

Integrating the Response to Mental Disorders and other Chronic Diseases in Health Care Systems



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October 3, 2013

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Disclosures



Employment: University of Washington

- **Professor & Vice Chair, School of Medicine; Dept. of Psychiatry and Behavioral Sciences**
 - **Director, Division of Integrated Care and Public Health**
 - **Director, AIMS Center: Advancing Integrated Mental Health Solutions**
- **Adjunct Professor, School of Public Health: Depts. of Health Services and Global Health**

Grant funding (current & recent)

- **National Institute of Health (NIMH, NIDA, AHRQ, NLM)**
- **National Corporation for Community Service (Social Innovation Fund)**
- **Center for Medicare and Medicaid Innovation (CMMI)**
- **Department of Defense (Henry M. Jackson Foundation)**
- **American Federation for Aging Research (AFAR)**
- **John A. Hartford Foundation**
- **Alaska Mental Health Trust Authority**
- **George Foundation**
- **American Red Cross (RAND)**
- **California HealthCare Foundation**
- **Robert Wood Johnson Foundation**
- **Hogg Foundation for Mental Health**

Contracts (current & recent)

- **Community Health Plan of Washington, Public Health of Seattle & King County**
- **Washington State Healthcare Authority**
- **California Institute of Mental Health**
- **Los Angeles County, Santa Clara County, Ventura County, Alameda County**
- **New York State Department of Health**
- **NAVOS**
- **Institute for Clinical Systems Improvement (ICSI)**
- **Mathematica / Center for Healthcare Strategies**

Division of Integrated Care and Public Health

AIMS CENTER

Advancing Integrated Mental Health Solutions



**20 years of Research and Practice
in Integrated Mental Health Care**

Gulbenkian Platform Report

Sept 2013

- Mental disorders share common features with other chronic diseases.
- The principles and practices for successful management are often the same.
- The main challenge in the future is not so much to further demonstrate the utility of chronic disease management models, but rather to bring them to scale.

Global Burden of Disease 2010

C. Murray et al, Lancet 2012

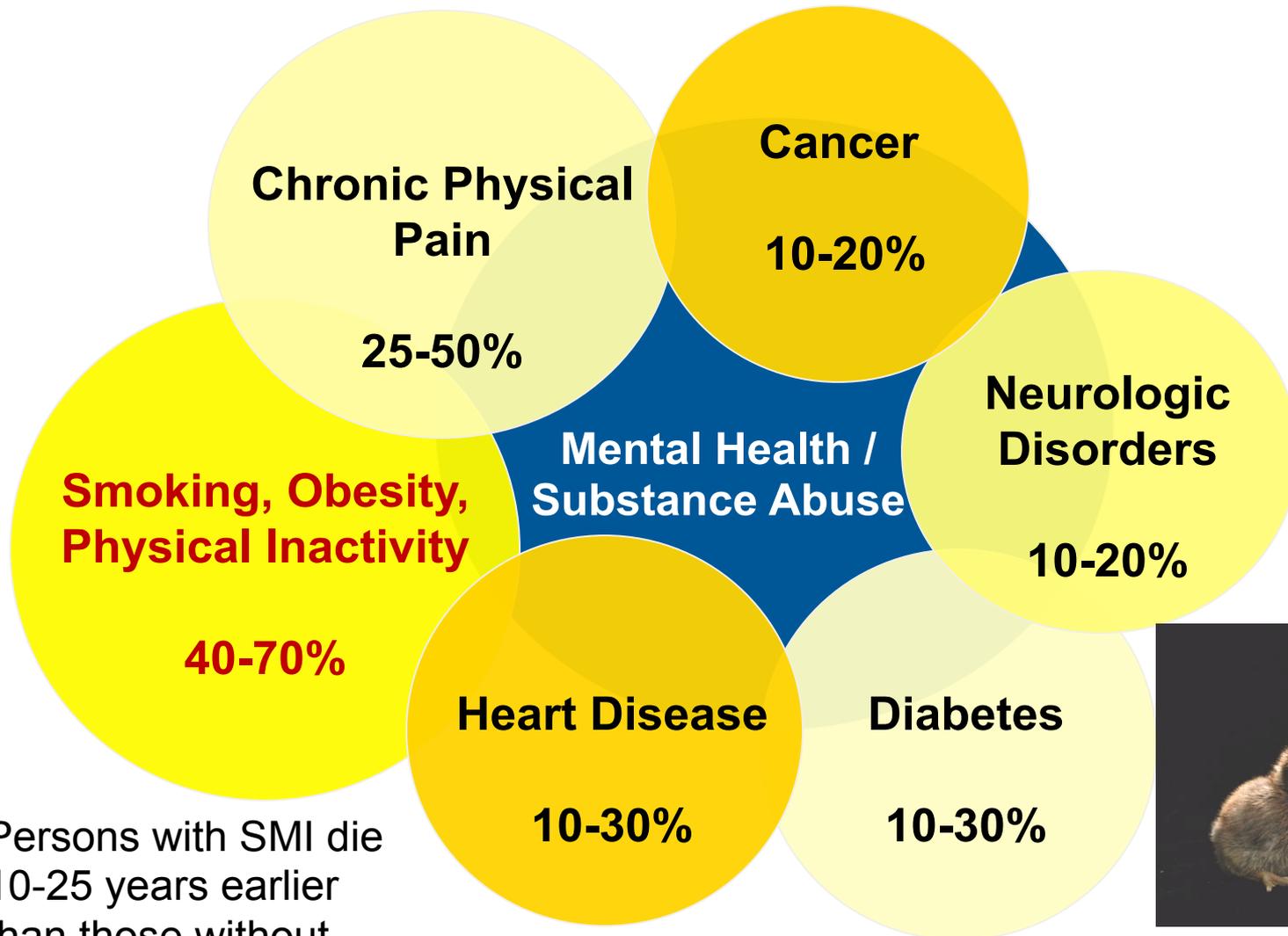
MH / SU disorders account for 23 % of Years Lived with Disability (YLD) worldwide.

