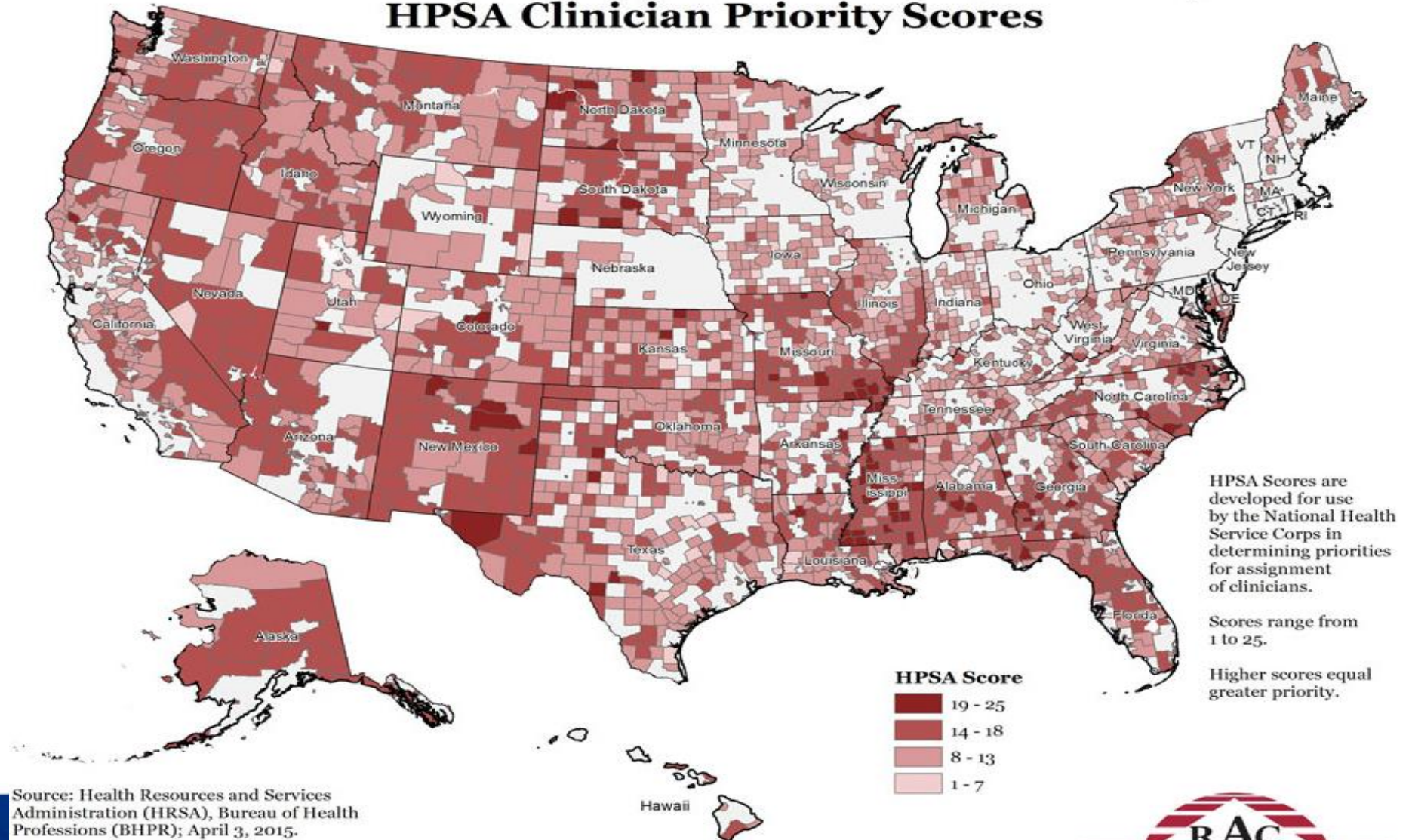


Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); April 3, 2015.

Note: Alaska and Hawaii not shown to scale



## Health Professional Shortage Areas (HPSA) - Primary Health HPSA Clinician Priority Scores



Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); April 3, 2015.

