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Psychiatric Consulting in Primary Care: An Introduction to Practice in an Integrated Care Team

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Title	Goals and Objectives
Module 1: Introduction to Primary Care Consultation Psychiatry	This module describes basic structure of an integrated care program for behavioral health in a primary care setting. The development of integrated care in response to the needs and challenges related to behavioral health care in primary care is reviewed. The evidence base for collaborative care is described. The roles for a primary care consulting psychiatrist are defined.
Module 2: Building an Integrated Care Team	This module describes the process of developing and implementing an integrated care team. The primary care environment, the core principles of collaborative care, the roles of the collaborative care team members and the tasks/components of a collaborative care team are reviewed.
Module 3: Psychiatric Consulting in Primary Care	This module discusses the common primary care psychiatric presentations observed in primary care. Common approaches to providing treatment in a primary care setting, working with the other providers in a collaborative care team and practice considerations for consulting in a collaborative care program are also reviewed.
Module 4: Behavioral Interventions and Referrals in Primary Care	This module provides a brief overview of common health behavior change recommendations and the basic principles of brief psychotherapeutic interventions appropriate for delivery in a primary care clinic. The process for triaging patients to appropriate referrals and evaluation for disability are also presented.
Module 5: Medical Patients with Psychiatric Illness	This module describes the principles of chronic illness care and how they apply to behavioral health. Approaches to identify and treat common medical co-morbidities, to integrate chronic pain and pain management strategies into treatment plans and to provide primary care behavioral health to special populations are reviewed.

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Module 1	Introduction to Primary Care Consultation Psychiatry
Learning Objective(s): By the end of this module, the participant will be able to:	
1	Make the case for integrated behavioral health services in primary care.
2	Discuss principles of and approaches to integrated behavioral health care.
3	List the evidence for collaborative care.
4	Describe roles for a primary care consulting psychiatrist in an integrated care team.

Content

Overview of primary care psychiatry

i. Current landscape: Unmet needs in primary care; Psychiatrist shortage
ii. Advantages of primary care based mental health
iii. CMS driving healthcare system transformation

Models of mental healthcare: Spectrum of care

i. Traditional
ii. Liaison/Co-location
iii. Collaborative Care

Essential components of a collaborative care program

i. Patient Centered Care: Team-based care: effective collaboration between PCPs and Behavioral Health Providers.
ii. Population-Based Care: Behavioral health patients tracked in a registry: no one 'falls through the cracks'.
iii. Measurement-Based Treatment to Target
iv. Evidence-Based Care
v. Pay for Performance

Evidence base for collaborative care

i. Meta-analysis of collaborative care models
ii. Research Example: IMPACT
iii. Endorsements
vi. Real World Example: MHIP

Primary care consulting psychiatrist

i. Multiple roles: Clinical leader, caseload consultant, direct consultant, clinical educator
ii. A day in the life of a primary care consulting psychiatrist
iii. Is primary care consulting psychiatry for you?

ACTION

Reflective Thinking

1) Is primary care psychiatry for me?
   a. Clinical leadership role at interface of mental health and the rest of health care?
   b. Enjoy sharing, communication, and teaching?
   c. Can live with uncertainty common in primary care?
2) Are there unmet needs in my community or clinic that could be addressed with a more effectively integrated behavioral health program?

Adapt to Practice (including team building)

1) Describe your current practice in relationship to primary care and think about how you could implement and support evidence-based collaborative care programs / principles in your setting.

RESOURCES (Websites, Articles, Tools, etc…)

For consulting psychiatrists:

- AIMS Center: http://uwaims.org
- APA: http://www.psych.org/MainMenu/AdvocacyGovernmentRelations/FinancingHealthcare/Integrated-Care-Resources.aspx

Resources to provide to your team:

- Information for PCPs from Washington State Integrated Care Program: http://integratedcare-nw.org
- CIHS
  Patient Centered Primary Care Collaborative: http://www.pcpcc.net/

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1. Kroenke K, Mangelsdorff AD. **Common symptoms in ambulatory care: incidence, evaluation, therapy, and outcome**. *Am J Med* 1989 Mar;86(3):262-6. http://www.ncbi.nlm.nih.gov/pubmed/2919607

