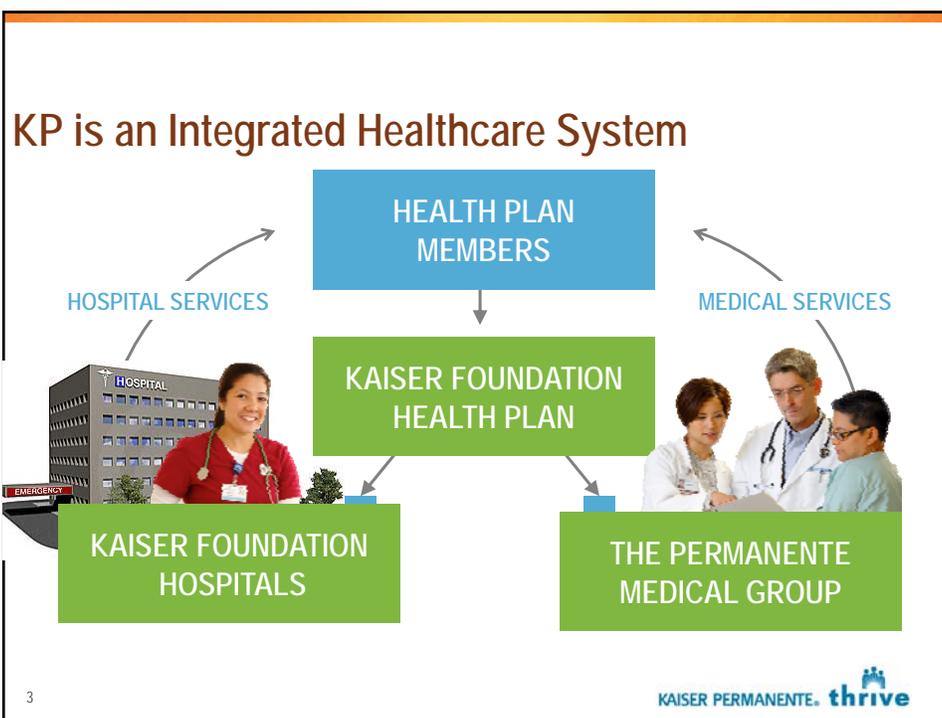


MHSOAC: PANEL ON WHOLE HEALTH

Stuart Buttlare, PhD, MBA
Regional Director of Inpatient Psychiatry and Continuing Care
Regional Chair Integrated Urgent Services
Kaiser Permanente

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- What is integrated care in an HMO: Kaiser Model
- Clinical models of care – continuum of care
- Can behavioral health services show cost savings in an integrated system
- Challenges



In a world of operationally, economically, and functionally splintered and fragmented care delivery business units, we have a "total package" rather than multiple pieces

The Package

- Hospitals
- Physicians
- Labs
- Pharmacies
- Imaging
- Full continuum of MH/SU services



Behavioral Health Case Example – Patient Integrated Care Snapshot

The screenshot displays a patient's integrated care snapshot in the Epic EMR system. The patient is identified as William John (D.O.), a 42-year-old female. The snapshot includes the following sections:

