

# Behavioral Health

## ◆ An Integrated Care Pathway of the Collaborative Care Network

### Subject Matter Experts:

Ray Hoffman, MD

Larry Pezor, MD

Pathway Custodian: Andrew McGlone, MD

# *First, a Friendly Reminder. . .*

This Integrated Care Pathway was developed by and for members of the AAMC CCN.

These materials will refer to some resources available only to CCN members and their patients.

## **Not a CCN member?**

We invite you to join the CCN! Please contact the CCN: [aamccollaborativecarenetwork@aaahs.org](mailto:aamccollaborativecarenetwork@aaahs.org)

# These materials reference a Toolkit

- This is provided to you by the CCN team.
- It will include larger versions of the overview slides, plus screening tools, patient pamphlets, and phone numbers to call.

# Disclaimer

No CME program, Tool Kit, algorithm, or recipe will address every scenario you encounter.

Use clinical judgment and call subject matter experts (info to follow) when you sense you need guidance! We are here to help.

# Nomenclature

By “Behavioral Health” we mean TWO things:

- **Mental illness:** depression, anxiety, bipolar disorder, schizophrenia, etc.
- **Substance Use Disorder:** alcohol, prescription drugs, street drugs and unusual substances

**They often co-occur!**

# Intended Audience and Scope

- Intended Audience for this Pathway
  - CCN primary care and specialty clinicians in the ambulatory environment who commonly encounter patients with behavioral health concerns, including substance use disorders and mental illness
- Scope of Pathway
  - Patients age 12 and up
  - Commonly encountered clinical scenarios
  - Addressing “What now?” when patients screen positive or otherwise present with behavioral health issues

# “What Now?” Examples

- A new mom comes in for her 6 week postpartum check and doesn't appear engaged with her infant. Her EPDS score is 17. *What now?*
- An adolescent who comes in the office to address his acne admits to feeling depressed and having suicidal ideations, yet is in no clear danger presently. *What now?*
- A college student comes in for her well woman exam and screens positive on PHQ-2. Her PHQ-9 score is 11. *What now?*
- An established patient comes to you for refills of his controlled substances, and you have a candid discussion regarding your recent findings on the PDMP, which reveal he has visited several doctors for the same refill. He tearfully declares he is ready, today, to address his addiction. *What now?*
- A patient enters your office, agitated and complaining about his girlfriend. His speech is rambling, and he alludes to a gun in his car. He appears to be hearing voices. *What now?*

# In these materials, we will describe

- Routine behavioral health screening of adolescents and adults
- What to do when individuals screen positive, or if they present to the office with a complaint related to behavioral health
- CCN people, tools, and processes to help you and your patients



# Why Screen?

- Behavioral health problems are common. They are a burden to individuals and families. They often shorten life expectancy. Treatment makes a difference.
- Screening allows us to identify those in need, plus provides an initial baseline to be established to compare with future screening scores and/or follow-up scores, once treatment has begun.
- Patients may be embarrassed or afraid to bring up their mental health concerns. We need to make it safe for them to do that, which we achieve by screening.

# Reimbursement for Screening

- Whereas coding and billing are outside of the scope of this Pathway, it's useful to know that annual screening of adolescents and adults for depression is considered standard of care and is reimbursable.
- Since the Affordable Care Act was implemented, many if not all payers reimburse these codes 100% with no copay from the patient and no need to apply a deductible:
  - 96127 (commercial payers)
  - G0444 (Medicare)Use ICD10 code Z13.31. Use validated screens (described in this Pathway) and document your results.

# On Epic? Not on Epic?

- All of the screening tools we describe are in the Epic “Assessments” tab for every patient encounter.
- Not on Epic? These screening tools may be available in your EMR, because they are universally recognized. If not, we will provide them to you on paper in a CCN Toolkit to accompany this Pathway

# Behavioral Health Screening Facts

- Primary care and some specialty care practices **now routinely screen** each patient for behavioral health issues; it's an expected, normalized event for clinicians and their patients
- Patients with un-addressed behavioral health issues often find it difficult to adhere to medical regimens for their chronic physical conditions, such as diabetes, hypertension, COPD, CHF, inflammatory bowel disease. They thus become “high utilizers” of health care services, experiencing potentially avoidable ED visits, hospital admissions and specialty visits, often without any resultant, measurable improvement in their level of functioning.
- These individuals typically present to us with somatic complaints (fatigue, chronic pain, headaches, palpitations etc.), and we need to, through routine screening, discover and address the behavioral health issues that underlie or exacerbate their physical complaints.

