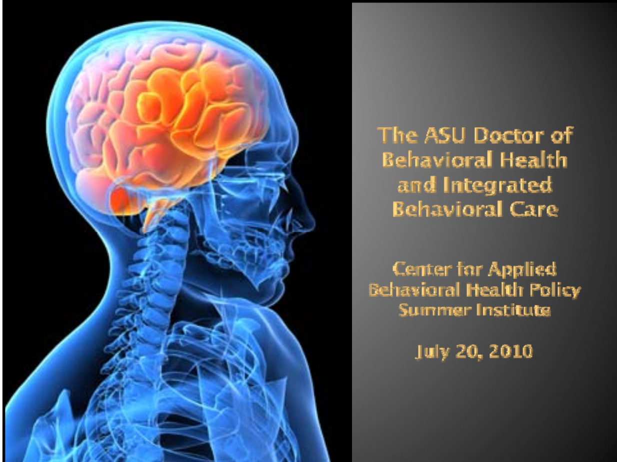

The ASU Doctor of Behavioral Health and Integrated Behavioral Care
Center for Applied Behavioral Health Policy Summer Institute
July 20, 2010

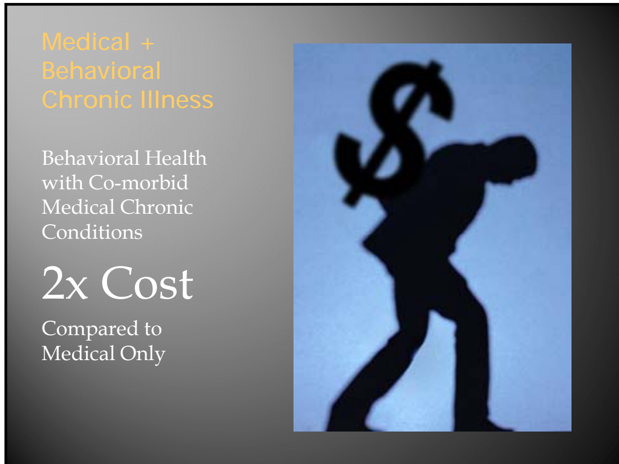
Ron O'Donnell, Ph.D
Director
Pedro Choca, Ph.D.
Professor
Nicholas Cummings Doctor of Behavioral Health Degree Program (DBH)
Arizona State University
School of Letters and Sciences

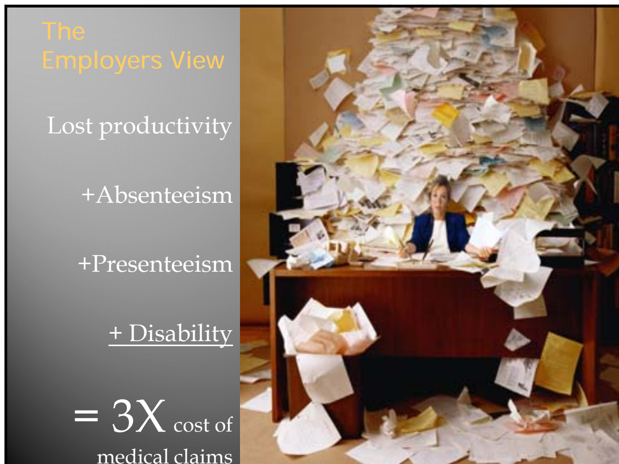
What is the DBH?
www.dbh.asu.edu
A new, applied doctorate in integrated behavioral care
An upgrade for master's level clinicians
Innovative curriculum and practicum training designed to meet market demands
Accountability
Cost-effectiveness
Cost savings
Entrepreneurship

Why the DBH?
Clinical Need
Glut of Psychotherapists
Economic and Business Need
DIFFERENTIATE the DBH clinician with skills *tailored* to the needs of the 21st Century healthcare market

The Economic Burden of Chronic Behavioral and Medical Illness
10% use 65%

Chronic Care Costs
78% of total spending
72% of physician visits
88% of prescriptions filled
76% of hospital admissions