2. Unutzer J, Katon W, Callahan CM, Williams JW, Jr., Hunkeler E, Harpole L, et al. **Collaborative-care management of late-life depression in the primary care setting.** *JAMA* 2002 Dec 11;288(22):2836-45. http://www.ncbi.nlm.nih.gov/pubmed/12472325

3. Olick RS, Bergus GR. **Malpractice liability for informal consultations**. *Fam Med* 2003 Jul-Aug;35(7):476-81. http://www.ncbi.nlm.nih.gov/pubmed/12861458

4. Unützer J, Schoenbaum M, Druss BG, Katon WJ. **Transforming Mental Health Care at the Interface With General Medicine: Report for the Presidents Commission.** *Psychiatr Serv.* January 1, 2006 2006;57(1):37-47. Abstract: http://ps.psychiatryonline.org/cgi/content/abstract/57/1/37

5. Butler M, Kane RL, McAlpine D, Kathol RG, Fu SS, Hagedorn H, et al. **Integration of mental health/substance abuse and primary care**. *Evid Rep Technol Assess* (Full Rep) 2008 Nov(173):1-362. http://www.ncbi.nlm.nih.gov/pubmed/19408966

6. Croghan T, Brown J. **Integrating Mental Health Treatment Into the Patient Centered Medical Home. (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO2.)** Rockville, MD: Agency for Healthcare Research and Quality, 2010 Contract No.: AHRQ Publication No. 10-0084-EF. . http://pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/PCMH_Home_Papers%20Briefs%20and%20Othe%20Resources_v2

7. Hogan MF, Sederer LI, Smith TE, Nossel IR. **Making room for mental health in the medical home.** *Prev Chronic Dis* 2010 Nov;7(6):A132. http://www.ncbi.nlm.nih.gov/pubmed/20950539

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9. Unützer J**. Integrated Mental Health Care**. In: Steidl J, editor. Health IT in the Patient Centered Medical Home. 2010. p. 46-50. Available from: http://www.pcpcc.net/files/pep-report.pdf

10. Katon W, Unützer J. **Consultation psychiatry in the medical home and accountable care organizations: achieving the triple aim.** *Gen Hosp Psychiatry* 2011 Jul-Aug;33(4):305-10. http://www.ncbi.nlm.nih.gov/pubmed/21762825

11. Alexander L, Druss BG. **Behavioral Health Homes for People with Mental Health & Substance Abuse Conditions: The Core Clinical Features**. Washington, DC: SAMHSA-HRSA Center for Integrated Health Solutions with funds under grant number 1UR1SMO60319-01 from SAMHSA-HRSA, U.S. Department of Health and Human Services, May 2012. http://www.integration.samhsa.gov/clinical-practice/CIHS_Health_Homes_Core_Clinical_Features.pdf

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Module 2	Building a Collaborative Care Team
Learning Objective(s): By the end of this module, the participant will be able to:	
1	Explain the leadership role of a psychiatric consultant in a collaborative care team.
2	Describe the primary care practice environment in which an integrated team functions.
3	Define the members and roles of an integrated behavioral health team.
4	Develop an efficient and effective work flow for their integrated care team. Identify training and other needs to support an effective team.
5	Apply knowledge to help implement an integrated care team

Content

Program Development

i. Leadership role of the consulting psychiatrist
   a. Administrative
   b. Clinical
ii. Leading the development of an integrated care program

Primary Care Perspectives

i. High medical co-morbidity
ii. Fast paced; “short” visits; Focused on acute needs
iii. Working in a team is part of modern health care

The Integrated Care Team Building Process

i. Define Tasks
ii. Assess current resources and workflow
iii. Define team member responsibilities integrated workflow
iv. Assess hiring and training needs

Core Components and Tasks

i. Identifying patients/Need for screening tools
ii. Engaging patients in integrated care
iii. Use of evidence based treatment
iv. Systematic follow-up/Tracking systems
v. Communication and care coordination
vi. Systematic case review by consulting psychiatrist
vii. Program oversight and quality improvement

ACTION

Reflective Thinking

1) What is the environment of the primary care practice where I consult?
2) What are my strengths as a clinical leader?
3) What will be challenging for me in a leadership role?
4) Who are the primary care champions for me in this effort?

