

A PRIMARY CARE PACT TO IMPROVE THE HEALTH CARE OF PATIENTS WITH SERIOUS MENTAL ILLNESS: SMI-PACT

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Disclosure

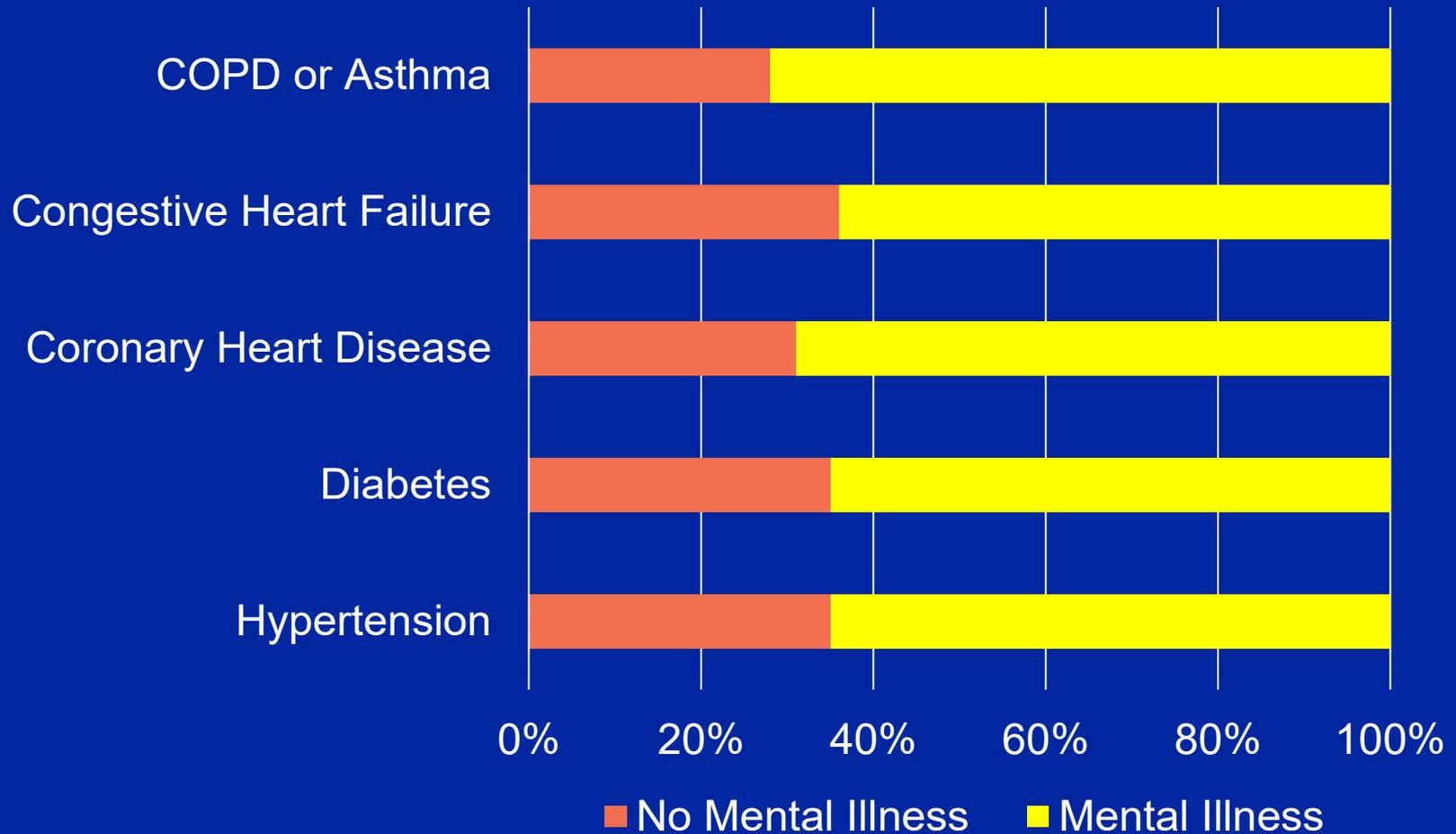
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No relationships or conflicts of interest related to the subject matter of this presentation

