


	<h2>Integrated Mental Health Care:</h2> <p>closing the gap between what we know and what we do.</p>	
		
	<p>Jürgen Unützer, MD, MPH, MA Professor & Vice-Chair Psychiatry and Behavioral Sciences University of Washington</p> <p>unutzer@uw.edu</p>	
		<p>AIMS CENTER <small>Advancing Integrated Mental Health Solutions</small></p>

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<p>Building on 25 years of Research and Practice in Integrated Mental Health Care</p> <p><small>©2011 University of Washington</small> <small>AIMS CENTER Advancing Integrated Mental Health Solutions</small></p>	

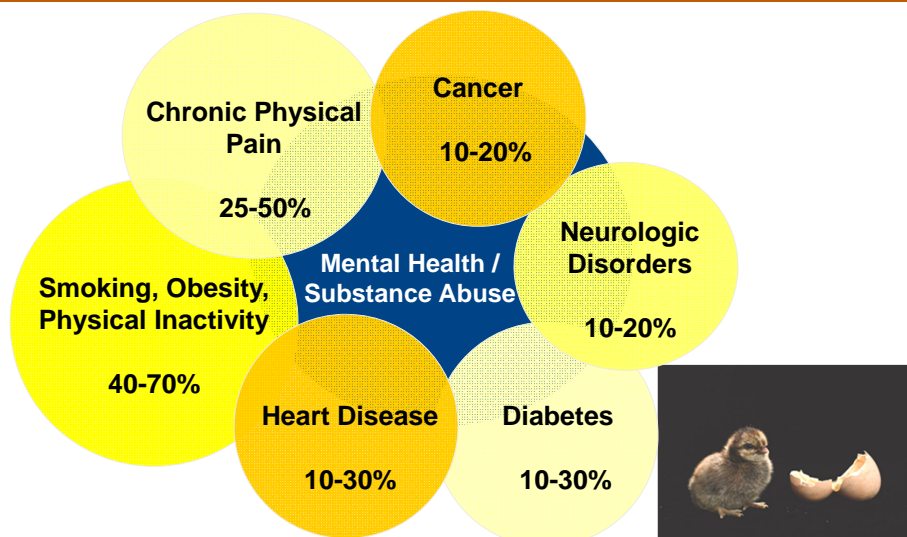
Presentation Overview

- **Why? Why now?**
- **Research Evidence**
 - Evidence-based solutions
- **Example**
 - Washington State Mental Health Integration Program (MHIP)

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Mental Disorders are Rarely the Only Health Problem

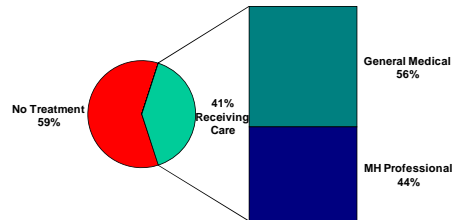


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Primary Care is the 'De Facto' Mental Health System

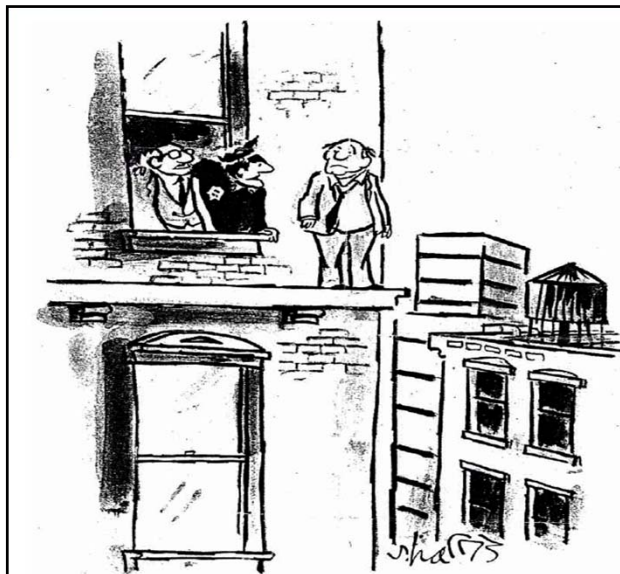
National Comorbidity Survey Replication
Provision of Behavioral Health Care: Setting of Service



Wang P, et al., Twelve-Month Use of Mental Health Services in the United States, Arch Gen Psychiatry, 62, June 2005

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"We couldn't get a psychiatrist, but perhaps you'd like to talk about your skin. Dr. Perry here is a dermatologist."

66% of PCPs Report Poor Access to Mental Health Care for Their Patients

Cunningham PJ, Health Affairs 2009;28(3)490-501

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Limits of our Current System - I

Few clients with behavioral health problems receive effective treatment.

~ 25%

Not recognized or effectively engaged in care

~ 25 %

Drop out of treatment too early

~ 25 %

Stay on ineffective treatments for too long

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Limits of our Current System - II

Treatments for physical and behavioral health are poorly coordinated:

- Resulting in many episodes of costly care that “don’t add up to much.”

Clients have to navigate poorly coordinated systems of care:

- Separate primary care, mental health care, substance abuse care, vocational rehabilitation, social services.

