

## Primary Care Mental Health Integration (PCMHI): Providing Same Day Access to Mental Health

### Case Scenario:

Mr. Eastman is a 47 year old combat Veteran who has been plagued by distressing dreams and daytime memories of events that occurred many years ago in Iraq. His functioning at work has deteriorated and his boss has given him several less than satisfactory performance reviews. His work gives meaning to his life and he prefers to keep going. He went to the VA for a primary care visit and screened positive for possible PTSD. His PCP referred him to the Mental Health. Though reluctant to "...have someone look into my head," he agreed to an appointment in two weeks but when the day came, he felt better and did not show up. A week later his boss said he may have to fire him.

### *Imagine a Different Scenario for Mr. Eastman:*

After screening positive for PTSD, Mr. Eastman's Primary Care Provider (PCP) asked him if he would be willing to meet today with a mental health professional that is part of the primary care team (PCMHI) to talk about the recent concerns he has been experiencing. Mr. Eastman reluctantly agreed, as long as he could be seen before lunch. His PCP called the PCMHI team member, who was immediately available, and introduced him to Mr. Eastman. Mr. Eastman was pleased that he could be seen so rapidly, that he didn't have to go to a clinic that he'd never been to before, and it was clear that his PCP trusted this team member. Together the three came up with an initial plan for Mr. Eastman that included specific steps to improve his functioning at work. Ultimately, he was able to receive the care that he needed, in the setting that he was most comfortable in, which allowed him to improve his performance at work rather than being fired.

### Key Considerations:

- The likelihood that an individual with a mental health condition will engage in treatment decreases with each day between problem identification and referral appointment
- Most people referred for mental health care either do not show up or do not engage. This not only keeps many from getting needed care but limits capacity in the system for those who are willing to engage
- Veterans whose first mental health visit was with a PCMHI provider are more likely to engage in treatment than those referred directly to specialized care
- Treatment of mental illness in primary care overcomes many of the barriers to mental health care and has very high Veteran satisfaction. It overcomes much of the stigma associated with "needing help" by being a part of primary care.
- Open or at least same day access is a key feature of successful PCMHI
- Most Veterans with mental health conditions can be successfully managed in PACT with brief, problem-focused treatment provided by experts

**"... the Patient Centered Medical Home will not reach its full potential without adequately addressing patients' mental health needs. Doing so, however, will likely shift responsibility for the delivery of much mental health care from the mental health sector into primary care..."**

Croghan TW, Brown JD. Integrating Mental Health Treatment Into the Patient Centered Medical Home. AHRQ Publication No. 10-0084-EF. Rockville, MD: Agency for Healthcare Research and Quality. June 2010.

# **PCMHI Goal: Improve Health of the Population by Addressing Mental Health Needs in primary Care**

## **Key Objectives:**

- Provide Open access to mental health care
- Provides Veterans the right intensity of treatment Reduces stigma by co-locating in PC
- Make MH care a routine part of primary care
- Organize mental health care as a stepped care model

## **Core Components of PCMHI:**

- Co-located Collaborative Care
  - Embedded mental health clinicians are part of medical home team
  - Consultative advice, assessment, brief interventions
  - Uncomplicated mental illness, Substance Use Disorders,
  - Other conditions (insomnia, stress, chronic pain, obesity, etc)
  - Initially based on White River Junction VA model of 2004
- Disease specific Care Management
  - Guideline based treatment support, usually via telephone
    - Patient activation and education for self management
    - Ongoing structured assessment, monitoring treatment adherence
    - Behavioral activation
    - Referral Management when indicated
  - Based on IMPACT, RESPECT and other RCTs

