Behavioral Health in the Patient Centered Medical Home: Meeting the Quadruple Aim

Part 1

The Quadruple Aim: Working Together, Achieving Success

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### Behavioral Health in the Patient Centered Medical Home: Meeting the Quadruple Aim Part 1

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Why Primary Care?

A Gap Between Needs & Services

Among the 20% of Soldiers with moderate to severe disorder after OIF deployment...

- Acknowledge a problem: 78-86%
- Want help: 38-45%
- Got help (past 12 months)
  - Any professional: 23-40%
  - Mental health professional: 13-27%

Potential for Offset: Service Use & Missed Work

2,863 Iraq War returnees one-year post-deployment


Twice as many sick call visits & missed work days
Primary Care...
Where Soldiers Get Their Care

- Mean primary care use is 3.4 visits per year
- 88-94% have one or more visits per year
- Primary care approach to mental health is an opportunity to...
  - Reduce stigma & barriers
  - Intervene early
  - Reduce unmet needs
  - Reduce unnecessary service use
Randomized trials offer sound evidence that systems-level approaches benefit...

- Depression (e.g., IMPACT Trial BMJ 2006)
- Suicidal ideation & depression (Bruce et al, JAMA 2004)
- Depression and physical illness (e.g., Lin et al, JAMA, 2003)
- PTSD and physical injury (Zatzick, AGP, 2004)
- Panic disorder (e.g., Roy-Byrne et al, AGP 2005)
- Somatic symptoms (e.g., Smith et al, AGP 1995)
- Health anxiety (e.g., Barsky et al, JAMA 2004)
- Substance dependence (e.g., O’Connor et al. Am J Med. 1998)
- Dementia (e.g., Callahan et al, JAMA 2006)
3 Component Model

systems based care

PREPARED PRACTICE

CARE MANAGER

PATIENT

BH SPECIALIST

an extra resource that links patient, provider & specialist

Oxman et al, Psychosomatics, 2002;43:441-450
RESPECT-Mil

Care Facilitator Functions

- Encourage Adherence
- Problem Solve Barriers
- Measure Treatment Response
- Monitor Remission

Communicate with Clinicians
RESPECT-Mil Worldwide Sites

Fort Leavenworth, KS
Fort Leonard Wood, MO
Fort Knox, KY
Fort Drum, NY
West Point, NY
Fort Belvoir, VA
Fort Meade, MD
Fort Eustis, VA
Fort Campbell, KY
Fort Bragg, NC
Fort Jackson, SC
Fort Stewart, GA
Fort Gordon, GA
Fort Benning, GA
Fort Rucker, AL
Bamberg, GE
Schweinfurt, GE
Katterbach, GE
Weisbaden, GE
Baumholder, GE
Vilseck, GE
Yongsan, Korea

Fully Implemented Sites
Partially Implemented Sites
Levels of Implementation

- Micro: Clinic level implementation
- Meso: Site level implementation (R-SIT)
- Macro: Program level implementation (R-MIT)
RESPECT-Mil Implementation
Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
- Pre-clinician diagnostic aid
- Patient education materials
- Psychosocial options
- Care Facilitator assisted follow-up option
- Aggressive facilitator outreach & monitoring
- Web-based care facilitation system
- “Just-in-time” treatment adjustment
- Weekly BH Champion review of facilitator caseload
RESPECT-Mil Implementation
Micro- or Clinic-level

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MEDICAL RECORD - RESPECT-Mil PRIMARY CARE SCREENING

For use of this form, see MEDCOM Circular 40-20; The Surgeon General is the proponent.

The Army Surgeon General mandates that all Soldiers routinely receive the following primary health care screen. Please check the best answer to each of the questions on this page. Enter your personal information at the bottom and return this page to the medic or nurse.

PATIENT HEALTH QUESTIONNAIRE

SECTION I (Check all that apply):

Over the LAST 2 WEEKS, have you been bothered by any of the following problems?

1. Feeling down, depressed, or hopeless. □ Yes □ No
2. Little interest or pleasure in doing things. □ Yes □ No

SECTION II (Check all that apply):

Have you had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH, you...