# Here's our overview slide (next)

# AAMC CCN Behavioral Health Integrated Pathway\*

Patient in a CCN Practice Presents with Behavioral Health Issue  
(during “normal” office hours M-F)

Ready to enter treatment  
for addiction now

Depressed, has an eating  
disorder, or is emotionally  
overwhelmed

Patient exhibiting behavior  
that puts himself or others in  
potential danger

Call One Call Care Management at  
443 481 5652 and ask for the  
Behavioral Health Navigator, who  
will connect patient with  
treatment resource  
If patient prefers self-referral,  
instruct to dial 2-1-1 (24/7)

Administer age- and condition-  
appropriate screening tools\*\*, assess  
for severity and risk and substance use  
disorders, eg. PHQ-9 and Suicide Risk  
Assessment Tool, CAGE-AID

Low risk for suicide or  
homicide

Risk for suicide or  
homicide at least  
moderate

Refer to PCP (or you are the PCP)

No PCP

If patient is depressed, rule out\*\* bipolar disorder  
first before making medication choice

Dial 911 if in imminent danger.  
If patient and others are NOT in  
imminent danger of harm, call  
local Crisis Response team. Keep  
patient with you till they arrive,  
or stay on the phone if patient  
called you.

**Crisis Response by County:**

Anne Arundel: 410 768 5522, 410  
222 7858

Prince George: 301 429 2185

Calvert: 410 535 1121, 301 855  
1075

Howard: 410 531 6006

Queen Anne: 888 407 8018

Talbot: 888 407 8018

If no PCP or if PCP desires additional resources to help patient, reference the CCN Outpatient Behavioral Health Resources Handout, or contact One Call Care Management at 443 481 5652 and ask for the Behavioral Health Navigator. You may also call or securely text Dr. Ray Hoffman: 410 303 0443 \* Pathways

are guidelines; always use clinical judgment and call if you need help! \*\* Screening tools are in the Toolkit, and also Epic (Assessments)

# Now Let's Walk Through Practice Workflow As You Encounter Behavioral Health Challenges

- You will not have encounters like these every day.
- When they happen, you'll want to know what to do.
- Scoring tools help you decide what to do. Whereas they are not fool-proof, they offer an additional perspective to guide clinical decision-making
- Patients with mental illness issues often have substance use disorders, so screen for those too. And vice versa.
- Besides which, you can always call One Call Care Management as well as our subject matter experts!

# The Patient Ready to Address Addiction

- It might be alcohol or drugs or both
- Call One Call Care Management right away: 443 481 5652
  - Ask to be connected to the Behavioral Health Navigator
  - Give them the patient's contact info while the patient is still with you, if possible
  - They will get the patient placed
  - We have connections throughout the state

*NOTE: Patients who prefer self-referral can dial 2-1-1 (24/7) and be connected to resources that way. This is a good resource to tell patients and families about.*



# The Patient With Emotional Distress

- This may be someone who is obviously distressed, or who has screened positive, unexpectedly, on your screening tool.
- What screening tool did you use?
  - We recommend PHQ-2 for adolescents and above.
  - For scores of 3 or above on PHQ-2, we recommend then going to PHQ-9. There is a slightly different version of PHQ-9 for teens.

# Distressed Patient, cont'd

- PHQ-2\* asks:

“During the past 2 weeks,

-have you felt down, depressed, or hopeless?

- have you had little interest or pleasure in doing things?”

Answers for each component range from zero (not at all) to 3 (almost every day). A total score of 3 for the 2 components together means you should **move to PHQ-9\***.

\*Already in Epic (Assessments) and can be implemented in other EMRs. Validated and commonly used. Great for assessing progress in treating depression. In your Toolkit!

# Why PHQ-9?

- You'll note many national entities and insurance companies assess us on whether we use this tool.
- PHQ-9's diagnostic validity was established in both primary care and OB/GYN practices
- A PHQ-9 score  $\geq 10$  has an 88% sensitivity and specificity for major depression
- In general:
  - PHQ of 5 = mild depression
  - PHQ of 10 = moderate depression
  - PHQ of 15 = moderately severe depression
  - PHQ of 20 = severe depression

# PHQ-9

- This validated and commonly used scoring tool is in Epic (Assessments) and can be incorporated in other EMRs and can be done by paper as well.
- Look at question 9. If the patient has indicated suicidal ideations, we recommend you address that.