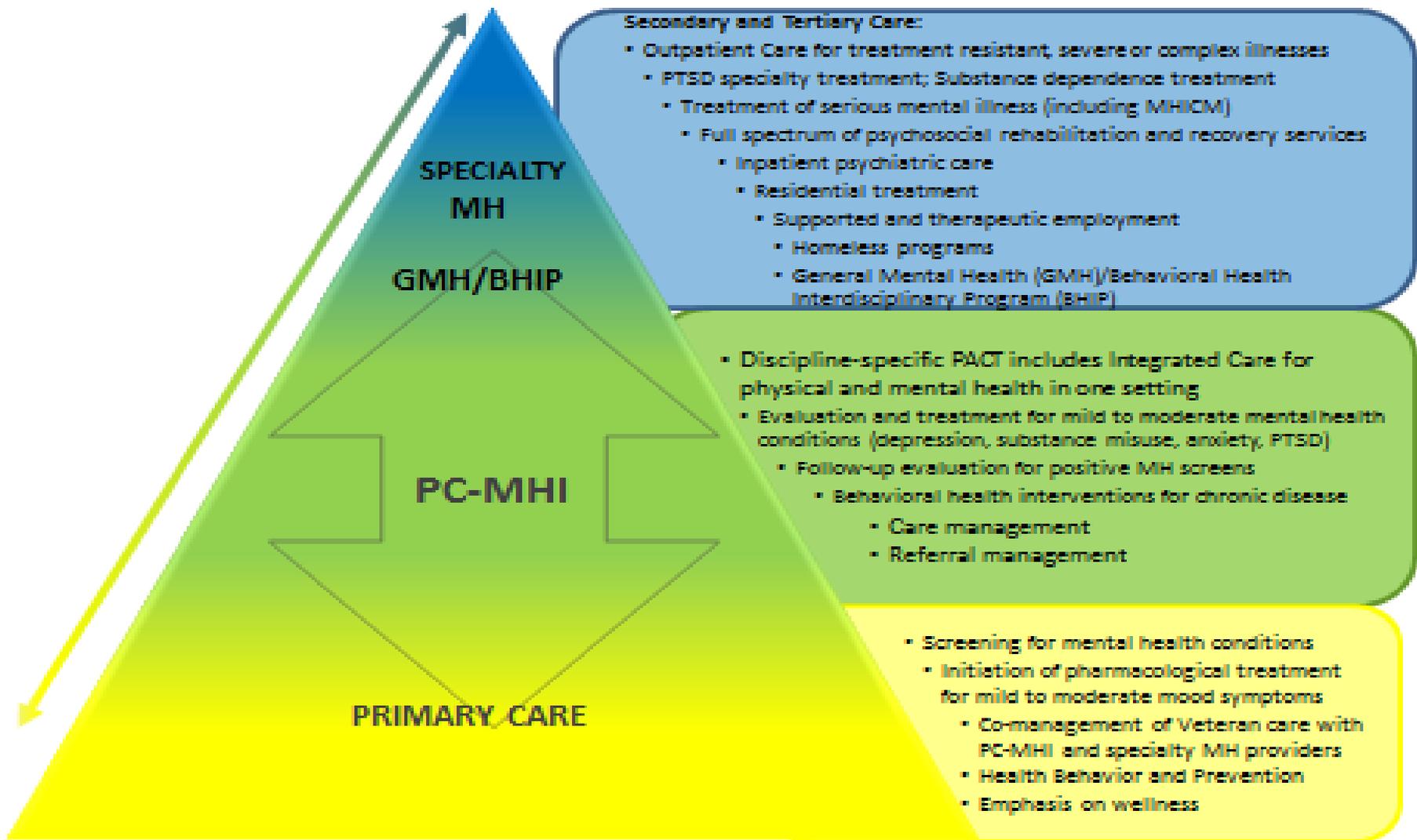
## **PCMHI role on the Patient Aligned Care Team (PACT):**

- Clinical pathway following universal screening
- Support Patient Self-Management
- Provide brief assessment and MH interventions
- Support MH treatment provided by PCP
- MH subject matter expert in PACT
- Support PACT after MH care completed
- (MH treatment plan is brief, problem focused and part of PACT care plan, not separate)

## **Necessary ingredients for PCMHI success:**

- Leadership support
- Staffing
- Space in primary care
- Providers who understand, accept and have been trained in the model of care
- Clear definition of roles but willingness to step outside role when needed

## Mental Health Services in VHA



## Solutions for Same Day Access in PCMH

Same day or advanced/open access is one of the hallmark features of PCMH. Diverse program design solutions have been identified and implemented in clinic locations across the Veterans Health Administration (VHA). Although the goal remains the same, the pathway to providing same day access can vary.

- Example One: Full Open Access
  - PCMH providers have completely open grids.
  - There are no scheduled appointments.
  - Patients are seen on a first come, first serve basis.
  - This provides open access and availability to see warm-hand offs from primary care providers.
  
- Example Two: Alternating Scheduled and Unscheduled 30 minute appointments.
  - Clinic grids alternate 30-minute scheduled appointments with 30-minute open slots.
  - Clinicians must be skilled in providing 30 minute appointments and maintain fidelity to this practice management patterns.
  
  - For example:
    - 8:00 am: Scheduled appointment
    - 8:30 am: Open for walk-ins or consultations
    - 9:00 am: Scheduled appointment
    - 9:30 am: Open for walk-ins or consultations (and so on throughout the day)
  
- Example Three: Access Based on Clinic Flow
  - PCMH clinician has open access appointments at peak clinic times.
  - Alternatively this may be done when primary care has new patient slots.
  - PCMH providers align their open access slots right after the new patient slots in PC.
  
  - For example:
    - 8:00 am: Scheduled appointment
    - 8:30 am: Scheduled appointment
    - 9:00 am: Open for walk-in/consultation
    - 9:30 am: Open for walk-in/consultation (and so on throughout the day, based on clinic flow)

- Example Four: Open Access Pager
  - For facilities that have several PCMHI providers (e.g., two clinical social workers, two psychologists, and a psychiatrist), a provider is assigned every day (or 1/2 days), on a rotating basis, to be unscheduled and available to take walk-ins throughout the day.
  - For example, while provider A is scheduled, provider B is available to take walk-ins. Providers typically share an open access pager, so that PACT members only have one number to call.
  
- Example Five: Care Management Access
  - Same day access to PCMHI care management services by providing either open/advanced access to the initial care management baseline assessment in person within the PACT setting.
  - The initial assessment is often completed by a health technician or nurse care manager who has several open access slots daily, often alternating with scheduled phone assessments and follow-up calls. This initial assessment can help to triage the patient to the most appropriate level of care and initiation of an initial treatment plan.
  - Meets Mental Health Access standards ONLY IF PATIENT WAS EVALUATED BY AN LIP