

Integration of Behavioral Health and Primary Care

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Objectives

- Discuss common Behavioral Health Diagnosis in Primary Care
- Discuss the Importance of Behavioral Health Issues to the Primary Care Provider
- Discuss Screening Methods with a focus on Depression
- Discuss how the integration of Behavioral and Primary Care exists in our practice

A Brief History of El Centro

Or How Integration of Primary
Care Fit into a Behavioral Health
System

World Health Organization

- In 1946: defined **health**:
“the complete state of physical, mental, and
social well-being and not merely the
absence of disease”

Scope of the Problem

- 50% of US Population will suffer with a mental health problem at some point in their lifetime.
- Psychiatric disorder impairments of social and occupational functioning exceeds that of most common medical diagnosis.

Prevalence of Disease

MDD	15-20%
Substance Abuse	14-24%
Dysthymia	5-15%
PTSD	5-10%
Panic Disorder	2-13%
GAD	5-7%
Bipolar	1-4%

Dysthymia

- According to the DSM-IV-TR; characterized by at least 2 years of depressed mood, accompanied by depressive symptoms that do not meet the criteria for MDD.
- Presence, while depressed, of 2+ of the following: poor appetite; insomnia/hypersomnia, low energy/fatigue, low self esteem, poor concentration, and feelings of hopelessness.

Major Depressive Disorder

- **DSM IV Criteria:** 2+ weeks of: depressed mood, loss of interest, guilt, sleep disturbance, appetite changes, energy decrease, & suicidal
- Up to 20-25% of people with certain GMC (diabetes, myocardial infarction, stroke) will develop MDD during the course of their illness.
- Prognosis of MDD is adversely affected by concomitant GMC's

Bipolar Disorder

- DSM IV Criteria: Distractibility, indiscretion/irritability, grandiosity, flight of ideas, agitation/increased activity, lack of need for sleep, talkativeness
- Differentiation of Bipolar I and II
- Bipolar Disorder is associated with Alcohol and Substance disorders.
- Concomitant substance use is associated with increased number of hospitalizations.

Generalized Anxiety Disorder

- DSM IV Criteria: Excessive worry 6+ months, tends to recur, not from substance, somatization, and 3+ of following: sleep disturbance*, concentration difficulty*, restlessness, irritability, fatigue*, muscle tension
- * similar to depressive symptoms

GAD:

- Up to 60% of primary care patients with MDD meet criteria for GAD.
- 50% of cases of depression and anxiety in primary care occur in the same patient at the same time.

* Sartorius, Brit J Psych, 1996

Substance Abuse

- DSM IV Criteria: significant impairment or distress & occurs in a 12 month period- failure to fulfill major role obligations, use in situations where physically hazardous, substance related legal problems, continued use w/ recurring social/interpersonal problems
- Does not meet criteria for substance dependence

Mind & Body

- The strongest predictors of general hospitalizations and PCP visits among the chronically ill: depression and psychological stress (De Boer AG, et al, Health Policy 1997)
- Compared to non-depressed patients, depressed patients 3x more likely to be non-compliant with medical treatment recommendations (DiMatteo MR, et al, Arch Intern Med, 2000)

Why is this important to the Primary Care Provider?

- 60% of patients with mental illnesses are treated in the primary care sector
- Patients with Behavioral Health disorders have high utilization rates of primary medical services
- Psychiatric patients are often under diagnosed, under treated or deliberately misdiagnosed
- Deliberate misdiagnosis may occur
- Behavioral Health disorders, in particular depressive disorders have a negative impact on prognosis of comorbid medical conditions.

Source: Medical Clinics of North America: 85; 3; May 2001

Deliberate Misdiagnosis

- Self-report of 444 physicians
 - 50.3% substituted another diagnosis code for recognized depression by DSM criteria in the previous 2 weeks
 - Uncertainty of Diagnosis
 - Concerns re: reimbursement