Depression alone ~ 10 % of YLD s

YLD from depression is

- 3x diabetes;
- 8 x heart disease
- 40 x cancer

Mental Disorders are Rarely the Only Health Problem



Persons with SMI die 10-25 years earlier than those without.



Mental Disorders contribute to

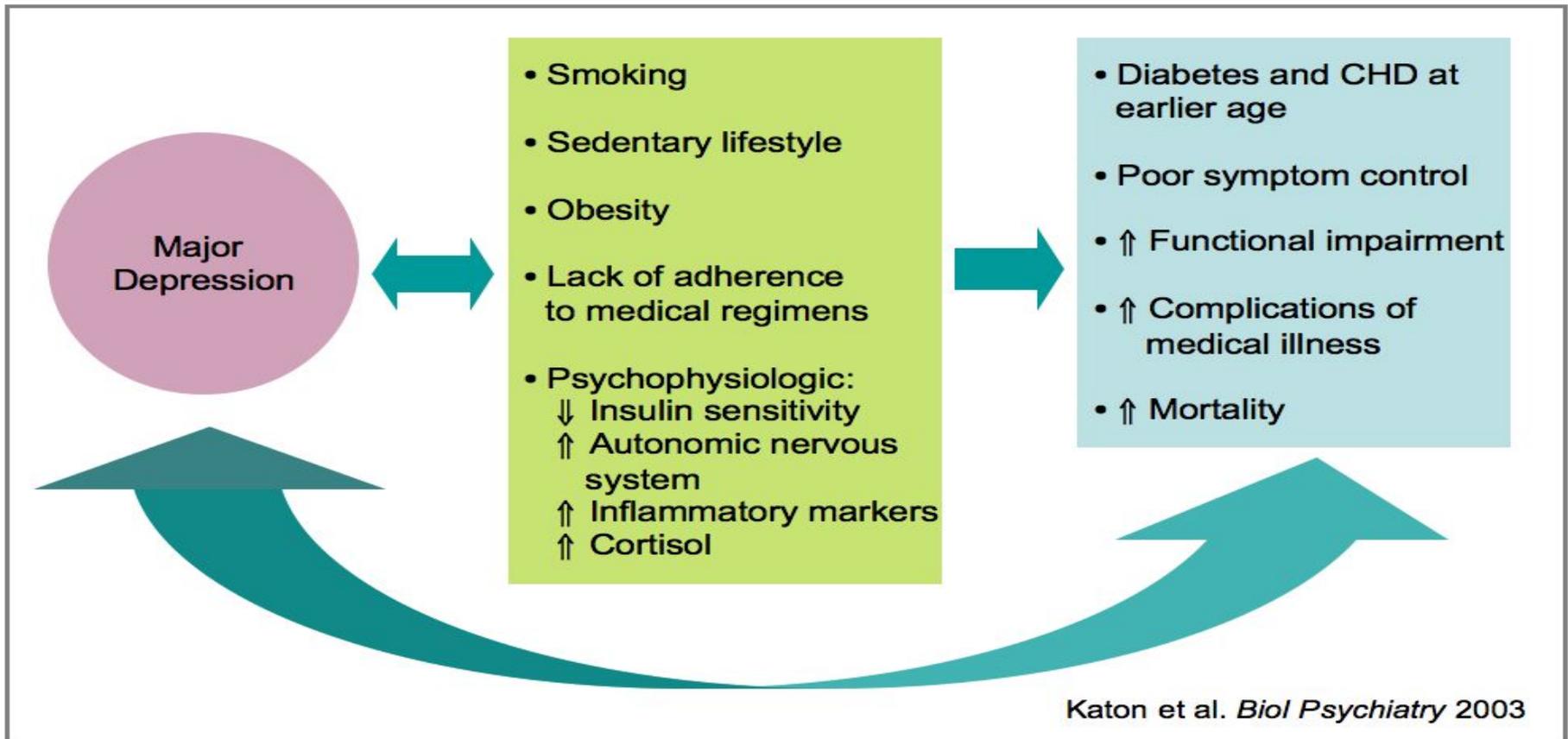
Mortality from

- self harm (depression; one suicide every 15 min)
- interpersonal violence (substance abuse)
- injuries (substance abuse)

