

Integrating Mental Health with Primary Care

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What about Mental Health?

- President's New Freedom Commission Goal #1:
 - America understands that mental health is essential to overall health.

Who are we?

VHA as a System

- 21 Veterans Integrated Services Networks
- > 1200 Points of Care
 - 153 Medical Centers
 - >800 Ambulatory Care and Community Based Clinics
 - 136 Nursing Homes
 - ~ 50 Residential Rehabilitation Programs
 - 209 Veterans Readjustment Counseling Centers
- >200,000 Employees

Department of Veterans Affairs

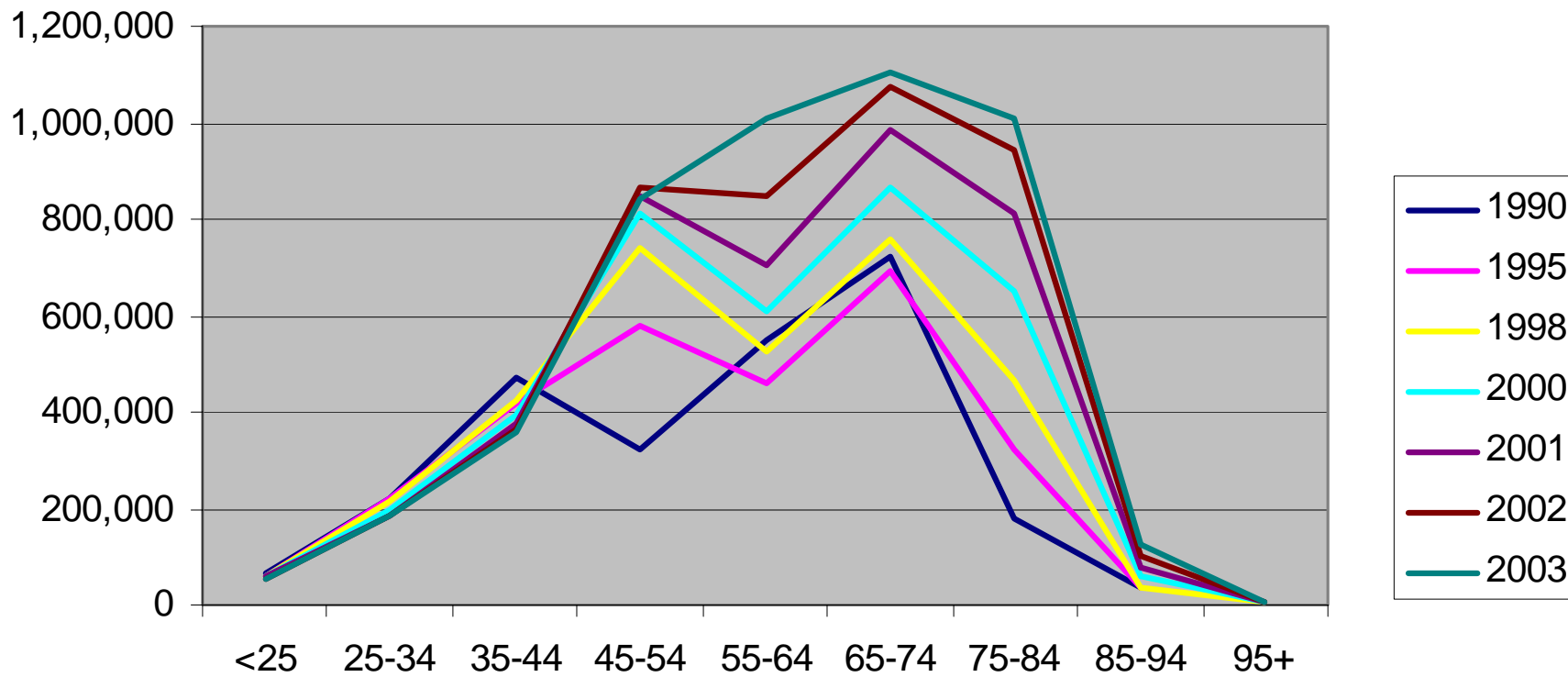
- VA is a:
 - Provider
 - Payor
 - Policy Environment
 - Research sponsor
 - Member of the community

Whom do we serve?