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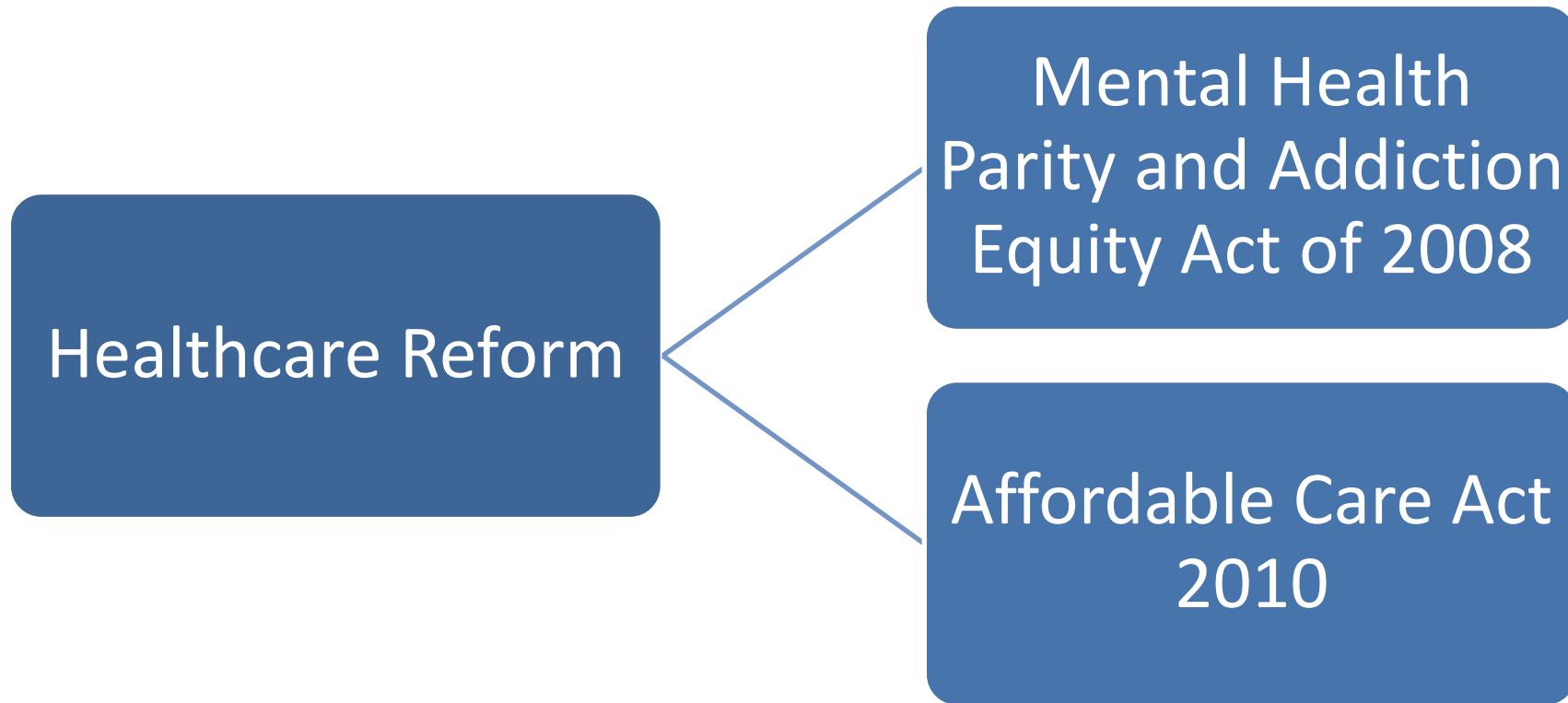


## Barriers to MH Care in Rural America

- More than 85 percent of 1,669 federally designated mental health professional shortage areas are rural
- Entire rural counties lack practicing psychiatrists, psychologists and social workers
- Lack of public transportation
- Stigma

# Barriers to MH Care in Rural America

#1: Lack of affordable, meaningful  
health insurance coverage



# Healthcare Reform

## Mental Health Parity and Addiction Equity Act of 2008

- MH/SUD financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) CANNOT be more restrictive than the predominant requirements applied to medical/surgical benefits



# Healthcare Reform

## Affordable Care Act of 2010

- Expanded insurance coverage
- Requires coverage of Essential Health Benefits
- Protects pre-existing conditions
- Meaningful use incentives for health outcomes

# Affordable Care Act

## Essential Health Benefits

1. Ambulatory services
2. Emergency services
3. Hospitalization
4. Pregnancy, maternity, and newborn care
- 5. Mental health and substance use disorder services**
6. Prescription drugs
- 7. Rehabilitative and habilitative services and devices**
- 8. Laboratory services**
- 9. Preventive and wellness services and chronic disease management**
10. Pediatric services including oral and vision care