- Problem List:** LUMP BREAST; BIPOLAR I DISORDER, DEPRESSED, MODERATE; PERSONAL CONDITION, PARTNER RELATIONAL PROBLEM; BRONCHITIS, ACUTE; ASTHMA, ACUTE EXACERBATION; OBESITY (BMI 30-39.9); HYPERLIPIDEMIA.
- Allergies:** NO KNOWN DRUG ALLERGIES.
- Immunizations/Injections:** IIF s (Influenza split virus) - 10/21/2003, 11/21/2002, 11/27/2006.
- Health Maintenance:** PAP SMEAR SCREENING (Overdue); SMOKING/TOBACCO USE CESSATION COUNSELING (Due Soon).
- Significant History Details:** Comments: HWAJ4311309 no eshw/mrdl; No open orders; Spoken Language: English.
- Medications:** A list of various medications including ENDOCET 5-325 MG ORAL TAB, DOUGLATE SODIUM 118 MG ORAL CAP, PERCODET 5-325 MG ORAL TAB, LITHIUM CARBONATE 300 MG ORAL CAP, TOPAMAX 100 MG ORAL TAB, IBUPROFEN 600 MG ORAL TAB, MIRENA 20 MCG/24 HR BU IUD, CITRALOPRAM 20 MG ORAL TAB, CITRALOPRAM 10 MG ORAL TAB, TRAZODONE 100 MG ORAL TAB, CLONAZEPAM 0.5 MG ORAL TAB, VALPROIC ACID 250 MG ORAL CAP, AZITHROMYCIN 250 MG ORAL TAB, PREDNISONE 25 MG ORAL TAB, CHERATURUSINAC 10-100 MG/5 ML ORAL SYRUP, COMBIVENT 18-182 MCG/ACTUATION INHL AERO, IPRATROPIUM BROMIDE 0.02 % INHL SOLN, ALBUTEROL SULFATE 2.5 MG /3 ML (0.093 %) INHL NED SOLN, IPRATROPIUM BROMIDE 0.02 % INHL SOLN, ALBUTEROL SULFATE 2.5 MG /3 ML (0.093 %) INHL NED SOLN, METHYLPREDNISOLONE SODIUM SUCC 125 MG/2 ML INJ RECON SOLN, SUCCLOR 8-120 MG ORAL 12HR SR CAP, DOXYCYCLINE HYLATE 100 MG ORAL TAB.



Tools on Clinical Library to Support Clinicians

Table of Contents

- HOME
- ALGORITHM
- TREATMENT
 - Length/Discontinuation of Treatment with Antidepressants
 - Treatment Preferences
 - Patient Self Management Strategies
 - Behavioral Health Education Classes
 - Pregnancy & Breastfeeding
- CLINICIAN TOOLS
 - Treating Depression
 - Diagnosing Depression
- Information for patients
- DOWNLOADS
 - Guideline Summary
 - Complete Guideline

Adult Depression
 KP's Guideline Quality Committee
 February 2010 (Next Review: February 2012)

This guideline summary is based on the 2010 National Depression Guideline and was developed by the KP National Depression Guideline Development Team (GDT) to assist Primary Care physicians and other health care professionals in the outpatient treatment of Major Depressive Disorder in adults aged 18 and older.

ALGORITHM

Depression Management Algorithm for Primary Care

Note: The blue and yellow/orange highlighted boxes on the PDF indicate links.

TREATMENT

First-Line Treatment of MDD

- For patients with mild to moderate Major Depressive Disorder (MDD), use either antidepressant medication or

Depression Featured Health Topic: kp.org/depression A portal to all depression resources on KP.org

KAISER PERMANENTE Home by org Sign on Back on support Search for site

Change your region: California - Northern

My health manager Health & wellness Health plans & services Locate our services

Depression

- Topic overview
- Basic facts
- Are you depressed?
- Treatment
- Medications
- What you can do
- Related topics
- Healthy living resources in Northern California

Related links:

- Research research topics
- kp.org/thrive
- Healthy lifestyle programs
- Healthy living classes

Depression is real, common, and treatable.

It's more than just "the blues." Depression is different from feeling down or sad, which nearly everyone experiences from time to time. Depression is a real and serious medical illness, just like heart disease or diabetes, and it's more common than many people realize. This is true for **children and teens** as well as adults.

But there is good news. Although depression just doesn't go away on its own, it can be treated—and many people who get help do overcome it. This usually requires **counseling, medication, or—when necessary—a combination of both**, as well as some steps you can take on your own to improve your mood.

Drug advisory: The FDA has issued **cautionary guidelines** on antidepressant use.

To learn more about depression, select one of the links on the left, or continue on to **basic facts about depression**.

Reviewed by David Price, MD, and Andrew Bertagnoli, PhD, July 2008
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Treatment options for depression

Depression is a treatable illness. Treatment options include counseling, medication, or (in severe cases) a combination of both. Counseling and medication each work in their own way, and they each work gradually. You'll need to be patient and stick with it—those who do often improve.

In addition, there are **steps you can take** on your own and **health classes** you can attend to help you feel better.

Counseling

Counseling, sometimes called psychotherapy, can help you change how you feel and react to people and situations. A good counselor will listen to you and help you figure out practical steps you can take to feel better.

