THE AFFORDABLE CARE ACT: OPPORTUNITIES FOR SOCIAL WORK PRACTICE IN INTEGRATED CARE SETTINGS

Suzanne Daub, LCSW
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Agenda

- Why integrate primary care and behavioral health?
- Define integrated care
- Review the skills needed to practice in integrated health settings
- Areas of strength in the social work profession
- Where growth is needed
- Jobs in integrated health
Why Integrate Primary Care and Behavioral Health?

Primary care presents important opportunities for detecting and treating depression:

- As many as 10% of older adults presenting in primary care have clinically significant depression, but only about half are recognized and only one in five depressed older adults receive effective treatment in primary care.
- Up to 80% of elderly Americans with depression receive their depression care in primary care.


Why Integrate Primary Care and Behavioral Health?

Many older adults prefer to receive their depression treatment in primary care.

- Primary care providers (PCPs) can address not only mental health problems but also acute and chronic medical conditions that are common and often comorbid with depression.

- It provides an important opportunity to track depression over time because depression in older adults is often chronic or recurrent.

- Several research studies over the past 10 years have demonstrated that geriatric depression can be treated effectively in primary care when mental health providers provide effective consultation and collaborative care.

Why Integrate Primary Care and Behavioral Health?

Several interventions have presented strong evidence for effectiveness with depressed older adults in primary care:

- Improving Mood: Promoting Access to Collaborative Treatment for Late-life Depression (IMPACT)
- Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)


Why Integrate Primary Care and Behavioral Health?

ACA promotes a medical home model that focuses on integrated primary care:

- Patient and family-centered
- Care coordination/care management
- Emphasis on patient empowerment and self care
- Attention to the social determinants of health
- Team-based care
- Integrated behavioral health
What is Behavioral Health Integration?

Illustration: A family tree of related terms used in behavioral health and primary care integration

See glossary for details and additional definitions

**Integrated Care**
Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Commons organizational integration involving social & other services. "Altitudes" of integration: 1) Integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

**Shared Care**
Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

**Collaborative Care**
A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

**Coordinated Care**
The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care” (AHRQ, 2007).

**Integrated Primary Care or Primary Care Behavioral Health**
Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

**Behavioral Health Care**
An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

**Mental Health Care**
Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

**Substance Abuse Care**
Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

**Patient-Centered Medical Home**
An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient’s family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007)

**Primary Care**
Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jörgen Unützer for advice on organizing this illustration
The Primary Care Behavioral Health (PCBH) Model

At the simplest level, integrated behavioral and physical health care occurs when behavioral and primary care providers work together to address the physical and behavioral health needs of their patients.
## A Standard Framework for Describing Integrated Health Services

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<tr>
<th></th>
<th>Referral</th>
<th>Co-Located</th>
<th>Integrated</th>
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<tbody>
<tr>
<td><strong>Key Element:</strong></td>
<td>Communication</td>
<td>Physical Proximity</td>
<td>Practice Change</td>
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<tr>
<td><strong>Level 1</strong></td>
<td>Minimal Collaboration</td>
<td></td>
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<tr>
<td><strong>Level 2</strong></td>
<td>Basic Collaboration at a Distance</td>
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<tr>
<td><strong>Level 3</strong></td>
<td>Basic Collaboration On-Site</td>
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<tr>
<td><strong>Level 4</strong></td>
<td>Close Collaboration On-Site with Some System Integration</td>
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<tr>
<td><strong>Level 5</strong></td>
<td>Close Collaboration Approaching an Integrated Practice</td>
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<td><strong>Level 6</strong></td>
<td>Full Collaboration in a Transformed/ Merged Integrated Practice</td>
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Behavioral health, primary care and other healthcare providers work:

<table>
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<th></th>
<th>In separate facilities</th>
<th>In separate facilities</th>
<th>In same facility not necessarily same offices</th>
<th>In same space within the same facility</th>
<th>In same space within the same facility (some shared space)</th>
<th>In same space within the same facility, sharing all practice space</th>
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Integrating Behavioral Health and Primary Care

The Nuts and Bolts of Integrating Behavioral Health and Primary Care
PCBH and Role of Primary Care Provider

- Serves as team leader
- Screens for depression, anxiety, and trauma
- Refers a broad range of patients to behavioral health
- Uses behavioral health consistently at certain types of visits (e.g., chronic pain, initial diagnosis of diabetes, well-child visits, etc.)
- Conducts medication evaluation, prescribing, and monitoring
PCBH and Role of Behavioral Health