## ACA - Essential Health Benefits

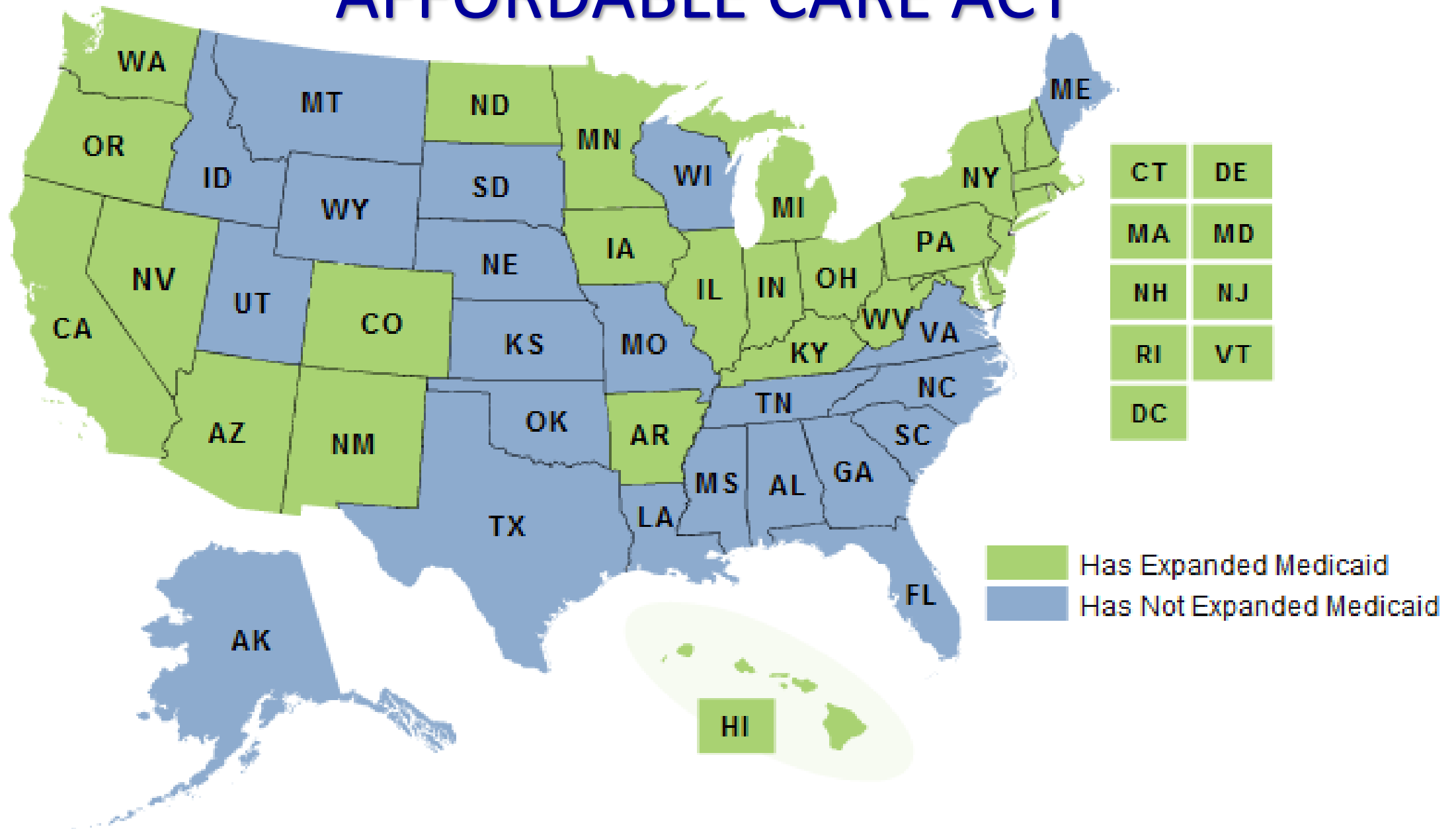
- Insurance companies cannot deny services due to pre-existing conditions
- Insurance companies cannot impose lifetime or yearly dollar limits for MH/SA services
- Insurance companies must adhere to parity protections for MH/SA services



## ACA in Rural America

- Nearly 60 million Americans live in rural areas
- Nearly 1 in 5 uninsured Americans lives in a rural area
- Rural Americans experience higher rates of:
  - Chronic disease (mental and physical)
  - Disability
  - Mortality

# AFFORDABLE CARE ACT



# Meaningful Use Incentive



2014 Clinical Quality Measures (CQMs)  
Adult Recommended Core Measures



CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
<b>NEW:</b> CMS2v1  NQF 0418	<p><b>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</b></p> <p>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p>	<p>CMS: 1-888-734-6433, or <a href="http://questions.cms.hhs.gov/app/ask/p/21,26,1139">http://questions.cms.hhs.gov/app/ask/p/21,26,1139</a></p> <p>Quality Insights of Pennsylvania (QIP): <a href="http://www.usqualitymeasures.org">www.usqualitymeasures.org</a></p>	<ul style="list-style-type: none"> <li>▪ EHR PQRS</li> <li>▪ ACO</li> <li>▪ Group Reporting PQRS</li> </ul>	Population/ Public Health



# Health Care Reform

Reduction in  
Uninsured

- Federal and State Health Exchanges
- Medicaid Expansion

Essential  
Health  
Benefits

- MH and SUD services

Meaningful  
Use  
Incentive

- Screening for clinical depression and follow-up plan

[www.hhs.gov](http://www.hhs.gov)