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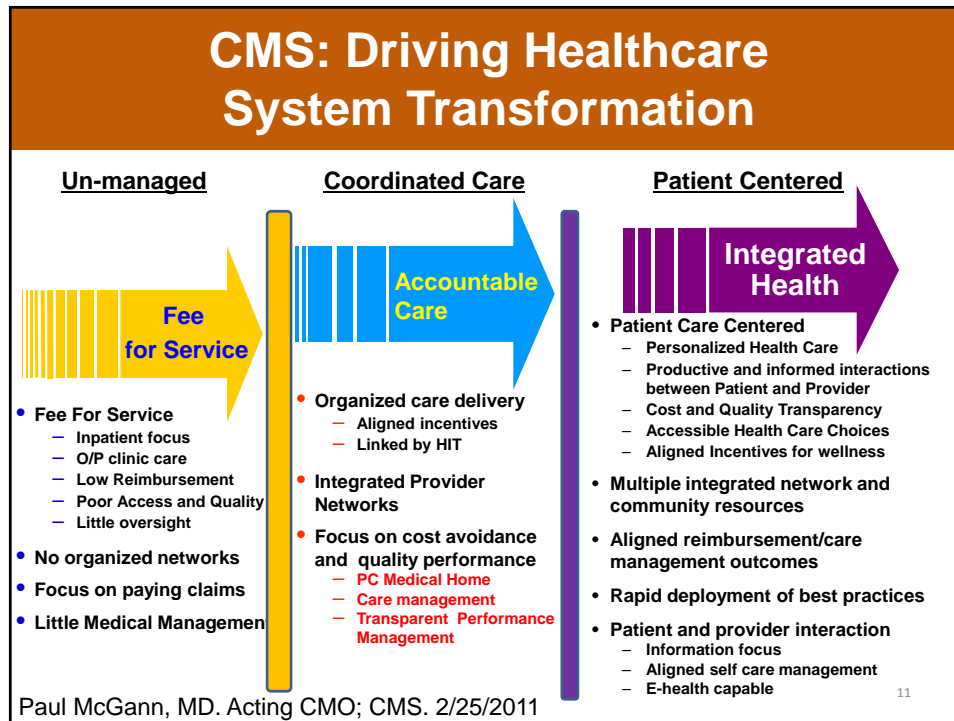
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Don't you guys talk to each other?



Why Integrate Now?

- Health care reform pushing for the 'triple aim': **better care, better health, and lower costs**
- Evidence-based solutions
- Experience with implementation



- **Patient Centered Medical Homes**
 - **Accountable Care Organizations**
 - **Meaningful use of Health IT**
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Collaborative Care - I

Systematic collaboration of primary care providers and mental health providers to improve care for depression and other common mental disorders

Over 40 RCTs for depression

- **Gilbody S. et al., *Arch Int Medicine*; Dec 2006**

Several recent RCTs for anxiety disorders

- **CALM Study (Roy Byrne et al); PTSD (Zatzick et al)**

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Collaborative Care - II

In past 5 years, several large scale implementations of collaborative care in large populations

- DOD (RESPECT-MIL)
- VA
- DIAMOND (Minnesota)
- **Washington State Mental Health Integration Program (MHIP)**

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Depression

Common

10% in primary care, more common in patients with chronic medical illnesses

Disabling

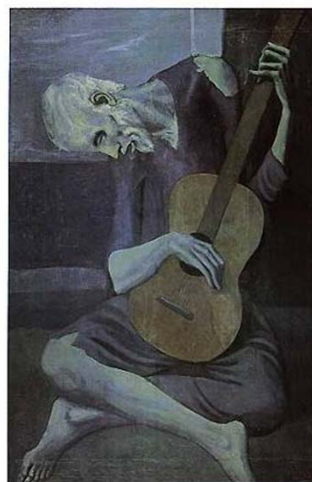
#2 cause of disability (WHO)

