UPDATE ON COLLABORATIVE CARE IN HAWAII – 2020 DATA

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January 26, 2021, 12-1 PM
UH Tower 426

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Disclosure

- I am employed by Queen's Medical Group and work in Queen Emma Clinic
- No other financial conflicts of interest to disclose.

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Collaborative Care Team

- Currently for Queen's employed and QCIPN PCP's
- Four psychiatrists – 1-2 hours per week each, including one child and one geriatric psychiatrist, plus psych resident
- 3 FT LCSW care managers, 2 social work assistants, and 2 SW interns
  - Weekly team meeting with care managers
  - Notes in common EHR to PCP and care team
  - Occasional phone calls with care manager or PCP as needed
- Care managers –
  - Meet with PCP and patient via Webex or phone, often with other caregivers as well
  - Full behavioral health history and assessment, case summaries
  - Regular phone follow-up with patient and PCP
    - track progress (anxiety and depression scales)
    - provide counseling to keep patient engaged in treatment

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Financing QCIPN Collaborative Care

- Grant from QCIPN, effectively a global operating budget with all professionals paid with salaries (no FFS)
- Services made available to all PCPs who are Queen's employed or affiliated via QCIPN
- Program set up as community resource, no charge to PCP or patient
- Services independent of health insurance status
- Cost of one "module" ~ $160,000 per year:
  - 2 hours psychiatrist time
  - 1 FTE LCSW care manager
  - Some admin and IT support
  - Covers about 80% of mental health care needs for ~15 full-time primary care practices.

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Primary Care network

- We have trained 117 PCPs and APRNs, plus 2 neurologists in the Collaborative Care Model.
- We cover Oahu and Big Island, and Molokai just started
- We are training/have trained 6 SNFs (5 Oahu and 1 Kona), but 2 have dropped out, 2 more coming on. Active sites are using telehealth to run Interdisciplinary Team meetings.
- Close collaboration with Queen's geriatric team, especially for SNFs.

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Evaluating Efficacy of Collaborative Care

- Access to care when needed?
- Patient engagement rate?
- Improvement in target symptoms (e.g. depression or anxiety)?
- Compared to direct referral to community mental health practitioner?
- Compared to co-located care (psychiatrist or other mental health professional hired within primary care practice)?
- Intangibles – with or without data on patient improvement:
  - PCP satisfaction? Caregiver satisfaction? Confidence that patient is managed appropriately?

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QCIPN Collaborative Care Data
Through December 2020

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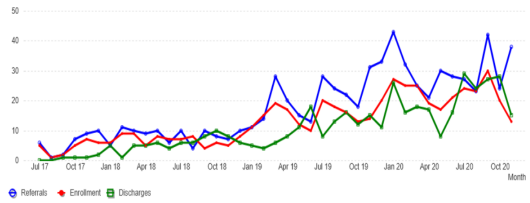
Activity by Month



Total Referrals: 725

Total Enrollments: 537

Patient Engagement Rate: 70%

Total Discharges: 426

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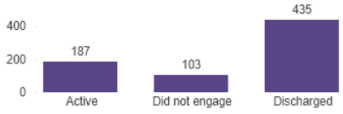
Patient Program Status



Average Enrollment Duration: 138.3 Days

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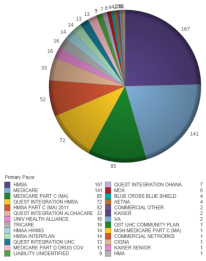
Primary Payor



Primary Payor	Volume	Volume %
Total	678	100.00%
HMSA	167	24.63%
MEDICARE	141	20.80%
MEDICARE PART C (MA)	85	12.54%
QUEST INTEGRATION HMSA	72	10.62%
HMSA PART C (MA) 2011	52	7.67%
QUEST INTEGRATION ALOHACARE	33	4.87%
TRICARE	16	2.36%
UNIV HEALTH ALLIANCE	16	2.36%
HMAA HWMG	14	2.06%
HMSA INTERPLAN	14	2.06%
MEDICARE PART D DRUG COV	13	1.92%
QUEST INTEGRATION UHC	13	1.92%
LIABILITY UNIDENTIFIED	9	1.33%
QUEST INTEGRATION OHANA	7	1.03%
MDX	6	0.88%
AETNA	4	0.59%
BLUE CROSS BLUE SHIELD	4	0.59%
COMMERCIAL OTHER	2	0.29%
KAISER	2	0.29%
VA	2	0.29%
CIGNA	1	0.15%

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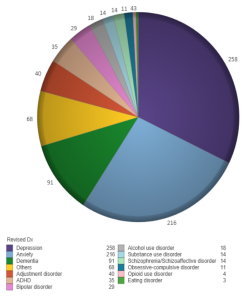
Conditions

(note: conditions are not mutually exclusive)



Revised Dx	Volume	Volume %
Total	555	100.00%
Depression	258	32.21%
Anxiety	216	26.97%
Dementia	91	11.36%
Others	68	8.49%
Adjustment disorder	40	4.99%
ADHD	35	4.37%
Bipolar disorder	29	3.62%
Alcohol use disorder	18	2.25%
Schizophrenia/Schizoaffective disorder	14	1.75%
Substance use disorder	14	1.75%
Obsessive-compulsive disorder	11	1.37%
Opioid use disorder	4	0.50%
Eating disorder	3	0.37%

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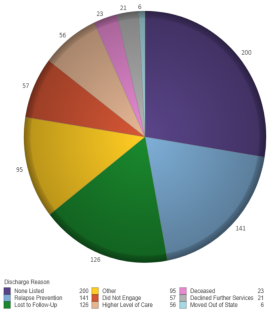
Discharge Reason