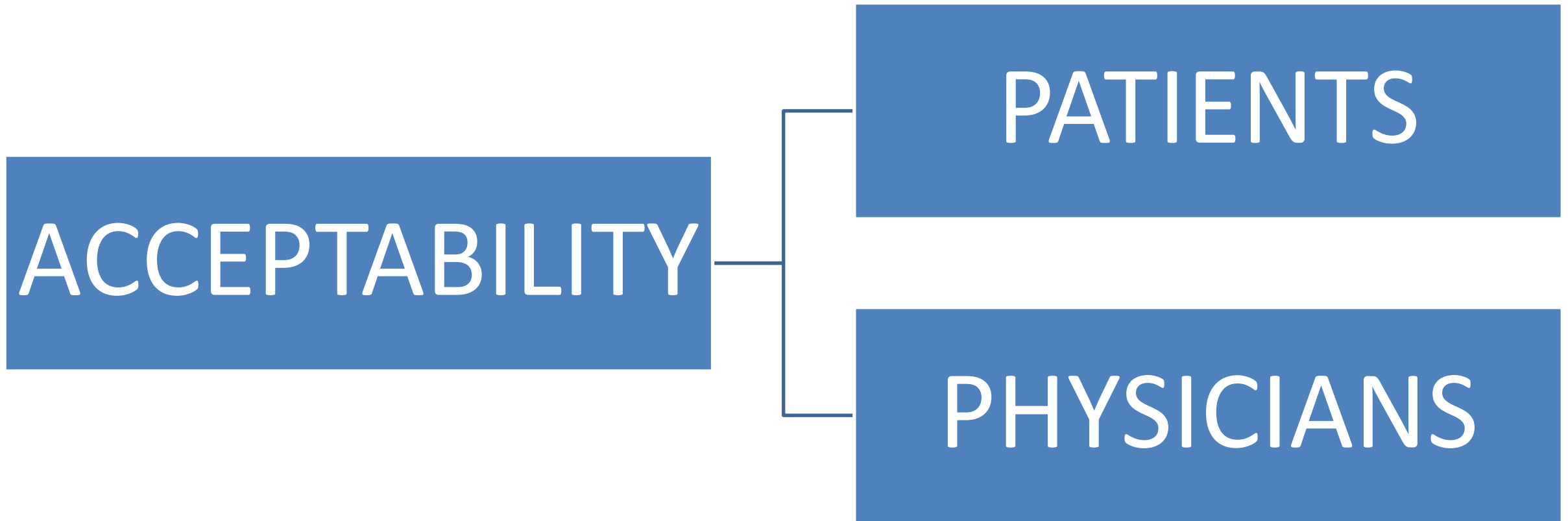
Urban Institute. How many non-group policies were cancelled?  
Estimates from 2013

# THE ABCs OF HEALTH CARE REFORM

INTEGRATING MENTAL HEALTH IN PRIMARY CARE

## ADDRESSING THE ISSUES

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# THE ABCs OF HEALTH CARE REFORM

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# Integrating Mental Health Care in Primary Care

Primary Care is the De Facto Mental Health System

(Kessler and Stafford, 2008)

Primary Care has advantages for mental health treatment

(Faghri, Boisvert and Faghri, 2010)

Integration of care treats the patient as a “whole person”

(American College of Physicians, 2015)



## Quiz Time

Prior to implementation of the Affordable Care Act, the number one barrier to receiving mental health care in rural areas was reported to be:

- a. Stigma
- b. Lack of specialty providers
- c. Lack of adequate health insurance coverage
- d. Patients don't feel mental health care is needed