Expensive

50-100% higher health care costs

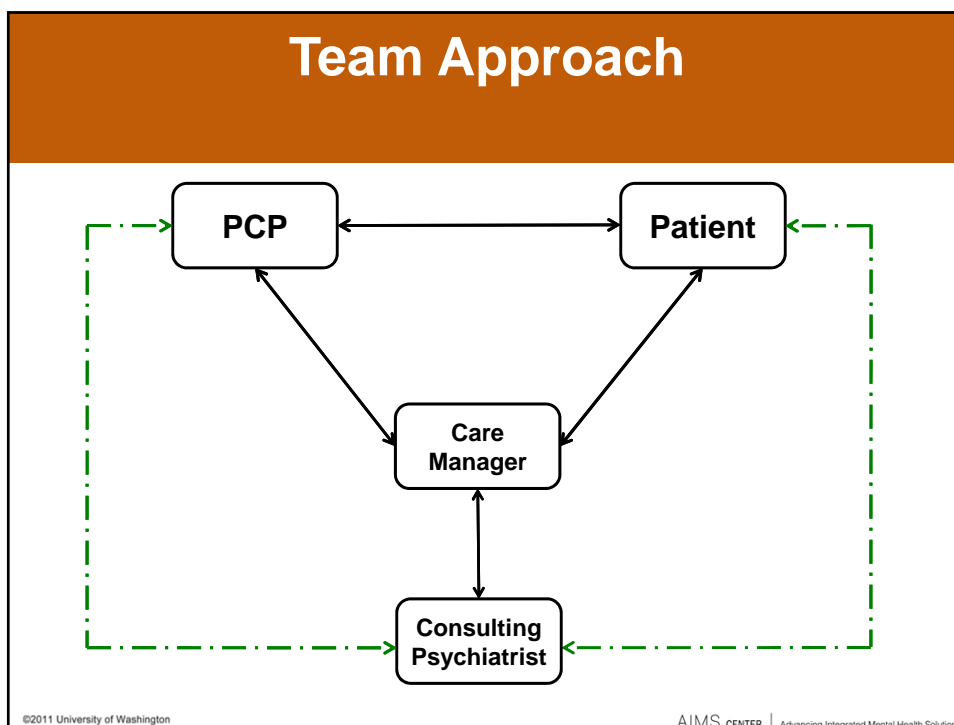
Deadly

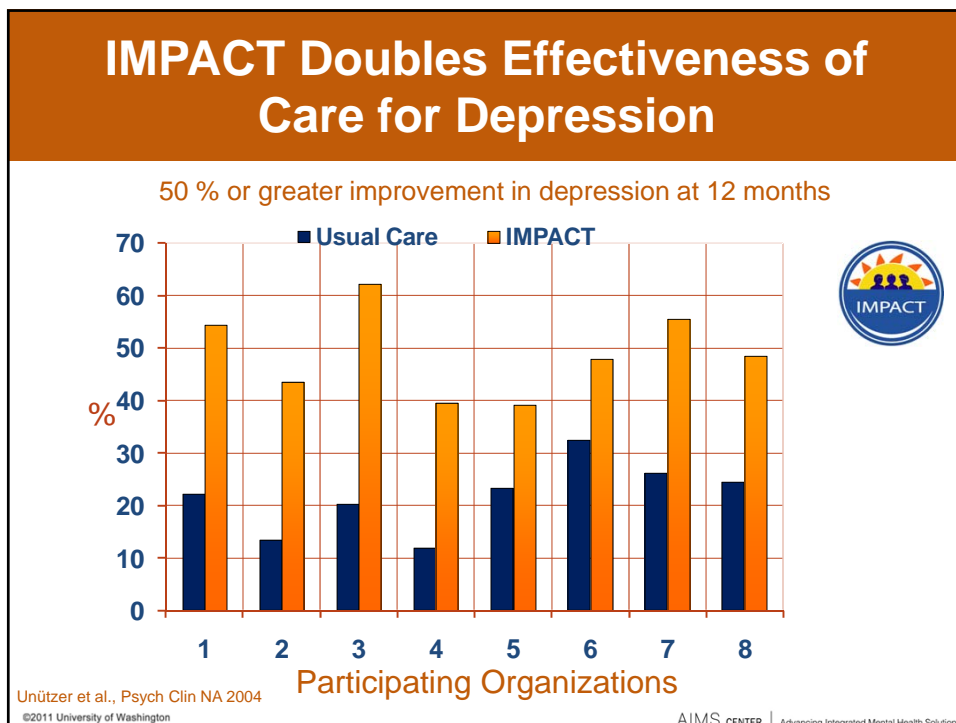
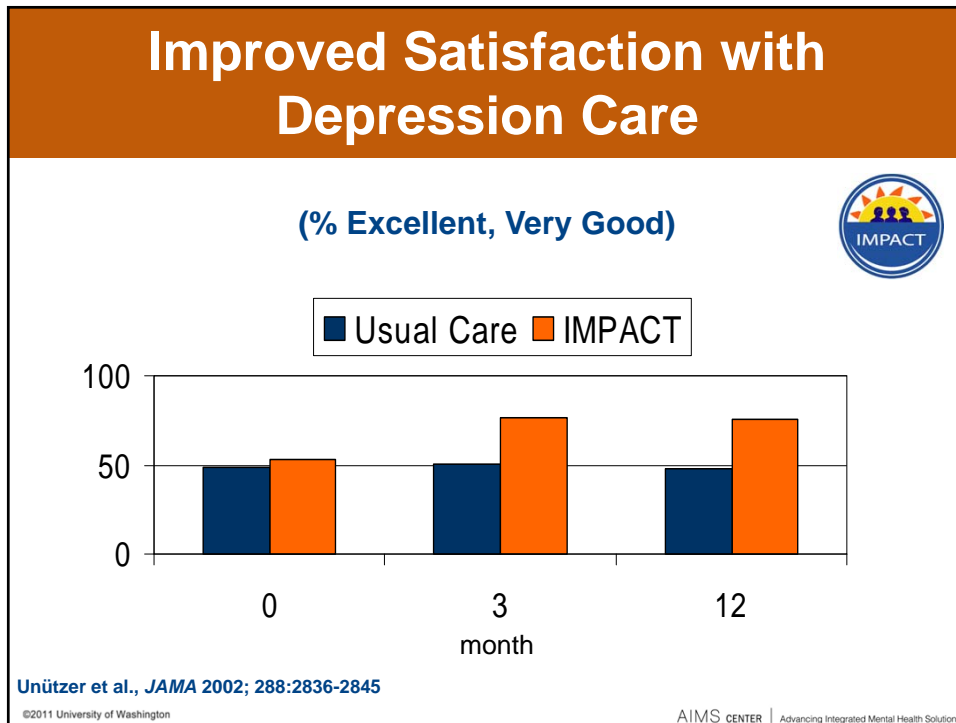
Over 30,000 suicides / year

