Collaboration and Consultation for Primary Care: CMHs, PCPs and Psychiatrists partnering to Address Behavioral Health Issues

The Michigan Child Collaborative Care Program

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Objectives

* Demonstrate the benefit of a partnership between CMH and an academic behavioral health consultation program to support primary care

* Understand the approaches to building and sustaining the relationships between primary care providers and behavioral health

* Identify how this collaborative care program supports mental healthcare integration

* Learn how education and consultation helps to create opportunities for improved access to mental health care
What is MC3?

* MC3 is the Michigan Child Collaborative Care program, a model of psychiatric and behavioral health consultation in support of primary care

* MC3 supports primary care providers through phone-based consultation in 39 Michigan counties

* In some regions, telepsychiatry and embedded care services are available
Why MC3?

* Shortage of psychiatrists statewide
* Difficulty accessing mental health services
* Patients and families are comfortable with their PCP
* PCPs are seeing more behavioral health problems in young people
* Pediatricians prescribing 84.8% of psychototropic meds

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Olfson et. al (2014)
(Goodwin et al, 2001)
The Partnership

* University of Michigan
  * Consulting Child, Adolescent and Perinatal Psychiatrists (CAPP)
  * Administrative Team—Liaise between CMH and MC3
* Community Mental Health Centers
  * Behavioral Health Consultants (BHC)
* Michigan Department of Health and Human Services
* Local Primary Care Providers (PCP) and physician champions
CMHs Involved

- Northern Lakes CMH Authority
- North Country CMH
- Northeast Michigan CMH Authority
- Au Sable Valley CMH Authority
- CMH Services of Livingston County
- Starfish Family Services (Wayne County)
- Lifeways CMH
- Summit Pointe
- Kalamazoo CMH & Substance Abuse
- CMH and Substance Abuse Services of St. Joseph County
- Woodlands Behavioral Healthcare Network
- Van Buren CMH Authority
- Network 180
- West Michigan CMH System
- Centra Wellness Network
- CMH Authorities of C-E-I
How Does it Work?

- PCP contacts MC3 BHC
- BHC triages call and provides resources, if necessary
- CAP and PCP connect
- Consult summary sent to PCP
MC3 Growth

Number of enrolled providers by type, 2012-2015

- CNM
- DO/MD
- NP
- PA

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<th>CNM</th>
<th>DO/MD</th>
<th>NP</th>
<th>PA</th>
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<td>2015</td>
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Number of MC3 consults, 2012-2015

- CAPP to PCP phone consult: 1234
- Embedded BHC consult: 837
- BHC information only: 181
- Embedded CAPP consult: 136
- Telepsychiatric consult: 42
- Group consult: 33
Pre-Program Provider Survey

* Optional pre-program survey that asks PCPs:

  * Awareness of community resources
  * Comfort diagnosing mental health disorders
  * Comfort treating mental health disorders
How aware are you of the following resources/treatment(s) in your community?

**Pre-Program Survey Data**

- **ASD**
  - Not at all Confident: 30%
  - Somewhat Confident: 6%
  - Very Confident: 11%
  - Total: 59%

- **Preschool Behavior Problems**
  - Not at all Confident: 43%
  - Somewhat Confident: 38%
  - Very Confident: 6%
  - Total: 87%

- **Nonsuicidal Self-Injury**
  - Not at all Confident: 48%
  - Somewhat Confident: 9%
  - Very Confident: 9%
  - Total: 66%
How aware are you of the following resources/treatment(s) in your community?

**Anxiety Disorders**
- Not at all Confident: 15%
- Somewhat Confident: 32%
- Very Confident: 53%

**Mood Disorders**
- Not at all Confident: 19%
- Somewhat Confident: 33%
- Very Confident: 48%

**Substance Use Problems**
- Not at all Confident: 7%
- Somewhat Confident: 34%
- Very Confident: 59%
How aware are you of the following resources/treatment(s) in your community?