Veterans

- 25,000,000 total veterans
- ~7.5 million enrolled in VHA
- ~5.5 million served by VHA each year
 - 1.2 million with a mental illness dx
 - 0.9 million seen in specialty MH care each year

Unique VA Outpatients by Age Group



VA Health Care Utilization from FY 2002 to 2007 (3rd QT) Among OEF and OIF Veterans

- ***Among all 751,273 separated OEF/OIF Veterans***
 - **35% (263,909)** of total separated OEF/OIF veterans have obtained VA health care since FY 2002 (cumulative total)
 - **96%** (253,730) of 263,909 evaluated OEF/OIF patients have been seen as outpatients only by VA and not hospitalized
 - **4%** (10,179) of 263,909 evaluated OEF/OIF patients have been hospitalized at least once in a VA health care facility

Frequency of Possible Diagnoses Among OEF and OIF Veterans

Diagnosis (Broad ICD-9 Categories)	(n = 263,909)	
	Frequency *	%
Infectious and Parasitic Diseases (001-139)	28,665	10.9
Malignant Neoplasms (140-208)	2,193	0.8
Benign Neoplasms (210-239)	9,129	3.5
Diseases of Endocrine/Nutritional/ Metabolic Systems (240-279)	50,968	19.3
Diseases of Blood and Blood Forming Organs (280-289)	5,086	1.9
Mental Disorders (290-319)	100,580	38.1
Diseases of Nervous System/ Sense Organs (320-389)	83,273	31.6
Diseases of Circulatory System (390-459)	39,633	15.0
Disease of Respiratory System (460-519)	49,464	18.7
Disease of Digestive System (520-579)	81,427	30.9
Diseases of Genitourinary System (580-629)	25,561	9.7
Diseases of Skin (680-709)	38,791	14.7
Diseases of Musculoskeletal System/Connective System (710-739)	117,424	44.5
Symptoms, Signs and Ill Defined Conditions (780-799)	93,093	35.3
Injury/Poisonings (800-999)	48,736	18.5

*These are cumulative data since FY 2002, with data on hospitalizations and outpatient visits as of June 30, 2007; veterans can have multiple diagnoses with each healthcare encounter. A veteran is counted only once in any single diagnostic category but can be counted in multiple categories, so the above numbers add up to greater than 263,909.

Specific Mental Disorders

- PTSD 47%
- Mood Disorder 42%
- Adjustment Disorders 24%
- Anxiety Disorders 22%
- Alcohol-use Disorders 15%
- Other SUD 6%
- Psychoses 2%

Q3 2007

	Q307	Q207		
PTSD	48559	45330	3229	0.570596
Any MH	100580	94921	5659	0.479008
total va	263909	252095	11814	0.346685
total	751273	717196	34077	

Is there a deluge?

OIF/OEF veterans evaluated by VHA from 2002 -2007
represent about

5% of veterans who received VHA health care in
any one year

~10% of those with mental health diagnoses in
medical centers and clinics in any one year

Where does mental health fit
in?

MH Strategic Plan

- Designed to guide implementation of the President's New Freedom Commission Report
- 265 recommendations
 - Includes 6 principal components
 - Expanding access and capacity
 - Integrating MH and primary care
 - Transforming system to focus on recovery & rehabilitation
 - Implementing evidence-based care
 - Returning Veterans
 - Suicide Prevention

Implementation

- Mental Health Services
 - ~8% of VHA budget
- Mental Health Initiative
 - ~10% of Mental Health Services

Vision for MH Services

Specialty MH Services in VAMCs and Clinics	Integrated MH-Primary Care Services
Focus on Recovery & Rehabilitation for SMI	Focus on improved access for care for common Mental Illnesses
Evidence-Based Psychotherapy	
Clinical Neuroscience	

Integrating Care

Evidence-Based System
Redesign

SAMHSA-VA PRISME Study Design

- Randomized clinical trial of integrated vs referral care in VA and community settings
- Patients were screened for depression, anxiety, and problem drinking. Those with mental health conditions were randomized
- 24,930 patients were screened, and 2022 were randomized from 5 VA and 5 community sites
- VA patients were followed for one year; community patients for six months

SAMHSA-VA PRISME Study

Engagement in Care

	Integrated Care	Referral Care	Odds Ratio
Depression	75 %	52 %	2.86 [2.26,3.61]
Anxiety	71 %	56 %	1.93 [0.69, 5.40]
At-risk Drinking	61 %	34 %	3.09 [2.07, 4.63]
Overall	71 %	48 %	2.84 [2.35, 3.43]