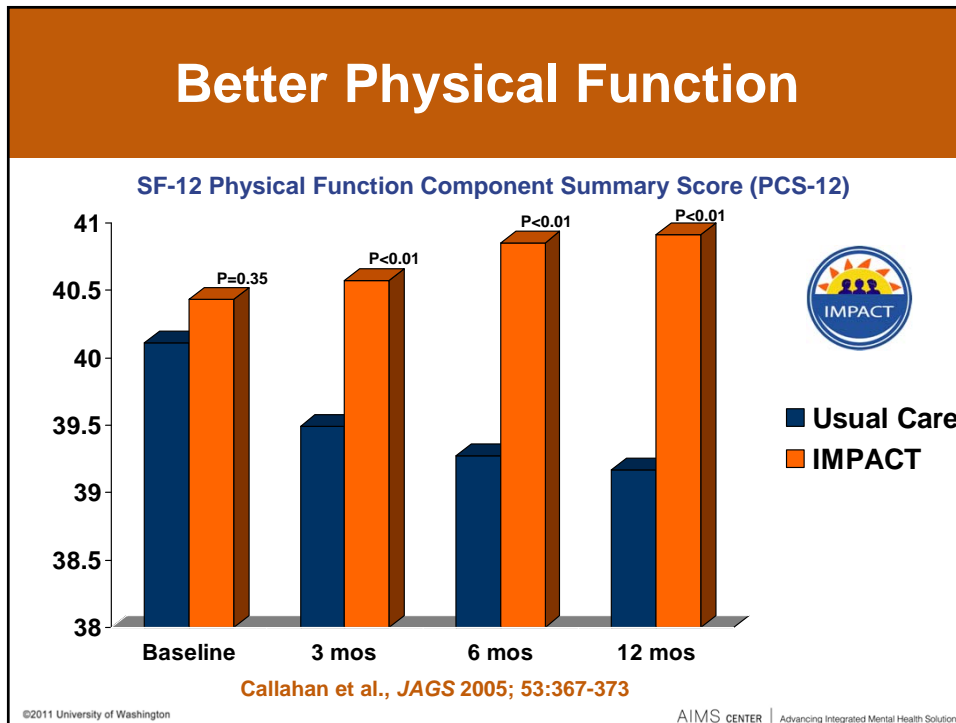


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Long-Term Cost Savings

Cost Category	4-year costs in \$	Intervention group cost in \$	Usual care group cost in \$	Difference in \$
IMPACT program cost		522	0	522
Outpatient mental health costs	661	558	767	-210
Pharmacy costs	7,284	6,942	7,636	-694
Other outpatient costs	14,306	14,160	14,456	-296
Inpatient medical costs	8,452	7,179	9,757	-2578
Inpatient mental health / substance abuse costs	114	61	169	-108
Total health care cost	31,082	29,422	32,785	-\$3363

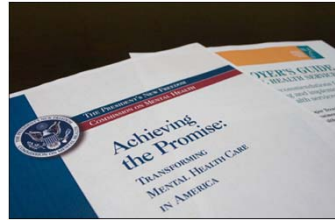
Savings

Unützer et al., Am J Managed Care 2008.

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Endorsements

- IOM Report
- President's New Freedom Commission on Mental Health
- National Business Group on Health
- AHRQ Report
- CDC Consensus Panel
- SAMHSA
 - National Registry of Evidence-Based Programs & Practices (NREPP)



IMPACT Replication Studies

Patient Population (Study Name)	Target Clinical Conditions	Reference
Adult primary care patients (Pathways)	Diabetes and depression	Katon et al., 2004
Adult patients in safety net clinics (Project Dulce; Latinos)	Diabetes and depression	Gilmer et al., 2008
Adult patients in safety net clinics (Latino patients)	Diabetes and depression	Ell et al., 2010
Public sector oncology clinic (Latino patients)	Cancer and depression	Dwight-Johnson et al., 2005 Ell et al., 2008
HMO patients	Depression in primary care	Grypma et al., 2006
Adolescents in primary care	Adolescent depression	Richardson et al., 2009
Older adults	Arthritis and depression	Unützer et al., 2008
Acute coronary syndrome patients (COPES)	Coronary events and depression	Davidson et al., 2010

INTEGRATED CARE

Implementation Experience

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Over 4,500 Providers Trained in IMPACT Care

Over 550 clinics

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Effective Integrated Care

Team Approach

- “None of us is as smart as all of us.”
- Medical and mental health providers
- Real team collaboration: not co-location / ‘parallel play’

Population-focused

- Registry to make sure patients don’t fall through the cracks

Stepped Care

- Measurement-based practice
- Treatment to Target

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Integrated Care Team Building Process