Adapt to Practice (including team building)

1) Define the work flow tasks for your collaborative care program
2) Identify the champion in the primary care practice you serve
3) Coordinate with all behavioral health providers
4) Complete the teambuilding process
5) Help implement an effective collaborative care workflow

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RESOURCES (Websites, Articles, etc…)

1. Unützer J, Schoenbaum M, Druss BG, Katon WJ. **Transforming mental health care at the interface with general medicine: report for the Presidents Commission.** *Psychiatr Serv* 2006 January 1;57(1):37-47. http://ps.psychiatryonline.org/cgi/content/abstract/57/1/37

2. Butler M, Kane RL, McAlpine D, Kathol RG, Fu SS, Hagedorn H, et al**. Integration of mental health/substance abuse and primary care**. *Evid Rep Technol Assess* (Full Rep) 2008 Nov(173):1-362. http://www.ncbi.nlm.nih.gov/pubmed/19408966

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4. Hogan MF, Sederer LI, Smith TE, Nossel IR. **Making room for mental health in the medical home**. *Prev Chronic Dis* 2010 Nov;7(6):A132. http://www.ncbi.nlm.nih.gov/pubmed/20950539

5. Kathol RG, Butler M, McAlpine DD, Kane RL. **Barriers to physical and mental condition integrated service delivery**. *Psychosom Med* 2010 Jul;72(6):511-8. http://www.ncbi.nlm.nih.gov/pubmed/20498293

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Module 3	Psychiatric Consulting in Primary Care
Learning Objective(s): By the end of this module, the participant will be able to:	
1	Discuss common behavioral health presentations in the primary care setting.
2	Collaborate effectively with primary care providers and care managers in a collaborative care team.
3	Apply a systematic approach to psychiatric consultation for common behavioral health presentations in primary care.
4	Demonstrate a primary care oriented approach to pharmacological treatment of common psychiatric disorders.
5	Recommend treatment approaches for psychiatric crises and difficult patients.

Content

Clinical epidemiology of the primary care clinic

i. Wide variety of presentations/ Need to triage

ii. Clinical presentations common in primary care:

iii. Unexplained physical symptoms/ Somatic presentations/Somatoform disorders

Working with behavioral health providers/care managers

i. Who are they? Training and skill sets of different types of providers; What makes a good BHP/Care Manger?

ii. Care manager role/ Therapists role: Identifying strengths and building trust

iii. Providing caseload supervision (managing the caseload); Providing clinical supervision; Providing education around clinical decision making

Working with primary care providers

i. Selling the program/process to the PCP and addressing resistance to integrated care

ii. Availability

iii. Medication Recommendations: Evidence-based treatments and treatment algorithms in primary care

iv. Psychiatric crises/ Working with difficult patients

Assessment and diagnosis in the primary care clinic

i. Functioning as a “back seat driver”

ii. Use of screeners for case finding and tracking symptoms – mental health “vital signs”

iii. Balancing complete vs sufficient information for a diagnosis

iv. Developing a provisional diagnosis

Caseload Consultation and Making Treatment Recommendations

i. Common consultation questions

ii. When patients do not improve: Clarification of diagnosis, Address treatment resistant disorders etc.

iii. A different kind of note

iv. Consultation tools: Tracking system

ACTION

Reflective Thinking

1) How will my I adapt my practice to a primary care setting? What will be challenging for me about adapting my practice to a primary care setting?
2) What are my strengths in working in a team? What will be challenging for me about working in a team?
3) Are there specific topics related to primary care psychiatry that I need to learn more about?

