Behavioral Health Screening in Primary Care Settings: Integrated Health Care Models for Meeting Clients’ Real-Time, Whole-Person Needs

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Objectives

• At the end of this workshop, participants will be able to:
  - Identify essential components for the practice of the Primary Care Behavioral Health (PCBH) model
  - Identify behavioral health screening tools to be administered in primary care settings

Overview

• Overview of integrated care models
• Screening Implementation
• Screening tools in primary care settings
  - Pediatrics
  - Adults
  - Older Adults
What is “Primary Care Behavioral Health (PCBH)”? 

What is your definition of the Primary Care Behavioral Health (PCBH) model?
Primary Care Behavioral Health
A Definition

The PCBH model combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care providers. It allows patients to feel that, for almost any problem, they have come to the right place.

Alexander Blount

Integrated Models

<table>
<thead>
<tr>
<th>Referral</th>
<th>Co-located</th>
<th>Integrated</th>
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<tbody>
<tr>
<td>Key Element: Communication</td>
<td>Key Element: Physical Proximity</td>
<td>Key Element: Practice Change</td>
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<tr>
<td>Level 1: Minimal Collaboration</td>
<td>Level 2: Basic Collaboration in Distance</td>
<td>Level 3: Basic Collaboration On-Site</td>
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<tr>
<td>Level 4: Close Collaboration On-Site with Some System Integration</td>
<td>Level 5: Close Collaboration Approaching an Integrated Practice</td>
<td>Level 6: Full Collaboration in a Transformed/Modified Integrated Practice</td>
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Behavioral health, primary care and other health care providers work:

- In separate facilities
- In separate facilities or in the same facility, not necessarily side by side
- In the same space within the same facility
- In the same facility, sharing common space

Doherty, McDaniel, & Baird, 1996
BHC Functions
- Consult with patient and provider at the time of the patient visit
- Develop a follow up plan with patient to occur in the practice or to community resource
- Assess and refer to community resources prn
- Intervene in crisis
- Provide brief psychoeducation and short-term consultative services
- Facilitate patient care and communication with medical providers
- Consult with psychiatrist

Robinson & Reiter, 2007

ON-SITE Integrated Care Team

Patients
- Primary care physicians
- Behavioral Health Consultants
- Care Managers
- Psychiatrists
- NPs/PAs
- Receptionists
- Nurses and medical assistants
- Medical Records

All supported by common chart, documentation standards, billing procedures, and clinic management system

COMPARISON OF USUAL CARE vs. PCBH model
- MH is a specialty service
- MH focus
  - Referral for distinct mental health problem with an ICD9 code
  - Use of a separate mental health care plan, team
  - Care of mental illness and conditions
- BHC is a member of the medical team
- BHC focus
  - Intertwined medical and BH problems
  - Seen as part of medical care plan, team
  - Psychosocial aspects of care for any illness or complaint

Robinson & Reiter, 2007
COMPARISON OF USUAL CARE vs. PCBH

Patient view
- "Mental health care"
- Little need for sharing of information with PCP except medication issues
- Can self refer to MH
- The medical doctor may ask pt to accept a MH referral to a MHP in a BH clinic

Patient view
- "Health care"
- Expects team-based coordination and info sharing
- Can call in for medical care
- The medical doctor introduces the integrated BHC to the patient as part of the medical team

Robinson & Reiter, 2007

COMPARISON OF USUAL CARE vs. PCBH

Operational systems and culture
- MH clinic space and offices
- MH scheduling, billing, chart system is separate from PCP
- Traditional MH clinic professional culture of longer appointments and reviewing personal histories

Operational systems and culture
- Medical clinic space and exam rooms
- Medical scheduling, billing, charts all in one
- Traditional medical clinic professional culture with faster pace

Robinson & Reiter, 2007

COMPARISON OF USUAL CARE vs. PCBH

Covered benefits and financing
- Care limited to diagnosable and covered MH conditions
- Considered part of mental health costs and revenue as another referral specialty

Covered benefits and financing
- Might include behavioral aspect of care for any covered healthcare condition (e.g., upcoding)
- 2 separate billing codes, 1 medical, 1 behavioral health
- "Same-day" billing acceptable for Medicaid

Robinson & Reiter, 2007
Why Bother To Integrate?