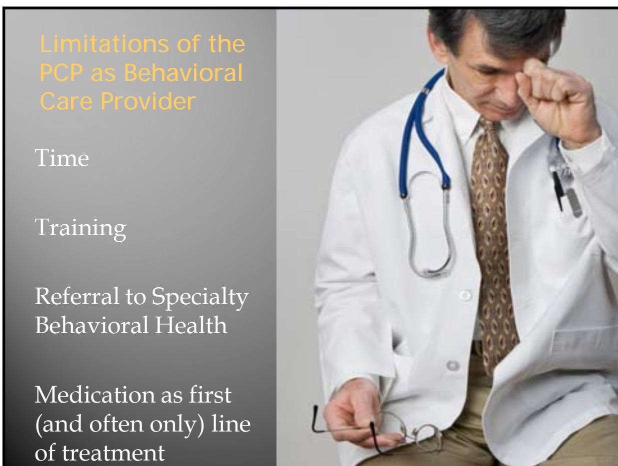

Medical +
Behavioral
Chronic Illness
Behavioral Health
with Co-morbid
Medical Chronic
Conditions
2x Cost
Compared to
Medical Only


The
Employers View
Lost productivity
+Absenteeism
+Presenteeism
+ Disability
= 3X cost of
medical claims

Physical Symptoms Overlap
with Behavioral Conditions
60-70% PCP visits for physical symptoms with no medical etiology
50-80% patients with depression/anxiety present with physical symptoms
Patients and physicians don't recognize symptoms as behavioral diagnoses

Somatizers
6 – 14X Cost
High impairment
Underlying stress and behavioral problems overlooked
Treated for medical disease with unnecessary lab tests and consultations
90% refuse referral to behavioral care
81% accept behavioral treatment in primary care

Undetected
Untreated
Unresponsive
Inadequate Behavioral Treatment in Primary Care


Limitations of the PCP as Behavioral Care Provider
Time
Training
Referral to Specialty Behavioral Health
Medication as first (and often only) line of treatment

Antidepressant Medication

Dosage too low

Early discontinuation

Patients often prefer psychotherapy

Side-effects are common, significant, and reason for discontinuation

The Evidence

Collaborative relationships don't just happen

Co-location essential

Systematic follow-up

Behavioral interventions, not just medication

Patient *Choice* improves engagement

Integrated Behavioral Care Skills

Medical Literacy
Consulting with Medical Team
Disease Management
Behavioral Medicine
Staff Education
Stepped Care
Brief Interventions
Group Treatment

Top Ten Reasons YOU SHOULD Try Integrated Care!

1. Like to learn new things
2. High energy
3. Can manage medical AND behavioral cases
4. Can manage many cases well
5. Write and speak clearly and concisely
6. Good at regulating emotions and distress
7. Understand the cultures served by clinic
8. Has lived in the community
9. Can handle constructive suggestions to improve
10. Not tied to special assessment/treatment model

Top Ten Reasons YOU SHOULD NOT Try Integrated Care!

1. Belief in lengthy assessment
2. No interest in group therapy
3. Problems with authority figures
4. Problem getting along with others
5. Unhealthy personal lifestyle
6. Concerns over "medical model"
7. Problems seeing many patients in short time
8. Not open to practicing stepped care
9. Difficulty establishing alliance in 10 minutes
10. Negative attitude toward managed care/finance

The Hawaii Medicaid Project "Medical Cost Offset"