# Addressing Suicidality

- We recommend you use the SBQ-R to assess suicidal risk in adults, or ASK for adolescents (in Epic, otherwise we will provide to you if you are not on Epic)
- If risk is at least moderate, you must act
  - Imminent danger (patient's behavior is impulsive and disorganized): quietly dial 911
  - No imminent danger, but risk is appreciable: call Crisis Response for your region (see overview slide)

# Special Case: Postpartum Depression

- The Edinburgh Postnatal Depression Screen (EPDS) is a validated tool for detecting postpartum depression. It is recommended that you act\* swiftly if the screen is positive, particularly if the patient has even been thinking about suicide. The children are at risk, too.
- This tool is in Epic Assessments. If you're not on Epic, you'll easily find it online (just Google). We'll give it to you in paper form too. The on line version allows rapid calculation of the score, which you can import or record in your EMR.

\*Act = connect patient with supports, including CCN Behavioral Health Navigator and/or local Crisis Response, depending on severity; consider starting medication

# Depression Alone, or Bipolar?

Your patient who scored high on a PHQ-2, PHQ-9, or EPDS may be bipolar.

It's important to know because treatment is different, particularly in choice of meds.

**Putting a depressed bipolar patient on an anti-depressant runs the risk of catapulting them into mania.**

So what do you do?

# Bipolar Screening Tool

- For patients screening positive for depression, use a bipolar screening test in Epic, also known as the Mood Disorders Questionnaire. This is also available in your Tool Kit.
- If, based on the Mood Disorders Questionnaire, it appears your patient has Bipolar Disorder, you will want to make sure they start on the right medication. We recommend that you access your local subject matter expert, Dr. Hoffman, if you are uncertain regarding what agent and dose to choose to start prior to a formal assessment and diagnosis. His phone number is on the Pathway slide.



# Don't Forget to Screen for Substance Use Disorder (SUD)

-Mental illness and SUD commonly co-occur, adding complexity to the treatment plan.

*“We all do things to try to make ourselves feel better. I'd like to know whether and how that's the case for you.”*

-Use SBIRT to screen for SUD. It's in your Toolkit and in Epic. CAGE-AID can also be a helpful tool.

# Putting it all together. . .

See next slide for the algorithm for depressed patients

# Depression-specific AAMC CCN Behavioral Health Integrated Pathway for patients age 12 and over\*

Patient has a positive depression screen on an age-appropriate PHQ-9\*\* or on EPDS\*\*, during routine wellness exam or post-partum check

If Question 9 is positive for Suicidal Ideation or patient reports Suicidal Ideation, assess suicidality using Ambulatory SBQ-R Screen/ASK Suicide\*\*

**SUICIDAL**

Depression- Not at Risk for suicide or homicide

Refer to PCP (or you are the PCP)

If patient is depressed, rule out bipolar disorder first before making medication choice: Use MDQ Screen\*\*

Depression- Unsure if Suicidal: Contact Crisis Response

No PCP

Concern for additional diagnosis use Tool Kit screens\*\*; e.g. Anxiety (GAD-7) or Bipolar (MDQ), Substance Abuse (SBIRT/Audit-C) etc.....

Patient exhibiting behavior that puts himself or others in potential danger

Dial 911 if in imminent danger. If patient and others are NOT in imminent danger of harm, call local Crisis Response team. Keep patient with you till they arrive, or stay on the phone if patient called you.

**Crisis Response by County:**

Anne Arundel: 410 768 5522, 410 222 7858  
 Prince George: 301 429 2185  
 Calvert: 410 535 1121, 301 855 1075  
 Howard: 410 531 6006  
 Queen Anne: 888 407 8018  
 Talbot: 888 407 8018

If no PCP or if PCP desires additional resources to help patient, use CCN Outpatient Mental Health Resources Handout or contact One Call Care Management at 443 481 5652 and ask for the Behavioral Health Navigator. You may also call or securely text Dr. Ray Hoffman: 410 303 0443

\*Pathways are guidelines; always use clinical judgment and call if you need help! \*\* Screening tools are in the Toolkit, and also Epic (Assessments)

# Now Let's Discuss Patient and Practice Resources for Various Scenarios

# Potentially Dangerous Situations: When to Call 911

- Patients who exhibit threatening behavior should be taken seriously
  - Do not engage or argue with them
  - Try to maintain a calm and quiet demeanor
  - Retreat to safety when feasible
  - Quickly and quietly dial 911, ask for police, and succinctly describe the situation

# When to Call Crisis Response

Say you have a patient who is clearly in distress but not in any imminent danger to himself or others. He is a good candidate for Crisis Response.