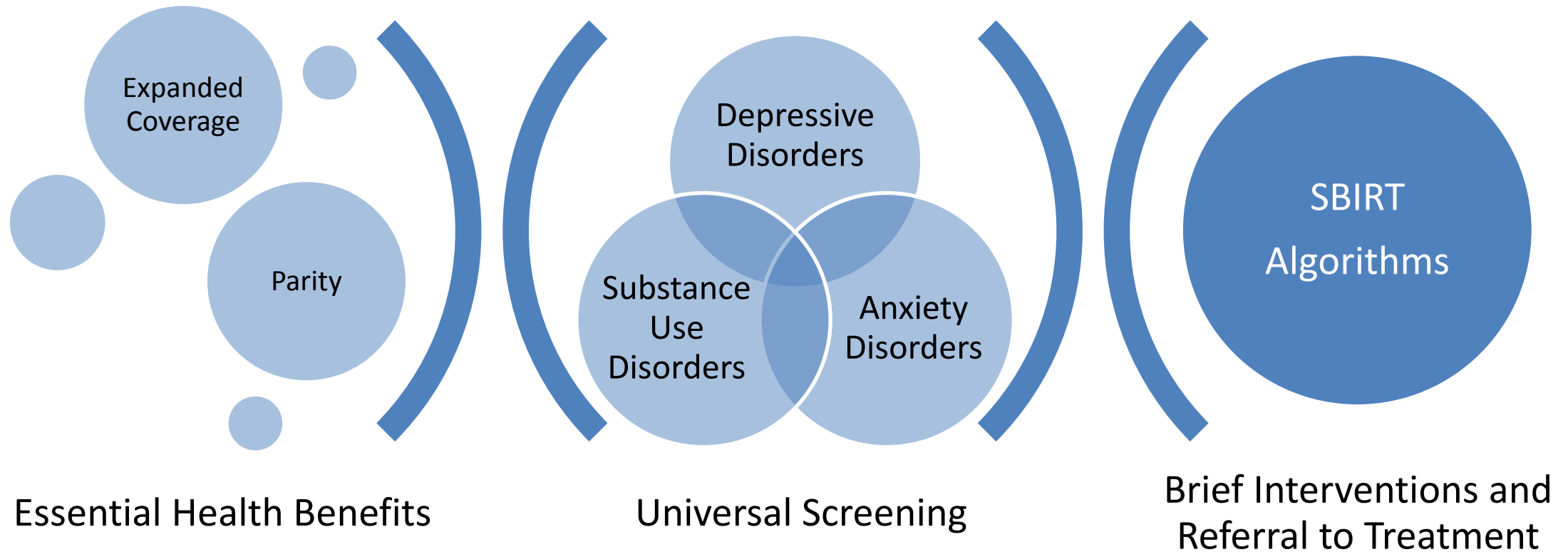


## Quiz Time

The Affordable Care Act addresses lack of adequate health insurance coverage in which of the following ways:

- a. Expanded coverage through federal and state health exchanges and Medicaid expansion
- b. Required Essential Health Benefits
- c. Parity between mental health and physical health care costs
- d. All of the above

# How do we leverage ACA for Integration of Behavioral Health Care into Primary Care?



# SCREENING

“The object of screening for disease is to discover those among the apparently well who are in fact suffering from disease.”

-J.M.G. Wilson

## Selective Screening

Screening of selected high-risk groups in the population

Low prevalence

Low impact

## Multiphasic Screening

Screening that involves multiple steps based on results

High prevalence

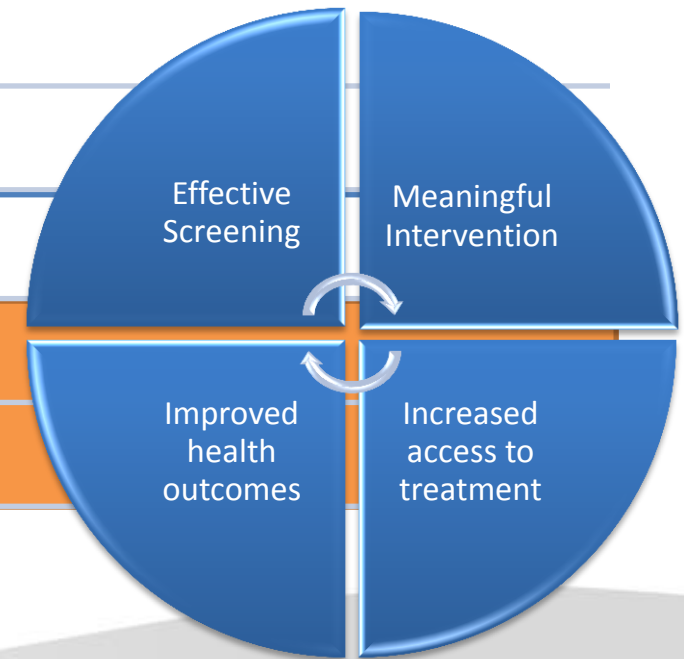
High impact

## Universal Screening

Large-scale screening of whole population groups

High prevalence

High impact





## SCREENING — “To discover illness among those who appear well”

- World Health Organization study of somatic symptoms in the presentation of depression
- Of the 1146 patients in 14 countries included in the survey who met the criteria for depression, 69% reported only somatic symptoms as the reason for their visit

## UNIVERSAL SCREENING – High Prevalence

- An estimated 18.7% of residents in non-metropolitan counties had some sort of mental illness in the past year
- Alcohol Use Disorders occur in up to 26% of general medical clinic patients
- An estimated 6.1% of Americans 12 and older currently use illicit drugs