Conditions for which you plan to provide clinical care (select all that apply)		BEHAVIORAL HEALTH STAFF SELF-ASSESSMENT														
Depression	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Is This A Priority Task?		Is This Your Role Now?		If No, Whose Role?		Your Organization's Capacity with This Task?		Your Level of Comfort with This Training to Perform This Task?		Would You Like This Task?		
Anxiety (e.g. PTSD)	<input type="checkbox"/>	Other Mental Disorders	<input type="checkbox"/>	Yes	No	Yes	No			High	Med/Low	High	Med/Low	Yes	No	
Identify and Engage Patients																
Identify People Who May Need Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screen for Behavioral Health Problems Using Valid Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnose Behavioral Health Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engage Patient in Integrated Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide and Monitor Treatment																
Perform Behavioral Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop and Update Behavioral Health Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Education about Symptoms & Treatment Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribe Psychotropic Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Education about Medications & Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brief Counseling, Activity Scheduling, Behavioral Activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence-based Psychotherapy (e.g. PST, CBT, IPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify and Treat Coexisting Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitate Referral to Specialty Care or Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Create and Support Relapse Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Track Treatment Outcomes																
Track Treatment Engagement and Adherence using Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach out to Patients who are Non-adherent or Disengaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Track Patients' Symptoms with Measurement Tool (e.g. PHQ-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Track Medication Side Effects & Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Track Outcome of Referrals and Other Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjust Treatment if Patients are Not Responding																
Assess Need for Changes in Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilitate Changes in Treatment / Treatment Plan as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide Case-load-Focused Psychiatric Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide In Person Psychiatric Assessment of Challenging Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Tasks Important for Our Program (add tasks as needed)																
Coordinate Communication Among All Team Members / Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administrative Support for Program (e.g., Scheduling, Resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Supervision for Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training of Team Members in Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Mental Health Integration Program

- Funded by State of Washington and Seattle King County Public Health (SKCPH)
- Administered by Community Health Plan of Washington and SKCPH in partnership with over 100 Community Health Centers and UW AIMS Center
- Initiated in 2008 in Western WA; expanded state-wide in 2009.

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MHIP for Behavioral Health
Mental Health Integration Program

Login Operations | Login Clinical

Home Map Partners The Model Training Evaluation Stories News



A Partnership to Promote Patient-Centered Collaboration

Community Collaboration Compassion Care Cost-effective

What is MHIP? <http://integratedcare-nw.org>

Integration & Collaboration

The Mental Health Integration Program is a state-wide, patient-centered, integrated program serving clients with medical, mental health, and substance abuse needs. The program provides:

- High quality mental health screening and treatment
- An evidence- and outcome-based model of collaborative stepped care to treat common mental disorders

Results-oriented

Since the start of the program in January of 2008, MHIP has helped over 10,000 clients, ages 0-100. Ongoing evaluation has shown substantial improvements in coordinated care and mental health outcomes.

Funding

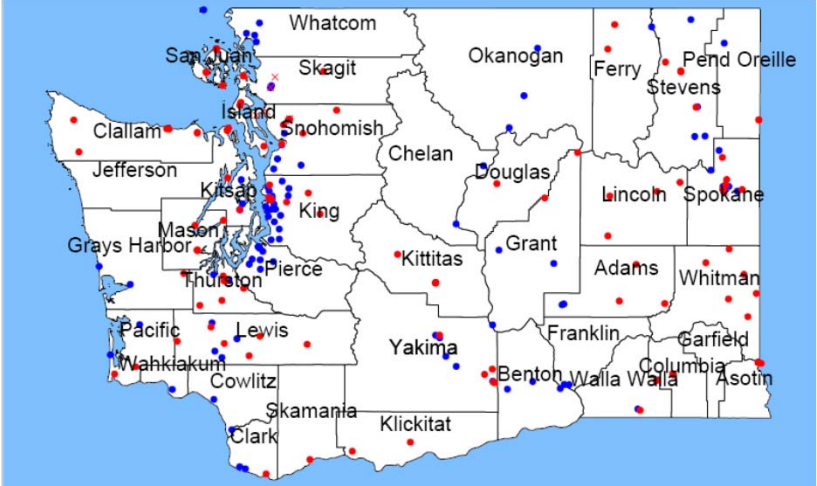
- The Washington State Legislature provides dedicated funding to Community Health Plan of Washington to provide mental health services to clients on Disability Lifeline (formerly GA-U) around the state.
- In King County, the King County Veterans and Human Services Levy, Children's Health Initiative, and the Mental Illness & Drug Dependency (MIDD) Action Plan increase access to MHIP through community health centers, public health centers, and other safety net clinics.



Kathryn Crawford, MSW
Dir. Behavioral Manager
SeaMar Community Health Centers

MHIP for Behavioral Health
Mental Health Integration Program

WA



More than 20,000 patients served in over 100 Community Health Centers in WA.

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MHIP Target Populations

State-wide: unemployed adults with short term disability due to mental health / substance abuse problems (Disability Lifeline Program)

King County: high risk mothers and their children, uninsured adults, older adults, Veterans and their family members.

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MHIP for Behavioral Health Mental Health Integration Program



Primary Care Provider supported by Behavioral Health Care Coordinator



Practice Support



Informed, Active Patient



Outcome Measurement



**Caseload-focused psychiatric consultation
Referral to and coordination with specialty behavioral health care**



Provider Training and Support

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Care Management Tracking System (CMTS)

Web-based.
In use in MHIP program and several other collaborative care programs in Minnesota, Texas, and Alberta. CA.

