



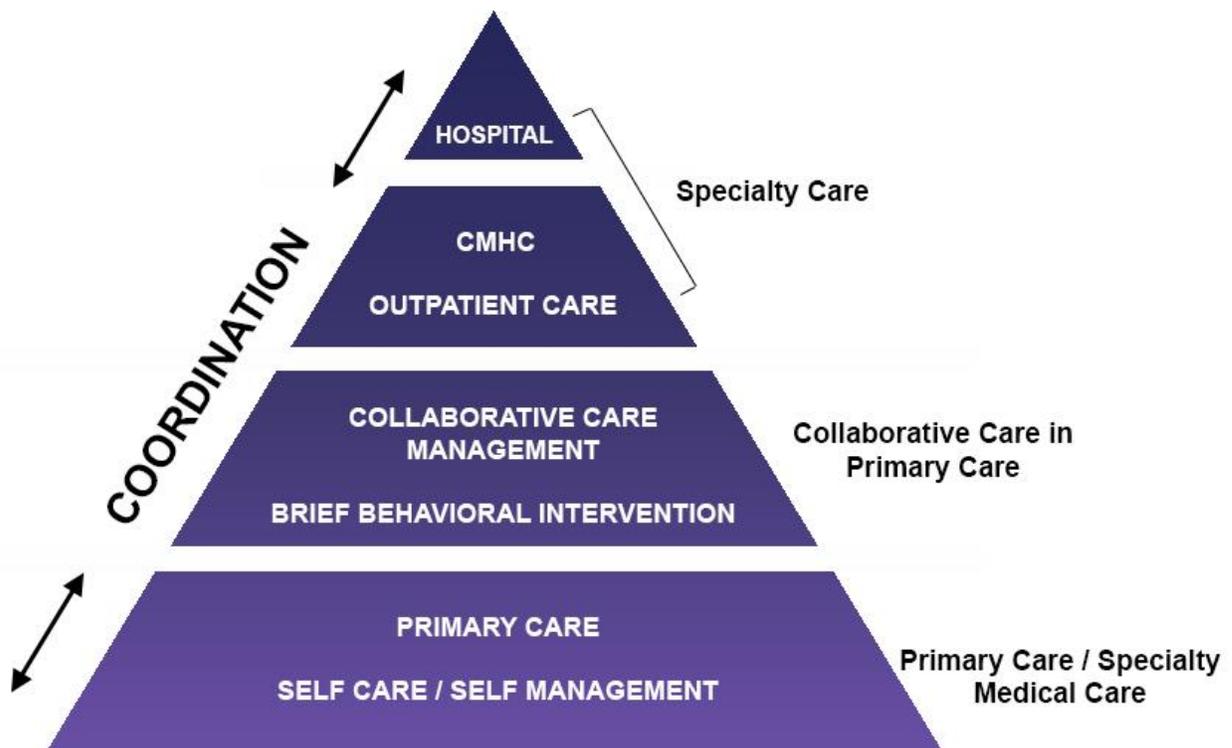
## Integrated Care: Leveraging psychiatric consultation to provide more access to effective mental health care

Behavioral health problems such as depression, anxiety and alcohol or substance abuse are among the most common and disabling conditions worldwide. In fact, these disorders are responsible for nearly 23% of all disability worldwide and account for substantial increases in overall health care costs. Although effective treatments exist for most behavioral health conditions, many people do not receive the care they need due to lack of access, poor quality care and ineffective coordination between the medical and behavioral health care system.

The implications of untreated behavioral health conditions are enormous, leading to clogged emergency rooms, high hospital readmission rates and structural and financial strains on the entire health care system. Poor mental health is associated with decreased work productivity and substantial increases in overall health care costs, especially for patients who have medical and comorbid mental health or substance use disorders.

