

Substance Abuse and Mental Health Services Administration: Integrated Primary Health Care

PRISM-E was a federally funded multi-site randomized behavioral health services research study that compared effectiveness of an integrated primary health care approach to an enhanced version of specialty behavioral health services accessed through referral for older adults.

Lead Agency:

Substance Abuse and Mental Health Services Administration (SAMHSA)

Agency Mission:

SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders.

Principal Investigator:

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Partner Agency:

Department of Veterans Affairs (DVA) was a key co-partner

Health Resources and Services Administration (HRSA)

Centers for Medicare and Medicaid Services (CMS)

General Description:

Although prevalence rates vary in epidemiological studies, elderly individuals experience high rates of depression, anxiety disorders, and alcohol use disorders. Older adults are high utilizers of health care services who seek and receive mental health and substance abuse services more often from their primary care providers than from specialty providers. At that time there was great interest in whether integrating behavioral health care into primary health care settings might provide better access to care and/or better outcomes. To examine this issue, SAMHSA developed and funded a large randomized multisite study to add critical knowledge about how to best organize and deliver mental health and substance abuse services for older adults. The study was titled *Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E)*. PRISM-E was developed to compare the effectiveness of two common service delivery models to treat behavioral health care problems. The first model, Integrated Care, was set within generalist primary health care settings. The comparison model was an enhanced form of care provided in behavioral health specialist settings through referral from primary health care providers. The study aimed to identify differences in clinical and cost outcomes between these two models for targeted conditions common in older adults, depression, anxiety, and problem or at-risk alcohol use. This 6-year study included clinical

screenings on 25,000 persons age 65 years and older; random assignment of 2,300 persons identified with mental health or substance abuse issues to either Integrated Care or Enhanced Specialty Referral treatment models; and, assessments at baseline, 3 and 6-months, to determine changes in clinical symptoms and functioning over the course of treatment.

Key findings of the study:

- Many older adults in primary care settings have behavioral health problems that can be easily identified by screening.
- Both treatment approaches succeeded in improving participant's mental health and resulted in participants' report of high satisfaction. An advantage of the Enhanced Specialty Referral model was found for persons with the most severe forms of depression.
- Integrated Care led to greater access to behavioral health services.

Policy implications of the study:

- Both Integrated Care and Enhanced Specialty Referral provide good options or choices for older adult consumers. Many consumers prefer Integrated Care because of concerns about stigma, transportation or coordination with other providers. The Enhanced Specialty Referral model better meets needs of consumers with more serious illnesses. Consumers demand choices and PRISM-E demonstrates two good choices for mental health and alcohol treatment services.
- Funding issues identified during the study included need for training opportunities for providers on integrated care, current prohibition of billing for both a primary care and psychiatry visit on the same day, and no funding options for administrative case management which is critical for Enhanced Specialty Referral.

Future plans include dissemination of findings through a SAMHSA-sponsored evidence-based practice KIT (Knowledge Informing Transformation) specific for the treatment of depression in older adults, brochures and web material for providers and older adult consumers.

Excellence: What makes this project exceptional?
PRISM-E was a large-scale behavioral health services study conducted with high standards of scientific rigor to enhance credibility and generalizability. The study was conducted as a randomized trial; all sites underwent rigorous independent peer review; and the large number of study participants provided statistical power to address the study questions. A Coordinating Center provided oversight of the entire study and a Steering Committee, composed of Federal representatives, the Coordinating Center, all study sites and older adult consumers, provided ongoing collaborative planning for the study. A common research protocol and assessment battery was used with well-validated measures including culturally sensitive research instrument. A comprehensive cost study was included in the research. The primary findings of the study were published quickly after study completion in high quality peer-reviewed journals.

Significance: How is this research relevant to older persons, populations and/or an aging society?

The study made significant contributions to the fields of aging, mental health, and substance abuse because it was:

- Largest study of depression in the elderly
- Largest study of at-risk drinking and alcohol use in the elderly
- First study of behavioral health integration vs. referral specialty care in the elderly
 - Past studies look at usual specialty care vs. collaborative care
- First effectiveness study of behavioral health care integration for older adults
 - Other major studies focus on compliance to complex clinical guidelines
 - PRISM-E focused on behavioral health care services enhancements that were easily adoptable across diverse real-world clinical sites
- Large sample of ethnic minority elderly (42 percent of total sample)

Effectiveness: What is the impact and/or application of this research to older persons?

Detailed findings from the study will contribute to better identification and treatment of older persons with behavioral health needs. Lessons learned include the following:

- Nearly 20 percent of the 25,000 persons screened presented significant levels of psychological distress and about 5 percent endorsed suicidal thoughts. Only 11 percent of those who screened positive for psychological distress and 14 percent of those with suicidal thoughts reported receiving care from a mental health professional during the past three months prior to the time of screening.
- Over 8 percent of older primary care patients consumed seven or more drinks per week or had more than four drinks in a day more than two times in the past 3 months, a level above the NIAAA guidelines for persons over the age of 65. Heavy drinkers or binge drinkers were more likely to become depressed or have poorer health status.
- Overall, patients in the Integrated Care group averaged more visits over the 6-month follow-up period than the Enhanced Specialty Referral group and initial engagement (making the first visit) was greater for Integrated Care than Enhanced Specialty Referral care.
- The comparison of two system intervention models of care (i.e., Integrated Care vs. Enhanced Specialty Referral) for older adults found comparable clinical rates of meaningful depression remission and decreases in depression severity over 6 months. However, for major or more severe forms of depression, the Enhanced Specialty Referral resulted in greater reduction in depressive symptoms than Integrated Care.
- The average quantity and frequency of drinking declined significantly over 6 months for consumers in both treatment groups. Similarly, binge drinking also declined over time with no differences in drinking between Integrated Care and Enhanced Specialty Referral.
- This study surveyed provider preference for the Integrated Care or the Enhanced Specialty Referral models. Almost all primary care providers stated that Integrated Care led to better communication between primary care and mental

health providers, less stigma for patients, and better coordination of mental/physical care. Fewer thought that Integrated Care led to better management of depression, anxiety, or alcohol problems.

Innovativeness: Why is this research exciting or newsworthy?

The study demonstrated innovativeness in the following ways:

- Development and implementation of Consumer Advisory Councils at local and national levels; Active participation of consumers in many aspects of study.
- Study addressed multiple behavioral health conditions in context of one study and its two comparison models.
- Study had input from many constituencies including policymakers, providers, funders, consumers, advocates, cultural competence experts, and a variety of research specialties.
- Randomized trial conducted in real world settings typically not the focus of large scale funded research projects.
- In addition to primary Federal leadership from SAMHSA Project Officer, study included an array of additional expertise and participation of Federal staff from all three of SAMHSA's Centers and from participating Federal agencies.
- Study databases are publicly available and detailed manuals are available for understanding their organization. This will foster analysis by additional outside investigators for years to come.