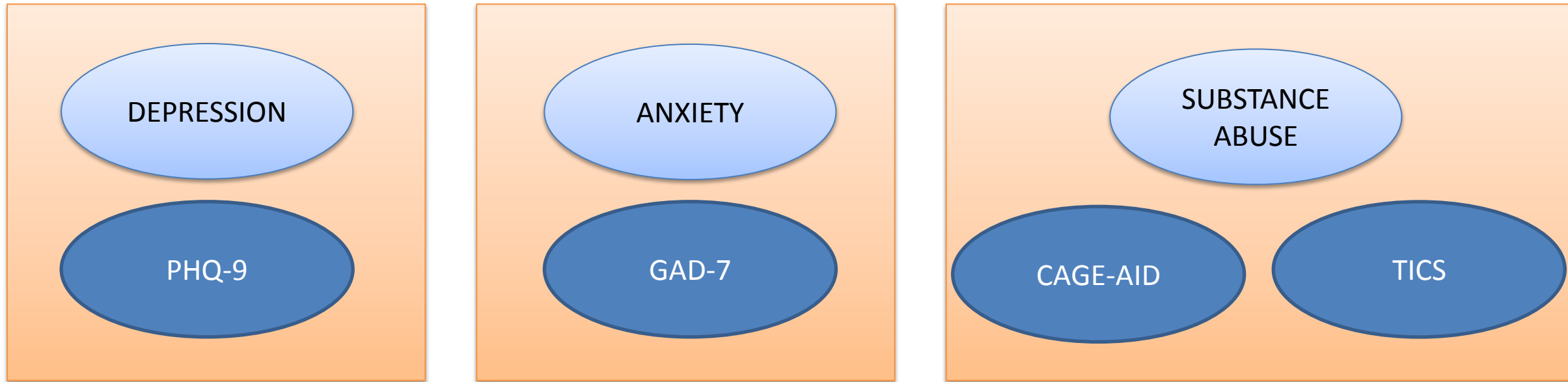
## SCREENING – High Impact

Depression and physical disorders are highly co-morbid and associated with:

- Poor quality of life
- Worse outcomes of physical disorders
- Increased mortality
- Higher medical costs
- Greater disability
- Heightened functional impact

# Screening Instruments

There are numerous screening instruments for different illnesses that are validated, free and in the public domain.





## DEPRESSION – PHQ-9

- Patient Health Questionnaire-9
- 9 item self-administered questionnaire used to detect depression based on DSM Criteria for Major Depression



PHQ-9

DEPRESSION

## DEPRESSION – PHQ-9

- PHQ-9 score >10 for Major Depression
  - 88% sensitivity
  - 88% specificity
- Can be used to follow depressive symptoms over time

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

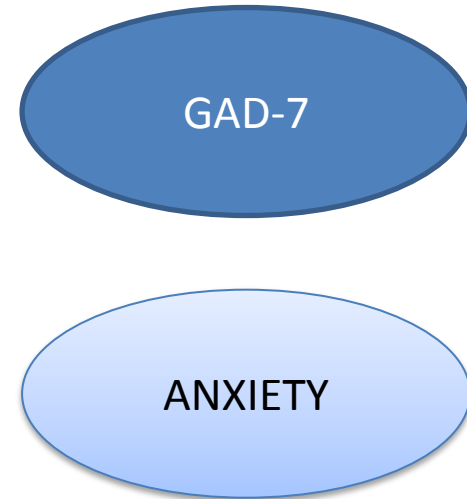
add columns  +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

## Anxiety – GAD -7

- Generalized Anxiety Disorder 7 Item Scale
- 7 item self-administered questionnaire used to detect anxiety based on DSM Criteria
  - Generalized Anxiety Disorder
  - Panic Disorder
  - PTSD
  - Social Anxiety Disorder



## Anxiety – GAD -7

- Can be used to follow anxiety symptoms over time
- Detects several different anxiety disorders

GAD Score >10	Sensitivity	Specificity
Generalized Anxiety Disorder	89%	82%
Panic Disorder	75%	81%
Social Anxiety Disorder	72%	80%
PTSD	66%	81%

### Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>				
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
 Somewhat difficult \_\_\_\_\_  
 Very difficult \_\_\_\_\_  
 Extremely difficult \_\_\_\_\_



# Substance Use Disorder CAGE-AID

- CAGE adapted to include drugs (CAGE-AID)
- 4 item interview
  - Cut Down
  - Annoyed
  - Guilty
  - Eye Opener