Individual, family, and group counseling is available through our Mental Health, Behavioral Health, or Psychiatry departments. Use our **facility directory** to find the address and phone number of these services in your area.

Learn about **medications for treating depression**.

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Managing Your Family's Health

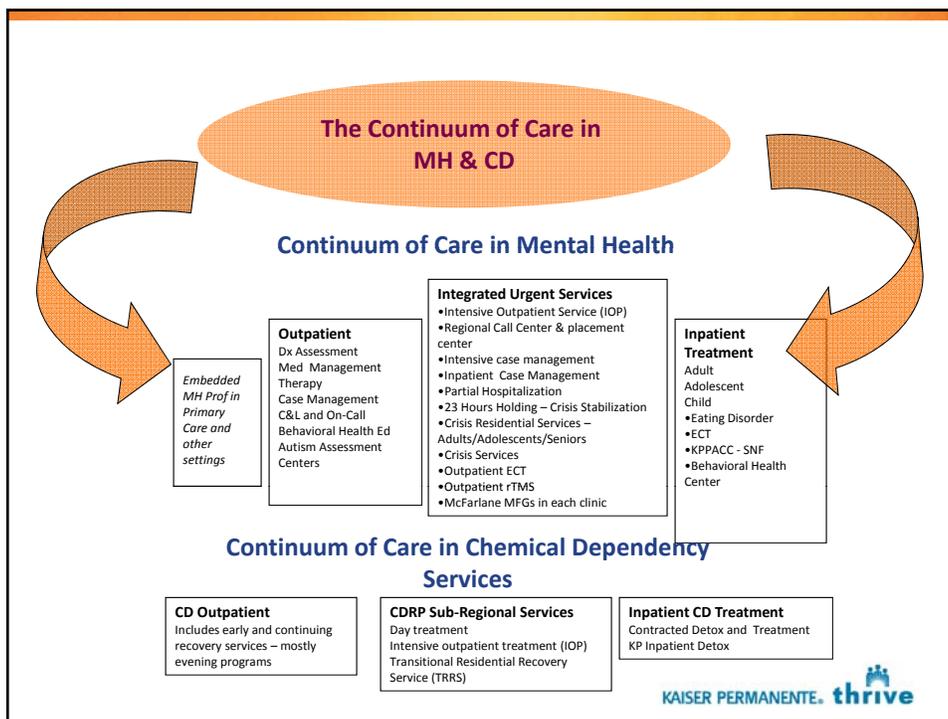
The screenshot shows the 'My Doctor Online' homepage for Kaiser Permanente. The main banner features the text 'TIME-SAVING TIPS FOR Managing Your Family's Health' and an image of a family. Below the banner are several interactive tiles: 'Set up Access', 'Stay Connected with Your Doctor', 'Keep Up to Date', 'Manage Appointments', 'Avoid Standing in Line', 'Results at Your Fingertips', and 'Take it with You'. A sidebar on the left lists various services like 'E-mail Your Doctor', 'Manage & Schedule', and 'Preventive Services'. The Kaiser Permanente logo and 'thrive' tagline are at the bottom right.

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My Doctor Online

The screenshot shows a doctor's profile page for David Sobel, MD, an Internal Medicine specialist. The page includes a photo of the doctor, his name, and a brief bio. Below the bio are navigation tabs for 'Resources for my patients', 'About Me', and 'Offices & Directions'. A search bar is present for finding topics. A list of 'Diseases & Conditions' includes Diabetes, Heart Conditions, Cancer, and Back and Neck. The right sidebar contains 'My Offices', 'Quick Links', and 'General References'. The Kaiser Permanente logo and 'thrive' tagline are at the bottom right.