### Stepped Model of Behavioral Health Care for Primary Care Settings

This pyramid represents the current levels of mental health care. Although there are mental health access needs across this spectrum, the University of Washington, Department of Psychiatry and Behavioral Sciences is working to expand access to effective mental health by teaching psychiatrists to leverage their expertise through consultation. Currently, UW Department of Psychiatry is focusing on increasing effective treatment in primary care through Collaborative Care implementation and access to psychiatric expertise in community hospital settings through tele-psychiatry to medical providers.



## Collaborative Care

Strengthening behavioral health care services in primary care is critically needed for four reasons:

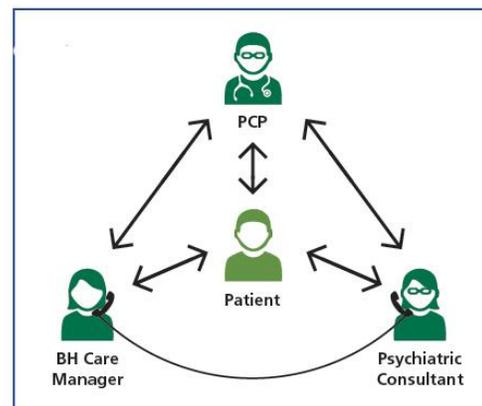
1. Approximately 60% of people with behavioral health conditions do not receive mental health care; among those who do receive care, half receive mental health care in primary care settings.
2. The quality of behavioral health care in primary care can be improved with better access to behavioral experts.
3. There are excellent evidenced-based interventions designed for use in primary care that can significantly improve behavioral health outcomes.
4. Effectively treating patients with behavioral health conditions within primary care offers enormous medical cost savings and improved patient satisfaction.

Collaborative Care is the only model of integrated care with a clear evidence base (more than 80 randomized control trials) supporting its effectiveness in meeting the Triple Aim -- better patient outcomes, better patient and provider satisfaction, and lower health care costs. When implemented, collaborative care can support primary care providers by consulting on their patients with mental health care needs. This model allows both PCP and psychiatrists to work together, and in a way that also ensures that best practices are promoted. Collaborative Care has been proven effective for all ages, including for adolescent depression.

Collaborative Care generates substantial healthcare savings. In addition to direct costs of care for behavioral health disorder, Medicare and Medicaid patients with behavioral health illness have health care costs 2-3X higher than other beneficiaries. Using Collaborative Care to deliver effective mental health care can help lower medical care costs and help maximize the value of services provided. Research suggests that up to \$6 are saved in health care costs for each dollar spent on Collaborative Care, a return on investment of 6:1.

### **How It Works**

Collaborative Care uses a team-based approach and effective communication to address care for the 'whole person.' The care team consists of a primary care provider (PCP), care manager, and psychiatric consultant. The care manager acts as the facilitator of communication between the primary care provider and the psychiatric consultant by tracking treatment response and alerting the rest of the team when the patient is not improving. The psychiatric consultant reviews the treatment plans of patients with the care manager and advises the PCP on behavioral health care. Importantly, the PCP continues to oversee all aspects of the patient's care including prescribing medications, providing treatments aimed at medical conditions, and making referrals to specialty mental health care when needed.



## Telepsychiatry to Community Hospitals

**Inpatient "Hospital to Hospital" Psychiatric Consultation/Liaison Services.** Through this program, the UW Department of Psychiatry provides clinical psychiatric consultation for patients who are admitted to a medical hospital bed, but for whom psychiatric consultation would be helpful. Services may include evaluation of "single bed certification" patients.