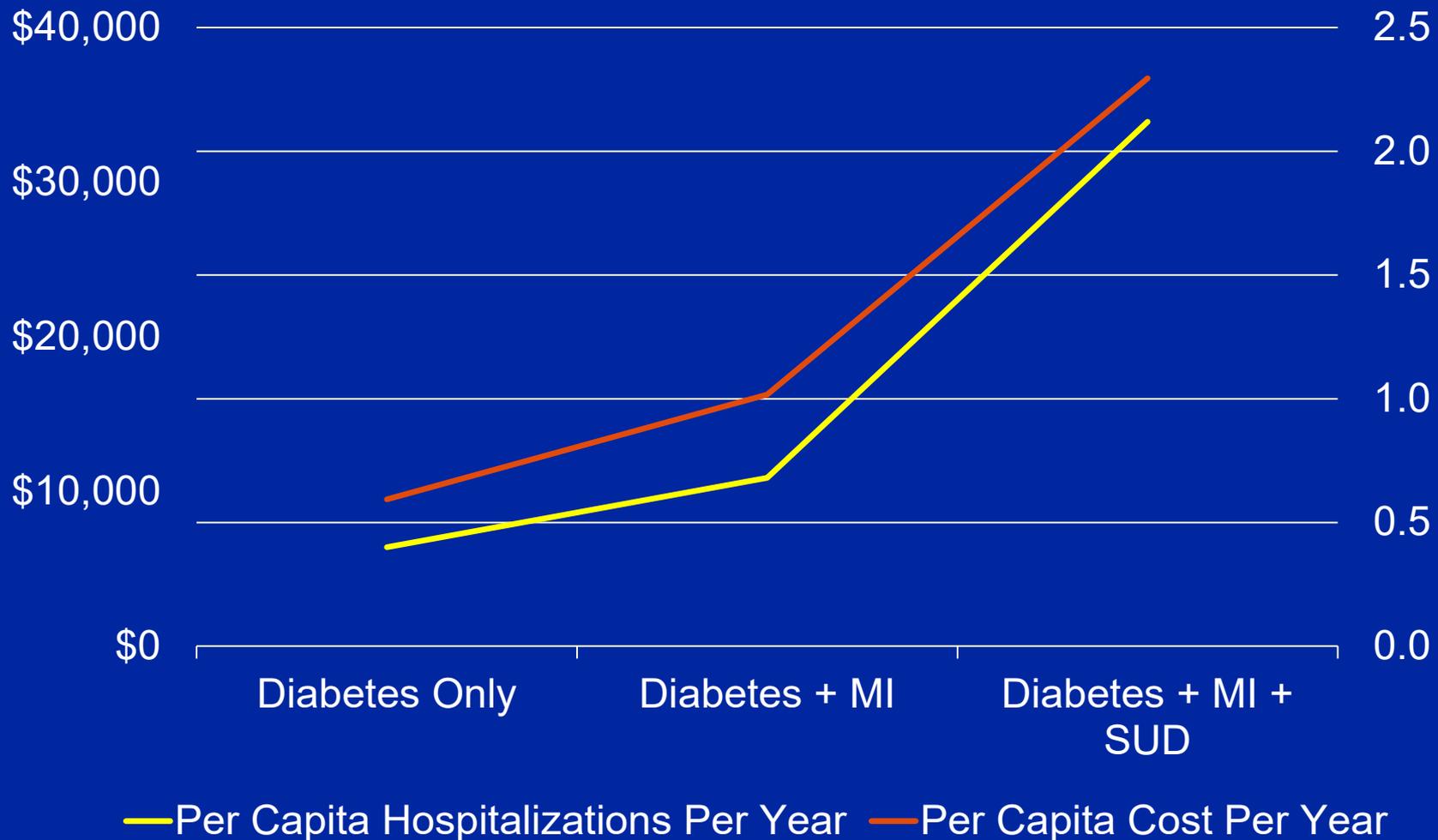
Serious Mental Illness (SMI): Complex Needs & Poor Outcomes

