Why & How: Integrated Behavioral Health in Chronic Illness Care

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Disclosures

• K. Ron-Li Liaw, MD and Becky Lois, PhD have no conflicts of interest to disclose.
Learning Objectives

1. Describe the current crisis, gaps, and barriers in addressing behavioral health within chronic illness care.

2. Develop coproduction and improvement science strategies for integrating behavioral health in chronic illness care.

2. Discuss integrated behavioral health implementation challenges and lessons learned...
Hassenfeld Children’s Hospital at NYU Langone
In the past four years, the Sala Institute has evolved and matured into a robust platform for generating innovative ideas in children’s healthcare and integrating these novel approaches throughout our organization while also sharing far beyond for the good of all children.
KiDS of NYU Foundation
Center for Child and Family Resilience

Fostering the care, comfort, and well-being of children, families and staff
Center for Child and Family Resilience
Strategic Goals

- Enhance and develop programs to provide **coping, comfort, and resilience** support for patients, families, and staff
- Develop and refine a comprehensive measurement strategy to assess the **effectiveness and impact** of resiliency programs
<table>
<thead>
<tr>
<th>Childhood Chronic Illness</th>
<th>Childhood Mental Illness</th>
</tr>
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<tbody>
<tr>
<td>• 1 out of 5 children in the U.S.</td>
<td>• 1 out of 6 children in the U.S.</td>
</tr>
<tr>
<td>• 15 million children under the age 18</td>
<td>• Over 10 million children under age 18</td>
</tr>
<tr>
<td>• Receive only 50% of recommended care</td>
<td>• Fewer than 20% receive any mental health care</td>
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“any **physical**, **emotional**, or **mental** condition that prevented him or her from attending school regularly, doing regular school work, or doing usual childhood activities or that required frequent attention or treatment…”

Van Cleave et al. (2010); Mangione-Smith et al. (2007); Patel V et al. (2010)
Why Integrated Behavioral Health?

• Across pediatric chronic medical conditions, when compared to healthy peers:
  • Higher prevalence of depression & anxiety (2-3x that of community samples)
  • Medical non-adherence rates of 50%
  • Twice the number of missed school days over the course of the year

• Chronic medical and mental health comorbidity rates range from 10 to 40%
  • Cardiac
  • Lupus
  • Diabetes
  • Cystic Fibrosis
  • Epilepsy
  • Inflammatory Bowel Disease

Quittner et al. (2014); Szigethy et al. (2014); Reigada et al (2011); Katon et al (2005)
Despite frequent contact with health care providers, the unique emotional needs of children and adolescents with chronic illness are often left unidentified and untreated.

Screening is an important initial step in identifying kids in need of additional emotional support and mental health services.

In the US, only 20% of children with an identified emotional or mental health issue saw a mental health specialist.

Katon, WJ (2003); CDC (2006); APA (2006)
“The CCM envisions chronic illness care as occurring within two overlapping spheres – the health care system at large and the contexts in which patients live, learn, work, and play.”
“Services, however, are fundamentally different than products; unlike goods, services are always *coproduced*”

Integrated Behavioral Health Program
Coproduction & Improvement

Co-Design
Test
Implement
Sustain
Spread

Patient and Family Engagement
Coproduction: Before & After

NYU Fink Children’s Ambulatory Care Center
160 E 32nd Street, New York, NY 10016
212-263-6940

Have you been feeling…
• Anxious or full of worry?
• Sad or generally unhappy?
• Overwhelmed?
• Irritable or short tempered?
• Lonely or alone?
• Guilty? Worthless?
• Does your future feel hopeless?
• Like a failure?
• Numb?

Do you…
• Sleep too much or too little?
• Use alcohol or drugs to get through the day?
• Eat more or less than you used to eat?
• Have trouble concentrating or making decisions?

What about experiencing…
• An overwhelming sense of worry or fear?
• Obsessive thoughts that won’t go away?
• Compulsive actions or restlessness?
• Panic attacks?

If you answered “yes” to any of these questions, your pediatric gastroenterology team here at Fink wants to help.

In association with the NYU Child Study Center, we invite you to participate in a research study designed to address the symptoms of depression and anxiety that you are experiencing.

Fink Children’s Ambulatory Care Center

Have you been experiencing…
• Worsening belly pain or diarrhea?
• Have you been feeling...
• Stressed out or anxious?
• Sad or lonely?
• Overwhelmed or misunderstood?
• Moody?

Do you…
• Sleep too much or too little?
• Eat more or less than you used to eat?
• Have trouble concentrating or making decisions?

If you answered “yes” to any of these questions, your pediatric gastroenterology team here at Fink wants to help.

You might be eligible for a research study at NYU Langone for teens and young adults ages 12 - 21 years with inflammatory bowel disease, such as Crohn's Disease or Ulcerative Colitis, and depression and/or anxiety.