Discharge Reason	Volume	Volume %
Total	725	100.00%
None Listed	200	27.59%
Relapse Prevention	141	19.45%
Lost to Follow-Up	126	17.38%
Other	95	13.10%
Did Not Engage	57	7.86%
Higher Level of Care	56	7.72%
Deceased	23	3.17%
Declined Further Services	21	2.90%
Moved Out of State	6	0.83%

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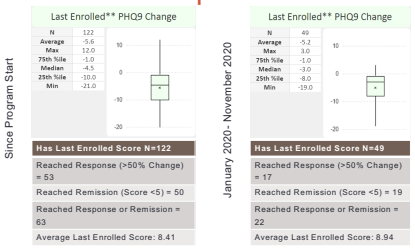
PHQ9 Changes in Patients with Depression



Score at enrollment: Range: 1-24 | Average: 13.4

**Score at enrollment vs last score available during time enrolled (may still be enrolled)

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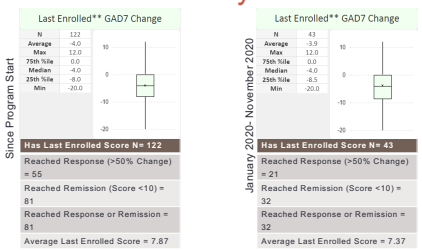
GAD7 Changes in Patients with Anxiety Disorder



Score at enrollment: Range: 1-21 | Average: 11.2

**Score at enrollment vs last score available during time enrolled (may still be enrolled)

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Co-located care (CoL) vs Collaborative Care Model (CoCM)

Comparison of Collaborative Care and Colocation Treatment for Patients With Clinically Significant Depression Symptoms in Primary Care. Blackmore et. al. Psychiatric Services. Nov 2018.

- Primary care patients with PHQ-9 ≥ 10
- Engagement in study: 43% - 240/541 patients
  - (118 CoCM, 122 CoL)
- Outcome - reduction in PHQ-9 scores at 12 weeks:
  - CoL: 14%↓ in PHQ-9
  - CoCM: 33%↓ in PHQ-9

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Primary Care Treatment of Depression

Response, Partial Response, and Nonresponse in Primary Care Treatment of Depression

Corey-Lisle, Nash et. Al. Archives of Internal Medicine, June 14, 2014

- Enrolled (E) = 688,
- Completed 6-month Evaluations (C) = 482 (70% engagement)
- Dropped out/failed to engage = 206 (30%)

- Remitters: 109 (22.6% of C, 15.8% of E) (Queen's - 40%)
- Partial responders: 152 (31.5% of C, 22.1% of E)
- Response or remission: 54% of C, 37.9% of E (Queen's – 52%)
- Non-responders = 45% of C
- Failures – non-responders plus dropouts = 59% of E

Our Queen's program has 74% engagement rate.

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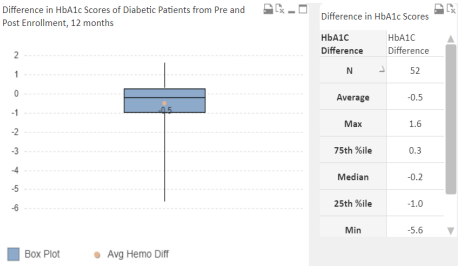
Change in HbA1c for Diabetic Patients



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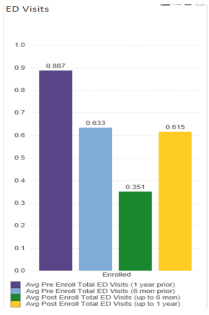
ED Visits (QHS Data Only)



N	N (> 6mo Post Enroll)	N (> 12 mo post Enroll)	Pre Enroll Total ED Visits (1 year prior)	Pre Enroll Total ED Visits (6 mon prior)	Post Enroll Total ED Visits (up to 6 mon)	Post Enroll Total ED Visits (up to 1 year)
551	424	291	489	349	149	179

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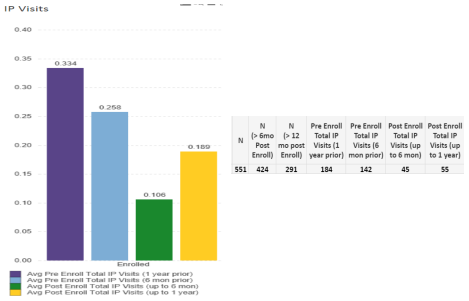
IP Visits (QHS Data Only)



N	N (> 6mo Post Enroll)	N (> 12 mo post Enroll)	Pre Enroll Total IP Visits (1 year prior)	Pre Enroll Total IP Visits (6 mon prior)	Post Enroll Total IP Visits (up to 6 mon)	Post Enroll Total IP Visits (up to 1 year)
551	424	291	184	142	45	55

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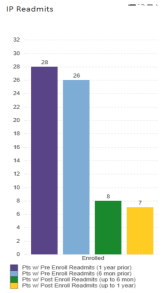
IP Readmits (QHS Data Only)



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551	424	291	184	142	45	55	46	40	9	9

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Collaborative Care Financing Options

- Center for Medicare and Medicaid Services:
  - PCP bills with G codes for "episode of care"
  - PCP is supposed to use part of payment to fund psychiatrist and care managers
  - No insurer in Hawaii has made this work yet
- Psychotherapy by community practitioners (FFS)
- Non fee-for-service funding streams:
  - Accountable Care Organizations
  - Capitated systems
  - Grants
  - Public insurance
- AIMS Center and APA offer technical support

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Evaluating Efficacy of Collaborative Care

- Access to care when needed?
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- Intangibles – with or without data on patient improvement:
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Case Demonstration

- Riki Hong and Dr. Kemble will conduct an actual follow-up consultation for the group.

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