- Common, high-cost disorders
 - bipolar, schizophrenia, major depression, chronic PTSD
- High rate of premature mortality
 - 3 times the general population
 - 10 to 15 years of life lost
 - mostly due to cardiovascular, respiratory, cancer
- Not well engaged in primary care
 - cognitive deficits, social disadvantage, smoking, obesity
 - fail to get high-value primary care services
 - life expectancy has not increased with rest of population

Mental Illness Among Disabled Patients with Medical Disorders



Impact of Mental Illness (MI) on Costs and Hospitalizations



Poll Question #1

- What is your primary role in VA?
 - student, trainee or fellow
 - physician, nurse practitioner or physician assistant
 - other nurse
 - other clinician
 - researcher
 - administrator, manager or policy-maker
 - other

Poll Question #2

- What is your primary VA clinical location?
 - primary care
 - mental health
 - substance abuse
 - other specialty service
 - none

Integrated Care Model for Veterans with Complex Needs

- How to organize primary care for complex patients with substantial specialty needs?
- Many projects on SMI outside VA
 - high priority as systems become responsible for populations
 - rarely studied using experimental designs
 - few projects in VA
- Research has been rare
 - inconsistent results
 - regression to the mean

Overview

- ❑ Improve primary care of Veterans with SMI
- ❑ Build on PACT
- ❑ Build on integrated care management & medical care management
 - VA Primary Care Mental Health Integration (PCMHI)
- ❑ Grant from HSR&D QUERI
- ❑ Hybrid implementation effectiveness study
- ❑ Clustered controlled trial in VISN 22

Aims

- Implement SMI PACT model
 - one VISN 22 medical center
- Study model effectiveness
 - compare to two other VISN 22 medical centers
 - study change over time
- Outcomes
 - quality of primary care
 - care experience, chronic care, symptoms, quality of life
- Formative evaluation
 - implementation, acceptability, barriers, facilitators
 - triangulate: context, intervention, outcomes

SMI PACT Team

Los Angeles VA

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Las Vegas VA

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SMI PACT Clinical Model

- Engage patients in primary care
- Collaborative care (PCMHI) for SMI
- Integrated medical and psychiatric treatment
 - care coordination
- Proactive nurse care management

Patient Eligibility

- Diagnosis of SMI
 - Schizophrenia
 - Major Depression with psychosis
 - Bipolar Disorder
 - Chronic, serious Post-Traumatic Stress Disorder
- Elevated medical risk: CAN > 75th percentile
- Stable mental health: not high risk
 - Milestones of Recovery (MORS) score ≥ 6

Identify Risk for Hospitalization or Death using CAN Score

<u>Demographics</u>	<u>Utilization</u>	<u>Chronic Illness</u>	<u>Pharmacy</u>
Age Group	No. Hospital/Bed Days	Deyo-Charlson Score	Antipsychotic
Air Force Flag	No. Medical Providers	HCCs:	Beta-blocker
Eligibility (1, [2-4], 5+)	No. Visit Type:	AFib and CHF	Benzodiazepine
Rank Flag (Officer vs Enlisted)	All	Dementia	Beta agonist nebulizer
Marital Status	Inpatient	Mental Health and PTSD	Furosemide
Priority	Emergency Care	Metastatic Cancer	Statin
SES index	Cardiology	Alcohol	Metformin
Sex	CT	Chronic Airway Obstruction	NSAID
	Mental Health		Furosemide Tablets
	Other Non-Face		No. of drugs filled
<u>Vital Signs</u>	Primary Care (PC)	<u>Lab/Radiology</u>	<u>Text Notes</u>
BMI (≥ 40)	Phone Care	No. Albumin	No. Consent Notes
Weight Variability	PC Phone Care	No. Blood, Urine, Nitrogen	No. Telephone Notes
HR (80-60)	No. 11-20min Phone	Lymphocytes (Low)	
Resp Rate (≥ 20)	No. 21-30min Phone	Red Blood Cells (Low)	
Sys & Dias BP	No. Est Office Visit	Sodium (Low)	
		White Blood Cells (High)	
		No. Troponin	
		No. Chest X-Ray	