Crisis Response Teams are (typically) county-based units that are professionally trained to assess and address individuals and families in need. Their hotlines are manned 24/7. They will come to you and will assist with behavioral health crises. They arrange for a safe disposition for each patient.

Your Tool Kit includes the phone numbers to call.

# When Can You Simply Refer a Patient to Established Resources?

- Some patients and families just need a referral to established behavioral health resources.
- They may have been connected to these before, are reliable, and they know how to navigate the system appropriately.
- If this is the case, you can give them our CCN Outpatient Behavioral Health Resources Handout, which is a one-sheet, two-sided pamphlet that is provided to your practice, **in your Toolkit**.
- If they have difficulty connecting with resources, they are directed to call you back. You can then access One Call Care Management, and the Behavioral Health Navigator will assist them.

# This is what that tool looks like (next slide too)

*This brochure lists many options for counseling and psychiatric services.*

*If you need help connecting to services, please contact your provider.*

You can also call the Member Services phone number on your insurance card to be connected to services in your health plan.

*No health insurance? Don't have any transportation? Can't afford treatment? Can't find a provider in your community that accepts your insurance?*

We can work with you to decrease barriers to getting the treatment you need.

**Just let your provider know!**

## Outpatient Mental Health Providers

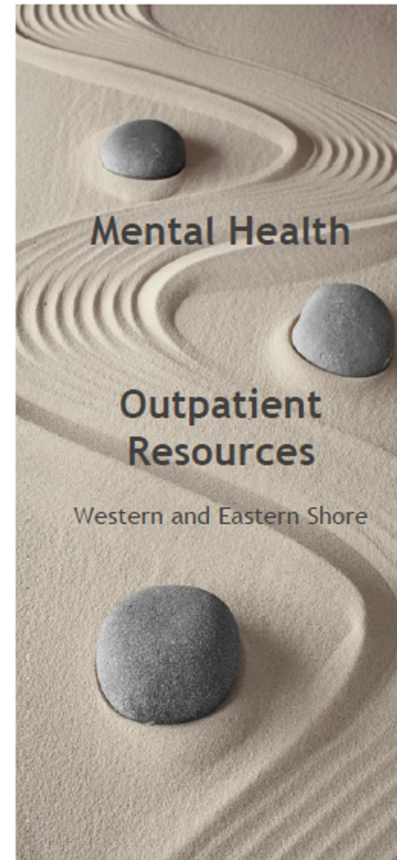
**Counselors** provide talk therapy and coaching to help individuals/families/groups manage their stress, redirect disturbing emotions and set goals for themselves. Services may be provided by: Clinical Social Workers (LCSW-C) Professional Counselors (LCPC) Psychologists (PhD, PsyD)

**Psychiatrists** prescribe medications to help treat mental health disorders. Psychiatric medications can help correct imbalances in brain chemistry. Individuals meet with their psychiatrist for ongoing medication management. Services may be provided by: Doctor of Medicine (MD) Certified Nurse Practitioner (CRNP)

If you or someone you know is in crisis or thinking of suicide, get help quickly. Call 911 or go to the nearest emergency room.

**24-hour suicide hotline in Maryland  
1-800-422-0009**

We do not prefer one provider over another; this was created for the sole purpose of providing patients with community resources.





Prior to your first appointment, confirm the provider accepts your insurance carrier and if a referral is required. Do you have CareFirst? If so, please call 1-800-245-7013. Your CareFirst representative has relationships with in-network providers to get you an appointment quicker and will even schedule the appointment for you. Do you have Cigna? For Mental Health Referrals, call 1-855-873-6189. Your call will be routed through Cigna East Advocates.