Eligible Participants will receive:
• A no-cost evaluation to share your stresses or concerns
• Free counseling or help getting connected with a mental health provider
• You may be eligible to get up to $60

For more information, contact Jeanne Cho
Jeanne.Cho@nyumc.org
646.734.7945

160 E 32nd Street • New York, NY 10016 • 212.263.6940
Ambulatory Pediatric Specialty Care

IBH Team

- Cardiology
- Nephrology
- Rheumatology
- Pulmonology
- Endocrine
- Adolescent Med
- GI
- ID

Hassenfeld Children’s Hospital at NYU Langone
Our Mission

• The Integrated Behavioral Health Program is led by a multidisciplinary team utilizing a patient-centered, strength-based approach to facilitate:
  • Healthy coping
  • Adjustment
  • Overall wellness

• The program partners with providers, patients, families, and the community in an integrated model to foster connections, promote resilience, and enrich the patient-provider experience.
Integrated Behavioral Health Stepped Care Model

Clinical Tertiary Prevention
- Comprehensive evaluation
- Brief treatment
- Crisis intervention

Targeted Secondary Prevention
- Assessment & Intervention:
  - Social Work
  - Child Life
  - Medical providers
  - Psychology consultation
  - Community referral networks

Universal Primary Prevention
- Routine psychosocial screening and assessment for all patients and families
- Education & support around “hot topics”
Universal / Primary Prevention: Mental Health Screening

- 20% of U.S. children, either currently or at some point during their life, have had a seriously debilitating mental disorder (NIMH; Merikangas et. al, 2010)
- ~50% of these children receive mental health treatment (CDC, 2012)

- *Pediatrician is the most common point of contact*

- Why screen in subspecialty care?
- higher prevalence rates of MH disorders in children with chronic illness as compared to general population
Mental Health Screening: Standardization & Customization of PRO Tools

- **Depression**
  - PHQ-2, 9/A*

- Anxiety

- Quality-of-Life
  - PedsQL core & disease modules (parent & child report)

- Family Stress
  - Stress Thermometer
  - PedsQL Family Impact Module
# Fink Screening Initiative
Identifying Risk and Improving Outcomes: Partnering with Families to Support Pediatric Patients and Families

<table>
<thead>
<tr>
<th></th>
<th># Screened</th>
<th>% of Eligible</th>
<th>Positive Scores</th>
<th>Positive PHQ</th>
<th>Positive SCARED/GAD</th>
</tr>
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<tbody>
<tr>
<td><strong>IBD</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Patient report</td>
<td>66</td>
<td>38%</td>
<td>28 (42%)</td>
<td>10 (15%)</td>
<td>18 (27%)</td>
</tr>
<tr>
<td><strong>CF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patient report</td>
<td>73</td>
<td>100%</td>
<td>3 (4%)</td>
<td>2 (3%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient report</td>
<td>44</td>
<td>30%</td>
<td>14 (35%)</td>
<td>14 (35%)</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL</td>
<td>183</td>
<td></td>
<td><strong>45 (25%)</strong></td>
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Achieving the Ideal State: Partnership with Population Health

- NYU Langone Health was awarded one of 29 Practice Transformation Network awards from the Center for Medicare and Medicaid Innovation, as a part of its Transforming Clinical Practice Initiative (TCPI)
- TCPI GOAL: transform ambulatory health care delivery to produce better outcomes and reduce costs
  - improve workflow, patient experience and staff satisfaction
- **TARGET**: Universal mental health screening at The Fink Center
  - Pilots:
    - Cystic Fibrosis
    - Adolescent Medicine/Gender
Ideal Screening Workflow

Completion of PRO in waiting area via tablet → Seamless transmission into EHR → MA review & alert to IBH Team → On-site risk assessment & intervention

Clinical level of depression and/or (+) suicide risk
Matched Interventions
Integrated Behavioral Health Stepped Care Model

- **Clinical Tertiary Prevention**
  - Comprehensive evaluation
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  - Crisis intervention

- **Targeted Secondary Prevention**
  - Assessment & Intervention:
    - Social Work
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- **Universal Primary Prevention**
  - Routine psychosocial screening and assessment for all patients and families
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Primary Prevention Intervention: Educational Groups & Workshops

- Illness-specific groups
  - Coping & communication focused
  - Patient-parent-provider partnership
- Workshops to promote resilience
  - Decreasing Distress and Increasing Success Around Your Child’s Health
Integrated Behavioral Health Stepped Care Model

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Fink Integrated Behavioral Health Workflow

Multiple Referral Sources:
- Positive psychosocial screen
- Disease-specific triggers / elevated biomarkers
- Clinical provider referral (MD, NP, SW, Admin, etc.)
- Collaborative care referral / Interdisciplinary meetings
  - Warm hand-off on inpatient during medical visit
    - Patient or Family self-referral

IBH Team Tringle

Consultation/Evaluation

Facilitated community referral and follow-up as needed

IBH Co-Treatment

Stepped care/MD

Brief evidence-based treatment

Interventions matched to patient/family needs

Family treatment

Group Treatment

Education/prevention
Integrated Behavioral Health Stepped Care Model

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Behavioral Emergency Response Protocol: Algorithm for Risk
DRAFT

- Positive for suicidality during screening
- Patient/family verbal report of SI
- Other behavioral emergency

**Is patient safe to go home?**

- **Yes**
  - Discharge home with services:
    - Possible follow-up treatment with Fink IBH team
  - Follow up with pt & family within the week and update Fink med provider.