**Disruptive Behavior Disorders**
- Not at all Confident: 8%
- Somewhat Confident: 45%
- Very Confident: 47%

**Abuse/Neglect**
- Not at all Confident: 11%
- Somewhat Confident: 62%
- Very Confident: 27%

**Eating Disorders**
- Not at all Confident: 6%
- Somewhat Confident: 46%
- Very Confident: 48%
“How confident are you with regard to recognizing and treating each of these conditions in your patients?”

Pre-Program Survey Data

- ADHD
- Depression
- Anxiety
- ASD
- Preschool Behavior Problems
- Eating Disorder
- Substance Abuse
- Bipolar Disorder

Legend:
- Very Confident
- Somewhat Confident
- Not Confident at All
“I am comfortable initiating monotherapy with [appropriate medication for disorder].”

Pre-Program Survey Data

- ADHD
- Depression
- Anxiety
- Eating Disorder
- ASD
- Bipolar

Confidence levels:
- Very Confident
- Somewhat Confident
- Not at All Confident
What worked?

* Laying the groundwork
* CMH role in primary care collaboration
* Establishing and maintaining relationships
* Acknowledging frustrations
* Approachable nature of CAPPs
* Ease of accessibility for PCPs
  * Updated Website—automated pre- and satisfaction surveys
  * Reach a “real” person
  * Only need to sign 1 form to complete enrollment
Supplementary Consultation Services

* Addition of:
  * Scheduled group case consultations
  * Educational consultations
  * Workflow planning
  * Screening Tools and Education
Virtual presentations and archived webinars

Topics include:

- Trauma and attachment in early childhood
- Perinatal mood disorders
- Pediatric anxiety disorders-prevalence and management
- Patient-centered care of transgender adolescents

Upcoming Topics:

- Trauma and attachment in infants
Welcome to the Michigan Child Collaborative Care (MC3) Program!

The MC3 program provides psychiatry support to primary care providers in Michigan who are managing patients with mild to moderate behavioral health problems. This includes children, adolescents and young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum with children up to a year. Psychiatrists are available to offer guidance on diagnoses, medications and psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through “just-in-time” phone consultations to referring providers as well as remote psychiatric evaluation to patients and families through video telepsychiatry.

HOW DOES IT WORK?

For the primary care provider, only one phone call is necessary to get the consultation started. Phone availability for U of M Psychiatrists and local Behavioral Health Consultants is Monday-Friday 9-5, excluding holidays. See the simple steps.

WHO CAN PARTICIPATE?

Primary care providers in designated geographic counties are invited to participate in the program.

HOW DO I SIGN UP?

As part of their participation, providers will be asked to sign a Provider Agreement that outlines the program services and roles of primary care providers and consulting psychiatrists. If you are a
MC3 Website

Public Website that includes:

* Psychopharmacology reference cards

* Educational modules

* Archive of commonly-asked questions

* Links to favorite websites
Excerpt from Educational Module
The BHCs
What have we learned from providers?

What does it take to engage providers?

How do PCP endorsements help MC3 thrive?
CMH-Interagency BHC Collaboration

- Cross coverage
- Community Resources
- Provider engagement
- Access
Why are PCPs Calling?