3. Had any nightmares about it or thought about it when you did not want to? □ Yes □ No
4. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? □ Yes □ No
5. Were constantly on guard, watchful, or easily startled? □ Yes □ No
6. Felt numb or detached from others, activities, or your surroundings? □ Yes □ No

FOR OFFICIAL USE ONLY

PATIENT'S HEALTH QUESTIONNAIRE (Additional Comments):

Provider please reference section and question number when entering additional comments from patient. Please sign and date entry.
RESPECT-Mil Implementation
Micro- or Clinic-level

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PTSD Instrument (PCL-C)

Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all 19 questions.

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Repeated, disturbing dreams of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Feeling very upset when something reminded you of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Avoid activities or situations because they remind you of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Trouble remembering important parts of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Loss of interest in things that you used to enjoy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Feeling distant or cut off from other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Feeling as if your future will somehow be cut short?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>Trouble falling or staying asleep?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>Feeling irritable or having angry outbursts?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>Having difficulty concentrating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>Being “super alert” or watchful on guard?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Feeling jumpy or easily startled?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

For Primary Care Provider - Subtotal: 0 + 0 + 0 + 0 + 0 = __________ Total = _______

18. If you checked off any of the above 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  ______ Somewhat difficult  ______ Very difficult  ______ Extremely difficult

19. During the last 2 weeks have you had thoughts that you would be better off dead, or of hurting yourself in some way?  ______ Yes  ______ No
   If ‘yes’, how often?  ______ Several days  ______ More than half the days  ______ Almost everyday
RESPECT-Mil Implementation
Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
- Pre-clinician diagnostic aid
- **Patient education materials**
- Psychosocial options
- Care Facilitator assisted follow-up option
- Aggressive facilitator outreach & monitoring
- Web-based care facilitation system
- “Just-in-time” treatment adjustment
- Weekly BH Champion review of facilitator caseload
HOW CAN YOU IMPROVE YOUR SLEEP?

Sleep problems are common for those with PTSD. Changing your sleep pattern can take at least six to eight weeks. Here are some areas where you may improve your sleep.

Avoid Caffeine: Caffeine is a stimulant found in items such as coffee, tea, soda, and chocolate, as well as in many over-the-counter medications. Those with insomnia are often sensitive to mild stimulants, and should avoid caffeine six to eight hours before bedtime. You may want to consider a trial period of avoiding caffeine altogether.

Avoid Nicotine: Some smokers claim smoking helps them to relax, but nicotine is actually a stimulant. Relieving effects may occur when nicotine first enters the system, but as it builds up, it produces an effect similar to caffeine. Avoid smoking, dipping, or chewing tobacco before bedtime, and don’t smoke to get yourself back to sleep.

Avoid Alcohol: Alcohol is a depressant. While it might help you fall asleep, as alcohol is metabolized, your sleep can become more disturbed and fragmented. Avoid alcohol after dinner, and limit its use to small or moderate quantities.

Cautiously Use Sleeping Pills: Sleep medications are effective only temporarily. If taken regularly, they lose effectiveness in about two to four weeks. Over time, sleeping pills may make sleep problems worse or lead to an insomnia “rebound.” Many people, after long-term use of sleeping pills, mistakenly conclude that they need them to sleep.
RESPECT-Mil Implementation
Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
- Pre-clinician diagnostic aid
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DESTRESS-PC

- Delivery of
  - Self-
  - TRaining &
  - Education for
  - Stressful
  - Situations –
- Primary Care version

Web-based, nurse assisted, CBT-based PTSD self-training
RESPECT-Mil Implementation
Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
- Pre-clinician diagnostic aid
- Patient education materials
- Psychosocial options
- Care Facilitator assisted follow-up option
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- Weekly BH Champion review of facilitator caseload
FIRST-STEPS
Web-based Care-Manager Support & Reporting System
RESPECT-Mil Implementation
Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
- Pre-clinician diagnostic aid
- Patient education materials
- Psychosocial options
- Care Facilitator assisted follow-up option
- Aggressive facilitator outreach & monitoring
- Web-based care facilitation system
- “Just-in-time” treatment adjustment
- Weekly BH Champion review of facilitator caseload
**FIRST-STEPS**