- **No**
  - Transfer to Bellevue C-CPEP
  - Inform family of plan (with MD/NP if possible).
    - **TWO STAFF MEMBERS MUST BE PRESENT.**
  - Call Peds Transport Team: 855-733-5761
    - Call 911 if patient is not in behavioral control (inform Peds Transport Team of 911 call)
  - Fax assessment to CCPEP: 212-562-3665
    - Primary IBH team member follows-up with Bellevue next day and updates team and provider via email.
Integrated Brief Behavioral Therapy (IBBT)

• 4-8 sessions based on presenting problem
  • Rapport building, orientation to treatment, psychoeducation
  • Skill building: mindfulness, relaxation, cognitive restructuring, behavioral activation, problem-solving
    • Emphasis on illness adjustment & acceptance
  • Relapse prevention: how to cope ahead for the roller coaster
Adaptation of DBT for Adolescents with Chronic Illness (DBT-CMI; Lois & Miller, 2017)

• Focus on medical non-adherence as the target behavior to treat
• Conceptualize non-adherent behavior as a product of:
  • emotional avoidance
  • lack of illness acceptance
  • negative reinforcement
DBT-CMI Treatment Hierarchy

- Behavioral Skills
- Quality-of-Life Interfering Behaviors
- Treatment-Interfering Behaviors
- Non-Adherence

Secondary Targets

- High emotional vulnerability; Avoidance
- Teen Social Pressures (peer, parent, MD)
- Shift of Illness Responsibility (parent ↔ teen)
- Non-Acceptance/Invincibility
Depression Management Care Pathway

1. **Screen Positive for Depression**
   - **Assessment to Confirm Diagnosis**
2. **Suicide Risk Assessment**
3. **Treatment Initiation**
4. **Brief Supportive Counseling**
5. **Communication & Documentation**
6. **Treatment Adherence & Symptom Reassessment**
7. **Treatment Adjustment**
8. **Symptom Reassessment**
9. **Remission:**
   - **Yes:** Maintain or End Treatment
   - **No:** Reassessment
10. **Remission:**

Outcomes & Testimonials
IBH outcomes to-date: Process

• Since program initiation in 10/2016:
  • 3676 IBH encounters with patients and families (Social Work, Child Life, and Psychology)
    • 800 psychology encounters
• Screening initiative:
  • Screened 183 patients across three subspecialty clinics, with 25% reporting elevated mental health risk
• Survey of Fink patients & families:
  • 50% of parents were aware of IBH services on-site
  • 64% of patients were aware
    • Majority (85%) were interested in receiving these services if/when needed
    • Majority (83%) were interested in 1:1 support
IBH outcomes to-date: Outcome

• Behavioral Emergency Response Protocol implementation (4/2017): resulted in 10 imminent risk assessments (1/month)
  • 60% required ER transfer (1 psych admission)

• Medical team report: Level of integration with behavioral health services (IPAT; SAMHSA tool)
  • Level 1 (minimal collaboration) - Level 6 (full collaboration in an integrated practice)
    • Baseline average (2/2017): 3 (basic collaboration on site)
    • Post-implementation (2/2018): 4 (close collaboration onsite with some systems integration)
**Medical Provider Level of satisfaction with IBH services**

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time it takes to find mental health providers</td>
<td>3</td>
</tr>
<tr>
<td>Availability of IBH appointments for my patients</td>
<td>3</td>
</tr>
<tr>
<td>Ease of referring a patient for IBH appointments</td>
<td>3.6</td>
</tr>
<tr>
<td>Feedback from IBH providers about my patients</td>
<td>3.8</td>
</tr>
<tr>
<td>IBH care received by my patients</td>
<td>3.67</td>
</tr>
<tr>
<td>My job as a pediatrician/nurse/etc as it relates to the mental health needs of pediatric patients</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Note: 1=not at all satisfied; 4=extremely satisfied
Self-rated competencies when dealing with MH issues: Ongoing Opportunities

Anxiety: 2.83
Medical adherence issues: 3.33
Depression: 2.33
Suicidal ideation: 2.17
Next steps to take after your patient has a positive mental health screen
Trauma: 2.33

Note: 1=not at all competent; 4=extremely competent
Testimonial: Faith, 20 y/o with Cystic Fibrosis

“The Integrated Behavioral Health team at Fink have not only been an amazing addition to my CF team but also key members of my personal support system . . . As soon as therapy entered my life, many “Aha!” moments of self-discovery and CF management were able to arise. Little did I know how much CF actually affected my emotional wellbeing . . . If mental health had been considered a factor earlier, I do believe my journey with CF would have had a smoother transition into adulthood . . . It is a wonderful feeling to sit across from someone who knows and understands my story beyond the constraints of Cystic Fibrosis.”
Thank you

Presentations available:
www.childrenshospitals.org

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