Morbidity and mortality associated with chronic medical disorders

- diabetes
- heart disease

Depression and Diabetes



We will never have enough mental health specialists

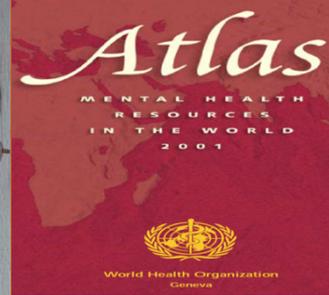
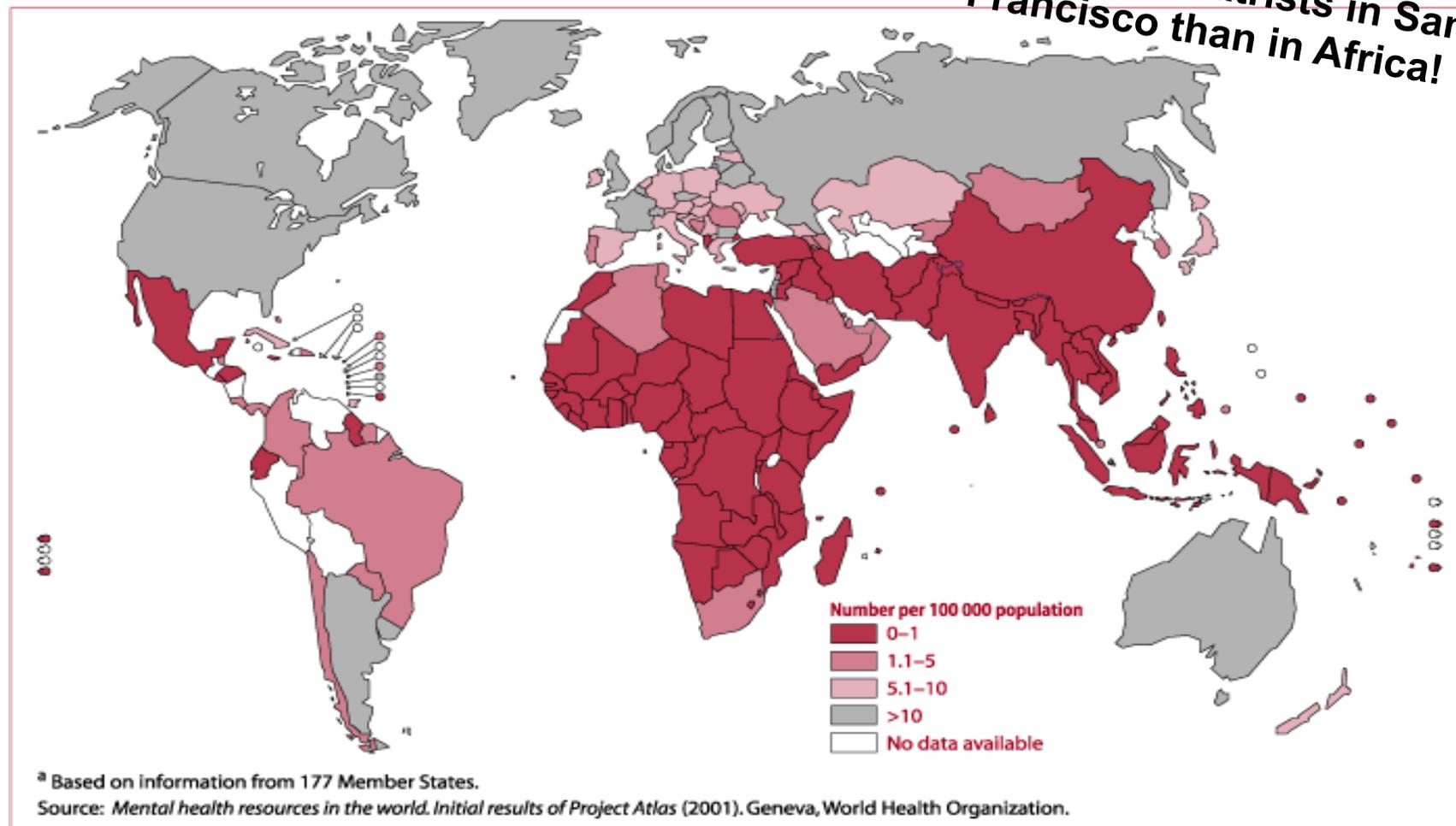


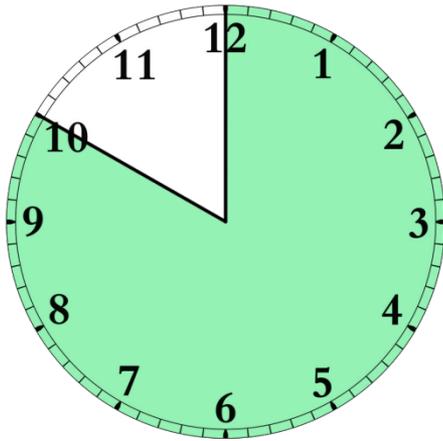
Figure 4.4 Number of psychiatrists per 100 000 population, 2000^a

More psychiatrists in San Francisco than in Africa!



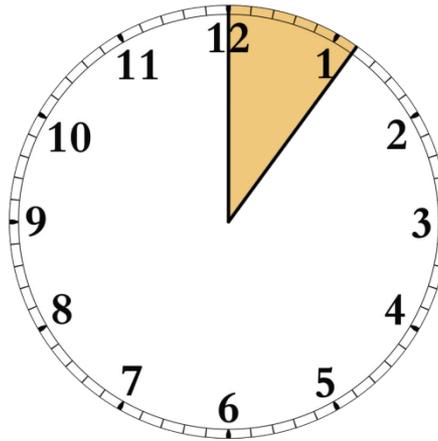
US :Psychiatrist Time / Week

Ideal



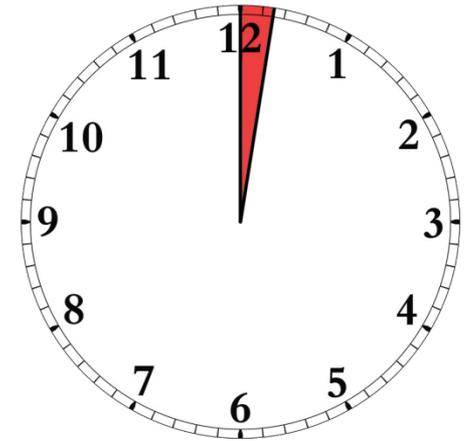
50 minutes

**United States:
Urban**



6 minutes

**United States:
Rural**



1.5 minutes

Talk fast!

Psychiatry Workforce

Population Served	Population / FTE Psychiatrist	Psychiatrist time available for each patient per month*
UK	25,000	6 min
China	70,000	2 min
Africa	500,000	20 sec
Kenya	900,000	10 sec
Nigeria	1,800,000	5 sec

* Assuming psychiatrist sees patients for 30 hours / week and 3 % of population need mental health services.

How do we close the gap?

Train more specialists?

Work harder?

Work smarter

Leverage mental health specialists more effectively

- **partnerships (e.g., primary care)**
- **technology (e.g., telemedicine)**

Building more effective care models.