CAGE-AID

SUBSTANCE  
USE  
DISORDER

## SUD-CAGE-AID

One yes constitutes a positive screen

- 79% sensitivity
- 77% specificity

### CAGE-AID Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

#### Questions:

YES NO

1. Have you ever felt that you ought to cut down on your drinking or drug use?

☐☐

2. Have people annoyed you by criticizing your drinking or drug use?

☐☐

3. Have you ever felt bad or guilty about your drinking or drug use?

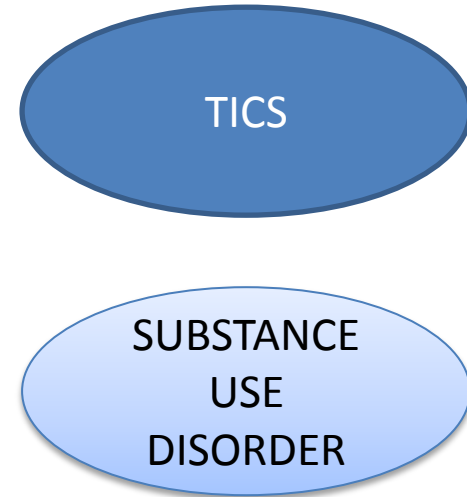
☐☐

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

☐☐

# Substance Abuse- TICS

- Two-Item Conjoint Screen (TICS)
- 2 item interview
- Can be self-administered



# Substance Abuse- TICS

One yes constitutes a positive screen

- 80% sensitivity
- 80% specificity

## **Two-item Conjoint Screen (TICS)**

In the last year, have you ever drunk or used drugs more than you meant to? (Yes or no)

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?  
(Yes or no)

### **Scoring and interpretation**

One or more affirmative responses indicates a need for more in-depth assessment.



## QUIZ TIME!

According to a study conducted by the World Health Organization, what percentage of patients ultimately diagnosed with a depressive disorder presented to primary care with physical complaints only?