## How to Get Started

### Utilize Free Resources:

- **AIMS Center:** The Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington provides a wealth of information about what Collaborative Care is and how to implement it. [AIMS Center](#)
  - [Daniel's Story](#): This 7 minute video explains Collaborative Care through a patient's experience with his care team.
  - [AIMS Center Collaborative Care Implementation Guide](#): A step-wise introduction to the process of implementing Collaborative Care.
- **UW Psychiatry and Addictions Case Conference series (UW PACC):** Specialists with expertise in the management of challenging mental health issues provide a weekly videoconference-based consultative session with a goal of increasing the knowledge and skills of community practice providers who treat patients with mental health problems. Each session is comprised of a didactic presentation from the UW Integrated Care Psychiatry curriculum for primary care providers, followed by interactive case consultations with specialists, incorporating measurement-based clinical instruments to assess treatment effectiveness and outcomes for individuals and larger populations. To be initiated June 2017.
- **UW MedCon:** UW School of Medicine experts in a variety of clinical areas provide a 24-hour, toll-free telephone line for physicians in the WWAMI region to obtain consultations concerning their patients.
- **The Partnership Access Line (PAL):** PAL employs child psychiatrists and social workers affiliated with Seattle Children's Hospital (SCH) to deliver telephone-based mental health consultation services to primary care doctors, nurse practitioners and physician assistants throughout Washington. Offered Monday through Friday, 8am-5pm: toll free 866-599-7257. Funded by the Washington State legislature.
- **Perinatal Psychiatric Consultation Line:** Faculty members of the UW Department of Psychiatry and Behavioral Sciences with expertise in perinatal mental health provide telephone consultations and recommendations, as well as referrals to community resources, for local clinicians caring for women with mental health needs during pregnancy and postpartum. Offered Monday through Friday, 3-5pm: 206-685-2924.

### Resources to Learn More

- [The Collaborative Care Model - An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes](#): A brief highlighting the Collaborative Care model as one approach to implementing integrated care under the Medicaid health homes authority.
- [Qualis Behavioral Health Integration Guide](#): This guide provides guidance and tools a primary care practice can use to develop a vision for integrated care and a customized implementation plan reflective of its goals and resources.
- [AMA Steps Forward](#): Behavioral health integration into ambulatory practice.
- [Quick Start Guide to Behavioral Health Integration](#): An interactive flowchart to walk you through some of the questions to consider when integrating behavioral health care.
- [Fixing Behavioral Health Care in America: A National Call for Integrating and Coordinating Specialty Behavioral Health Care with the Medical System](#): An issue brief published by the Kennedy Forum.
- [Pittsburgh Regional Health Initiative video](#): Explains the financial cost of behavioral health from the employer's perspective and cost-saving primary care interventions. (2:20)

## **Partner with the UW Integrated Care Training Program (UW ICTP):**

***Community Partnerships with Integrated Care Fellows:*** Each year the UW ICTP will choose several community partners to implement Collaborative Care and provide new access to effective mental health services. These projects will start each year in July.

***Request Training in Integrated Care for Your Psychiatrist:*** If your clinic is looking to implement Collaborative Care, UW ICTP can provide training and up to 3 hours of individual consultation to support your implementation planning. This support is available anytime.

## **Partner with UW Psychiatric Consultation and Telepsychiatry (UW PCAT) Program:**

***The UW Department of Psychiatry and Behavioral Sciences*** has a longstanding history of practice and innovation in telepsychiatric care. Last year, we provided more than ***15,000 Telepsychiatry Consultations in over 150 regional clinics, and to a variety of inpatient and outpatient settings.*** Our psychiatrists work closely with local clinical staff to provide consultations, collaboration, and support and mentoring to encourage clinicians to practice at the top of professional scope.

Partnering with our team reduces the burden of recruiting, credentialing, supervising and monitoring psychiatric consultants and gives you access to psychiatrists well versed in consultative services. Our department includes over 250 faculty members with expertise in Addictions Medicine, Autism, Geriatrics, High-Risk Youth, Health Risk Behaviors, Integrated Care/Collaborative Care, Neurosciences, School-based Health, Trauma (PTSD and TBI), Psycho-oncology, Transplant Psychiatry, Women's Health, HIV, Pain Medicine, ECT, and Perinatal Psychiatry.

***For more information about UW ICTP and UW PCAT please contact:***

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