IMPACT Collaborative Care Model



Primary Care Practice with Mental Health Care Manager



Outcome Measures



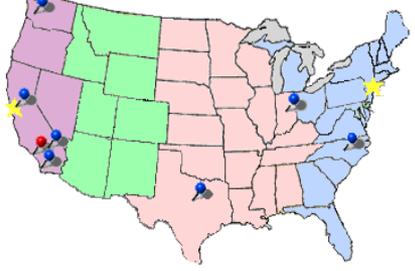
Treatment Protocols



Population Registry



Psychiatric Consultation



IMPACT Study

RCT with 1,801 depressed adults in 18 primary care clinics in 5 states

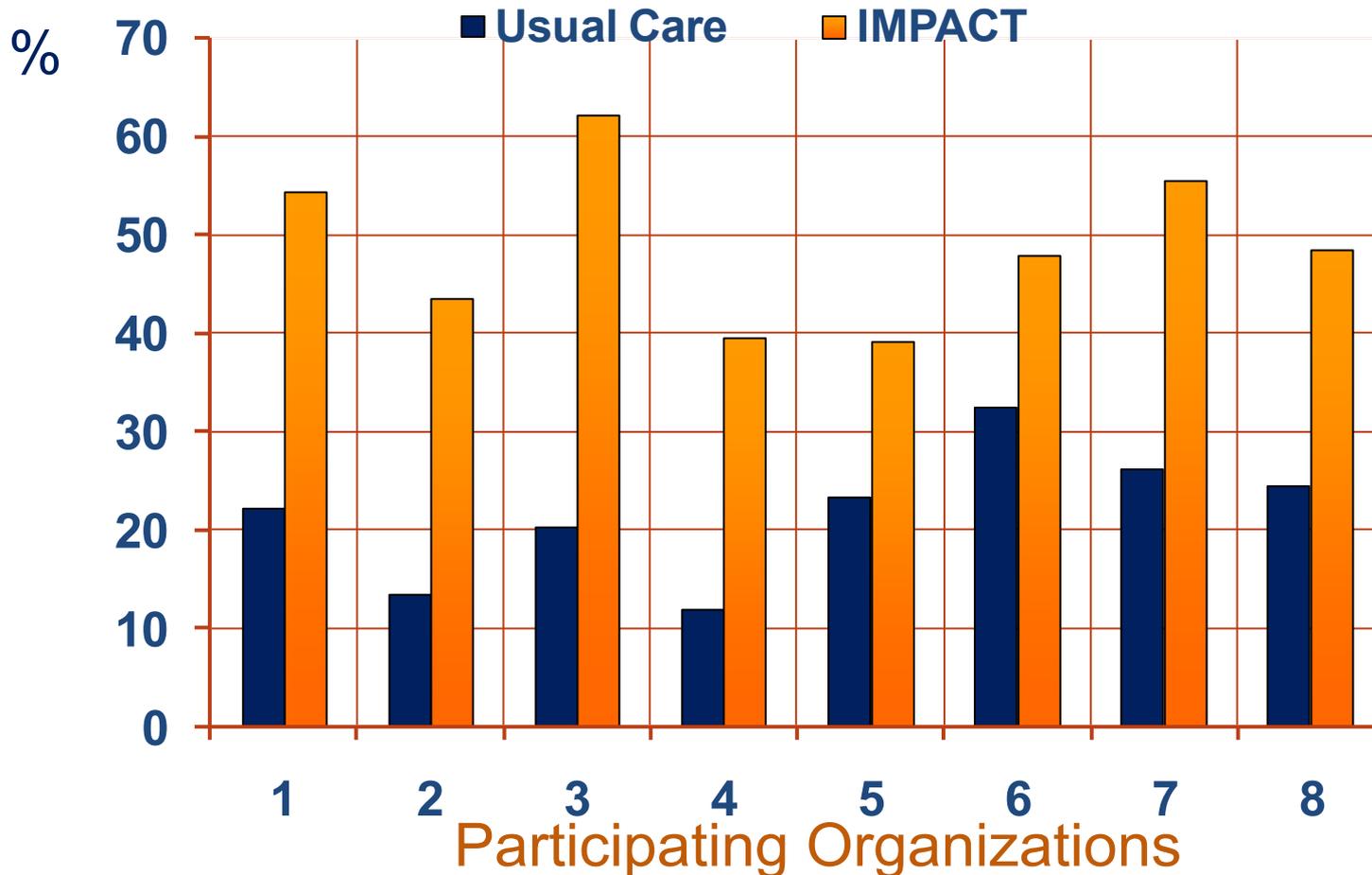
Usual care or Collaborative Care

Collaborative Care Program based on model of Chronic Illness Care (Wagner et al)

