

# UPDATE ON COLLABORATIVE CARE AND ACCESS TO PSYCHIATRIC SERVICES IN HAWAII

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# Disclosure

- No financial conflicts of interest to disclose.
- I receive no money whatsoever for any of my involvement in health care reform and health policy activities.

# Access to Psychiatric Care in Hawaii

# Hawaii's Physician Shortage

- **December 2019 Physician Workforce Report**
  - Short over 800 FTE physicians compared to need (24% shortage)
  - Shortage getting worse 3-4% per year
  - In 2019, 91 doctors retired, 4 died, 152 left the state, and 123 reduced their work hours. The medical school trains about 75 per year.
  - Cuts across almost all specialties, but worst for primary care

**Accelerating doctor shortage: Patients from closed practices overwhelm remaining practices, so they close too.**

# Value-based reforms in Hawaii

- Almost no private practice psychiatrists willing to invest in computerization and staffing required for documentation and data reporting under new payment models → Medicare penalties
- Almost all quit accepting Medicare and Medicaid instead
- Medicare and Medicaid access now limited to CMHC's and hospital clinics with employed psychiatrists
- Large numbers of SMI unable to obtain care at all
- Collaborative Care model is a partial solution

# Collaborative Care Model in Hawaii— Update for 2020

# Collaborative Care Team

- Currently for Queen's employed and QCIPN PCP's
- Four psychiatrists – 2 hours per week each, including one child and one geriatric psychiatrist
- 3 FT social worker care managers, one social work assistant, and one more SWA being hired
  - 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 directly with PCP and patient, 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

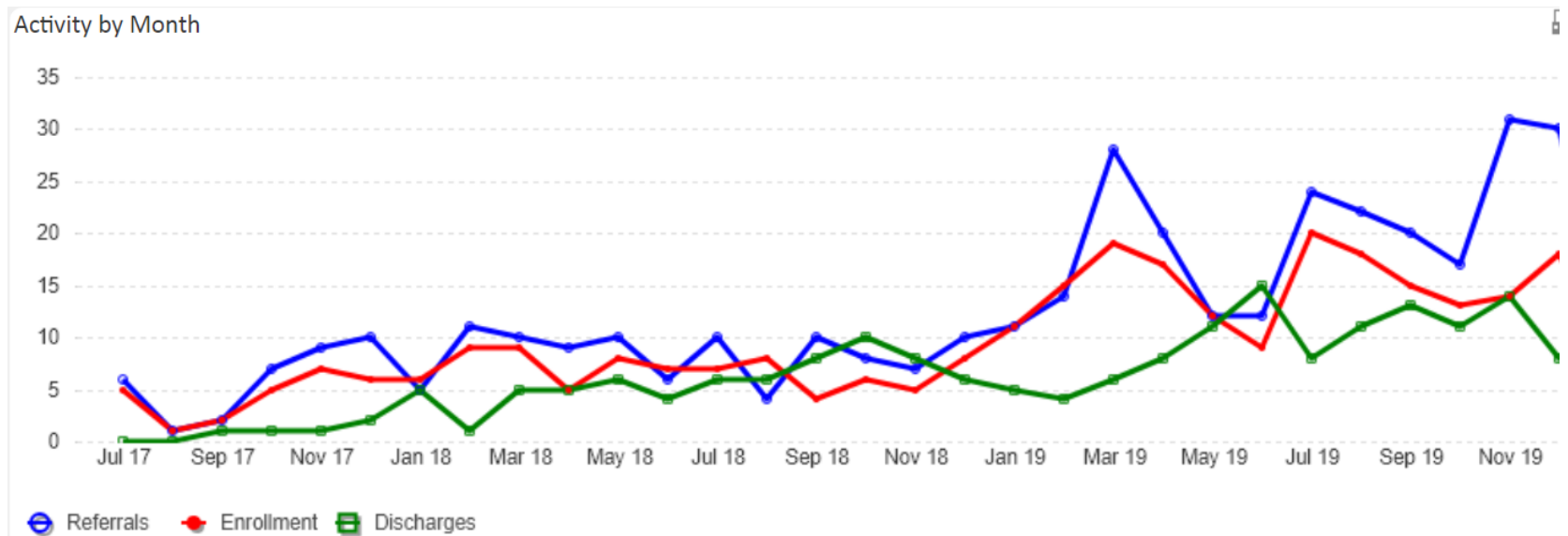
# Collaborative Care for Skilled Nursing Facilities

- We are training/have trained 5 SNFs (4 Oahu and 1 Kona) so far on MHI. Those sites are using telehealth to run Interdisciplinary Team meetings.
- We have trained 75 PCPs and APRNs, in addition to RNs, SWs and other staffs at SNF, on MHI model.
- Our team will be providing training/shadowing for medical team from Kosrae, Micronesia. Dr. Haack is the leader of this project.