- Work alongside PCPs as behavioral health consultants (BHCs)
- Immediately accessible for both curbside and in-exam room consults, same-day visits (15–30 minute consults between 7–10/day)
- Shared records: chart in the medical record using a Subjective, Objective, Assessment, and Plan (SOAP) note format
- Reimbursement by encounter—not by time
- No office, no caseload, no “no shows”

Clinical Approach of Behavioral Health Consultant

- Problem-focused and functional-contextual approach to assessment and treatment of behavioral health disorders
- Use evidence-based instruments to develop treatment plans, monitor patient progress, and flexibly provide care to meet patients’ changing needs:
  1. Motivational Interviewing
  2. Behavioral Activation
  3. Acceptance and Commitment Therapy
  4. Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Role of the Behavioral Health Consultant

Address a variety of issues common to primary care:

- Affective concerns: depression/anxiety
- Response to physical illness/pain/substance use and abuse
- Health behavior change: obesity, smoking, sleep, medication adherence, self-management of chronic conditions
- Engage in prevention activities

PCBH—Collaborative Approach

- PCPs systematically screen and do “warm hand-offs” according to patient needs
- PCPs and BHCs regularly review each other’s notes in the Electronic Medical Record
- Regularly consult about patient care and change or adjust treatments if patients do not meet treatment targets
- Co-monitor treatment response at each contact with valid outcome measures
- Patients who are not improving are identified and targeted for move to a higher level of care
Case Example

- Ms. T is a 73-year-old African American woman. She is a retired teacher with chronic back pain, hypertension, and a history of multiple hospitalizations for coronary artery disease. She is depressed, has stopped going to church, misses her PCP appointments, and takes her HBP medications “on her own terms.”
Social Workers as Behavioral Health Consultants

Social workers are a perfect fit for primary care!

- Social workers are the broad-scoped generalists of the mental health disciplines—and primary care is a generalist profession
- Core biopsychosocial approach
- Unique case management training
- Ability to use multiple lenses: person-in-environment, social policy, micro to macro
- Appreciate the interlocking nature of internal and external issues that form the matrix of people’s lives
- Strong ethical commitment to maximizing access to care
Opportunities for Social Workers in Primary Care

- Behavioral Health Consultants
- Care Coordination/Care Management/Navigation
- Patient Education and Wellness Coaching
- Specialty Mental Health
- Outreach Specialists
- CHW Supervisors
To work in integrated care settings...

Social workers need enhanced training on:

- Basic understanding of primary care medical conditions
- Screening, rapid assessment, and brief intervention
- Motivational interviewing, behavioral activation, self-management
- Systems-oriented practice including care planning and care coordination
- Primary care communication skills and interdisciplinary care
- Working knowledge of psychopharmacology
- Substance use/addiction treatment

Conclusions

- With the passage of the ACA and increased emphasis on the patient-centered medical home, integrated care is widely seen as the gold standard of whole-person primary medical care.
- Primary care is a generalist profession and social workers are the generalists of the mental health disciplines, making our professional culture, values, and skill set a great fit for this type of work and setting.
- Social workers are well established in specialty medical settings, such as hospitals, and with additional training we can make an important contribution in the primary care arena.
Resources

- SAMHSA/HRSA Center for Integrated Health Solutions (CIHS)
  Field-Based & Research-Based Materials
- Council on Social Work Education (CSWE)
  Free Integrated Health Social Work Curriculums
- Integrated Care Resource Center (ICRC)
  Medicaid State Level Tech. Asst. for Integrated Health
- AHRQ Academy for Integrating Behavioral Health & Primary Care
  Great Research-Based Resources
- Dear State Medicaid Letters/Centers for Medicaid & Medicare Services (CMS)
- Variety of IH Directives including: Health Home Core Quality Measures
Resources

Clinical Social Work & Behavioral Medicine Certificate Program

University of Michigan
Certificate in Integrated Health
http://ssw.umich.edu/offices/continuing-education/certificate-courses/integrated-behavioral-health-and-primary-care

University of Massachusetts
Two Certificate Programs in Integrated Health
http://www.umassmed.edu/cipc/

Fairleigh Dickinson University
Certificate in Integrated Primary Care
http://integratedcare.fdu.edu/

Arizona State University Doctor of Behavioral Health
http://asuonline.asu.edu/dbh
Questions
Thank You

To access a recording of this webinar and other teaching resources, please visit:

www.cswe.org/CentersInitiatives/GeroEdCenter