24 month independent follow-up

IMPACT doubles effectiveness of care for depression

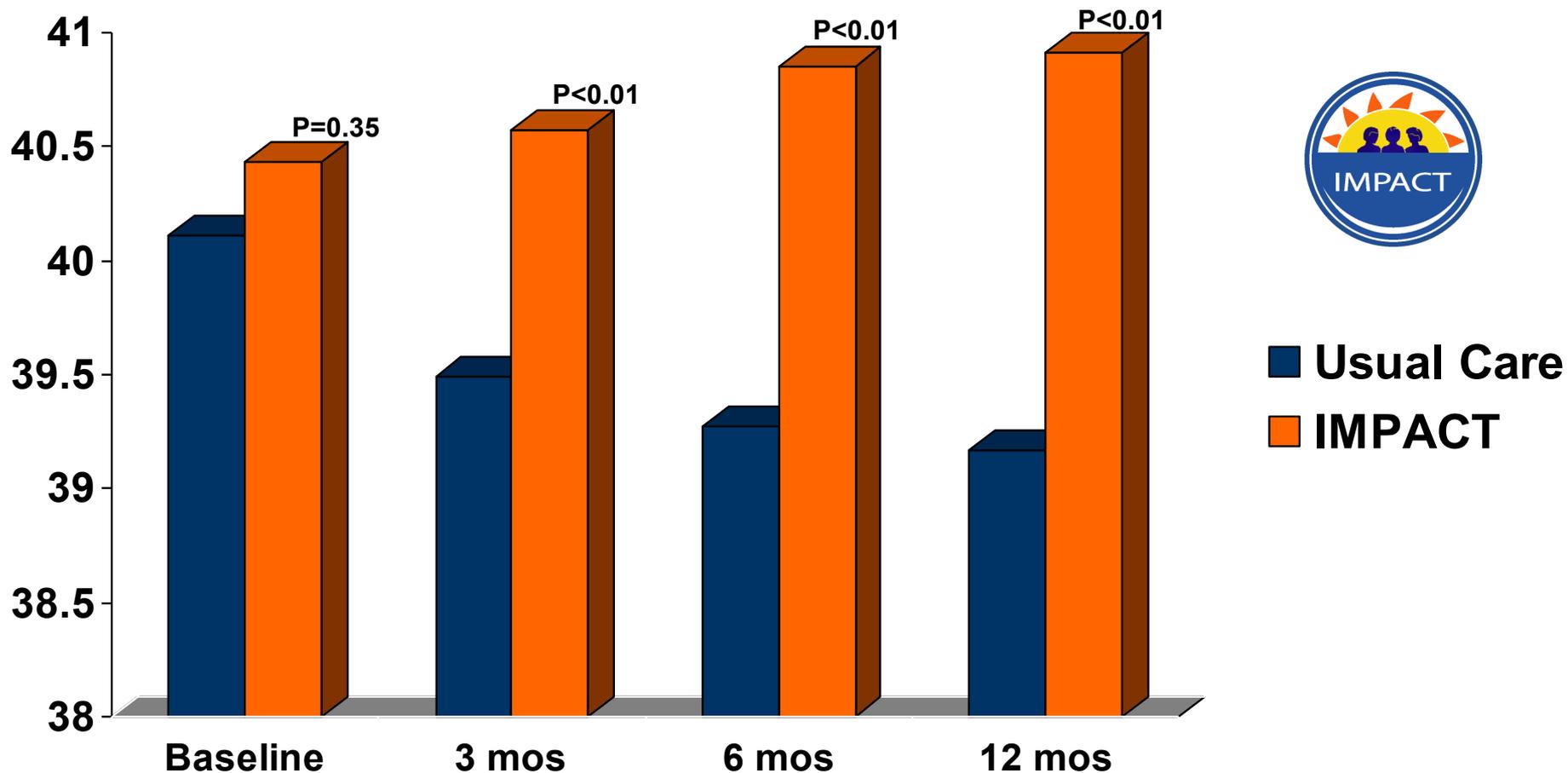
50 % or greater improvement in depression at 12 months



Unützer et al., JAMA 2002; Psych Clin NA 2004

... and improves physical function

SF-12 Physical Function Component Summary Score (PCS-12)



Callahan et al., *JAGS* 2005; 53:367-373

Evidence for Collaborative Care

Collaborative Care is more effective and more cost effective than care as usual.

-79 RCTs (2012 Cochrane metaanalysis)

Interventions are particularly effective in underresourced communities / populations

Taking effective models to scale



everyone wants **better**.

no one wants **change**.



UW AIMS Center: Translating from Research to Practice

Clinicians Trained

5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0



in-person training

The IMPACT Implementation Center conducts a variety of in-person training meetings each year at locations around the country. We offer both public training meetings and trainings that are designed for a specific organization. See below for a listing of upcoming training meetings. If none of these meet your needs, please contact the Implementation Center to discuss options and alternatives.

If additional information or online registration is available, a link is provided.

Upcoming Presentations and Training Events:

Date(s)	Location	Organization / Type of Training
October 2-3, 2008	Seattle, WA	University of Washington / IMPACT training conference

*Registration coming this summer.
Keep checking back!*

Past Presentations and Training Events:

Date(s)	Location	Organization / Type of Training
February 25-26, 2008	Anchorage, AK	Alaska Mental Health Trust
February 12-13, 2008	Minneapolis, MN	ICSI/DIAMOND IMPACT training conference
January 10-11, 2008	Seattle, WA	Virginia Mason Medical Center / IMPACT training



IMPACT Web-based Learning
Web-based Training in the Evidence-based IMPACT Model of Depression Care

View Account, A Band / Log Out

Home

Learning Modules

- Depression in Primary Care
- IMPACT Trial
- IMPACT Key Components
- Treatments
- Training/Tracking
- Assessments
- Treatments: Behavioral Activation
- Treatments: PST
- Psychoac
- Counseling
- Integrating with Disease Mgmt.
- Implementing IMPACT

Sign Up for CME Credit

Contact Us

IMPACT Website

What is IMPACT

IMPACT is an evidence-based model of care that helps primary care physicians and mental health providers collaborate effectively to treat depression. It was developed by a group of national experts with support from the John A. Hartford Foundation and the California Healthcare Foundation.

Across all 8 participating organizations, IMPACT enabled the effectiveness of usual care for depression. Based on this strong performance, IMPACT was recommended as a model treatment program by the President's New Freedom Commission on Mental Health and a growing number of health care organizations in the United States and Canada have adapted the program to care for a wide range of patients.

How to Use this Training Program

Each module in this training program includes an audio-animated PowerPoint® presentation, a case study, a workbook for key points of the module, a link to the relevant section of the IMPACT treatment manual and a quiz. Some modules also include video that demonstrates concepts and all are discussed in the PowerPoint® presentation. We suggest that you view the PowerPoint® presentation first, then review the case study, view the related video and/or review the related sections of the IMPACT treatment manual. Finally, take the quiz.