# QCIPN Collaborative Care Data Through December 2019

# Activity by Month

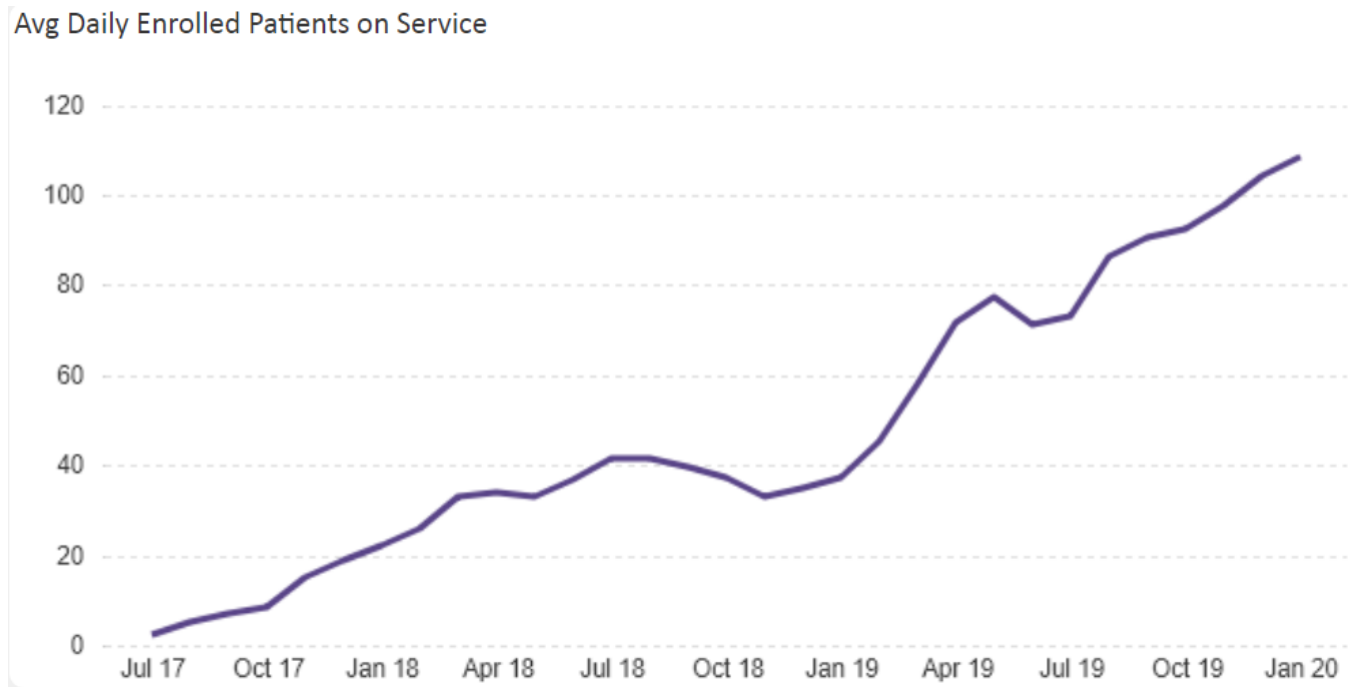


Total Referrals: 385

Total Enrollments: 297  
(77%)