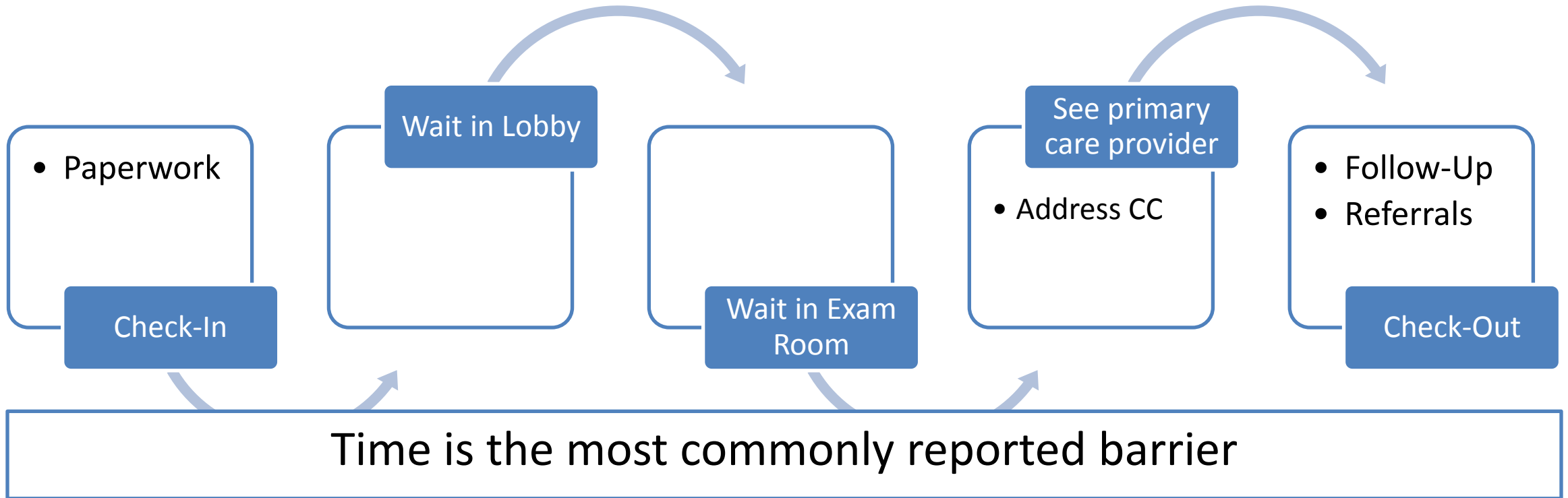
- a. 42%
- b. 16%
- c. 84%
- d. 69%

## QUIZ TIME!

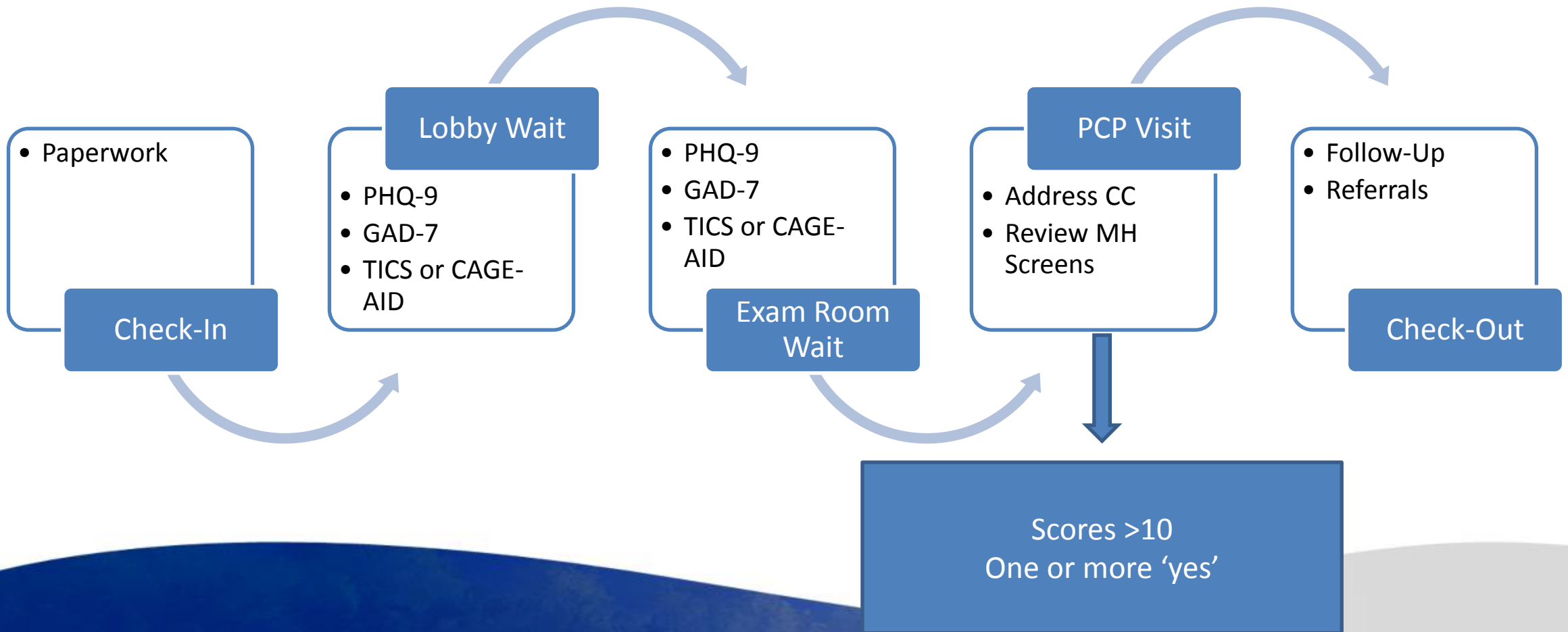
Which of the following correctly matches the screening tool to the disorder?

- a. PHQ-9: Personality Disorders
- b. GAD-7: Depressive Disorders
- c. TICS: Substance Use Disorders
- d. CAGE-AID: Psychotic Disorders

# Practical Strategies: Implementing Screening Tools



# Practical Strategies: Implementing Screening Tools





## CASE SCENARIO

### CC and HPI

CC: "Feels terrible, might be the flu"

HPI: 35 yo woman c/o headaches, fatigue, congestion, sluggishness for past two weeks. Missing work due to sx.

PMH: Hypothyroidism, no current TSH; LMP unknown

### Physical Exam

Vitals WNL

Appears tired

Pharyngeal erythema and noticeable cough, Maxillary sinus tenderness

o/w WNL

### MH Screening

PHQ-9: 12

GAD-7: 6

CAGE-AID:  
+C +G +E

### Additional History

6 weeks of depressed mood, decreased sleep, feeling overwhelmed, no SI

Drinking increased from infrequent to one bottle of wine each night to fall asleep

Break up with fiancé 8 weeks ago

### Impression

r/o Hypothyroidism

Acute Sinusitis

r/o Alcohol Use Disorders

r/o Depression

### Plan

Beta-HCG, Thyroid Studies, Chemistries

Z-pak

Education on Hazardous Drinking

Support for Grief

f/u 1 month to eval alcohol and depressive sx

## CONCLUSIONS

- Mental health disorders are highly prevalent in primary care settings
- Mental health disorders have significant impact on health outcomes
- Universal screening can improve health outcomes
- Universal screening can be implemented for most prevalent disorders with little additional cost and little additional time

# Learning Objectives

*Upon completion of Part 1, you will be able to:*

1. Describe the prevalence of mental health disorders in rural primary care settings.
2. Assess barriers to identifying mental health disorders in the rural primary care setting.
3. Describe how ACA requirements affect mental health treatment in primary care.
4. Implement the use of standardized screening tools for depression, anxiety and substance use disorders in your practice.

# Sneak Peek: The ABCs Part 2

Overcoming **Barriers** to Providing High-Quality Integrated Mental Health Care in the Primary Care Setting

- ☐ Stigma among providers and patients
- ☐ Evidence-Based Practices for MH/SUD in Primary Care
- ☐ Access to specialty care



# Sneak Peek: The ABCs Part 3

Providing **Cost-Effective** Behavioral Health Care in Rural  
Primary Care Settings

- ☐ Coverage
- ☐ Coding
- ☐ Communication
- ☐ Compensation

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