VETERANS HEALTH ADMINISTRATION

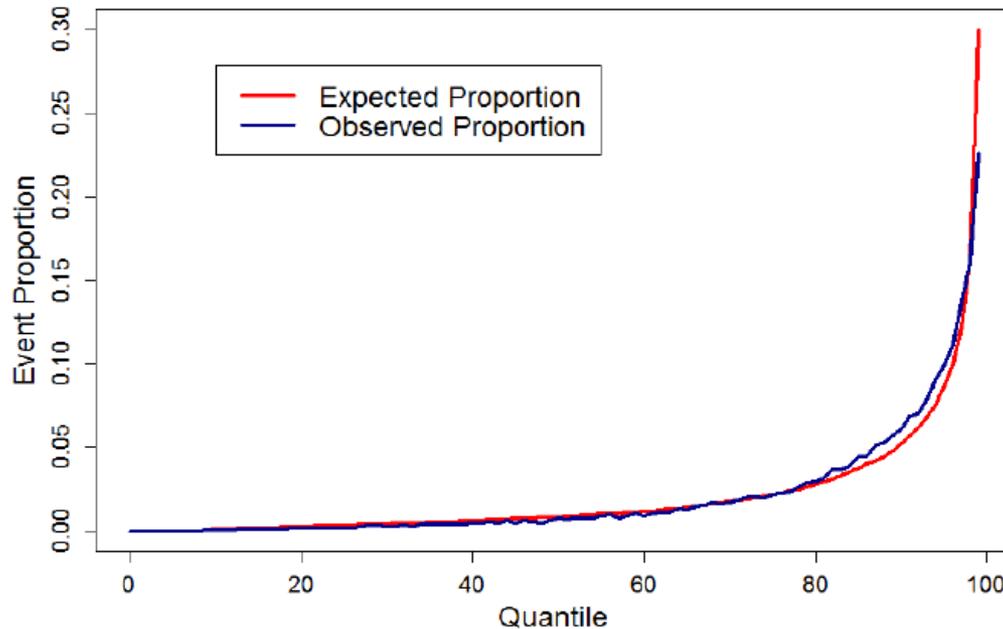
[Med Care](#). 2013 Apr;51(4):368-73. doi: 10.1097/MLR.0b013e31827da95a.

Predicting risk of hospitalization or death among patients receiving primary care in the Veterans Health Administration.

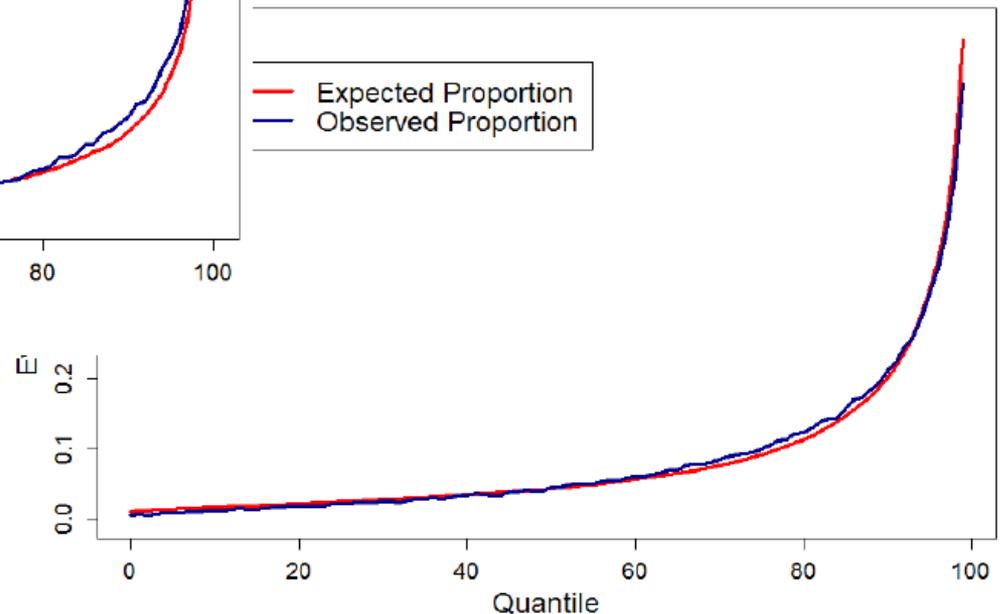
Wang L¹, Porter B, Maynard C, Evans G, Bryson C, Sun H, Gupta I, Lowy E, McDonnell M, Frisbee K, Nielson C, Kirkland F, Fihn SD.