Source: Rost; *Archives of Family Medicine*; 1-Apr-94; 3(4): 333-7

Healthy People 2010 Leading Health Indicators

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

Prevalence of Disease

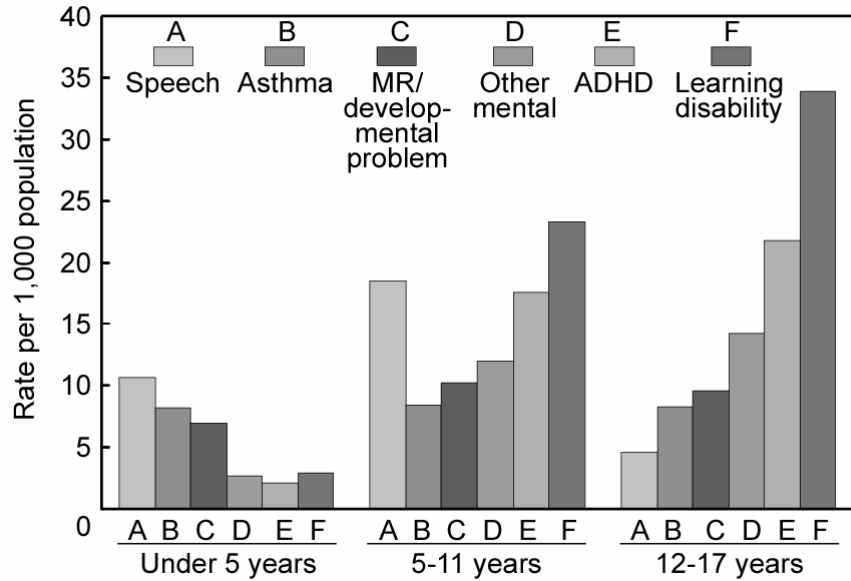
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Prevalence of Disease

Cervical Cancer	1.0%
Breast Cancer	1.2%
Prostate Cancer	1.9%
CAD	6.4%
Asthma	6.7%
Diabetes	7.1%
Hypertension	22.0%

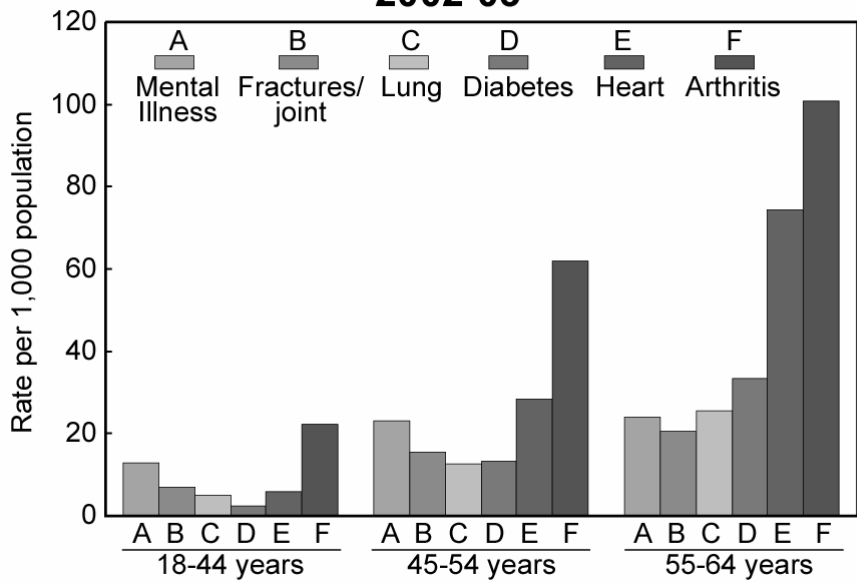
Source: National Health Interview Survey, National Center for Health Statistics, CDC

Chronic conditions causing limitation of activity, 2002-03



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, 2005*, figure 18.

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SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, 2005*, figure 19.

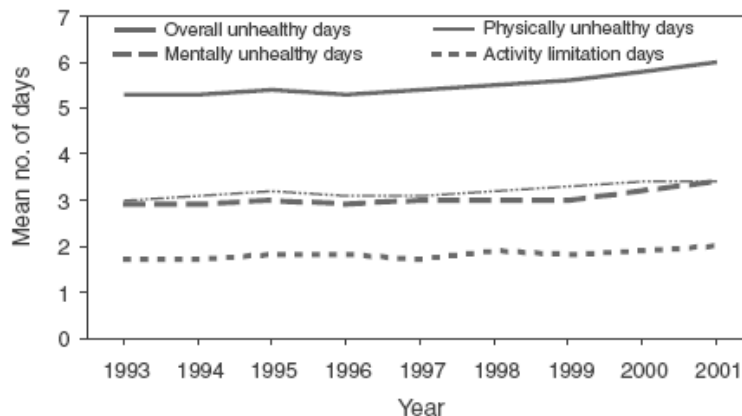
TABLE 2. Mean number of unhealthy days and activity limitation days among adults, by year — Behavioral Risk Factor Surveillance System, United States, 1993–2001