146,000 Medicaid & Federal Employees

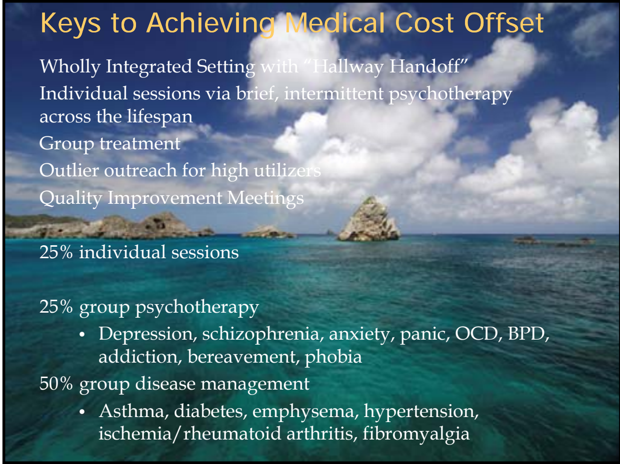
3 Experimental Groups

1. **Psych only**
2. **Psych + Medical**
3. **Substance abuse**

Control Group

Traditional Specialty Behavioral Treatment

Annual $	Experimental	Traditional BH	Difference
Psych Only	-$200	+$200	$400
Psych + Med	-$350	+$500	$850
Substance Abuse	-$700	+$900	$1,600


Keys to Achieving Medical Cost Offset
Wholly Integrated Setting with "Hallway Handoff"
Individual sessions via brief, intermittent psychotherapy across the lifespan
Group treatment
Outlier outreach for high utilizers
Quality Improvement Meetings
25% individual sessions
25% group psychotherapy
• Depression, schizophrenia, anxiety, panic, OCD, BPD, addiction, bereavement, phobia
50% group disease management
• Asthma, diabetes, emphysema, hypertension, ischemia/rheumatoid arthritis, fibromyalgia

Patient education
Pain management
Stress management
Buddy system
Self-monitoring
Homework
Exercise
Self-efficacy
Interchangeable Group Protocols

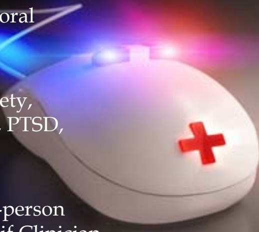
Behavioral eHealth is Inevitable

The Behavioral e-Health Revolution

Computer/Internet Cognitive Behavioral Therapy

Depression, Anxiety, Substance Abuse, PTSD, Health/Lifestyle

As effective as in-person treatment ONLY if Clinician is involved



Efficiency! Therapist Time Saved

50%

to

80%

Outcomes Management

Measures to Meet Market Need

- Patient Measures
  - Clinical Outcomes – Is the patient better?
  - Workplace Productivity – How did improved outcome translate to cost savings for employer?
- Clinician Measures
  - Treatment efficiency
  - Clinical effect size
  - Cost effectiveness ratio
  - Productivity

Cost effectiveness ratio

Measure of clinician/program

efficiency

Weighted treatment sessions, e.g

1 hour ind. Tx = 1

20 min. ind. = .33

1 hour group with 10 patients = .10

- Average # PCP visits one year prior to BH
- Avg. # PCP visits one-year after BH + number weighted BH sessions

MyOutcomes Outcome Rating Scale

Completed by patient at each session

A four-item self-report instrument

Takes less than one minute to complete

Assesses client's subjective assessment of change

MyOutcomes Session Rating Scale

Assesses the strength of the therapeutic alliance

Four items measure the quality of the relational bond and agreement between therapist and client on goals, methods and approach of therapy

User Signed in: JHG

Client 1

Please rate today's session by clicking the line nearest to the description that fits your experience.

Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.

Relationship

I did NOT feel heard, understood, and respected. — I feel heard, understood, and respected.

Goals and Topics

We did NOT work on or talk about what I wanted to work on and talk about. — We worked on or talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is NOT a good fit for me. — The therapist's approach IS a good fit for me.

Overall

There was something missing in the session today. — Overall today's session was right for me.