Improves Efficiency, Accountability & Effectiveness of Facilitator Staffing

---

**Acuity**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Name</th>
<th>Suicide Staffing</th>
<th>Facilitator Concern</th>
<th>Deployers</th>
<th>Tx Non-Response</th>
<th>Last Staffing Date</th>
<th>Last Contact</th>
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</thead>
<tbody>
<tr>
<td>Fort Hood</td>
<td>April, Test</td>
<td>Unknown</td>
<td>Moderate</td>
<td>30-50 Days</td>
<td>No</td>
<td>25 Apr 08</td>
<td></td>
</tr>
<tr>
<td>Germany 1</td>
<td>Braxton, Bruce</td>
<td>Emergency</td>
<td>High</td>
<td></td>
<td>No</td>
<td>12 Aug 08</td>
<td></td>
</tr>
<tr>
<td>Beta Fort Stewart</td>
<td>Frankie, Bill</td>
<td>A Duty Day</td>
<td>High</td>
<td>60-60 Days</td>
<td>No</td>
<td>2 Oct 08</td>
<td>2 Oct 08</td>
</tr>
<tr>
<td>Beta Fort Bliss</td>
<td>Harry, Dirty</td>
<td>A Duty Day</td>
<td>High</td>
<td>Not Deploying</td>
<td>No</td>
<td>20 Oct 08</td>
<td></td>
</tr>
<tr>
<td>Fort Drum</td>
<td>New, Tom</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>24 Apr 07</td>
<td></td>
</tr>
<tr>
<td>Fort Carson</td>
<td>Turner, Bill</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>20 Apr 07</td>
<td></td>
</tr>
<tr>
<td>Vicenza</td>
<td>Violet, Eric</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>19 Apr 07</td>
<td></td>
</tr>
<tr>
<td>Fort Lewis</td>
<td>Wilking, Sarah</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>19 Apr 07</td>
<td></td>
</tr>
</tbody>
</table>
RESPECT-Mil Implementation Team (R-MIT):

- Monitors program implementation, fidelity, outcomes
- Trains & consults with R-SiTs
- Develops & disseminates education modules and tools
- Pilots & evaluates new components
- Performs site visits & site calls
RESPECT-Mil Implementation
Meso- or Site-level

- RESPECT-Mil Site Team (R-SIT)
- Primary Care Champion
  Monitors local program & process
- Behavioral Health Champion
  Monitors facilitator caseloads
- Facilitator
  RN, 1 per 6K in eligible population
- Administrative assistant
  1 per 10K in eligible population
Web-Based PTSD & Depression Training for Primary Care Providers*

* Includes suicide assessment training
3 Component Model

systems based care

PREPARED PRACTICE

CARE MANAGER

PATIENT

BH SPECIALIST

an extra resource that links patient, provider & specialist

Oxman et al, Psychosomatics, 2002;43:441-450
**Remission** is defined as the count of individuals who have an open episode in FIRST STEPS, have been in the system 8 weeks or more, and have a PCL score of 10 or less.
Real-time Aggregate Data Reports
PTSD Remission Trends by Region

R-MIL
RESPECT-Mil Implementation Results

- 55 clinics now implementing (95 projected)
- 84% of visits screened (versus 2-5% in non-RESPECT-Mil teaching clinic)
- 13% of all screened visits are positive
- 48% of positive screens result in a diagnosis of ‘depression’ or ‘possible PTSD’

*Data through November 2010*
RESPECT-Mil Screening Visits

*Consistently Rising Rate of Program Implementation*

Data through May 2010
Referrals for Enhanced BH Services

*Referrals for Facilitation Nearly as High as to Specialist*

*Data through May 2010*
Care Facilitation & PTSD Severity (PCL-C)

*Number of facilitator visits associated with improvement*

Scores significantly decrease over time, model chi-square = 1403.81, p < 0.01

* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)
Care Facilitation & Depression Severity (PHQ-9)

*Number of facilitator visits associated with improvement*

Scores significantly decrease over time, model chi-square = 1588.10, p < 0.01

* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)
RESPECT-Mil Facilitator Use

*Only 20.6% have four or more facilitator contacts*

* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)
Visits associated with any suicidal ideation

1% of screened visits (7.6% of screen positive visits)

27% of visits involving suicidal ideation are rated by provider as intermediate or high risk (“non-low risk”)