- Improved Access
- Patient Adherence to Treatment Regimens
- Improved Clinical Outcomes
- Financial Viability

Screening in Primary Care

Screening in PC

- Are you currently screening?
- If so, what tools are you using?
- Do you have a workflow?
- Who is involved in the screening process?
Why Screen in Primary Care?

- Brief measures can be used to detect behavioral problems
  - ETOH/Substance use
  - Depression/Anxiety
  - Developmental screening
  - Quality of Life
- Planning and evaluating interventions
- Helping PCPs re-conceptualize health
- Screening ≠ Diagnosis

Robinson & Reiter, 2007

Why Screen in Primary Care?

- Sensitivity: Identifies most individuals with the condition
- Specificity: Able to identify individuals without the condition
- Use the screens as they were designed

CBHI, 2010

Screening Implementation

- "Plan, Do, Study, Act" model for process improvement
  (www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/Tools)
- 1) Identify "screening team"
  - Clinical and Administrative
- 2) Meet for implementation planning (ongoing)
- 3) Prepare
- 4) Launch
- 5) Review

CBHI, 2010
Screening Implementation

- **Tips:**
  - Test the implementation of screening tools on a small scale
  - Track!
    - CPT codes
    - Tally
  - Set date for review (e.g., monthly)
  - Present results to staff

CBHI, 2010

Screening in PC

- **Choosing a measure:**
  - Brief
  - Translated versions
  - Free/low cost
  - High quality/standardized in primary care settings/populations
  - Reading level
  - Easy to score

Robinson & Reiter, 2007

Screening in PC

- Depression/Anxiety
- ETOH/Substance
- Trauma
- DV
- Peds
- Adolescents
- Cognitive
- ADHD
- QoL
Screening: Depression and Anxiety

- Routine screening for depression improved detection by 10-47%; patient outcomes improved when effective intervention follows screening
  - http://www.phqscreeners.com/
- PHQ-9
- PHQ-2
- Geriatric Depression Scale (15-items)
- GAD-7 (Anxiety): Best evidence for utility in a primary care setting
- HADS Anxiety Scale: Older Adults

Dennis et al., 2007; Robinson & Reiter, 2007; Halgren & Morton, 2007

Screening: Postpartum

- Period prevalence of depression over the first 3 months postpartum is approximately 15% for major and minor depression and 7% for major depression alone
- Edinburgh Postnatal Depression Scale (EPDS)
  - 10-items
  - Screen at 3 months post-partum
- Self-Reporting Questionnaire (SRQ)
  - 20 items
  - World Health Organization
  - Anxiety and Depression
  - http://apps.who.int/iris/handle/10665/61113

O’Hara et al., 2012; Pendergast et al., 2014; Santos et al., 2007

Screening: ETOH/Substance Use

- BI in primary care are efficacious with non-dependent unhealthy users and dependent users seeking help
- Drug Abuse Screening Test (DAST)-10: Self-report measure for problematic substance use

Slutz, 2010; Yudko, Lochkina & Fouts, 2007
**Screening: ETOH/Substance Use**

- Alcohol Use Disorders Identification Test (AUDIT): Self-report measure for hazardous, harmful drinking, as well as ETOH dependence.
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed to meet the need in primary care areas around the world in which substance use is prevalent, but difficult to detect.
  - Developed by the World Health Organization (WHO) in 2002.