Health and Work Performance Questionnaire (HPQ)

- Absenteeism
- Presenteeism
- Critical Incidents
- Monetize Work Performance

Pro-Change Behavior Systems

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Our Products

Our health behavior change products improve lives, reduce health care expenses, and are easy and cost-effective to deliver. Built on over 30 years of research on how people change, our programs meet the needs of entire populations—the small segment (about 20%) that is ready to take action plus the the large majority who are not ready. We believe: "Wherever you are at, we can work with that."™

A key differentiator of our products is that they use all of the TTM constructs for tailoring found to produce greater effects (Noar et. al., 2007[1]). By using multiple constructs, our programs can deliver interventions carefully tailored to the needs of each individual participant. Read our 3-page program effectiveness summary to see the high impact of our products.

Our programs are available in online, off-line, and in coaching versions for flexible delivery.

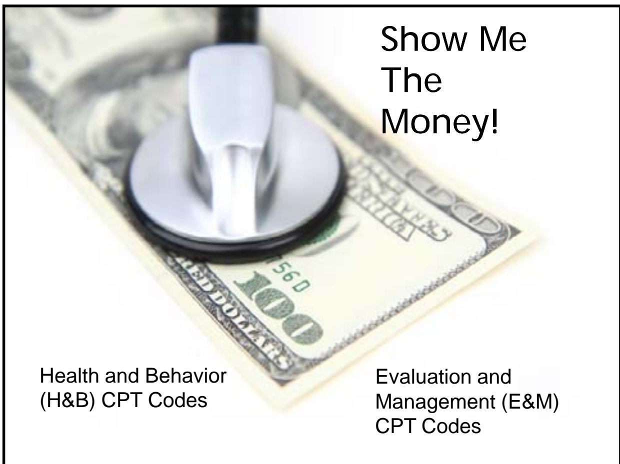
Behavior Change Programs

- Healthy LifeStyles for Adults
  - Proactive Health Consumer
  - Health Risk Intervention
  - Depression Prevention
  - Eating a Healthy Diet
  - Exercising Regularly
  - Medication Adherence
  - Smoking Cessation
  - Stress Management
  - Weight Management

  See our Healthy LifeStyles program demo for more information.
- Youth Obesity Prevention
  - Getting Regular Physical Exercise
  - Reducing TV Time
  - Eating More Fruits and Vegetables
- Anger and Violence
  - Domestic Violence
  - Bullying
  - Teen Dating Violence
  - Teens Keeping out of Trouble with the Law (Juvenile Justice)
- Other Behaviors
  - Consumer Credit Debt
  - Counseling

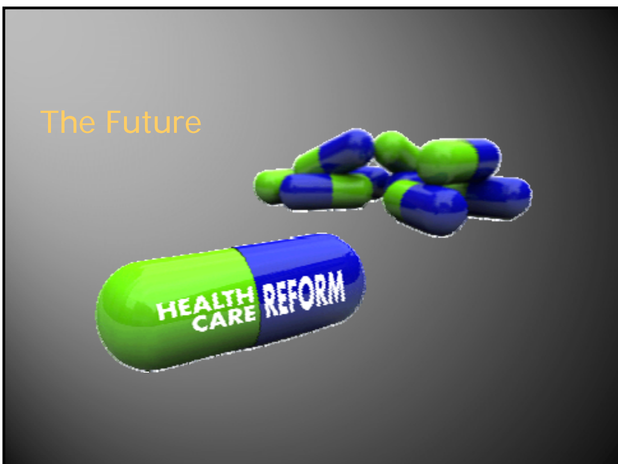
Barriers

Training
Supervision
and Support


Show Me
The
Money!
Health and Behavior
(H&B) CPT Codes
Evaluation and
Management (E&M)
CPT Codes

Nicholas Cummings Behavior Health Program Initiatives on the Horizon

- Continue DBH cohort enrollment
- Open DBH Conferences to public
- Facilitate DBH graduate entrepreneurship
  - Solo clinicians
  - Incorporated groups
  - Marketing to health plans, employers, payers
- Nationwide Behavioral Care Provider Panel
  - For Health Plans, Vendors (e.g., Disease Management)
  - For Large Employers
  - For Hospitals/Physicians, etc.
- CEU and Certificate Programs



Thanks