Registry function
➤ prevents patients from 'falling through the cracks'

Care management functions
➤ Structured templates facilitate efficient / effective clinical encounters
➤ Individual and caseload summaries facilitate
➤ measurement-based practice / treatment to target
➤ efficient psychiatric consultation on challenging patients
➤ Systematic quality improvement

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Navigation: Patient | Caseload | Program | Tools | Logout | Hello, Jurgen (unutzer)

CLINICAL DASHBOARD customize

ID : 800114

Member Information view history Last updated by: Care Coordinator hide
Status : Evaluated - Accepted into Level 1

Working Diagnoses view history hide
L1 : Depression (PHQ-9 : 0/27, Minimal); Anxiety (GAD-7 : 0/21); PTSD (PCL : 56/85)

Assessment view history Last updated by: Care Coordinator hide
Pt feels significantly better. No depressive sx's and only 'normal' anxiety. States previously her sister had a fight w her mother, pt became estranged from her mother and sister for a time. Pt continues to have a good relationship w her mother and her sister if mending her relationship w the mother. Pt discussed how she would work w her sister. Reports good relationship w her husband whose mood has significant w his new anti-depressant. She feels that her life in general has improved and has no particular concerns.

Safety Concerns view history hide
Past Suicide Attempts : None reported.

Medications view history Last updated by: Care Coordinator hide
Sertraline (Zoloft) / 50mg

Other Treatment view history hide
None recorded

Activity Goals view history Last updated by: Care Coordinator hide
Pleasant Events Scheduling: Make it a point to do some things this week that you have identified that you enjoy. • Likes to decorate and was interested in baking, creating her own recipes. • Enjoys reading, . . . Increased rewarding activity w her husband. • Talking with her son. • Dancing with children. • Going soccer games and practices. • Talk to my friends and brother. . . Eating at least one meal together w husband and children. Plan: pt will use exercise equipment to increase her energy and run. She will borrow her sister's machine.

Referrals view history hide
1 referral closed.

Outcome Measures hide

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[Patient](#) | [Caseload](#) | [Tools](#) | [Logout](#) Hello, Jurgen (juco)

TREATMENT HISTORY

Female

Provisional Diagnostic Impression

Depression
 Anxiety
 Alcohol / Substance Abuse
 Bipolar Disorder
 PTSD
 Psychotic Disorder
 Cognitive Disorder
 Chronic Pain
 Rule Out Axis II Diagnosis Other: None recorded

Contacts

DATE	TYPE	WEEKS IN TX	TYPE (L1) / MODALITY (L2)	PHQ-9	GAD-7	MEDICATION	DAILY DOSE
11/24/08	L1 - CA	0	Clinic	21	18	Zelepron (Sonata) Zolpidem CR (Ambien CR)	n/a 100
11/25/08	L1 - FU	0	Phone	11		Zolpidem CR (Ambien CR)	100
1/28/09	L1 - FU	9	Phone	12		Zolpidem CR (Ambien CR)	100
4/22/09	L1 - FU	21	Phone	9		Zolpidem CR (Ambien CR)	12.5
5/9/09	L1 - FU	23	Clinic	18		Zolpidem CR (Ambien CR)	12.5
5/10/09	L1 - FU	23	Phone	21		Zolpidem CR (Ambien CR)	12.5
8/31/09	L1 - FU	39	Clinic	10		Zolpidem CR (Ambien CR)	12.5
11/2/09	L1 - FU	49	Clinic	18		Fluoxetine (Prozac/Sarafem) Zolpidem CR (Ambien CR)	20 12.5

CA = Clinical Assessment, FU = Follow Up Contact, CC = Continued Care Plan, PE = Psychiatric Evaluation, PN = Psychiatrist Note, DC = Discharge Note, CN = Contact Note, GN = Graduation Note

Referrals

DATE REFERRED	TYPE	WEEKS IN TX	STATUS	DATE CLOSED
11/24/08	L1 - Housing	0	Closed - Pt. followed thru	11/24/08
11/24/08	L1 - CD/SA Services	0	Closed - No longer necessary	
4/20/09	L1 - Veteran Services - VCCC	20	Closed - Pt. followed thru	4/20/09
8/18/09	L1 - Veteran Services - VA	0	Pending	
11/3/09	L1 - Housing	0	Pending	

Patient Progress

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[Patient](#) | [Caseload](#) | [Program](#) | [Tools](#) | [Logout](#) Hello, Jurgen (unutzer)

CASELOAD STATISTICS L1

Site: [Redacted] [\(Switch to PCP-stat\)](#) [\(Switch to Clinic-stat\)](#)
 Report Created on: Wednesday, February 3, 2010, 7:02PM

CO	# OF P.	CLINICAL ASSESSMENT		FOLLOW UP				LAST AVAILABLE		# ON MEDS	# W/ MISSING MEDS	# IN C/C	PSYCHIATRY CONSULTATION			50% IMPROVED AFTER > 10 WKS		
		#	MEAN	# OF P.	MEAN # CLINIC	MEAN # PHONE	MEAN PHQ	MEAN GAD	# REQ'D				# W/ P/N	# W/ P/E	PHQ	GAD		
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	5.7	5.5 (92%)	1.2 (18%)	11.0 (Δ=28%)	8.8 (77%)	50	3 (4%)	0 (0%)	1 (1%)	42 (60%)	0 (0%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	11.4 (Δ=28%)	10.5 (75%)	63	2 (2%)	2 (2%)	0 (0%)	62 (72%)	0 (0%)	34 (60%) (n=50)	28 (50%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	11.2 (Δ=28%)	9.8 (76%)	113	5 (3%)	2 (1%)	1 (1%)	104 (67%)	0 (0%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Plan, P/N = Psychiatrist Note, P/E = Psychiatric Evaluation