Continuing Nursing Credit Available

To receive continuing education credit, please go to the "Sign Up for CME" and follow the instructions. The blue circle icon indicates available CME credits for that particular module.

The Instructors

- Jorgen Unutzer, MD, MPH
University of Washington
- Rita Newkirk, RN, MSN
Kaiser Permanente
- Mark Hegel, PhD
Dartmouth
- Wayne Katon, MD
University of Washington
- Elizabeth Lin, MD, PhD
Group Health

➤ 5,000 providers trained in ~ 600 clinics

4-step Team Building Process

- **Based on experience with over 500 implementers**
- **Customizable**
- **Creates a functional workflow that fits local resources**
- <http://uwaims.org>

STEP 1: Staff Self-assessment

Conditions for which you plan to provide clinical care (check all that apply):
 Depression Substance Abuse Other Mental Disorders
 Anxiety (e.g., PTSD)

AIMS CENTER
Advancing Integrated Mental Health Solutions

Integrated Care Tasks	Is This Your Role Now?		If No, Whose Role?	Year/Organizations Capacity with This Task?		Year Level of Comfort with This Task?		Would You Like Training to Perform This Task?	
	Yes	No		High	Med/Low	High	Med/Low	Yes	No
Identify and Engage Patients			Write in position title						
Identify People Who May Need Help	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen for Behavioral Health Problems Using Valid Measures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose Behavioral Health Disorders	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage Patient in Integrated Care Program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate and Provide Treatment									
Perform Behavioral Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop & Update Behavioral Health Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education about Symptoms & Treatment Options	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe Psychotropic Medications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education about Medications & Side Effects	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief Counseling, Activity Scheduling, Behavioral Activation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based Psychotherapy (e.g., PST, CBT, IPT)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify & Treat Coexisting Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate Referral to Specialty Care or Social Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create & Support Relapse Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Treatment Outcomes									
Track Treatment Engagement & Adherence using Registry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach out to Patients who are Non-adherent or Disengaged	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Patients' Symptoms with Measurement Tool (e.g., PHQ-9)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Medication Side Effects & Concerns	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Outcome of Referrals & Other Treatments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proactively Adjust Treatment if Patients are Not Responding									
Assess Need for Changes in Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate Changes in Treatment / Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide Case-load Focused Psychiatric Consultation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide In-Person Psychiatric Assessment of Challenging Patients	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Tasks Important for Our Program (Add tasks as needed)									
Coordinate Communication Among Team Members / Providers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Support for Program (e.g., Scheduling, Resources)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Supervision for Program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training of Team Members in Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Washington State: MHIP

MHIP for Behavioral Health
Mental Health Integration Program



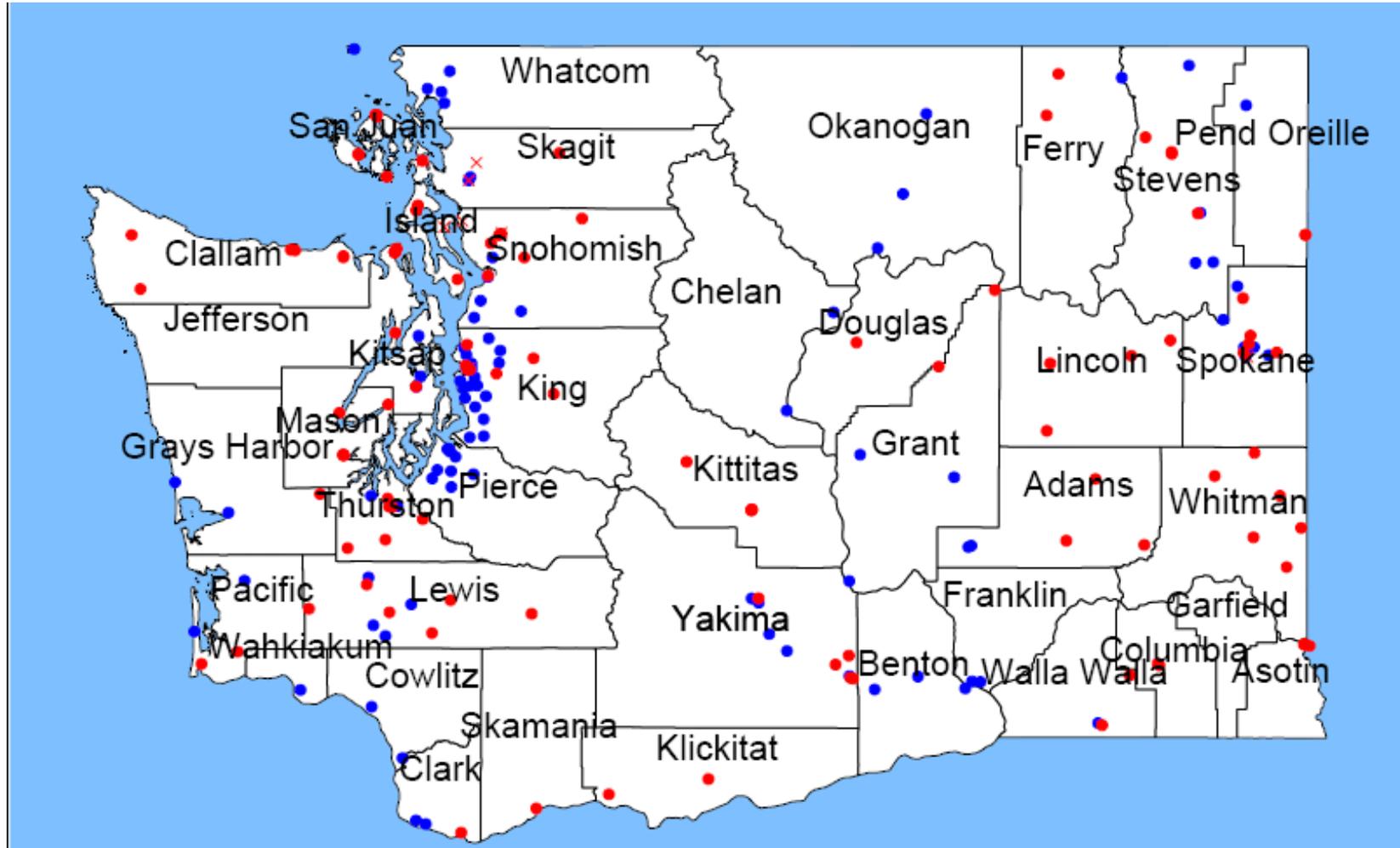
- State of Washington
- Public Health Seattle & King County (PHSKC).
- Community Health Plan of Washington