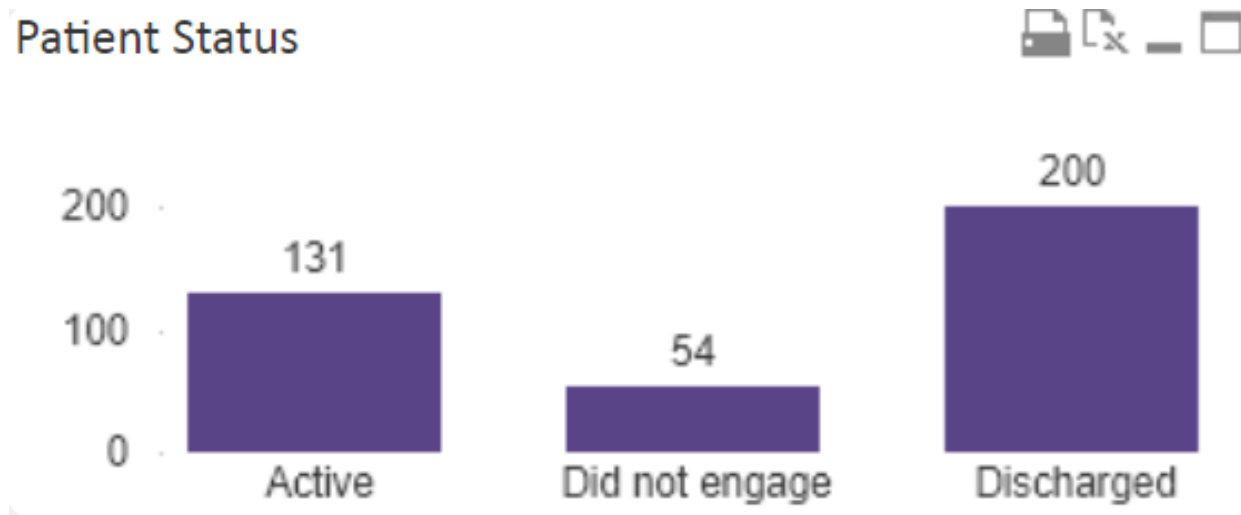
Total Discharges: 199

# Running Enrolled Patients on Service



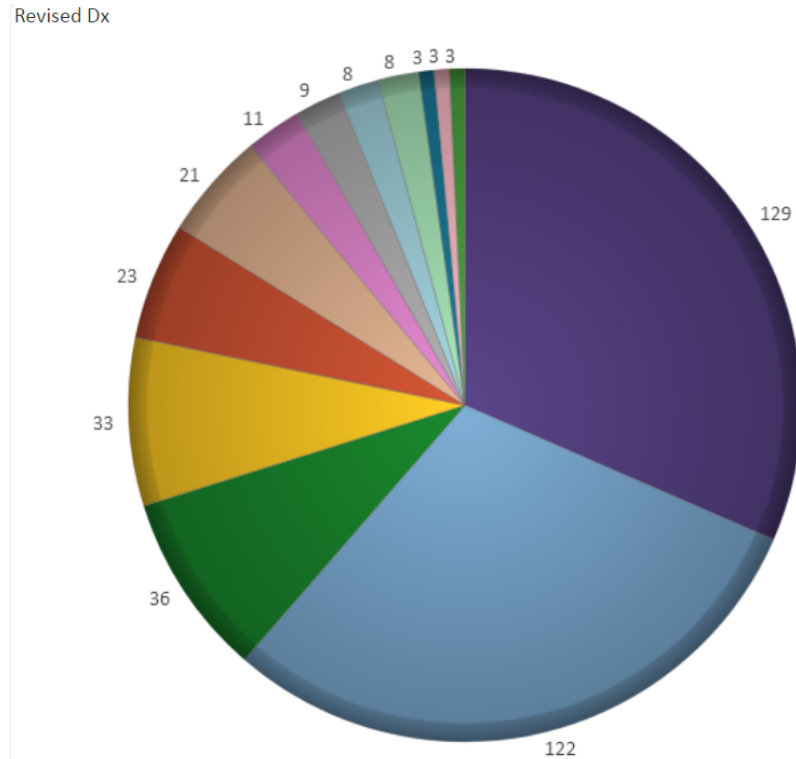
# Patient Program Status

Patient Status



# Conditions

(note: conditions are not mutually exclusive)