SAMHSA-VA PRISME Study

Outcomes

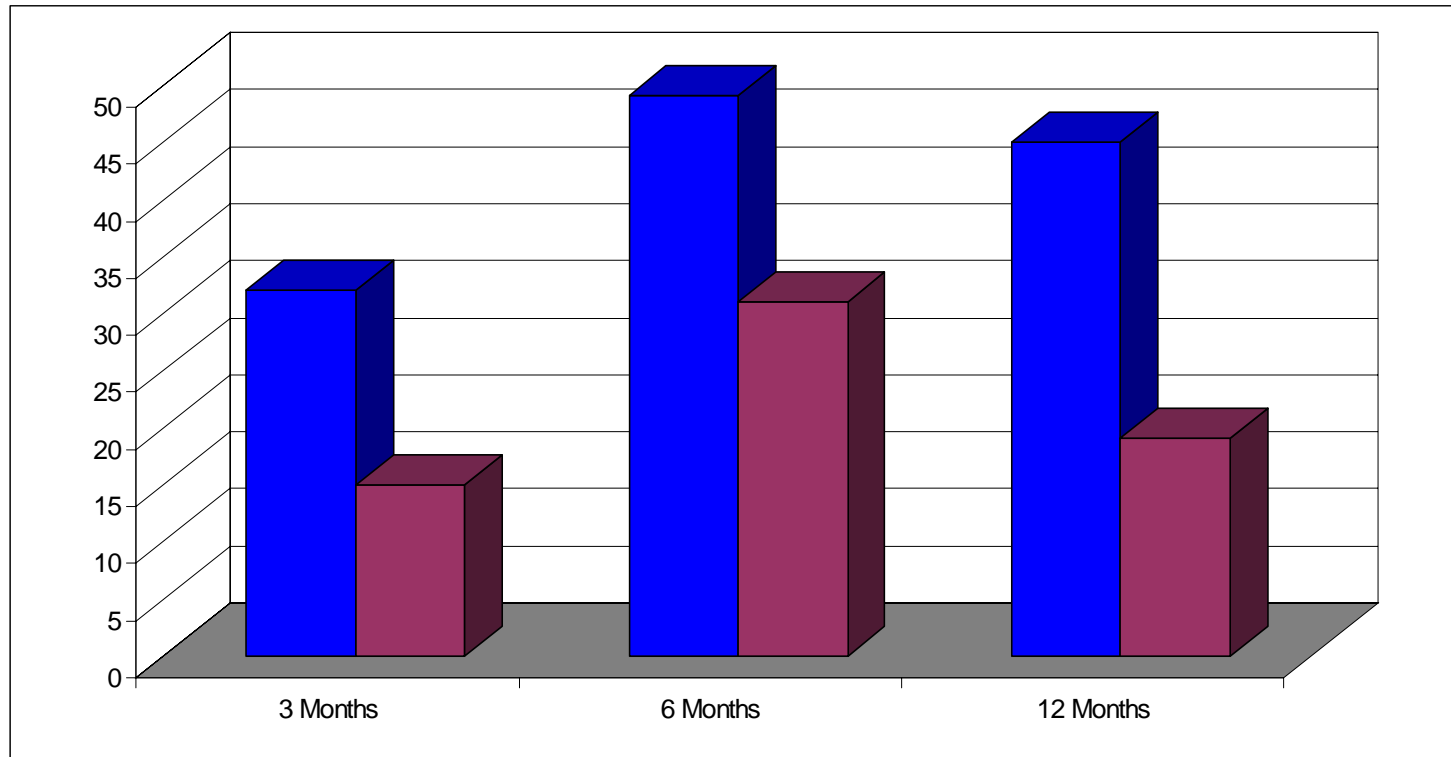
- Depression
 - Major
 - Remission, response comparable
 - CES-D, favors referral
 - Other
 - Comparable
- Problem Drinking
 - Comparable
- **OVERALL**
 - **Comparable outcomes for integrated and referral care**