Year	No.	Overall unhealthy days*	Physically unhealthy days†	Mentally unhealthy days§	Activity limitation days¶
		Mean (CI**)	Mean (CI)	Mean (CI)	Mean (CI)
Unadjusted					
All years	1,257,726	5.5 (±0.0)	3.2 (±0.0)	3.0 (±0.0)	1.8 (±0.0)
1993	99,323	5.2 (±0.1)	3.0 (±0.1)	2.9 (±0.1)	1.6 (±0.1)
1994	103,298	5.2 (±0.1)	3.0 (±0.1)	2.9 (±0.1)	1.7 (±0.1)
1995	111,335	5.4 (±0.1)	3.1 (±0.1)	3.0 (±0.1)	1.7 (±0.1)
1996	119,352	5.2 (±0.1)	3.0 (±0.1)	2.9 (±0.1)	1.7 (±0.1)
1997	130,008	5.3 (±0.1)	3.1 (±0.1)	3.0 (±0.1)	1.7 (±0.1)
1998	143,275	5.4 (±0.1)	3.1 (±0.1)	3.0 (±0.1)	1.8 (±0.1)
1999	178,138	5.6 (±0.1)	3.3 (±0.1)	3.0 (±0.1)	1.9 (±0.1)
2000	174,489	5.8 (±0.1)	3.3 (±0.1)	3.2 (±0.1)	1.9 (±0.1)
2001	198,508	6.0 (±0.1)	3.5 (±0.1)	3.4 (±0.1)	2.0 (±0.1)
Age-standardized††					
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* Estimate of the overall number of days during the preceding 30 days when the respondent felt that physical or mental health was not good, up to a maximum of 30 days per respondent.
 † Number of days during the preceding 30 days when physical health, including physical illness or injury, was not good.
 § Number of days during the preceding 30 days when mental health, including stress, depression, or emotional problems, was not good.
 ¶ Number of days during the preceding 30 days when usual activities, including self-care, work, or recreation, were limited.
 ** 95% confidence interval, calculated by multiplying the standard error by 1.96.
 †† To the 2000 U.S. standard population.
 §§ Adjusted for sex, age, race/ethnicity, marital status, education, annual household income, employment status, and health-care plan status.

SOURCE: MMWR: October 28, 2005 / Vol. 54 / No. SS—4, Table 2

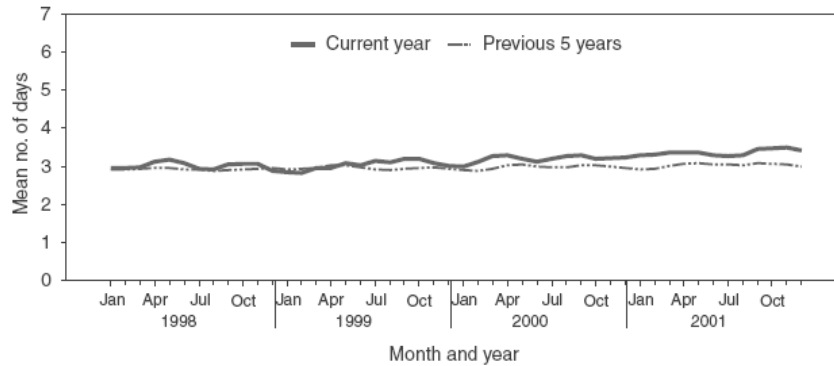
FIGURE 2. Mean number of unhealthy days and activity limitation days among adults, by year — Behavioral Risk Factor Surveillance System, United States, 1993–2001*



* Age-standardized to the 2000 U.S. standard population.