in partnership with the UW AIMS Center

• <http://integratedcare-nw.org>

Mental Health Integration Program

> 35,000 clients served ... 4 FTE psychiatrists



Collaborative Care effectively 'leverages' a psychiatrist to reach more people

	Office Based Private Practice	Mental health center (Psychiatrist supports MH specialty team)	Collaborative Care (Psychiatrist Supports Primary Care based Team)
Typical caseload over 12 months*	100 – 300	100 – 500	1000 – 3000
Patient contacts / case reviews over 12 months**	1500 - 2000	1500 – 2000	3000 – 5000
Total population covered***	1,500 – 10,000	3,000 – 15,000	30,000 – 100,000

Assumptions:

* Typical caseload turns over once / year

**1 FTE psychiatrist sees patients 30 hours / week

*** 3 % of population has need for mental health services in any given year

Care Management Tracking System (CMTS®)

Case Management Tracking System (CMTS) interface showing Caseload Statistics L1. The interface includes a navigation menu (Patient, Caseload, Program, Tools, Logout) and a user profile (Hello, Jurgen (unutzer)).

Site: [Redacted] (Switch to PCP-stat) (Switch to Clinic-stat)
Report Created on: Wednesday, February 3, 2010, 7:02PM

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP			LAST AVAILABLE			# ON MEDS			# W/ MISSING MEDS			# IN C/C			PSYCHIATRY CONSULTATION			50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN # CLINIC	MEAN # PHONE	MEAN # PHQ	MEAN # GAD	#	# W/ MISSING MEDS	# IN C/C	# REQ'D	# W/ P/N	# W/ P/E	PHQ	GAD							
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	11.0 (Δ=28%)	8.8 (Δ=31%)	50 (77%)	3 (4%)	0 (0%)	1 (1%)	42 (60%)	0 (0%)	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%)	11.4 (Δ=28%)	10.5 (Δ=26%)	63 (75%)	2 (2%)	2 (2%)	0 (0%)	62 (72%)	0 (0%)	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%)	11.2 (Δ=28%)	9.8 (Δ=28%)	113 (76%)	5 (3%)	2 (1%)	1 (1%)	104 (67%)	0 (0%)	53 (60%) (n=89)	44 (49%) (n=89)						

Population(s) included: GA-U Uninsured Veterans Veteran Family Members Moms Children Older Adults

C/C = Continued Care Plan; P/N = Psychiatrist Note; P/E = Psychiatric Evaluation

Caseload summaries help manage

- Clinical productivity
- Quality improvement

- Used in 14 US states (& Alberta)
- Supporting care of over 80,000 patients..

- Access from anywhere.
- Population-based.
- Keeps track of 'caseloads'.
- Structured workflow.
- Facilitates consultation.
- Allows research on highly representative populations

PCP SUMMARY interface showing patient information (ID: 800114) and clinical data. The interface includes a navigation menu (Patient, Caseload, Program, Tools, Logout) and a user profile (Hello, Jurgen (unutzer)).

PCP SUMMARY

Care Coordinator: [Redacted] Primary Care Provider: [Redacted]

Working Diagnoses:
L1: Depression (PHQ-9: 0/27, Minimal); Anxiety (GAD-7: 0/21); PTSD (PCL: 56/85)

Formulation: Pt feels significantly better. No depressive sx's and only 'normal' anxiety. States previously her sister had a fight w her mother, pt became estranged from her mother and sister for a time. Pt continues to have a good relationship w her mother and her sister if mending her relationship w the mother. Pt discussed how she would work w her sister. Reports good relationship w her husband whose mood has significant w his new anti-depressant. She feels that her life in general has improved and has no particular concerns.

Treatment Progress:

Safety Concerns:
Past Suicide Attempts: None reported.

Current Psychiatric Medications: Sertraline (Zoloft) / 50mg, 1 tablet once a day

Activity Goals: Pleasant Events Scheduling: Make it a point to do some things this week that you have identified that you enjoy. Likes to decorate and was interested in baking, creating her own recipes. Enjoys reading. Increased rewarding activity w her husband. Talking with her son. Dancing with children. Going soccer games and practices. Talk to my friends and brother. Eating at least one meal together w husband and children. Plan: pt will use exercise equipment to increase her energy and run. She will borrow her sister's machine.