PROVIDER	LOCATION			MEDICAID	MEDICARE
<u>AAMG Mental Health Specialists</u> Mental Health Evaluations, Medication Management, Psychotherapy Age 5+ and Adult	2635 Riva Road, Suite 108 Annapolis, MD 21401 410 573 9000			Yes	Yes
<u>Andrew T. Gergely &amp; Associates</u> Counseling & Psychiatry Children 5+ and Adults	137 Mitchell's Chance Road, Suite 260 Edgewater, MD 21037 410-956-5300	3175 West Ward Road, Suite 200 Dunkirk, MD 20754 410-286-0664		Yes	Yes
<u>Arundel Lodge</u> Counseling & Psychiatry Children and Adults	2600 Solomons Island Road Edgewater, MD 21037 443-433-5900			Yes	Yes
<u>BTST Services</u> Counseling & Psychiatry Children and Adults	1900 N Howard Street, Suite 300 Baltimore, MD 21218 443-438-6742	9701 Philadelphia Court, Suite R Lanham, MD 20706 301-477-3339		Yes	
<u>Columbia Counseling Center</u> Counseling & Psychiatry Children and Adults	5525 Twin Knolls Road, Suite 327 Columbia, MD 21045 410-992-9149				
<u>Committed to Change</u> Counseling & Psychiatry Children 6+ and Adults	420 Chinquapin Round Road Suite 2i Annapolis, MD 21401 410-990-1811	200 Glenn Street Cumberland, MD 21502 240-580-1919		Yes	
<u>Corsica River Mental Health, Inc.</u> Counseling & Psychiatry Children and Adults	120 Banjo Lane Centreville, MD 21617 To make an appointment: 410-758-2211; 443-225-5780; 410-745-8028	933 South Talbot St. St. Michaels, MD 21663	502 Poplar Street Cambridge, MD 21613	Yes	Yes
<u>Eastern Shore Psychological Services (ESPS)</u> Counseling & Psychiatry Children and Adults	1113 Healthway Dr. Salisbury, MD 21804 410-334-6961	29520 Canvasback Dr. Easton, MD 21601 410-822-5007		Yes	Yes
	11120 Somerset Ave. Princess Anne, MD 21853 410-651-4200	315 High St. Suite 201 Chestertown, MD 21620 443-282-0102; 443-282-0104			
<u>Four All Seasons</u> Counseling & Psychiatry Children and Adults	For appointments and address locations: 410-822-1018 (Easton, Cambridge, Chestertown, Denton, Queenstown) For All Seasons Hot Line: 1-800-310-7273 Mobile Crisis: 1-888-407-8018			Yes	Yes
<u>Greater Washington Psychiatry and Counseling</u> Counseling & Psychiatry Children 5+ and Adult	7474 Greenway Center Drive, Suite 700-A Greenbelt, MD 20770 301-969-4090			Yes	Yes
<u>JMJ Healthcare Services</u> Counseling & Psychiatry Children 13+ and Adults	3327 Superior Lane, Suite Bowie, MD 20715 240-233-2341			✓ psychiatry only	✓ psychiatry only
<u>My Mental Health</u> Counseling & Psychiatry Adults	1600 Crain Hwy South, Suite 503 Glen Burnie, MD 21061 Appointments: 443-354-1200	218 N Washington St., Suite 050 Easton, MD 21601	8865 Stanford Blvd., Suite 121 Columbia, MD 21045		Yes
<u>Oasis Mental Health</u> URGENT Counseling & Psychiatry Children and Adults	175 Admiral Cochrane Drive, Suite 110 Annapolis, MD 21401 410-571-0888				
<u>Omni House Outpatient Mental Health</u> Counseling & Psychiatry Adults	Outpatient Program 1419 Madison Park Dr. Glen Burnie, MD 21061 410-768-2719 ext. 212	Day Program 7440 Baltimore Annapolis Blvd. Glen Burnie, MD 21061 410-768-6778		Yes	Yes
<u>TIME</u> Counseling & Psychiatry Children and Adults	2901 Druid Park Drive Suite A202 Baltimore, MD, 21215 443-872-2230		7310 Ritchie Hwy Suite 100 Glen Burnie, MD, 21061 443-704-1082	Yes	

# How Did We Do in Helping You Achieve These Learning Objectives?

- This CME material will help you to:
  - Streamline screening for and addressing behavioral health issues commonly encountered in ambulatory practice
  - Engage CCN people, processes, and tools to enhance patient safety and health outcomes

Let us know by taking the post-test, which will allow you to receive free CME credit.