SOURCE: MMWR: October 28, 2005 / Vol. 54 / No. SS—4, Figure 2

FIGURE 4. Mean number of mentally unhealthy days among adults, by 3-month moving average for current year and previous 5 years — Behavioral Risk Factor Surveillance System, United States, 1998–2001



SOURCE: MMWR: October 28, 2005 / Vol. 54 / No. SS—4, Figure 4

TABLE 10. Mean number of unhealthy days and activity limitation days among adults aged ≥ 18 years, by selected sociodemographic characteristics — National Health and Nutrition Examination Survey, United States, 2001–2002

Characteristic	No.	Overall unhealthy days*		Physically unhealthy days†		Mentally unhealthy days‡		Activity limitation days¶	
		Mean	(CI)**	Mean	(CI)	Mean	(CI)	Mean	(CI)
Overall	5,190	6.7	(± 0.5)	3.6	(± 0.3)	3.8	(± 0.4)	1.6	(± 0.2)
Sex									
Men	2,501	5.6	(± 0.4)	3.1	(± 0.4)	3.1	(± 0.4)	1.3	(± 0.3)
Women	2,620	7.7	(± 0.7)	4.1	(± 0.4)	4.5	(± 0.5)	1.8	(± 0.3)
Age group (yrs)									
18–24	975	5.7	(± 1.2)	2.6	(± 0.8)	3.5	(± 0.8)	1.4	(± 0.6)
25–34	770	7.5	(± 1.1)	3.4	(± 0.9)	4.7	(± 0.9)	1.3	(± 0.5)
35–44	825	6.4	(± 0.7)	3.2	(± 0.7)	4.0	(± 0.6)	1.7	(± 0.7)
45–54	778	6.5	(± 1.4)	3.8	(± 0.9)	3.6	(± 0.8)	1.6	(± 0.4)
55–64	624	6.8	(± 1.0)	4.0	(± 0.7)	3.8	(± 0.8)	1.9	(± 0.6)
65–74	577	6.9	(± 1.0)	4.9	(± 1.0)	3.3	(± 0.7)	1.5	(± 0.6)
≥ 75	581	7.1	(± 1.6)	5.4	(± 1.7)	2.6	(± 0.8)	1.9	(± 0.9)
Race/Ethnicity									
White, non-Hispanic	2,602	6.5	(± 0.5)	3.5	(± 0.4)	3.6	(± 0.4)	1.4	(± 0.3)
Black, non-Hispanic	1,009	7.3	(± 1.3)	3.9	(± 1.1)	4.5	(± 0.9)	2.1	(± 0.8)
Hispanic	1,344	7.7	(± 1.2)	4.2	(± 0.6)	4.7	(± 1.3)	2.2	(± 0.7)
Other race (includes Multi-racial)	175	5.4	(± 2.3)	3.3	(± 1.7)	2.9	(± 1.2)	1.0	(± 0.7)
Education									
Less than high school	1,630	8.1	(± 0.6)	5.0	(± 0.6)	4.2	(± 0.6)	2.3	(± 0.5)
High school	1,243	7.1	(± 1.3)	4.0	(± 0.9)	4.1	(± 0.9)	1.6	(± 0.5)
More than high school	2,251	5.9	(± 0.6)	3.0	(± 0.4)	3.5	(± 0.4)	1.3	(± 0.2)
Annual household income									
<\$15,000	712	8.8	(± 1.5)	5.2	(± 1.1)	5.1	(± 1.2)	2.9	(± 0.9)
\$15,000–\$24,999	775	9.4	(± 1.1)	5.8	(± 0.9)	5.3	(± 1.0)	2.4	(± 0.7)
\$25,000–\$54,999	1,553	6.7	(± 0.6)	3.7	(± 0.4)	3.7	(± 0.5)	1.7	(± 0.3)
\geq \$55,000	1,626	5.1	(± 0.6)	2.4	(± 0.3)	3.1	(± 0.5)	0.8	(± 0.1)
Self-rated health									
Excellent	673	3.1	(± 0.6)	1.6	(± 0.6)	1.6	(± 0.4)	0.6	(± 0.2)
Very good	1,555	5.1	(± 0.5)	2.2	(± 0.3)	3.1	(± 0.6)	0.8	(± 0.2)
Good	1,833	6.8	(± 0.5)	3.4	(± 0.4)	4.0	(± 0.5)	1.3	(± 0.3)
Fair	901	11.3	(± 1.5)	7.2	(± 1.3)	5.8	(± 0.8)	3.6	(± 1.4)
Poor	174	21.8	(± 2.6)	18.2	(± 3.0)	11.6	(± 2.4)	10.1	(± 3.6)

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** 95% confidence interval, calculated by multiplying the standard error by 2.131.