Identify Risk for Hospitalization or Death using CAN Score

1 Year - Mortality (2013)



1 Year - Hospitalization (2013)

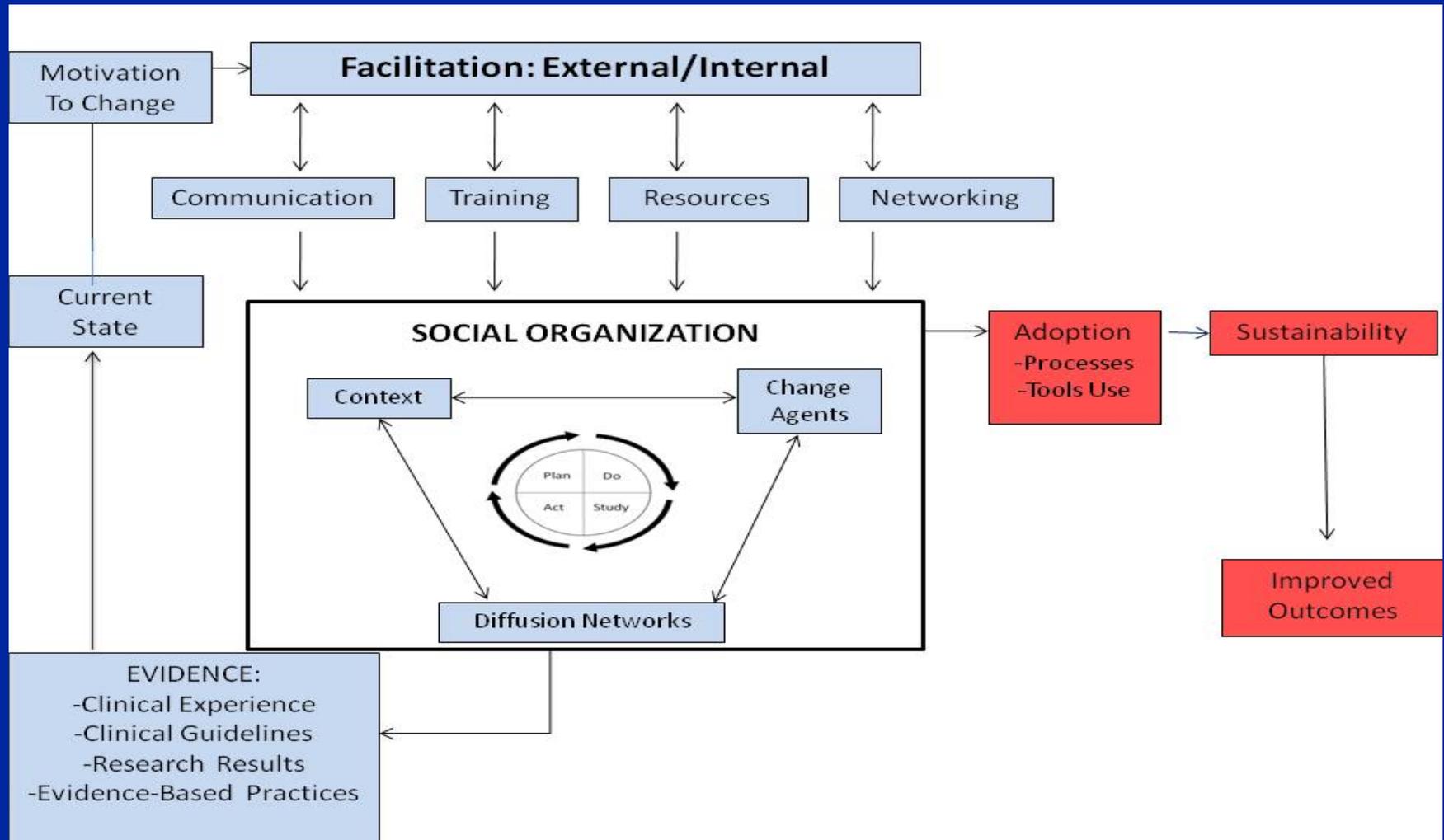


Veterans in highest %ile of risk have 58% probability of admission, 23% probability of death, and 64% probability of either event.

Milestones of Recovery Scale (MORS)

Extreme Risk	Unengaged		Engaged, Not Self-Coordinating		
	Outreach (MHICM)	Drop-in	Intensive Case Management	Case Management	
	High risk, unengaged (2) Poorly coping, unengaged (4)		High risk, engaged (3)	Poorly coping, engaged (5)	

Consolidated Framework for Implementation Research (CFIR)



Facilitation

- Preparing for SMI PACT
- Staffing SMI PACT
- Offering care to patients
- Providing SMI PACT

Role: Primary Care Physician

- Training
- Care management
- Medication monitoring
- Interface with consulting psychiatrist
- Interface with other specialists

Role: Nurse Care Manager

- Training
- Panel management
- Collaborate with other clinics & providers
- Patient education
- Smoking cessation & health coaching
- Triage walk-ins
- Review primary care almanac quality measures

Role: Psychiatrist

- Weekly meetings with primary care physician (PCP) and nurse care manager
- Available in real time by phone or IM
- Assist PCP with psychiatric treatments
- Facilitate coordination with specialty mental health
- Oversee implementation of SMI PACT model

Roles: Other

- Licensed Vocational Nurse (LVN)
 - scrub schedule, reminders to patients, manage patient messaging, review labs, pre-visit
- Social Worker
 - outreach, ensure patient engagement, social assessment, connect with resources
- Clerk
 - appointments, documentation

