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Implementation of the Primary Care Mental Health Integration (PCMHI) Model: Information for Patients

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July/August 2021

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The University of Vermont
LARNER COLLEGE OF MEDICINE

Problem Identification & Description of Need

- UVMHC Primary Care is transitioning to the Primary Care Mental Health Integration (PCMHI) model of care, in which behavioral health and/or psychiatric treatment is provided within a primary care setting via in-house consulting clinicians
- Implementation of the PCMHI model began in 2007 within the Veterans Health Administration, with the goal of improving access to mental health services via co-located collaborative care provided by mental health professionals¹
- UVMHC Family Medicine - South Burlington serves as the pilot site for the PCMHI program and has begun to refer patients for chart review-based psychiatric consultation and behavioral health services
- There are currently no standardized informational materials being circulated within the South Burlington practice to educate patients on the details of the PCMHI program, which is a new treatment model for most patients and clinicians involved

Public Health Cost & Cost Considerations

- 60% of patients with psychiatric disorders are treated exclusively in a primary care setting.²
- A cohort study of 4.4 million Medicare beneficiaries found that 4.2% of total Medicare spending went to mental health services and 8.5% went to additional medical spending associated with mental illness, for a total of 12.7% of total spending associated with mental health disorders.³
- Among 5.4 million primary care patients in 396 VA clinics, 6.3% of patients saw a PCMH provider. Each percentage-point increase in the proportion of clinic patients seen by these providers was associated with 11% more mental health visits and 40% more primary care visits, with 9% higher average total costs per patient per year.⁴
- Implementation of PCMH programs was associated with a pattern of increased identification and diagnosis of depression, anxiety, post-traumatic stress disorder, and alcohol abuse, which may enhance recognition of mental health needs among primary care patients.⁵
- Greater clinic engagement in PCMH services has been shown to increase accessibility to mental health care for primary care patients, without increasing acute care use or total healthcare costs, ultimately improving mental health care value at the patient population level.⁶

Community Perspective & Support for Project

Interview with Clara Keegan, MD

“Primary Care Champion” for the PCMHI program

How/why did you get involved with implementation of the PCMHI program?

“I was approached about the possibility of becoming the primary care physician champion for the program because of my interest in motivational interviewing and primary care management of mental health concerns...I believe that **centralized mental health services (available through the medical home rather than only through outside referral) is more acceptable to many patients.**”

What do you see as the biggest advantage of the PCMHI model of care?

“I feel like our PCMHI team gives us **support and back-up in managing complex patients with mental health concerns.** I really appreciate the rapid turnaround on the psychiatry chart reviews, which help guide me in medication adjustments.”

Are there certain patient populations you feel would benefit most from referral to the PCMHI program?

“I am really excited to see **more support for patients with chronic medical illness whose care is complicated by mood symptoms or anxiety.** I think the behavioral activation strategies that Kerry Stanley provides can be helpful for managing medical conditions, not just mood disorders.”

Interview with Kerry Stanley, LICSW

Behavioral Health Care Manager for South Burlington PCMHI

How do you feel that patients can benefit from your services as Behavioral Health Care Manager?

“The Care Manager provides brief, evidence-based counseling through the medical home and...supports patients by breaking down problems in a more manageable way. As part of the larger clinical team, the Behavioral Health Care Manager directs the orchestra of patient and providers to **make sure the patient’s quality of life is improving and to help access other levels of care when necessary.**”

What patient population do you feel can gain the most from the PCMHI program?

“This program is meant to be proactive in nature, meaning that we are not strictly waiting for a patient to present to their primary care provider to share their concerns...In this way, PCMHI is exciting because it **benefits a population of patients who may feel they don’t need or deserve counseling,** who might feel stigmatized going into a regular counseling setting or who need coordinated medication support.”

What do you see as the biggest advantage of the PCMHI model of care?

“...One of the most significant is the routine use of screening and tracking tools to make sure the services patients are receiving are effective. If we are not seeing the changes we expect, it allows us to reassess the plan of care and make needed adjustments...We know **one plan of care doesn’t fit all and PCMHI allows for a tailored approach to patient care.**”

Intervention & Methodology

- Development of patient education materials to enable patients to better understand the PCMHI program, including referral process, structure/purpose of the program, and roles of clinicians involved in their care
- Worked closely with Clara Keegan, MD and the South Burlington PCMHI clinicians to determine high-yield program information and how to best convey this to patients
- Created a dot phrase for PCPs to put in a patient's after visit summary when they first refer the patient to the PCMHI team
- Will initially utilize the dot phrase at South Burlington with the intent that it will be customized for use at other practices as they implement the PCMHI program

Response

- Creation of patient information sheet with pertinent FAQs following initial referral to the PCMHI program

Primary Care Mental Health Integration (PCMHI): Information for Patients

What is the PCMHI?