Frequent “save” anecdotes

* Data through Nov 2010
Visits associated with any suicidal ideation

Appropriate risk assessment
- 99.4% of screened positive visits

Appropriate risk assessment
- 99.9% of screened visits

* Data through May 2010
66% assistance rate
accept/[accept + decline]

3% of all visits
involve recognition & assistance for
previously unrecognized mental health needs

* Data through Nov 2010
RESPECT-Mil
Findings to Date

- Often concerns about getting started
- Once started, approach is acceptable and feasible for both Soldiers and providers
- Enrolled soldiers show clinical improvement
- Identifying & referring Soldiers with previously unrecognized and unmet needs
- Enhanced safety and risk assessment capabilities
- Intercalation with Patient Centered Medical Home
- Web-based training ongoing
- FIRST-STEPS performance reporting
- Alcohol SBIRT demonstration in preparation
- REHIP triservice demonstration of a “blended” model
- STEPS-UP Trial – a 5-year, 18-clinic controlled trial
  (n=1500) intervention is blended + centralized care management + stepped psychosocial modalities
RESPECT-Mil
Review of Findings to Date

- Often concerns about getting started; once started the approach is feasible and acceptable
- Identifying & referring patients with previously unrecognized and unmet needs
- Clinical improvement is related to use of care facilitation
- Only ~20% reach 4 facilitator visits (~5 months)
- Most sites lack accessible evidence-based psychosocial therapies
RESPECT-Mil Central

Implementation Team

**COL Charles Engel, MC**  
Director

**Tim McCarthy**  
Deputy Director

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Associate Director,  
Program Development & Training

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Primary Care Health Proponent

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Nurse Proponent & Educator

**Lee Baliton**  
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**Barbara Charles**  
Administrative Assistant

**Phyllis Hardy**  
Administrative Assistant

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**Allen Dietrich, MD**  
Professor of Family Medicine, Dartmouth Medical School

**Thomas Oxman, MD**  
Emeritus Professor of Psychiatry, Dartmouth Medical School

**John Williams, MD, MSPH**  
Professor of Medicine, Duke University & Durham VA

**Kurt Kroenke, MD**  
Professor of Medicine, Indiana University & Regenstrief Institute
Questions?
RESPECT-Mil
Patient Flow & Clinic Process

**screen**
- **all visits**
  - **negative**
  - **positive**

**diagnostic aid**
- **positive**
  - **episode complete** 86.6% of visits
  - **negative**
  - **positive**

**PCC visit**
- **positive**
  - **episode complete** 4.4% of visits
  - **negative**
    - **no diagnosis**
      - **episode complete**
        - **Negative PHQ & PCL** 72%
        - **No PCC Diagnosis** 28%

**enhanced BH care declined**
1.4% of visits

**BH care enhanced**
7.6% of visits

- **Already in BH / RESPECT-Mil** 63%
- **New referral to BH care** 16%
- **New referral to RESPECT-Mil** 15%
- **New referral out to BH care** 7%
### RESPECT-Mil

#### Time & Workload

<table>
<thead>
<tr>
<th>Component</th>
<th>% Visits</th>
<th>Estimated Time / Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clinic patients</td>
<td>100.0%</td>
<td>2 minutes medic time</td>
</tr>
<tr>
<td>Screen positive</td>
<td>13.4%</td>
<td>3 minutes medic time</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>10.2%</td>
<td>10 minutes clinician time</td>
</tr>
<tr>
<td>Suicidality</td>
<td>0.7%</td>
<td>25 minutes clinician time</td>
</tr>
</tbody>
</table>

**Total Estimated Time Per Visit**

- **Medic** = \(2 + (0.134 \times 3)\) = 2.4 min
- **Provider** = \((0.102 \times 10) + (0.007 \times 25)\) = 1.2 min
RESPECT-Mil
Creating Efficiencies

~ 90% of visits require **NO** added provider time
~ 84% of added clinician time is for the **0.7%** of visits at highest risk

- **screen+, dx+, suicide+**
  - ~5 min medic
  - ~25 min provider time
- **screen+, dx+, suicide-**
  - ~5 min medic
  - ~10 min provider time
- **screen+, dx-**
  - ~5 min medic time
  - **NO** provider time
- **screen-**
  - ~2 min medic time
  - **NO** provider time