COLLABORATIVE MENTAL HEALTH CARE IN THE VA MEDICAL SYSTEM

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PC-MH Collaboration

Objectives

1. Become familiar with collaborative care initiatives and models implemented within the VA system.
2. Recognize key elements of successful integrative care programs.
3. Understand the impact of integrating mental health care into a primary care setting on patient outcomes and satisfaction.

Disclosures

- MH conditions as chronic disease
- "No" is not an option
- Change may be scary, but necessary for progress

Why Have PC-MH Integration?

- There is strong science behind PC-MHI. These approaches increase the quality and population impact of mental health services.
- PC-MHI decreases MH stigma & increases attention to MH issues & their interaction with Veterans' other illnesses.
- PC-MHI allows specialty MH providers to focus on veterans with more serious illness.

- Studies show MH treatment improves quality of life.
- Studies also show depression independently impacts all-cause mortality, thus, treatment may also improve quantity of life.
Uniform Services Package

- Issued in 2008
- USP is part of the VA’s MH Strategic Plan, which was designed to transform how MH care is delivered to veterans.
- Addresses PC-MH Integration
- Our goal is for all Veterans to have timely access to needed mental health services.

Primary Care-Mental Health Integration

- PC-MH Integration is a joint PC and MH program addressing many MH needs in the PC setting.
- PC-MH Integration is being implemented in VA nationally to ensure that all Veterans have access to MH services wherever they present for care.

PC-MH Integration Goals

- Integrate care for Veterans’ physical & MH conditions
- Improve access & quality of MH evaluation & treatment
- Allow treatment in specialty MH settings to focus on Veterans with more serious illness

PC-MH Integration Models

- Co-Located Collaborative Care
  - White River Junction (WRJ)
  - ps.psychiatryonline.org/cgi/content/full/45/5/318

PC-MH Integration Models

- Co-Located Collaborative Care
  - PC & MH providers work together in the PC clinic, sharing responsibility for MH services.
- Care Management
  - Care managers assure ongoing monitoring & modification of treatment as needed.
- Blended Models
  - Combining multiple components of PC-MH Integration, most specifically elements of both co-located collaborative care & care management.
PC-MH Integration Models

- Blended
  - Iowa City VAMC
  - Primary Care Behavioral Health Clinic
  - Transition Clinic
  - Polytrauma Clinic

VA Summary – Moving Towards A 21st Century Model For Care

Keys to Integration & Lessons Learned

- Co-location
- Patient-centered care
- Patient Empowerment

Keys to Integration & Lessons Learned

- Breaking down existing barriers
  - Patient
  - Provider
  - Health System
- Steps for implementing Collaborative Care Programs for Depression

Flowchart of Implementation Steps & Decisions
**PC-BHC**

- **Patient Outcome Goals**
  - Full Response - Depression
    - PHQ-9 improvement: 75-100% or score ≤ 5
    - DSM-IV-TR < 37 symptoms (<27 for Dysthymia)
  - Full Response - Anxiety
    - 75-100% improvement on State Anxiety Inventory
  - Remission
    - Full response maintained a minimum of 4 weeks

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**Depression: Stepped Care**

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**GAD: Stepped Care**

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**PC-BHC Results**

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**Acute Assessment Protocol**

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**Implementation Timeline**
Outcomes: + Depression Screens 5/1/05 to 3/31/08

Outcomes: BHC Disease Management Clinic 8/1/05 to 3/31/09

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