10



Early Start



- **Early Start Innovation**

- Place a licensed mental health provider in the Ob/Gyn department
- Link ES appointments with routine prenatal care
- Universal screening of all women
- Educate all women and providers

Early Start Program Objectives

- Decrease substance use in pregnant women
- Reduce negative birth outcomes, medical costs
- Ensure a “lifetime of health” for the baby
- Improve access to substance abuse services
- Provide education, information, resources
- Cost-Benefit Analysis
- By providing ES to this study cohort we provided an overall cost savings of \$23,160,694

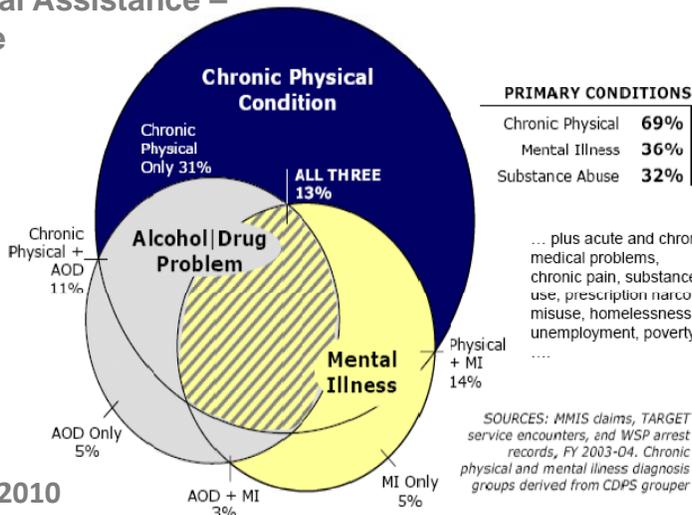
Comorbidity is common in safety net populations

DSHS | GA-U Clients: Challenges and Opportunities August 2006

GA-U = General Assistance – Unemployable
Co-occurring Diagnoses and the GA-U Population

52 percent had substance abuse or mental illness identified

31 percent had a chronic physical condition only



Source: Unützer, 2010

Medically Integrated



- Substance Abuse Tx Linked to Primary Care

- Medical Health Assessments (CDRP)
- On-site Psychiatric Treatment
- Prevention for At-Risk Pregnant Women
- Coordination with HIV and Chronic Pain Tx
- Integrated Smoking Interventions



18 months Pre & Post Treatment: Average Medical Cost/Member Month (\pm SE)

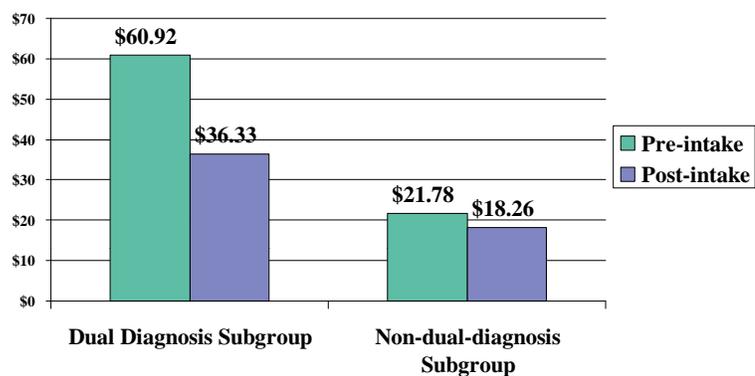
	<u>Pre-treatment</u>	<u>Post-treatment</u>
Treatment Cohort (N=1011)	\$239 (\pm \$21)	\$208 (\pm \$23)
Matched Sample (N=4925)	\$109 (\pm \$5)	\$103 (\pm \$6)

Treatment group had a 26% reduction in cost, and had reduced ER and hospitalizations post treatment ($p < .01$) compared to matched controls. General estimating equation (GEE) methods

Parthasarathy S, Weisner C, Hu TW, Moore C. (2001). Association of outpatient alcohol and drug treatment with health care utilization and cost: Revisiting the offset hypothesis. *Journal of Studies on Alcohol* 62(1):89-97.

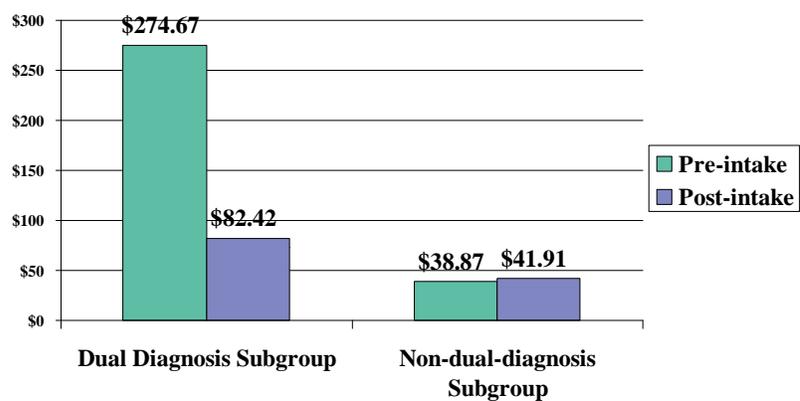


Change in ER Cost by Dual-diagnosis Status (average per member month)



