Integrated Medication Services: Rewarding for all

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- NJ Psychiatric Association: past president, long-term chair of Public Psychiatry Committee
- American Association of Community Psychiatrists, past board member and VP.
- NJAMHAA board, MHANJ, NAMI advocacy groups
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- Medical director of SBCS, Oaks integrated care for 17 years.
- Currently Medical director of CCBHC. (The clinic) Trenton, NJ.
- Professor of Psychiatry, SOM Rowan University.
- Certified Cognitive behavior therapist with expertise in treating Psychosis with CBT.
- Over 45 articles in peer reviewed journals and two books published so far.
- Trainer for staff in CBT for psychosis, Mindfulness for wellness and psychiatric disorders.
Community Psychiatry is Integration

Mind and Body
Psychiatric/Behavioral and Medical
Medication and psychotherapy
Person and environment
Learning Objectives

1. Explain population based integrated medical services.

2. Describe models to optimize prescribers’ work in the outpatient setting, to include:
   A. Scheduling and ancillary services to fulfill clinical, administrative and fiscal requirements.
   B. Enhancing prescriber and consumer experiences to avoid burnout and maintain continuity.
Current Status of Medication Services

• A critical part of treatment
• Huge unmet need for medication services (Most prescriptions from PCP’s)
• Gap between cost of medication services and reimbursement.
• Limited providers and lack of capacity
• Waiting months for service, short and infrequent appointments
Psychiatrists/APNs Issues

• Increased demands for productivity
• Isolated from rest of the team
• Concerns about maintaining quality standards
• Work intrudes into personal life
• High stress level leading to burnout, leaving the public sector
• Private practice more lucrative, less stressful
Burnout

- American Psychiatric Association 2017-18: President’s priority workgroup:
  - 2 of 5 psychiatrists suffer from burnout:
    - Emotional exhaustion
    - Depersonalization
    - Low sense of accomplishment
- APA toolkit: assessment tool, online talks
Stressors for All Physicians

• “Cumbersome EMR’s,
• excessive productivity quotas,
• limits on time with each patient,
• loss of professional autonomy,
• excessive documentation requirements.”
Addressing Burnout

• Important to avoid loss of staff
  1. Acknowledge, assess
  2. Address causes, improve the situation
  3. Trauma informed approach

Supportive relationships:
  1. Leadership, mentoring
    - Train and supervise for this
  2. Treatment team, mutual support
Strategic Choices for CMHCs: Population focus and Integration

• Mission: Integrated holistic healthcare for our population
• Narrow or broad focus: Focus on behavioral health only or integrate physical and behavioral health.
• Individual focus or population focus
• Fiscal survival while we do it
Importance of Medical Leadership

• Medical leadership is essential to drive the process for optimizing psychiatric services.
• Problem: responsibility without empowerment.
• Leadership is expensive but a worthwhile investment.
• Medical leadership decisions should be driven by right vision.
Vision for Psychiatric services

• Our vision: “To promote recovery and re-integration through optimal evaluation and treatment services”.

• Three pillars on which vision rests:
  1. Improved Access
  2. Quality services (Integrated, Evidence based and data driven)
  3. Client and family/network satisfaction.

AND: Services must be fiscally sustainable

1. Vision for Psychiatric Services: Please see enclosed word document.
Components of Access

• Three components of access:
  1. Availability of in person visits. (Clinical as well as regulatory time frames)
  2. Telephone availability for clients and their families for questions, education etc.
  3. Availability when client is in crisis.
Quality Services: Coordination

- Internal coordination with other staff: RN, therapist, case manager
- External coordination: PCP, specialists, family, social, work network
- Decision making is collaborative in nature with client and helpful network.
Measuring Performance

- Engagement with services, (Kept appointments, med adherence)
- Metrics: BMI, smoking cessation, linking with PCPs
- Crisis visits, hospitalizations
- Graduation and successful discharge from the Program.
- Satisfaction scores: clients/ family
Consumer Satisfaction

• Need to obtain Satisfaction and feedback about services on ongoing basis

1. Following every visit
2. At predetermined time points

• Best use of data is to adapt the services based on feedback.
Psychiatric Leadership for Integrated Care

