Using Collaborative Care Models to Treat Mental Health Conditions

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Outline

- The relationship between physical and mental health
- Chronic Care Models (CCMs) and the development of the Life Goals Collaborative Care Model (LG-CC)
- Life Goals Self-Management
The relationship between physical and mental health
Mental Health Conditions & Poor Physical Health Outcomes

- 8-25 years potential life lost
- Co-occurring conditions common among persons with mental illness
  - Medical: 33% ≥ 3 medical conditions
What is the leading cause of death for individuals with chronic mental health conditions?

Cardiovascular disease
Co-Occurring Conditions with Mood Disorders

- Other psychiatric
  - Substance disorder: 35-40%
  - Anxiety disorder: 35-45%
  - Any current: 55-60% (2+: 20-30%)
- Medical
  - Metabolic syndrome: 20-47%
  - Hypertension: 33%
  - Hepatitis C: 16%
  - Any current: 80%
# Mood and Behaviors - How they Relate

<table>
<thead>
<tr>
<th>Episode</th>
<th>Consequences - Co-occurring conditions</th>
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<tbody>
<tr>
<td>Manic/pre-manic</td>
<td>Binge eating</td>
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<td>Unstable social behavior, risky behaviors</td>
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<tr>
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<td>Substance use</td>
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<td>Injury</td>
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<tr>
<td>Depressive</td>
<td>Sedentary lifestyle, overeating</td>
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<tr>
<td></td>
<td>Suicidal ideation</td>
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<tr>
<td></td>
<td>Anxiety</td>
</tr>
<tr>
<td>Psychoses</td>
<td>Hallucinations, Tobacco use</td>
</tr>
<tr>
<td>Euthymic</td>
<td>Non-adherence</td>
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Health Behaviors, Diagnosis, and Mortality from Cardiovascular Disease

- National VA survey (N=147,193) linked health factors with cause-specific mortality
- Mental disorders: 7-52% mortality risk from CVD
- Mortality not entirely explained by BMI, treatment, or health behaviors
  - Psychosis an independent predictor of CVD mortality
  - But smoking, lack of physical activity contributed to increased risk

Kilbourne et al. Gen Hosp Psych 2009; Druss et al. Med Care, 2011
Statistics on Adherence and Room for Improvement

- **Antidepressants:**
  - 7-44% drop-out (Riolo & Weston, 2008)
  - SSRIs ~ TCAs (Cochrane Collaboration, #)

- **Anti-Anxiety Agents:**
  - 25-37% d/c (Keane 2005; Goethe 2007)
  - 31% adequate treatment (Fernandez 2006)

- **Medical Medications:**
  - 62% adherence to short-term Rx
  - 54-57% adherence to long-term Rx (Sackett, 1979)
Statistics on Adherence and Room for Improvement

- **Antipsychotics:**
  - 20-89% (Dolder 2002)
  - 73% d/c within 2 years, half in 4 months (Lieberman 2006)

- **Lithium & Anticonvulsants:**
  - 46% partial, 21% fully non-adherent
  - Lithium ~ Anticonvulsants (Sajatovic 2007)
Multilevel Determinants of Poor Outcomes

Mental and Physical Health Disorders

Individual
- Family hx
- Health Behaviors
- Cognitive impair.
- Insight

Treatment
- Adherence
- Weight gain

Provider
- Competing priorities
- Lack of resources
- Accountability

Health System
- Access to care
- Fragmentation

Poor Outcomes
Chronic Care Models (CCMs) and the development of the Life Goals Collaborative Care Model (LG-CC)
Defining Collaborative Care Models (CCMs)

- **Goal**: Evidence-based, anticipatory, continuous, collaborative care
- **CCM Elements**:
  - Practice redesign
  - Self-management support
  - Expert systems (on-site consult, guidelines)
  - Information systems
  - Community linkages
Chronic Care Models: Evidence

- RCTs show benefit in:
  - Multiple chronic medical illnesses
  - Frail elderly
  - Depression treated in primary care

- But for serious, chronic *mental* illness?
The roots of Chronic Care Models for Serious Mental Illness grew from what types of clinics, made popular in the 1960’s and 1970’s?

Lithium Clinics: Expert care plus continuity and education

(Finerty 1973, Runyan 1973, Fieve 1975)
Roots of Life Goals Collaborative Care

- Expert consultation with patients, providers & academic experts
- Lorig Chronic Disease Self-Mgt. Groups
- Motivational Interviewing
  - Spirit
  - Techniques (e.g., decisional balance)
- Psychoeducation
- CBT
LG-CC Development

1992-96: Expert/consumer consults & program development

1997-2004: VA Cooperative Study #430 (11-site, 3-yr RCT, PI: Bauer)


2006: 2nd Generation RCT (CIVIC-2→CVD risk; PI: Kilbourne)

2008-present: Implementation / Adaptation / Dissemination Studies: SMAHRT, Achieving Wellness, ROCC

*Emphasis on CVD risk, across BH diagnoses*

2008: Overcoming Bipolar Disorders published-expanded, multi-functional workbook for providers & consumers

2009: LG-CC Training Programs and ongoing implementation

2010-present: Expanded LG: web-based, cross-diagnosis, telehealth, health home models (e.g., Aetna, GHS, WCHO, VA)
LG-CC and Mental Health Outcomes

In 4 RCTs with over 1200 participants, LGCC:

- Reduced overall affective, manic symptoms
- Improved overall social role function
- Improved quality of life
- Improved participant satisfaction
- No net cost, or minimal

(Bauer et al. 2006; Simon et al. 2006; Kilbourne et al. 2008; Kilbourne ROCC study 2013)
The Life Goals Collaborative Care Model

- A chronic care program with 3 separate inter-related components
  - Life Goals Self-management sessions
  - Care-management
  - Decision support
Life Goals Collaborative Care