Adapt to Practice (including team building)

1) Define the structure of your consultation to BHPs/Care Managers
2) Map the work flow for communicating information from consultations to your PCPs
3) Identify any areas and resources for information to enhance your knowledge
4) Tailor treatment protocols to your practice setting

RESOURCES (Websites, Articles, etc…)

1) Kroenke K, Mangelsdorff AD. **Common symptoms in ambulatory care: incidence, evaluation, therapy, and outcome.** *Am J Med* 1989 Mar;86(3):262-6. http://www.ncbi.nlm.nih.gov/pubmed/2919607

2) Katon W, Unützer J. **Consultation psychiatry in the medical home and accountable care organizations: achieving the triple aim.** *Gen Hosp Psychiatry* 2011 Jul-Aug;33(4):305-10. http://www.ncbi.nlm.nih.gov/pubmed/21762825

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Module 4	Behavioral Interventions and Referrals in Primary Care
Learning Objective(s): By the end of this module, the participant will be able to:	
1	Integrate health behavior change recommendations into treatment plans for primary care settings.
2	List the basic principles of common brief psychotherapeutic interventions including motivational interviewing, distress tolerance, behavioral activation and problem solving therapy.
3	Triage patients to appropriate referrals for common primary care behavioral health presentations.
4	Support primary care providers in functional assessments including assessing disability for primary care patients.

Content

Brief Psychotherapeutic Interventions

i. Health Behavior Change and Motivational Interviewing

ii. Distress Tolerance Skills

iii. Problem Solving Therapy

iv. Behavioral Activation

Referrals

i. Serious persistent mental illness in primary care settings

ii. Substance use treatment

iii. Social Service needs: Housing, Food, Basic needs

Disability

i. Assessing disability

ii. Vocational rehabilitation

ACTION

Reflective Thinking

1) How do I integrate behavioral recommendations into my treatment planning?
2) How do I feel about assessing for disability as part of a treating team?

Adapt to Practice (including team building)

1) Determine the skill level of team members to provide various behavioral interventions
2) Develop a referral resource list
3) Identify pathways for vocational rehabilitation in your community

RESOURCES (Websites, Articles, etc…)

Motivational Interviewing:

- Butler CC, Miller WR, Rollnick S. **Motivational Interviewing in Health Care: Helping Patients Change Behavior**: Guilford Press; 2008.

Distress Tolerance:

- Linehan M. **Skills Training Manual for Treating Borderline Personality Disorder**: Guilford Press; 1993.

Behavioral Activation:

- Jacobson NS, Martell CR, Dimidjian S**. Behavioral activation therapy for depression: Returning to contextual roots**. *Clin Psychol* (New York) 2001;8(3):255-70.

- Addis MM, C. **Overcoming Depression One Step at a Time: The New Behavioral Activation Approach to Getting Your Life Back** New Harbinger Publications; 2004.

- Ekers D, Godfrey C, Gilbody S, Parrott S, Richards DA, Hammond D, et al. **Cost utility of behavioural activation delivered by the non-specialist.** *Br J Psychiatry* 2011 Dec;199(6):510-1. http://www.ncbi.nlm.nih.gov/pubmed/21947655

Problem Solving Therapy:

- Arean PA, Perri MG, Nezu AM, Schein RL, Christopher F, Joseph TX. **Comparative effectiveness of social problem-solving therapy and reminiscence therapy as treatments for depression in older adults**. *J Consult Clin Psychol* 1993 Dec;61(6):1003-10. http://www.ncbi.nlm.nih.gov/pubmed/8113478

- Mynors-Wallis LM, Gath DH, Day A, Baker F**. Randomised controlled trail of problem solving treatment, antidepressant medication, and combined treatment for depression in primary care**. *BMJ* 2000;320(7226):26-30. http://www.bmj.com/content/320/7226/26.long

- Arean P, Hegel M, Vannoy S, Fan MY, Unuzter J. **Effectiveness of problem-solving therapy for older, primary care patients with depression: results from the IMPACT project.** *Gerontologist* 2008 Jun;48(3):311-23. http://www.ncbi.nlm.nih.gov/pubmed/18591356

Disability:

- Gold LH, Anfang SA, Drukteinis AM, Metzner JL, Price M, Wall BW, et al. **AAPL Practice Guideline for the Forensic Evaluation of Psychiatric Disability.** *J Am Acad Psychiatry Law* 2008;36(4 Suppl):S3-S50. http://www.ncbi.nlm.nih.gov/pubmed/19092058