(Weisner, JAMA, Oct 2001)
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Change in Inpatient Cost by Dual-diagnosis Status with Integrated Treatment Services (CD/Med/Psy) (average per member month)



(Weisner, JAMA, Oct 2001)
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Intensive Case Management Case

- CH is a 54 yr. old male, with a diagnosis of schizoaffective/bipolar illness and substance abuse along with multiple medical problems including Diabetes (Type 1 and 2), neuropathy and frequent ulcers in his ankle and feet, Diabetic Retinopathy, Renal Failure, Hyperlipidema, Hypothyroidism, Parkinson's Disease, Obesity, Anemia, Hypertension, CHF. Patient has had a history of multiple involuntary psychiatric admissions. ICM started in 2003, CCC and ICM work closely.
 - Twice weekly support group in psychiatry (for chronic parity pts)
 - Weekly mtg with CCC CMS and phone consultations
 - monthly ECT
 - Monthly visit to psychiatrist for medication management
 - Crisis residential Stays often for suicidal ideation. Has remained out of the psychiatric hospital since ICM assigned

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Business As Usual

A phrase that refers to the normal conduct of business regardless of current circumstances, especially difficult events which pose a potential negative impact.



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Change!



INCREMENTAL

TRANSFORMATIONAL

URGENCY



HOW ABOUT THIS?

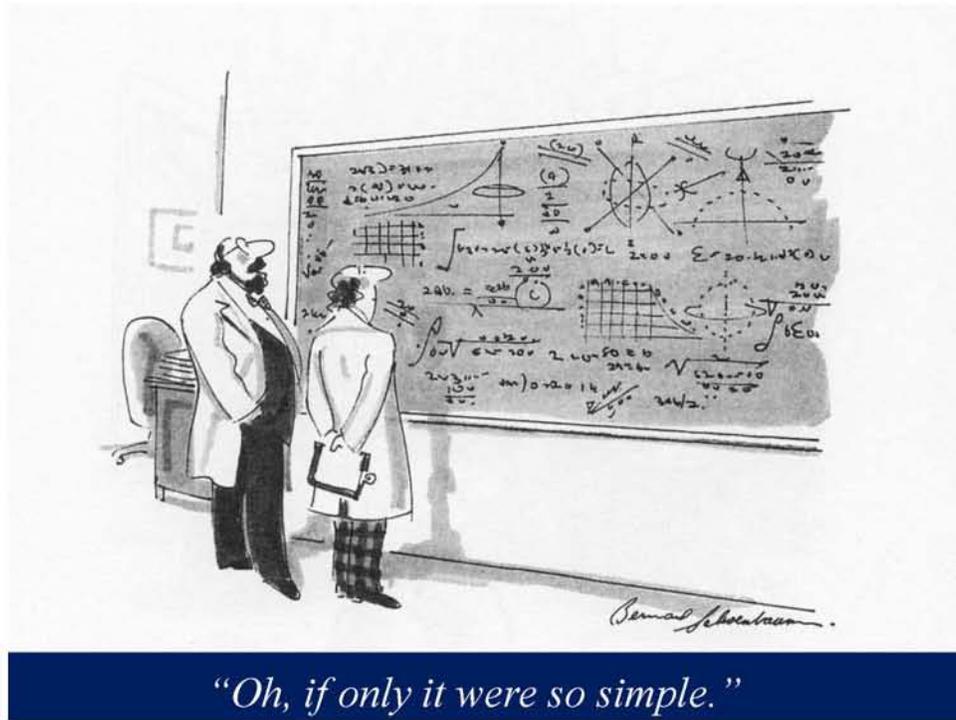
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The "BIG" What...



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"Oh, if only it were so simple."