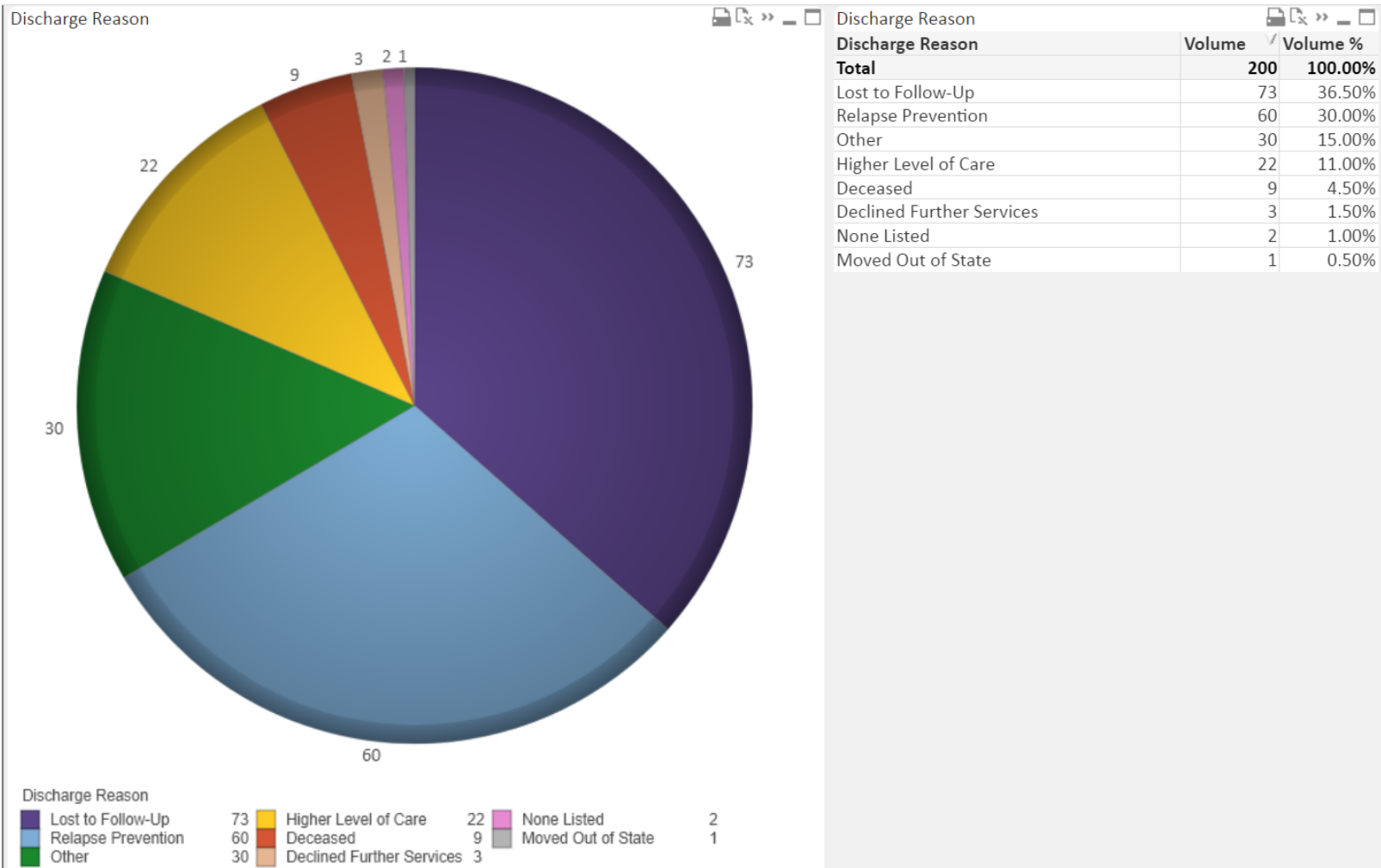


Revised Dx

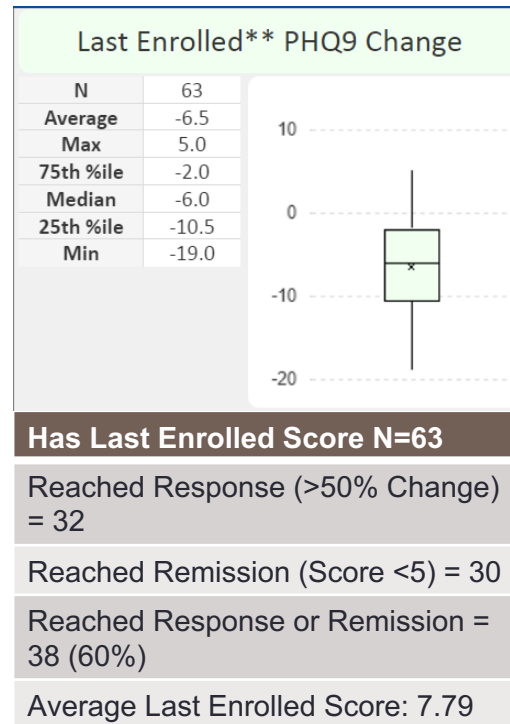
Depression	129	Substance use disorder	9
Anxiety	122	Obsessive-compulsive disorder	8
Dementia	36	Alcohol use disorder	8
Others	33	Schizophrenia/Schizoaffective disorder	3
Adjustment disorder	23	Eating disorder	3
ADHD	21	Opioid use disorder	3
Bipolar disorder	11		

Revised Dx	Volume	Volume %
<b>Total</b>	<b>268</b>	<b>100.00%</b>
Depression	129	31.54%
Anxiety	122	29.83%
Dementia	36	8.80%
Others	33	8.07%
Adjustment disorder	23	5.62%
ADHD	21	5.13%
Bipolar disorder	11	2.69%
Substance use disorder	9	2.20%
Alcohol use disorder	8	1.96%
Obsessive-compulsive disorder	8	1.96%
Eating disorder	3	0.73%
Opioid use disorder	3	0.73%
Schizophrenia/Schizoaffective disorder	3	0.73%

# Discharge Reason



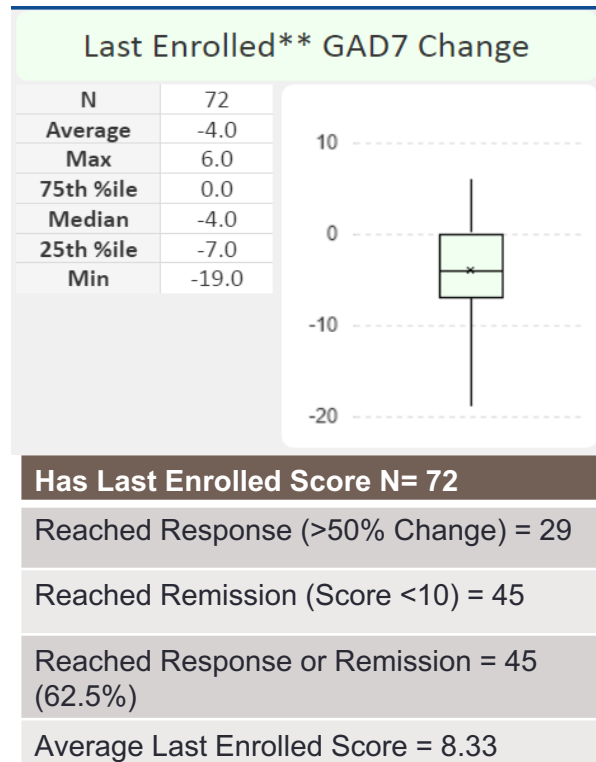
# PHQ9 Changes in Patients with Depression



Score at enrollment: Range: 1-24 | Average: 13.2

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

# GAD7 Changes in Patients with Anxiety Disorder



Score at enrollment: Range: 1-21 | Average: 11.4

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



# Other Stats

- Average Enrollment Duration: 124.15 days

# Reduced ED visits

- We have made a statistically significant change in ED visits at QHS for patients enrolled in collaborative care.
- Average number of ED visits in the 6 months prior to enrollment went from 0.607 to 0.355 in the 6 months post enrollment.
- If look at N (> 6mo Post Enroll) = 183, then the mean ED difference = -0.4754,  $p < 0.0001$ . The change was significant.

# Collaborative Care Financing

- 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

# Resources

- U. of Washington AIMS Center  
<https://aims.uw.edu/collaborative-care>
- American Psychiatric Association  
<https://www.psychiatry.org/home/search-results?k=collaborative%20care>