• Psychiatry is bio/psycho/social and psychiatrists are in best position to integrate behavioral and physical health needs.
• Challenge: how do you get and keep competent and committed psychiatrists and APNs?
• Answer: Shared mission and values, workplace with respect, support and teamwork
# Keeping Psychiatric staff

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
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<tr>
<td>• Feeling marginalized</td>
<td>• Make them part of leadership team.</td>
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<td>• Unmanageable work load</td>
<td>• Reduce non-essential tasks</td>
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<tr>
<td>• Isolation</td>
<td>• Provide opportunities to be part of team</td>
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<td>Burdensome documentation/EMR.</td>
<td>• Concerted effort needed to make EMR user friendly.</td>
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<td>• Inadequate time with patients</td>
<td>• Need ongoing dialogue and adjustment.</td>
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Scheduling Optimally

• Usual time required is one hour for admission and 30 min for follow up including documentation.

• Have an estimate for no shows and over book to not leave empty slots.

• Give flexibility to APN/Psychiatrists to schedule and spend less or more time with individual consumers. Sense of control is essential!

• Open access scheduling. (Walk in and habitual no shows): Time period with staff available
Teamwork is Key

• Supportive relationships with ongoing communication: How humans survive
• Important for morale and staff retention
• Sharing tasks and burden
• Other team members: RN, Clinician, Case manager, Medical assistant, etc.
• Schedule visits same day: Clinician, then prescriber. No problem with Medicaid
Task shifting to other team members

- **Nurse**: Injections, access meds and pre-authorizations, phone refills, BP/weight, review labs, education, communicate with other MD’s
- **Clinician**: Psychotherapy, treatment plans
- **Case manager**: Followup and reminder calls, access community services, translation, “Do whatever is needed”
- **Medical/administrative Assistant**: Insurance requirements, access labs and medical records
Medication Groups

• “Oscar” groups at UBHC in past: 30 patients, attend weekly to monthly, MD and other staff
• SERV men’s group for 25 years still running
• Prescriber in group all or part time, other staff run it, take patient out to complete Rx, exam and document for E&M billing:
• Provides mutual support, psychoeducation, case management
EMR: Can it Help?

1. Need: EMR that is user friendly and reduces burden of documentation (Utopia?).

2. What we did: I (NS) co-created the psychiatric documents with Carelogic and agency IT staff, piloted them, tweaked and introduced.

3. input from physicians/APNs essential in developing a better system. The time I spent was an investment that paid off.
Leveraging EMR for Quality Service

- Electronic prescribing, record-keeping much faster; check drug interactions
- Typing is faster; pre-populate demographics
- EMR alerts and decisional support, e.g. smoking, BMI >25, suggests remedies
- Population data for prescribers: e.g. number of benzodiazepine prescriptions
Utilizing client time in waiting room

• Standard form for client to complete so that they start thinking of right questions
• Electronic format to fill information that can be part of chart. (Client portal, in future)
• Automatic vital signs monitoring system in the waiting room.
• Medical assistants who obtain basic data, helping APNs/psychiatrists focus on prescriptions.
Utilizing Face to Face time effectively

- Concurrent documentation: easier on paper
- Face to face time for Disability forms etc.
- Collaborative documentation with the client: Used now for treatment/recovery plans
- Dictation system instead of typing (Dragon)
- Pre prepared education sheets.
- Electronic prescribing can be quicker
How to Get Psychiatrists and APN’s

• Affiliate with university training programs:
  Interns from APN programs
  Community Psychiatry fellowships
• Hire young psychiatrists with potential and invest in developing leadership skills.
• Federal grants for underserved areas
• NJ loan forgiveness program (small)
• Recruiting: network, professional associations
Other models: special settings

• Collaborative care: child psychiatrist and pediatrician: payment in NJ
• Telepsychiatry: used in screening centers, approved for Medicaid
• Colocation models: BH staff in FQHC; medical staff in CCBHC... legislation pending
In Summary

• Challenging time for prescription services
• Times of tremendous change and also opportunity.
• Need strategic thinking, problem solving and sustained effort to help create optimal psychiatric services.
• These are only some ideas and not exhaustive.
Discussion

• Please share your own experience and suggestions!
References