Provider Support

Self-management

Access/Continuity

Practice Guidelines: CVD & metabolic syndrome for mental disorders

Care management (Health Specialist):
Registry tracking (Symptoms, QOL, functioning)
General Medical Provider Liaison

Life Goals Sessions: CVD Risk, Symptoms, Healthy Behaviors, Provider Engagement

Addresses both mental health and medical (CVD) risk factors
LG-CC and Improved Medical Outcomes

- For every 10 receiving Life Goals, 1 reduced their 10-year risk of cardiovascular disease.
- Average 4 point drop in blood pressure, which can lead to a 10% reduced risk of mortality from cardiovascular disease and 7% reduced risk of overall mortality.
- Improved overall functioning: ability of participants to take better care of themselves, engage in community activities, and learn new things, especially for those with a BMI >=30.
Life Goals Self-management
What is Self-Management?
Self-management Sessions Taught in LG-CC

- Topic-based mental health and wellness material
- Focuses on personal values and goals of the individual
- Motivates the individual to make positive health changes by linking them to goal attainment
Self-management Sessions Taught in LG-CC

- Semi-directive
  - Well “guided”
  - Not a process group
  - Topic-based mental health and wellness material
  - Motivates the individual to make positive health changes by linking them to goal attainment

- Done with the *Spirit* of Motivational Interviewing
Spirit: Motivational Interviewing for Health Behavior Change

- **Brief Motivational Interviewing** (MI)
  - Collaborative and consumer driven
  - Avoids confrontation
  - Empowers by helping consumers recognize problems and identify their own solutions for change
  - Aims to increase consumer self-efficacy, value-driven decisions, enhance group/individual discussions, and develop action plans that are mindful to contextual barriers

- **Client** is viewed as:
  - Responsible for making change (or not)
  - Capable of making change (optimistic)
You do not like them.
So you say.
Try them!
Try them!
and you may.
Try them and you may,
I say.
Sam!
If you will let me be,
I will try them.
You will see.
PATERNALISTIC MEDICINE

“Thus I say…”

COLLABORATIVE PRACTICE

[ COACH/ATHLETE ]

MATERNALISTIC MEDICINE

“Load ’em on.”

“Fix my problems!”

“Yes I shall!”

Technical Expert

Values Expert
What happens in Life Goals?

- Help patients relate mental health self-management to physical wellness
- Explore individual values
- Discuss stigma
- Teach and support self-monitoring
- Create personal symptom profiles
- Develop SMART goals
Life Goals Self-Management Modules

Mental Health
- Depression
- Mania
- Anxiety
- CBT I-IV
- Trauma
- Suicidal thoughts
- Psychosis

Wellness
- Foods and moods
- Physical activity
- Managing tobacco
- Sleep and Mood
- Stress
Critical Life Goals Concept: Self-monitoring

- Review with patients the value in recognizing patterns in mood/substance use/anxiety symptoms, etc.

- Link monitoring symptoms and triggers with improved management of condition and goal attainment

- We recommend doing a self-monitoring exercise before the start of each group

- Examples:
  - PHQ-9 for depression
  - Internal State Scale (ISS) for Bipolar Disorder
  - Tobacco use form
Critical Life Goals Concept: Symptom Profiling

• Know your personal symptoms
• Categorize symptoms
  • Early warning
  • Comes quickly without warning
  • First recognized by others
• Highlight the importance of knowing your symptom patterns
• Where could one intervene to prevent or reduce the harmful effects of an episode?
Exercise: Symptom Profiling
Critical Life Goals Concept: Personal Triggers to an Episode

- Highlight positive AND negative events that could trigger an episode
- Emphasize patterns of triggers throughout their life
- Preventable (substance use) vs. Inevitable (change of seasons)
Critical Life Goals Concept: Personal Cost-Benefit Analysis

- *Individuals always act in their own perceived best interest*
- Explore *all* costs & *all* benefits
- How do responses impact values and Life Goals
- Always from the *individual’s* perspective
  - Not yours, not the family’s, not the ideal
  - Make the pre-conscious conscious
    - *Explain, evaluate*
## Linking Goals & Symptom Management Strategies

<table>
<thead>
<tr>
<th>Responses</th>
<th>Positive</th>
<th>Negative</th>
<th>Impact on Life</th>
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<tbody>
<tr>
<td><strong>“Healthy responses”</strong></td>
<td><em>Going for a walk</em></td>
<td><em>Get sweaty</em></td>
<td><em>Have to bargain with family</em></td>
</tr>
<tr>
<td></td>
<td>Getting exercise, better mood, feel better</td>
<td>Feel angry because “out of shape”</td>
<td>Better health!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Give up other things</td>
<td></td>
</tr>
<tr>
<td><strong>“Not so healthy responses”</strong></td>
<td><em>Drinking alcohol</em></td>
<td><em>Feel depressed and guilty next day</em></td>
<td><em>Spent money didn’t have, caused relationship problems, over slept next day</em></td>
</tr>
<tr>
<td></td>
<td>Feel less anxious after a few drinks</td>
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Values and Actions Checklist: Bringing it all together

Build Discrepancy:

How do their current self-management practices fit with their Life Goals?

Are the outcomes of their current self-management attempts consistent with their core values?
Developing a Plan

- Be proactive to prevent serious episodes
- What has worked before? Could it work in the future?
- Think ahead to help *maintain* behaviors, anticipate challenges, and avoid set-backs
Developing a Plan

- **Incorporates:**
  - Personalized symptom recognition
  - Triggers
  - Positive responses

- **Aims to keep behaviors in line with identified core values and life goals**
Exercise: Developing a Personal Action Plan
Wrap-up

- Workshop evaluation

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Thank you!