RN Behavioral Health Care Manager in Primary Care Settings

Integrated Care and the Expanding Role of Nurses

Seattle Airport Marriott, SeaTac, WA
Tuesday, January 9, 2018

The Healthier Washington Practice Transformation Support Hub
Welcome & Introductions

- Rita Haverkamp, MSN, PMHCNS-BC, CNS
- Lori Higa, BSN, RN-BC
Why Integrated Care?
Common Behavioral Health Conditions in Primary Care

Session 1
Learning Objectives

• Compare and contrast behavioral health integration in primary care with the Chronic Care Model.
• Describe the nursing scope of practice and whole person care approach.
• Understand the prevalence of behavioral health conditions in primary care.
• Summarize how the PHQ-9 is a tool to screen to identify patients with depression—and monitor response to treatment.
Small Group Discussion
Nursing and Behavioral Health Care

Prompt
Think of a difficult patient encounter.

Instructions
1. In pairs, take turns discussing:
   a) The encounter
   b) How you helped the patient
   c) The skills from your nursing background that were used
2. Report out to the larger group.
Who Gets Treatment?

No Treatment

Primary Care Provider

Mental Health Provider

Wang et al., 2005

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Debunking Behavioral Health Myths

• Psychiatrists just prescribe pills.

• Antidepressants are given out too readily - and they don’t even work.

• Mental health isn’t as important as physical health.

• You can’t lead a normal life if you have a serious mental illness.
Debunking Behavioral Health Myths

• Everyone with a mental health problem or illness needs to see a psychiatrist.
• Mental health problems are caused by the person suffering from them.
• Psychotherapy takes forever and gets into childhood issues.
• Being suicidal means I'm crazy.
• PTSD is only a military issue.
Collaborative Care is Based on the Chronic Care Model

Edward H. Wagner, MD, MPH
Evidence-Based Care: IMPACT Study

Prepared, Pro-active Practice Team

Informed, Active Patient

Outcome Measures

Population Registry

Treatment Protocols

Psychiatric Consultation

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

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Behavioral Health in Primary Care Settings

- Hospital
- CMHC
- Specialty Care
- Collaborative Care
- Brief Behavioral Interventions
- Primary Care
- Patient Self-Management

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Depression

• Pervasive depressed mood/sadness

• Loss of interest/pleasure
  Lack of energy, fatigue, poor sleep and appetite, physical slowing or agitation, poor concentration, physical symptoms (aches and pains), irritability, thoughts of guilt, and thoughts of suicide

• A miserable state that can last for months or even years
Depression by the Numbers

Common
• 10% in Primary Care

Disabling
• #2 cause of disability (WHO)

Expensive
• 60-100% higher health care costs

Deadly
• Over 30,000 suicides per year
Depression is Deadly
Older Adults Have the Highest Rate of Suicide

Source: National Institute of Mental Health
Data: Centers for Disease Control and Prevention, National Center for Health Statistics
Depression is Often Not the Only Health Problem

- Depression
- Chronic Pain (40-60%)
- Cancer (10-20%)
- Neurologic Disorders (10-20%)
- Diabetes (10-20%)
- Heart Disease (20-40%)
- Geriatric Syndromes (20-40%)
Few Depressed Adults Get Effective Treatment

• Only about 50% are treated

• Men, ethnic minorities, older adults have particularly low rates of depression treatment

• Many, if not most, prefer treatment by their primary care physician (PCP)

• PCPs prescribe majority of antidepressants
Depression Treatment in Primary Care

• Only 20 – 40% of those treated show substantial improvement over 12 months

• Increasing use of antidepressants but treatment is often not effective
  – Early treatment dropout
  – Staying on ineffective meds too long

• Little access to evidence-based psychosocial treatments
Adverse Bidirectional Interactions

- Smoking
- Sedentary lifestyle
- Obesity
- Lack of adherence to medical regimens
- Psychophysiologic:
  - ↓ Insulin sensitivity
  - ↑ Autonomic nervous system
  - ↑ Inflammatory markers
  - ↑ Cortisol

- Diabetes and CHD at earlier age
- Poor symptom control
- ↑ Functional impairment
- ↑ Complications of medical illness
- ↑ Mortality

Katon et al. Biol Psychiatry 2003
The “PHQ-9” is like the “A1C” of Depression

Diabetes
A1C

Depression
PHQ-9
Behavioral health measures are like monitoring blood pressure:

– Identify that there is a problem
– Needs further assessment to understand the cause of the “abnormality”
– Helps with ongoing monitoring to measure response to treatment including how each symptom is responding to treatment
PHQ-9: How to Administer

• Self-administered
  – In clinic or at home

• In-person
  – Facilitates assessment AND teaching about depression symptoms
  – Can be administered orally for low literacy patients

• By phone
  – Send a copy home for patient to follow along
# PHQ-9

**Over the last 2 weeks, how many days have you been bothered by any of the following problems?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If you checked off any problem on this questionnaire so far, 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?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very Difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you checked off any problem on this questionnaire so far,</strong> 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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Understanding the PHQ-9 Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>No Depression</td>
</tr>
<tr>
<td>5 – 9</td>
<td>Mild Depression</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate Depression</td>
</tr>
<tr>
<td>≥ 15</td>
<td>Severe Depression</td>
</tr>
</tbody>
</table>

Are there safety concerns?
• If Question 9 is a score > 0, needs to be assessed for safety

Is it depression?
• MDD: needs to have either Question 1 or Question 2 with a score of >2
Follow-up Questions for Patients Scoring 1-3 on Question #9

1. Do you feel like life isn't worth living?
   - Yes = Go to Follow-up Question #2
   - No = Write down what patient was thinking when they answered Question #9

2. Do you have thoughts about harming yourself?
   - Yes = Go to Follow-up Question #3
   - No = Write patient's comments

3. Do you have plans for how you would harm yourself?
   - Yes = Go to Follow-up Questions 4 and 5

4. Do you plan to act on this soon?

5. Do you have the means to harm yourself?
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