Methods

- Effectiveness: mixed effects repeated measures
 - compare intervention to control over time
- Formative evaluation
 - constant comparison
 - strengthen intervention
 - study patients, providers, organizational context, treatments

Data Sources

- Quantitative patient interviews
 - baseline and 1 year
- Semi-structured interviews
 - baseline and 1 year
 - patients
 - staff: physicians, nurses, social workers, managers
- Field notes, intervention logs
- VistA data

SMI PACT was Implemented

- Primary care staff training
 - motivational interviewing, mental health treatment, substance abuse treatment
- Psychiatrist integrated into PACT team
 - weekly team meeting, real time consultation
- Coordination with specialty substance abuse and mental health services
 - led by psychiatrist
- Tobacco cessation services

SMI PACT was Well Received

- Patient satisfaction was high
- Well accepted by clinicians
- No problems with burnout
 - additional supports to manage complex patients
- Sustained after the study

Implementation

- ❑ Tool kit is available
- ❑ Apply PCMHI psychiatrist staff to serious mental illness
- ❑ Offer SMI PACT supports to select PACT teams
 - no full time SMI PACT teams
- ❑ Patient outreach
- ❑ Target quality measures, including SAIL

Conclusions

- First controlled trial in serious mental illness of a primary care medical home with integrated, collaborative care
- Specialized PACT for SMI is feasible, safe, more effective than usual care
- Addresses healthcare challenges faced by people with serious mental illness
- Tools available for implementation

Questions / Comments?

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