Population(s) included: GA-U Uninsured Veterans Veteran Family Members Moms Children Older Adults [Reload](#)

Caseload summaries help manage

- Clinical productivity
- Quality improvement

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The screenshot shows a web application interface for a PCP Summary. At the top, there is a navigation bar with 'Patient', 'CaseLoad', 'Program', 'Tools', and 'Logout'. A user greeting 'Hello, Jurgen (nutzer)' is on the right. The main header area is green and contains 'PCP SUMMARY' with an 'export as text' button (indicated by a red arrow) and 'ID : 800114'. Below this, it says 'Created on: Wednesday, February 3, 2010'. The main content area is divided into sections: 'Care Coordinator', 'Primary Care Provider', 'Working Diagnoses', 'Formulation', 'Treatment Progress', 'Safety Concerns', 'Past Suicide Attempts', 'Current Psychiatric Medications', 'Activity Goals', and 'Referrals'. A line graph titled 'Treatment Progress' shows 'Scores' on the y-axis (0 to 22) and 'Week in Treatment (0 = Clinical Assessment)' on the x-axis (0 to 14). Two lines are plotted: a blue line for PHQ-9 and a red line for GAD-7. Both lines show a significant decrease from week 0 to week 3, followed by a slight increase and then stabilization. The PHQ-9 line starts at approximately 20 and ends at 2. The GAD-7 line starts at approximately 18 and ends at 2. Below the graph, there are sections for 'Safety Concerns', 'Past Suicide Attempts', 'Current Psychiatric Medications', 'Activity Goals', and 'Referrals'. At the bottom, there is a 'Psychiatrist Note' section and a footer with '©2011 University of Washington' and 'AIMS CENTER | Advancing Integrated Mental Health Solutions'.

Clinical Diagnoses

Diagnoses	%
Depression	71 %
Anxiety (GAD, Panic)	48 %
Posttraumatic Stress Disorder (PTSD)	17 %
Alcohol / Substance Abuse	17 %*
Bipolar Disorder	15 %
Thoughts of Suicide	45%
... plus acute and chronic medical problems, chronic pain, substance use, prescription narcotic misuse, homelessness, unemployment, poverty,	

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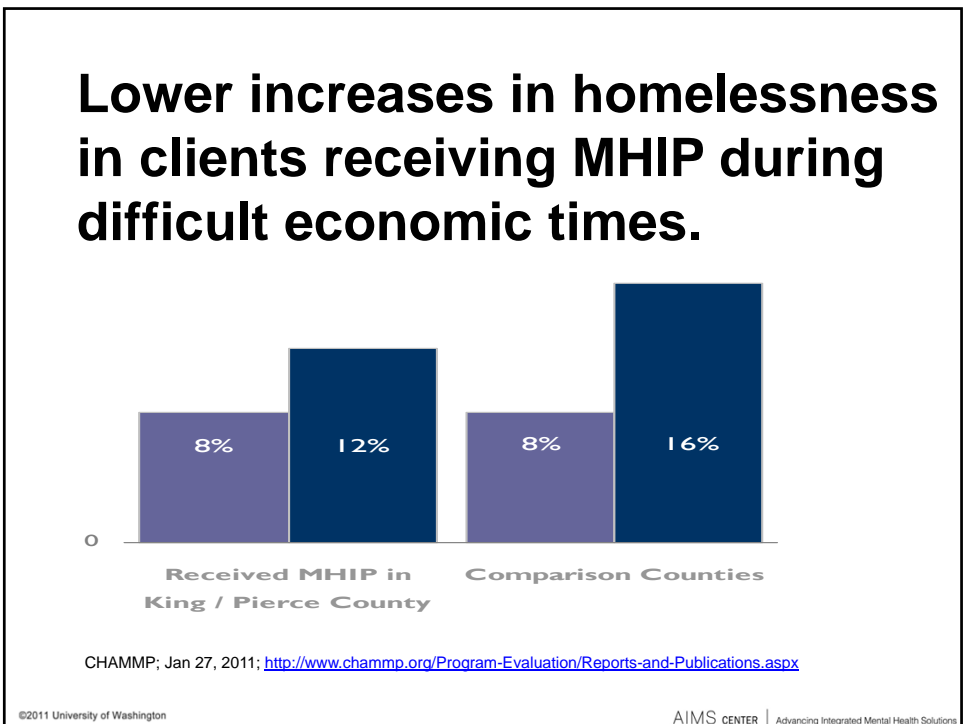
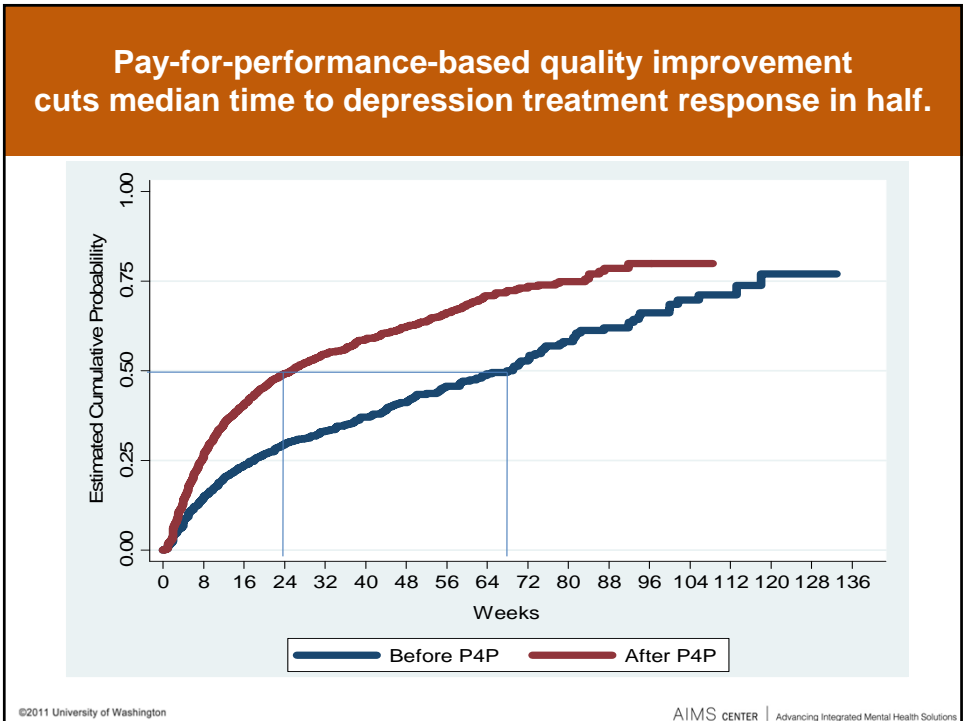
Sample Community Health Center (6 clinics; over 2,000 clients served)					
Population	Mean baseline PHQ-9 depression score (0-27)	Follow-up (%)	Mean number of care coordinator contacts	% with psych consultation	% with significant clinical improvement
Disability Lifeline	16.7	92 %	8	69%	43 %
Uninsured	15.8	83 %	8	59%	50 %
Older Adults	15.3	92 %	8	55%	43 %
Vets & Family	15 .5	92%	7	54%	53%
High risk Mothers	15 .4	81%	7	50 %	60%