Module 5	Medical Patients with Psychiatric Illness
Learning Objective(s): By the end of this module, the participant will be able to:	
1	Describe the principles of chronic illness care and how they apply to behavioral health.
2	Identify common medical co-morbities and provide treatment recommendations that take these into consideration.
3	Integrate chronic pain and pain management strategies into treatment plans for behavioral health.
4	Discuss behavioral health approaches to special populations.
Content	
Principles of Chronic Illness Care i. Population-based ii. Practical, supportive, evidence-based interactions iii. Informed, activated patient iv. Prepared, proactive practice team	
Chronic pain and pain management i. Relationship between physical and emotional pain ii. Pharmacological interventions iii. Non-pharmacological interventions Considering	
Medical Comorbidity i. Coordinating care with PCP ii. Common disorders: Diabetes/Metabolic syndrome iii. Common Disorders: Cardiovascular disease iv. Common Disorders: Other	
Special populations i. Geriatric ii. Children/Adolescent iii. Pregnant women	

ACTION
Reflective Thinking
1) What role do I see for myself in addressing medical co-morbidity in my consultations? 2) How comfortable am I in addressing chronic pain as part of my practice? 3) Do I have enough experience to provide consultation to the special populations in my practice?
Adapt to Practice (including team building)
1) Name the ways in which your current practice is proactive in the identification and treatment of medical co-morbidity 2) Name the ways in which your current practice is proactive in the identification and treatment of chronic pain 3) Identify the special populations you serve and adaptations of your practice needed to meet special needs

RESOURCES (Websites, Articles, etc…)

Chronic Pain:

- Lin EH, Katon W, Von Korff M, Tang L, Williams JW Jr, Kroenke K, Hunkeler E, Harpole L, Hegel M, Arean P, Hoffing M, Della Penna R, Langston C, Unützer J; IMPACT Investigators. (2003) **Effect of improving depression care on pain and functional outcomes among older adults with arthritis: a randomized controlled trial**. *JAMA*. 2003 Nov 12;290(18):2428-9. Abstract: http://www.ncbi.nlm.nih.gov/pubmed/14612479

- Unützer J, Hantke M, Powers D, Higa L, Lin E, D Vannoy S, Thielke S, Fan MY. (2008) **Care management for depression and osteoarthritis pain in older primary care patients: a pilot study**. *Int J Geriatr Psychiatry*. 2008 Nov;23(11):1166-71. Abstract: http://www.ncbi.nlm.nih.gov/pubmed/18489009

Medical Co-morbidity:

- Katon WJ, Lin EH, Von Korff M, Ciechanowski P, Ludman EJ, Young B, et al. **Collaborative care for patients with depression and chronic illnesses.** *N Engl J Med* 2010 Dec 30;363(27):2611-20. http://www.ncbi.nlm.nih.gov/pubmed/21190455

Pregnancy and Lactation:

- **MGH Center for Women's Mental Health**. Available from: http://www.womensmentalhealth.org/

- Burt VK, Suri R, Altshuler L, Stowe Z, Hendrick VC, Muntean E. **The use of psychotropic medications during breast-feeding.** *Am J Psychiatry* 2001 Jul;158(7):1001-9. http://www.ncbi.nlm.nih.gov/pubmed/11431219

- Yonkers KA, Wisner KL, Stewart DE, Oberlander TF, Dell DL, Stotland N, et al. **The management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists**. *Gen Hosp Psychiatry* 2009 Sep-Oct;31(5):403-13. http://www.ncbi.nlm.nih.gov/pubmed/19703633

- Grote NK, Bridge JA, Gavin AR, Melville JL, Iyengar S, Katon WJ. **A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction**. *Arch Gen Psychiatry* 2010 Oct;67(10):1012-24. http://www.ncbi.nlm.nih.gov/pubmed/20921117

Older Adults:

- Unutzer J, Katon W, Callahan CM, Williams JW, Jr., Hunkeler E, Harpole L, et al. **Collaborative-care management of late-life depression in the primary care setting**. *JAMA* 2002 Dec 11;288(22):2836-45. http://www.ncbi.nlm.nih.gov/pubmed/12472325

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