SAMHSA-VA PRISME Study

Site by Treatment Interactions for VA sites

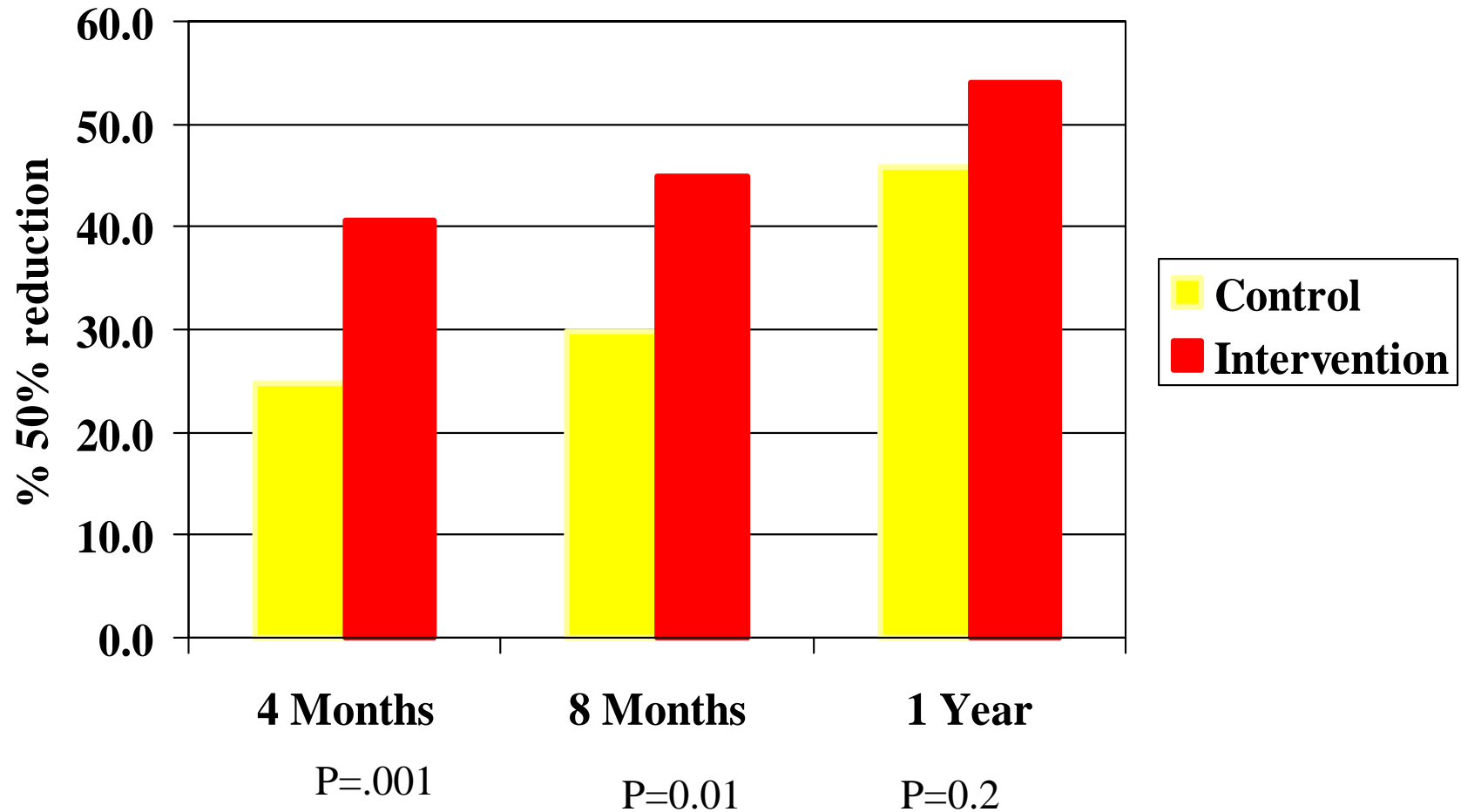
- Six months
 - Philadelphia
 - All depressed- Integrated better (p=.003)
 - Major- Integrated better (p=.006)
 - Chicago
 - All depressed Referral better (p<.001)
 - Major Referral better (p=.003)
- Twelve months
 - Philadelphia
 - All depressed- Integrated better (p=.008)
 - Major- Integrated better (p=.03)
 - Chicago
 - All depressed Integrated better (p=.04)
 - Major Referral better (p=.007)
- **Overall**
 - **Philadelphia, the only site with a care-management model for integrated care, was the only site where integrated care had better outcomes than referral.**

IMPACT Study Outcomes Responses



PROSPECT STUDY

Percent with $\geq 50\%$ reduction in HDRS/24 Scores Among Patients with MDD



Remission in Patients with Diabetes Major Depression

	4 Months	8 Months	12 Months
Usual Care	7%	26%	26%
Intervention	40%	41%	58%

Interaction between disease and intervention effects is significant

Response in Patients with Executive Deficits Any Depression

	4 Months		12 Months
High Stroop			
Intervention	40%		51%
Usual Care	29%		47%
Low Stroop			
Intervention	60%		47%
Usual Care	21%		26%