- Diagnostic Clarification
- Medication problem or question
- Community Resources
- Validate plan of care
At an enrollment meeting, a PCP in a rural setting spoke with a MC3 CAPP about a 6-year-old child he recently saw. This patient had been diagnosed with ADHD, and placed on medications, but was still having behavioral issues. The most worrisome was that the child would run away from caregivers and jeopardize her safety. The PCP advised her parent to seek hospitalization following the most recent episode of running away and into traffic. The nearest psychiatric hospital was a 4-hour drive from their home. The PCP shared that this child had a history of trauma and loss. The MC3 CAPP and PCP discussed the similar presentation of ADHD and trauma and the different treatment for the diagnoses. They also discussed therapeutic options the family might explore. After their discussion, the PCP verbalized that perhaps this hospitalization could have been avoided if this child had been in treatment for the trauma instead of treated with ADHD medications.
PCP consulted on a 15-year-old with depression and a strong family history of mood disorders, including bipolar disorder. Patient had never been on psychotropics, but was engaged in therapy with some improvement in sleep and mood. PCP was weary to start an antidepressant to augment therapy with the family history of bipolar disorder. With MC3 CAPP support, was able to discuss a plan for medication and what signs to look for if the medication needed to "be backed out of."
Warm handoff from PCP. 17 year-old patient was having a racing heart for about 2-3 weeks with increasing frequency. He requested his mom take him to the doctor to make sure he was ok. During the visit with the PCP, the patient was examined and the idea of anxiety was introduced. The PCP made a warm handoff to the embedded BHC who also identified significant symptoms of depression. This patient was temporarily uninsured, so the BHC provided bridging services until Medicaid coverage was established.
A patient shared with her PCP that she had been diagnosed with bipolar disorder due to hearing voices, though she denies that she hears anything now. She endorsed current symptoms of anxiety with some depressive features. The patient was open to medication, but wanted to be sure that she could continue breastfeeding if medication was started. PCP stated that because of MC3, he learned that hearing voices is often a symptom of anxiety or trauma, and he was wondering if patient had been misdiagnosed and treated improperly for the past two years. The PCP and MC3 CAPP discussed safe medication for breastfeeding, as well as bipolar disorder vs. anxiety/depression.
“Managing difficult patients in a remote setting can be very challenging at times. Without a service such as this we would be required to make patients with limited resources travel a long way to get the adequate healthcare they deserve.”

“Having an experienced mental health professional validate my plan of care and thought processes has helped increase my confidence in addressing mental health concerns in this population.”

“I feel more confident in making diagnoses when I can present the patient to someone who has more expertise. I no longer have a feeling of dread when I see that there is a patient on the schedule with a mental health issue- because I know that if I get stuck- I will be able to discuss the patient with a psychiatrist. I am more willing to accept patients coming from psychiatrists who need someone to take over prescribing and monitoring.”
Challenges in launching MC3 and engaging community providers?

"Pediatric practices are busy and the initial outreach often requires multiple follow ups. “

"Providers are very busy and they [may] have staff changes at the manager level.“

"Helping providers move toward a theoretical shift [to] treating behavioral health issues has been a challenge. It takes them out of their comfort zone."
Successes in launching MC3 and engaging community providers?

"Once the practice is engaged and uses the [service], we have found their use increases rapidly with them becoming more comfortable and they report high satisfaction."

"Providers have been interested in closer collaboration with behavioral health."

"Several providers are very community oriented. In those communities [they've] responded to the MC3 launch with eagerness and have maintained high utilization."

"Providing PCPs with one person to call to ask questions about mental health or CMH.”
In what ways has MC3 been challenging to your CMH?

"A challenge is balancing the vision of MC3 with local CMH’s limitations and systemic needs."

"Getting Practice Managers on board to bring MC3 to their providers."
In what ways has MC3 been beneficial to your CMH?

"Developing closer relationship on the MC3 project does spread to other issues and fosters a greater willingness to call and ask."

"Being able to insure quality service to the mild/moderate population."

“An option to transition CMH customers to when they have been stabilized.”

"Improved relationships with pediatric practices [who may have misunderstood] CMH eligibility criteria."

"Increased willingness of providers to pick up prescribing for CMH consumers post-discharge from CMH."
Has accessibility to mental health services changed since the implementation of MC3? If so how?

"We have been able to identify some kids in the pediatric practices who would be eligible for CMH services and have informed the providers of this."

"We have seen some small shifts with specific providers who enroll with MC3."

Feedback from CMH Administration
Local CMHs and UofM have partnered to support primary care providers seeing behavioral health patients.

Flexibility has remained a cornerstone of the program's success.

Building and maintaining local relationships fosters ongoing collaboration and MC3 usage.
Resources

mc3.depressioncenter.org/

worrywisekids.org/

toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

www.mi211.org/
Contact

- Anne Kramer, Program Manager
  ack@umich.edu
- Erin Hughes-Krieger, Associate Program Manager
  enh@umich.edu

- To find your local BHC, head to the MC3 website:
Questions?