Referrals: None recorded

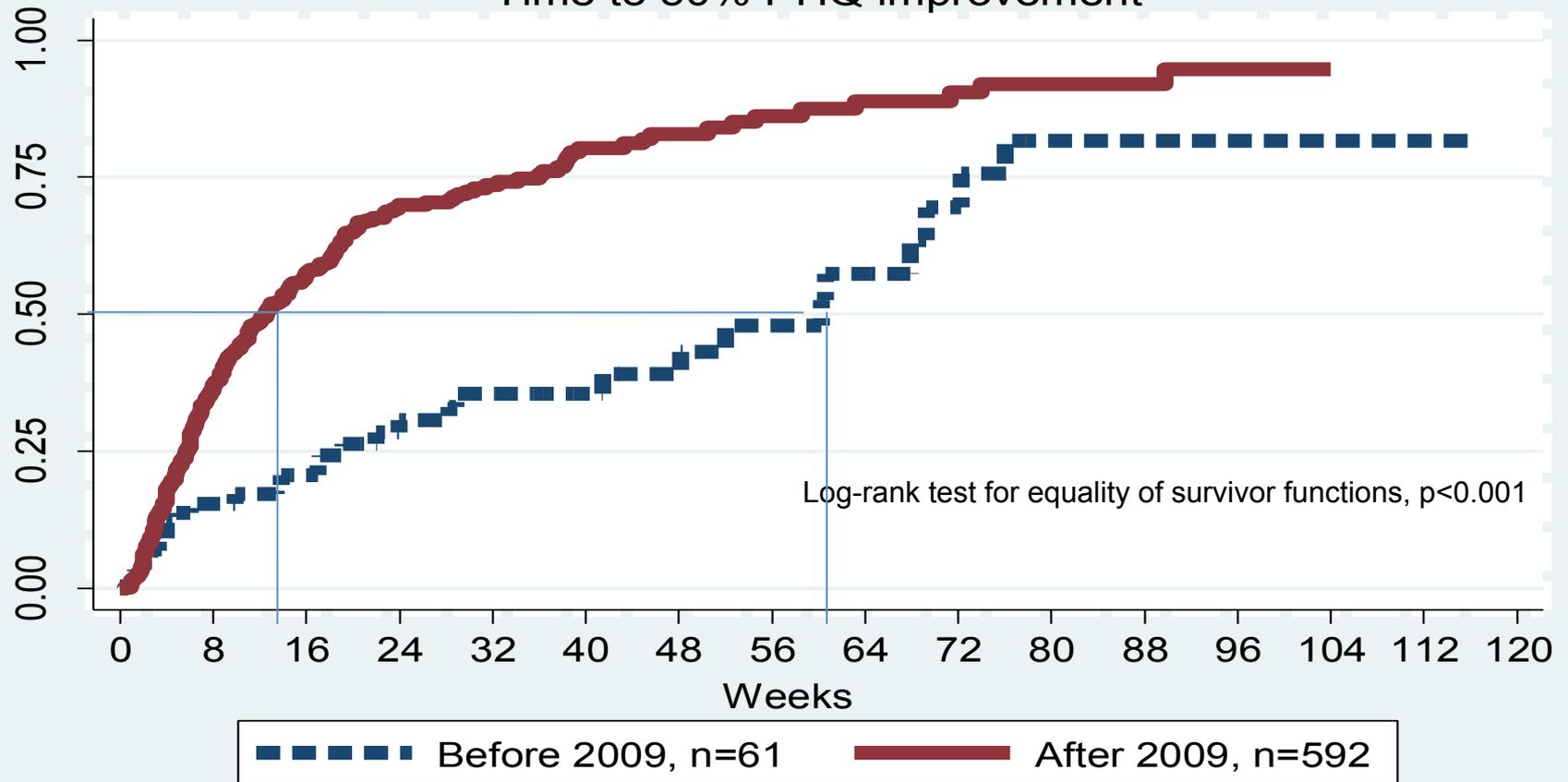
Psychiatrist Note Last updated by: Consulting Psychiatrist (Marc Asery)

MHIP Common Client Diagnoses

Diagnoses	%
Depression	71 %
Anxiety (GAD, Panic)	48 %
Posttraumatic Stress Disorder (PTSD)	17 %
Alcohol / Substance Abuse	17 %*
Bipolar Disorder	15 %
Thoughts of Suicide	45%
... plus acute and chronic medical problems, chronic pain, substance use, prescription narcotic misuse, homelessness, unemployment, poverty,	

Collaborative Care for Depression in High Risk Moms

Kaplan-Meier Survival Curve by Enrolled After 2009
Time to 50% PHQ improvement



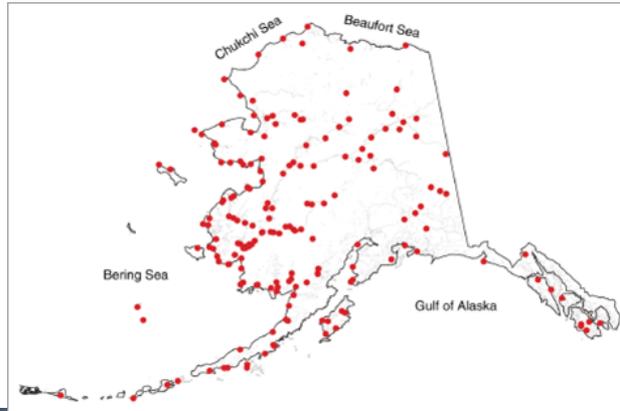
Among Mom Population (African American, Asian, Latino & White) with baseline PHQ9>=10 (n=653)

WHO Service Pyramid - Task Shifting



Rural Alaska

Rural villages without direct access to mental health specialty care and high rates of depression, alcoholism, and suicide.



The **TRUST**
The Alaska Mental Health
Trust Authority

Behavioral Health Aide Program



New Orleans, LA – 2005

... after Hurican Katrina



REACH NOLA

Working with community based health workers to address severe mental health crisis after Hurricane Katrina.



Questions about Task Shifting

- Who can do what ?
 - Patients, family members, community / lay health workers, faith-based and traditional healers, nonspecialist health staff (e.g., nurses), social workers, medical staff
 - Tele-health and other technology
- What kind of training, support, and supervision are needed?
- How can we best leverage limited specialty expertise?
- When does the model break down?
- What are the risks?

Principles of Effective Integrated Care

Integration and Collaboration

- Collaboration is more than co-location.

Population-Based Care

- Public Health Approach: patients tracked in a registry so that no one 'falls through the cracks'.

Evidence-Based Care

- Use evidence-based treatments.

Measurement-Based Treatment to Target

- Treatments are actively changed until goals are achieved.

Thank you.

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