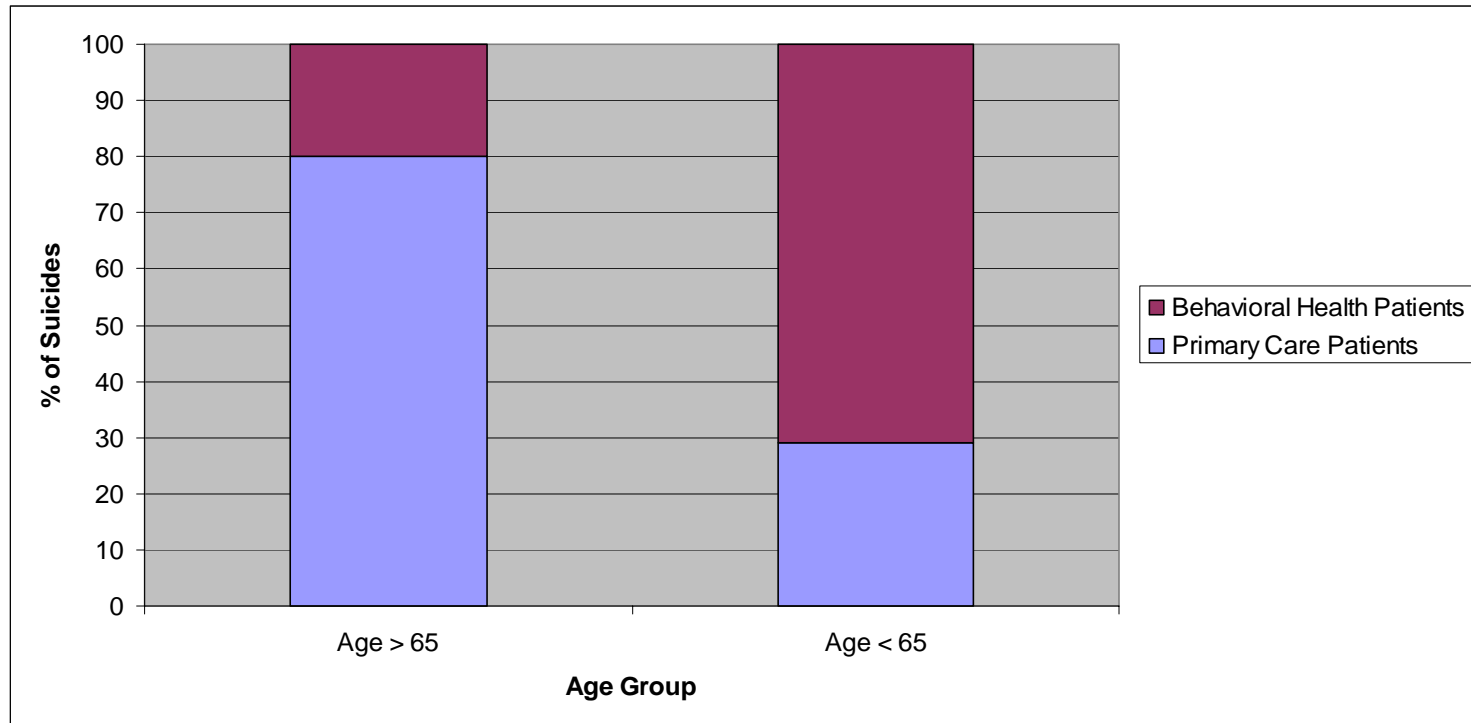
Interaction between test performance and intervention effects is significant

Effect of PROSPECT on Mortality

Practice randomization assignment	Patient baseline depression status	Adjusted hazard ratio
Usual care	Not depressed	1.00
Usual care	Depressed	1.82
Intervention	Not depressed	1.20
Intervention	Depressed	1.26

Older Suicides occur in Primary Care Patients

From the MIRECC at the Philadelphia VAMC
Data from medical records and National Death Index for 1998



Integrated Care Program

- 92 programs
 - Facility-based or regional
 - Substantially > 100 facilities
- Two stage process for site selection
 - Stage 1. Greater applicant choice
 - Stage 2. More constrained to specific models
- Models
 - White River Junction- Advanced Clinic Access
 - Emphasizes access and flexibility
 - TIDES
 - Emphasizes care management for depression
 - Behavioral Health Laboratory
 - Emphasizes evaluation and care management for common conditions

Co-located/Collaborative Care & Care Management are Complementary Approaches

- **Care management emphasizes**
 - coordination over time/ following guidelines or algorithms
 - patient activation and education
 - medication management of MH problems identified in primary care
- **Co-located/Collaborative care emphasizes**
 - immediate connection with patients who screen positive or otherwise are identified with a MH need in the context of a primary care visit
 - flexibility and individualized care
 - Easily incorporates use of evidence-based psychotherapy
- **Blended model**
 - Combines both