Humeniak et al., 2008; Saitz, 2010

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**Screening: Trauma**

- PCL-M vs. PCL-C.
- PCL-5 is a 20-item questionnaire, corresponding to the DSM-5 symptom criteria for PTSD.
- [http://www.ptsd.va.gov/professional/assessment/DSM_5_Va lidated_Measures.asp](http://www.ptsd.va.gov/professional/assessment/DSM_5_Va lidated_Measures.asp)
- PC-PTSD is a four-item screen for primary care.

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**Screening: Domestic Violence**

- Screening likely to increase identification but referral rates to agencies low.
- Currently, not enough research evidence to justify universal screening in primary care settings.
- See handout for screening tools.

Rabin et al., 2009; Tait et al., 2013
Screening: Peds

• Parents’ Evaluation of Developmental Status (PEDS):
  - 0-9 years of age
  - Parent-completed questionnaire to facilitate the early identification of developmental and behavioral needs
  - Identifies children with high probability for undiagnosed developmental disabilities requiring further evaluation.

• Modified Checklist for Autism in Toddlers (M-CHAT)
  - Parent-completed questionnaire used to facilitate the early diagnosis of autistic spectrum disorders (ASD).
  - Validated for children 16 months to 48 months of age

CBHI, 2010; Weitzman & Leventhal, 2006

Screening: Peds

• Ages and Stages Questionnaires (ASQ-3):
  - Brief (15 min) measure, in which parents rate their child’s current skills and development.
  - 1 month to 5.5 years of age
  - Also the “Ages and Questionnaires - Social-Emotional”: identifying children who need mental health support
  - http://agesandstages.com/

• ASQ vs. PEDS
  - Both have reasonable test characteristics for developmental screening in primary care settings BUT:
   - ASQ has higher sensitivity and specificity
   - choice of which measure to use should be determined by the practice setting and population served

CBHI, 2010; Limbos & Joyce, 2011; Weitzman & Leventhal, 2006

Screening: Adolescents

• Pediatric Symptom Checklist (PSC):
  - behavioral health screening tool for children ages 4 to 16 years
  - Youth Pediatric Symptom Checklist (Y-PSC) was developed for youth over age 11 to 18+

• PHQ-9: Appropriate for ages 13-17 years
  - PHQ-A: 11-17 years

• CRAFFT
  - screening for substance-related problems and disorders
  - Under the age of 21 years

CBHI, 2010; Johnson et al, 2002; Knight et al., 2002; Richardson et al., 2010; Weitzman & Leventhal, 2010
**Screening: Cognitive**

- Montreal Cognitive Assessment (MOCA):
  - Cut-off score of 26
  - Sensitive to MCI and broad-based for dementia detection (screening purposes)
- MMSE most commonly used but insensitive to frontal-executive and sub-cortical functioning as well as milder forms of impairment

Damian et al., 2011

**Screening: ADULT ADHD**

- PCPs have less training in diagnosis of ADHD in adults (compared to diagnosis of depression and anxiety)
- More likely to refer ADHD compared to depression or anxiety
- Adult ADHD Self-Report (ASRS) v1.1 Screener
  - self-administered
  - six symptoms of ADHD psychometrically determined to be most predictive of diagnosis
- The Wender Utah Rating Scale:
  - Retrospective
  - 61 items

Adler et al., 2009; McCann et al., 2000

**Screening: QoL/Function**

- Outcomes-based measures
- Acknowledge the importance of subjective perceptions of health: function and quality of life
- Measures change
  - SF-36
  - SF-12
  - SF-8
- Duke Health Profile
  - 17 items
- CDC HRQoL-14
  - http://www.cdc.gov/hrqol/hrqol14_measure.htm

Brazier et al., 1992; Parkerson et al., 1990
Screening in PC: Summary

- Improve early detection and treatment
- Can lead to an accurate diagnosis
- Team-based planning and approach to patient care
- EHR can help and hinder progress!

Questions?

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References

References


• Parkerson, G. R., Broadhead, W. E., & Tse, C. J. (1990). The Duke Health Profile; A 17 item measure of health and dysfunction. Medical Care, 28(11), 1056-1072.


