

PROVIDING MENTAL HEALTH CARE IN THE PATIENT ALIGNED CARE TEAM:

PRIMARY CARE-MENTAL HEALTH INTEGRATION BECOMES
PART OF THE INTERDISCIPLINARY PACT

“... the Patient Centered Medical Home will not reach its full potential without adequately addressing patients’ mental health needs. Doing so, however, will likely shift responsibility for the delivery of much of mental health care from the mental health sector into primary care....”

(AHRQ: Agency for Healthcare Research and Quality, 2010)

GEORGE

- 40 year old OEF Veteran seems depressed at his yearly PC visit
- Primary care provider diagnoses depression, begins treatment
- Depression care manager calls him weekly, monitors medications, side effects, symptoms, helps with some problem solving
- At PACT meeting, MH providers discuss usual course and treatment options
- After 4 weeks, he remains depressed. Care manager discusses with supervising psychiatrist who recommends that primary care clinicians increase dose of medication. CM also gives George some ideas about getting out and getting some exercise.
- George's progress is discussed at a PACT clinical meeting.
- Care manager continues regular contact until symptoms are resolved

Angela

- 34year old OIF veteran is seen by primary care clinician for multiple complaints.
- During visit her provider notes that she is anxious and reports she is having some nightmares of her combat experience and may be drinking too much
- Co-located collaborative mental health PACT member is asked to talk with Angela that day. PCP introduces Angela to the provider.
- She diagnoses an anxiety disorder and also notes that Angela, hoping to relax, has increased her alcohol intake in recent weeks, putting her at risk for more problems. She does not have PTSD.
- Provider a makes a few suggestions and sks her to come back in a week.
- Care is discussed in PACT meeting and a care manager agrees tp call her regularly, using a protocol for at-risk drinking behavior.
- In followup sessions, Angela learns how to manage stress and taught relaxation techniques. Her drinking declines and she reports less anxiety.

Alfred

- 67 year old Viet Nam Veteran, recently retired electrician has a positive PTSD screen during a routine primary care visit. He reports that his symptoms have been present for many years but have not really interfered with his life in the past but are sometimes keeping him awake at night now
- Co-located collaborative MH provider meets with him that day and confirms PTSD but Alfred is not particularly interested in going to a mental health appointment. He's generally satisfied with how things are going and doesn't want to "rock the boat."
- They meet a few times over the next month and Alfred receives some education about PTSD and also learns some techniques to help him sleep. They also discuss his longstanding difficulties quitting smoking .
- 3 months later he returns for a diabetes management appointment and tells his provider he has thought more about treatment for PTSD. Co-located provider meets with him again and discusses his treatment options. Alfred requests to receive specialized psychotherapy

Alfred continues

- Alfred is referred to specialty MH care in the PTSD clinical team.
- PTSD therapist keeps Co-located provider informed about progress.
- At completion of treatment, he is discharged from specialty MH care and returns to PACT care for ongoing healthcare
- Co-located provider educates the rest of the PACT about PTSD and its effects on general health.
- At team meeting Health Behavior Coordinator discusses Alfred's difficulties getting off cigarettes and recommends some simple techniques and resources that PACT nurse can review with him. At the same time, the nurse encourages him to get out and exercise more.
- As Alfred comes in for routine care, he is asked about his PTSD symptoms at each visit and the co-located provider remains ready to see him at any time.

THE TEAM WITHIN A TEAM

- CARING FOR THE MENTAL AND BEHAVIORAL HEALTH NEEDS OF THE POPULATION
- CO-LOCATED COLLABORATIVE CARE AND CARE MANAGEMENT
 - BOTH NECESSARY; NEITHER SUFFICIENT

SERVICES PROVIDED

- CONSULTATIVE ADVICE
- ASSESSMENT
- EDUCATING OTHER PACT MEMBERS
- BRIEF TREATMENTS
- ADDRESSING HEALTH BEHAVIORS/HEALTH MANAGEMENT
- PATIENT REGISTRIES
- BEHAVIORAL ACTIVATION
- MEDICATION MONITORING
- LINK TO SPECIALTY CARE – BOTH DIRECTIONS

PRINCIPLES

- IMMEDIATE OR SAME DAY ACCESS
- LOCATED IN PRIMARY CARE
- STEPPED CARE – MOST PROBLEMS ADDRESSED IN PACT SETTING
- PROBLEM FOCUSED: WHAT MATTERS TO YOU?”
- PART OF OVERALL HEALTH/HEALTHCARE – NOT SEPARATE
- ASSESSMENTS
- MEASUREMENT BASED (JUST LIKE DIABETES)
- BRIEF TREATMENTS TO RESTORE/PRESERVE FUNCTION
- PATIENT TRACKING/TELEPHONE FOLLOWUP
- REFERRAL MANAGEMENT WHEN INDICATED BY NEED TO ADVANCE TO NEXT STEP OF CARE
- MENTAL HEALTHCARE PROVIDERS ARE HEALTHCARE PROVIDERS
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