The Ethics and Issues on Coordinating Care between Mental Health and Health Services

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Panel Presenters and Introductions

- Joy Himmel, Psy.D - Ross University School of Medicine
- Marcus Hotaling Ph.D. - Union College
- Paul Polychronis Ph.D. – University of Central Missouri
- Craig Rooney Ph.D. - University of Missouri
- Anita Sahgal Psy.D - USF St Petersburg
Agenda

- Introduction: Driving forces, Reported benefits, Types and Levels - Joy, Anita
- Main Issues and Challenges
  - Ethics, Values, Laws - Paul
  - Accreditation Standards - Joy and Paul
  - Operational Issues and Challenges - Craig
  - Technology Challenges - Marcus
- Questions/Comments
Definition

Integrated/collaborative health care is “any setting or process in which behavioral health and physical health providers work together.” It offers “seamless” care that provides “patients [with] the services they need, when they need them, whatever setting they are in.”

Components of integrated models

- Universal screening for substance use and depression
- Utilizing motivational interviewing techniques to illicit change
- Warm hand-offs
- Timely referral
- Multi-disciplinary treatment planning
- Sharing of pertinent information between providers

Five Pillars of Collaborative Care - University of Washington AIMS Center

- Patient-centered care
- Population-based care - use of registries
- Measurement based treatment and use of monitoring tools
- Evidence base care
- Accountability

- AIMS- Advancing Integrated Mental Health Solutions
Coordinated Care
BH and HS practice separately, information may be shared with mutual patients at time of referral.

Co-located
BH and HS deliver care in the same practice location, although care is often still siloed.

Integrated
BH and HS clinicians work together to design and implement a patient care plan. One problem list, one treatment team.
Driving Forces

- National Professional Organizations
  - American Psychiatric Association, American Psychological Association, National Association of Social Workers, American Counseling Association, AMA, AAFP

- SAMHSA-HRSA- [www.integration.samhsa.gov](http://www.integration.samhsa.gov)

- CMS- Services for Medicaid and Medicare Services

- AHRQ- Agency for Healthcare Research and Quality

- Medical Home/Health Homes
Benefits of Integrated Models of Care

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION**
- Removal of system barriers may lead to more collaboration and more flexibility
- More likely to treat whole person
- Provides more well informed treatment
- Shared ownership of patient/client
- Potentially more responsive
- Greater satisfaction for provider and student

**AMERICAN PSYCHIATRIC ASSOCIATION**
- Attention to accountability and quality improvement
- Controlling costs
- Improving access
- Improving clinical outcomes
- Increasing patient satisfaction
- Applicable in a variety of primary care settings
Benefits of Integrated Models of Care

- **AMERICAN MEDICAL ASSOCIATION**
  - Medical conditions are greatly affected by patients’ behavioral choices and mental health issues and vice versa.
  - 8 in 10 people prefer to visit their doctors for behavioral health needs.

- **AMERICAN PSYCHOLOGICAL ASSOCIATION**
  - Reduces depressive symptoms.
  - Enhances access to services.
  - Improves quality of care.
  - Lowers overall health care costs.
Benefits

- AMERICAN COLLEGE HEALTH ASSOCIATION
  - Better collaboration, referrals, and communication can catch students in need
  - Improvement in:
    - staff communication
    - quality of clinical services
    - quality of programs
    - comprehensiveness of services and programs
    - client satisfaction
    - utilization of services
    - efficiency of administrative processes
    - ability to meet the needs of students
Benefits of Integrated Models of Care

- **AMERICAN COUNSELING ASSOCIATION**
  - A range of options
  - Knocking down silos
  - One-stop shopping
  - “meet clients where they are”

- **NATIONAL ASSOCIATION OF SOCIAL WORKERS**
  - Patient-centered medical home—a primary care team that collectively works to meet the patient’s healthcare needs in a way that is accessible, coordinated, and quality driven
  - Especially important when serving people who are immigrants—manifest MH sx through physical symptoms; cultural and linguistic barriers
Ethics, Values and Laws
Ethics, Values and Laws

- Confidentiality
- Informed consent
- Client self-determination (autonomy)
Accrediting Bodies and Collaboration
AAAHC and Collaboration

- 290 college health centers are currently accredited
- 14% include their mental health services in the accreditation process
- Trend toward collaborative models
  - More comprehensive mental health standards (2016)
17. O. Behavioral health care is coordinated with medical care.

- 1. The clinical record contains documentation of any consultation, referrals and follow-up between medical care and behavioral health professionals.
- 2. There is a system in place for medical care and behavioral health to communicate regarding shared clients.
- 3. Relevant information such as the client/patient problem list, medications, allergies, and progress on objectives is available to all treating providers in medical care and behavioral health.
IACS- International Association of Counseling Services

- Accreditation of Multiple Counseling Services and Merged Centers
- Shared Electronic Records Systems
- Reporting Structure- “work closely with the Chief Student Affairs Officer and other key administrators.”
Operational Issues and Challenges

of integrated care
Policy and Procedure Distinctions

- Mandated Sessions & Academic Petitions
- Consent for Minors
- Release of Information (ROI) Protocols
- Calculating Efficiencies & Administrative Non-Clinical Time
Professional Cultural Differences

- Terminology
  - Patient versus Client
  - Provider versus Professional Titles

- Broader Use of Language
  - Population Care versus Succinct versus Processing

- Relationships to Space
Offices: behavioral health, primary care, health promotion
Professional Cultural Similarities

- Each of us is using a finite set of professional tools to work in the best interests of students attending our institutions toward greater health, effectiveness, and life satisfaction.
- Each of us committed to (often advanced) educational tracts in order to position ourselves to give this help.
- Each of us document our interventions and carry ethical and legal responsibilities related to our roles.
- Hopefully, each of us is willing to move from parental to patient-centered models of care; and, bring curiosity and humility to our work.
Technology Challenges
Union College Wicker Wellness

- Integrated Health and Counseling Services
  - Services are co-located and counselors and health care providers are available to one another (health care providers can address mental health concerns during primary care visits and health services handles medicinal needs of mental health)
  - Health and counseling services have a shared electronic record for appointments, diagnosis, and medications, although counselor notes are not available to other providers, only encounter dates
- Individual directors for each
- Both directors report to VPSA
Why We Integrated

• Counseling Center had donation to build a counseling center
  • Waited 3+ years to get full funding for a wellness center

• Assumes that whole person health is a shared community responsibility and is best achieved by eliminating barriers from a “silo-based” model

• Recognition that many somatic complaints have mental health component
Similarities in Ethics Codes

- Priority is placed on client welfare/do no harm
- Provide services only within your scope of practice
- Prohibition of dual relationships
- Securing informed consent
- Protection of client confidentiality
- Be aware of own values and biases
- Need for continuing professional education
- Deal with unethical, illegal, or incompetent practice by colleagues
Hurdles of Integration

• Protocols for sharing of pertinent health related information
• Coordination of care (counseling scheduling in health schedules, health scheduling in counseling schedules in non-appointment slots)
• Methods of collecting informed consent to share information
• The merging of two uniquely different cultures represented by two different fields, both working to assist the student
• What constitutes a client file and what should be available to each office
• Technology/EMR issues
Ethical Issues We Have Encountered

• When family becomes a client
  • Like most private schools, we offer free tuition for children of employees. What happens when a child needs services from either health or counseling

• Sexual Assault Cases

• Study Abroad Physicals
QUESTIONS