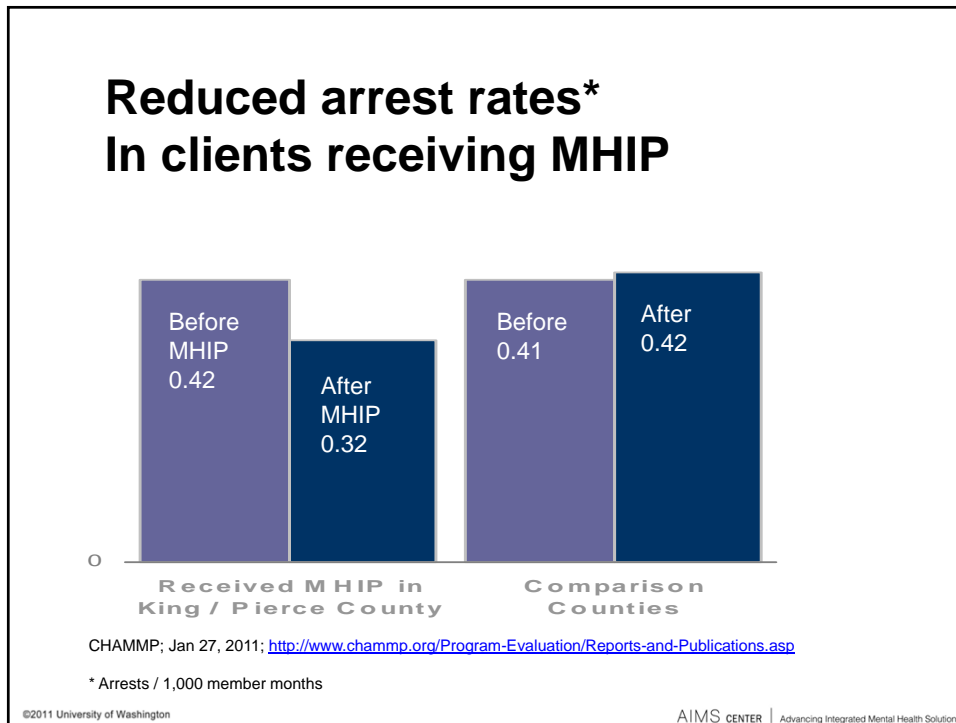
©2011 Data from Care Management Tracking System (CMTS); <http://uwaims.org>. ith Solutions

MHIP: Systematic Quality Improvement

- **Team building and implementation support**
- **Provider training and ongoing support**
- **Weekly caseload-based psychiatric review**
- **Outcomes-based Feedback and QI**
- **Pay-for-performance program (P4P)**
 - **Initiated in 2009**
 - **25 % of payment depends on meeting quality indicators**

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MHIP for Behavioral Health

Mental Health Integration Program

Over 20,000 safety-net patients served

- Large, 'real world' implementation of collaborative care
- When well implemented, clinical outcomes can match those in research studies of collaborative care
- Safer communities and less homelessness

Systematic quality improvement with a P4P component can

- Improve health outcomes and 'value' of mental health services.
- Close the gap between research and practice.

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