The Primary Care Mental Health Integration (PCMHI) program aims to provide specialized behavioral health and/or psychiatric treatment within our primary care office. It is designed to make mental health care more accessible and readily available to all patients who need it. The PCMHI team will work closely with your primary care provider (PCP) to learn about your specific needs.

Why am I being referred to the PCMHI?

Mental health conditions like depression or anxiety are common and can impact our overall health. Your PCP has begun to address and treat your mental health concerns, though you may not yet be seeing improvement in your symptoms. Referral to the PCMHI enables a specialized team of clinicians to make recommendations about medication, provide therapy, and/or assist with referral to other services.

How does the program work?



- Available in EPIC as a dot phrase for PCPs to put in their after-visit summary

Who is involved in my care?

The PCMHI team has specialized training in mental and behavioral health and will work closely with your PCP. You may end up receiving care from some or all of the clinicians listed below.

PCP	<ul style="list-style-type: none">• Oversees all aspects of your medical care• Starts and prescribes medications• Places referral to the PCMHI team• Works with BHCM and psychiatrist to carry out your treatment plan
Behavioral Health Care Manager (BHCM): Kerry Stanley, LICSW	<ul style="list-style-type: none">• Acts as your primary point of contact for the PCMHI program• Provides brief counseling/short-term support (6-12 sessions) as needed• Facilitates referrals to other services (e.g. social work) as needed
Psychiatrist: Sara Pawlowski, MD	<ul style="list-style-type: none">• Provides treatment recommendations <u>to your PCP and/or the BHCM</u>• May schedule a face-to-face visit if you are not seeing improvement in your symptoms and need more specialized treatment
Psychologist: Madison Smith, PsyD	<ul style="list-style-type: none">• Provides consultation, assessment, and therapy (individual, family, group)

What is the cost to me?

Our goal is for the PCMHI program to be as cost-effective as possible. Most insurance companies provide coverage for mental health treatment. Depending on your insurance, there might be a copay for some PCMHI services.

What are my next steps?

Our office will contact you with recommendations regarding treatment and to schedule additional appointments.

Evaluation of Effectiveness & Limitations

- The primary aim of the project has been development of patient education materials that have not yet been implemented into clinical practice. As such, effectiveness of these materials with regard to patient understanding of the PCMHI program has not yet been established. This would be an area that could benefit from future community projects.
- Limitations are largely due to the individualized nature of the PCMHI program and referral process. The program offers multiple different services, with patients utilizing different aspects. This info sheet for the after visit summary serves as a broad, introductory overview of the program, though additional, more specialized information may be required depending on a patient's level of involvement with the PCMHI services.

Recommendations for Future Projects

- Survey of patients who have been referred to PCMHI in order to assess understanding of the program and satisfaction with care received
- Creation of an algorithm to help providers determine when to refer patients to PCMHI and which patients would benefit most from the program's services
- Existing studies have evaluated clinicians' utilization of their PCMHI program via the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ)⁷, which could be administered at UVMHC Primary Care in the future to better inform clinical practice
- Referral to PCMHI can also occur via patient identification by various population health measures; development of further patient education materials could be beneficial for this arm of the PCMHI

References

1. Post, E. P., Metzger, M., Dumas, P., & Lehmann, L. (2010). Integrating mental health into primary care within the Veterans Health Administration. *Families, Systems, & Health, 28*(2), 83.
2. Butler, D. J., Fons, D., Fisher, T., Sanders, J., Bodenhamer, S., Owen, J. R., & Gunderson, M. (2018). A review of the benefits and limitations of a primary care-embedded psychiatric consultation service in a medically underserved setting. *The International Journal of Psychiatry in Medicine, 53*(5-6), 415-426.
3. Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. *JAMA Network Open, 3*(3), e201210-e201210.
4. Leung, L. B., Rubenstein, L. V., Yoon, J., Post, E. P., Jaske, E., Wells, K. B., & Trivedi, R. B. (2019). Veterans health administration investments in primary care and mental health integration improved care access. *Health Affairs, 38*(8), 1281-1288.
5. Zivin, K., Pfeiffer, P. N., Szymanski, B. R., Valenstein, M., Post, E. P., Miller, E. M., & McCarthy, J. F. (2010). Initiation of Primary Care–Mental Health Integration programs in the VA Health System: Associations with psychiatric diagnoses in primary care. *Medical Care, 48*, 843-851.
6. Leung, L. B., Yoon, J., Rubenstein, L. V., Post, E. P., Metzger, M. E., Wells, K. B., Sugar, K. A., & Escarce, J. J. (2018). Changing patterns of mental health care use: the role of integrated mental health services in veteran affairs primary care. *The Journal of the American Board of Family Medicine, 31*(1), 38-48.
7. Possis, E., Skroch, B., Hintz, S., Bronars, C., Mallen, M., Crowl, H., Moore, K., Bemmels, H., & Olson, D. (2020). Examining and Improving Provider Adherence to the Primary Care Mental Health Integration Model. *Military Medicine, 185*(9-10), e1411-e1416.