SOURCE: MMWR: October 28, 2005 / Vol. 54 / No. SS—4, Table 10

What Models Exist

- Behavioral Health Provided by PCP
- Traditional Psychiatric Consultation
- Collaborative Care Models

Advantages-Behavioral Health Services Provided by PCP

- Maintenance of Continuity of Care.
- Patient Familiarity may aid in recognition and diagnosis.
- Cost-effective if early diagnosis leads to effective treatment.

Adapted From: Medical Clinics of North America: 85; 3; May 2001

Disadvantages-Behavioral Health Services by PCP

- Presentation of symptoms may lead to obscure diagnosis
- High probability of under diagnosis and under treatment
- Patient volumes prevent optimal care
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- Improved Adherence and Continuity
- Ease of Access and Referral
- Decreased Patient Stigma
- Improved Communication between providers (Team approach)
- Improved Outcomes shown for more severe forms of depression

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Disadvantages-Collaborative Care Model

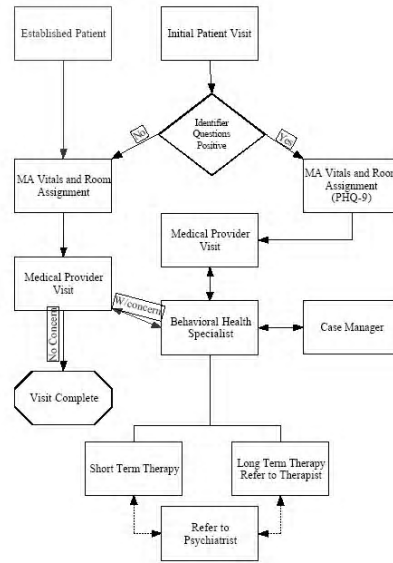
- Not readily available in all settings
- Initial Cost of Setup
- Limited data and studies proving efficacy
- Reimbursement issues

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El Centro de Corazón

Utilization of Collaborative Care
in Practice

Family Practice/Behavioral Health Integrated Care Model
Entering Through the Clinic



Some Thoughts on Screening

And Screening Tools

Who Should We Screen for Depression?

- USPSTF: Screen all Adults for Major Depressive Disorder. (Category B recommendation)
- “PCP’s miss 50% of depression”
- Over time PCP’s may recognize 84% of patients with more severe forms of MDD

Kessler D, BMJ 2002; 325: 1016-17

A Brief List of Screening Tools

- DSM IV Criteria
- Beck
- CES-D
- Depression Arkansas Scale
- PHQ-9
- Prime-MD
- Zung Depression Scale
- Zung Anxiety Scale
- Hamilton Anxiety Scale
- Panic Disorder Severity Scale
- Mood Disorder Questionnaire
- PTSD Checklist
- SPAN Scale
- CAGE

Kaiser Permanente Care Management Group

- 2 Question Screening Tool
- Oral Format
 - Sensitivity 0.97
 - Specificity 0.67
- Written Format
 - Sensitivity 0.96
 - Specificity 0.57

The Two Magic Questions

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by little interest or pleasure in doing things?

Our Model

- Starts with a two question screen (Identifier Questions)
- Follows up with a still brief but more specific screening tool (PHQ-9)
 - Multi-source data shows sensitivity ~0.75-0.85 and specificity ~0.85-0.95 (small studies have shown 1.00 specificity for MDD)
 - Advantage of being useful for outcome data as well

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use “/” to indicate your answer)

	Not at all	Somewhat	Quite a bit	Very much
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: - -

(healthcare professionals: for interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL: _____

10. If you checked off any problems, 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?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright © 1998 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Z1242049

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. Consider **Major Depressive Disorder**
—if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)
Consider **Other Depressive Disorder**
—if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients
or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Recap and Questions

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Hippocrates

“This is the greatest error of our day in the human body, that physicians separate the soul from the body.”