PACT to the Future: Personal Mental Health Record and Shared Decision Making

Anthony Battista, MD, MPH
Hannah Larsen, MD
Disclosures

• No financial relationships to disclose
Objectives

• Understand core elements of a personal mental health record and shared decision making tool (CommonGround)

• Review implementation process, successes, and challenges with 4 PACT teams

• Identify how features of this technology are used for shared benefit
Core Elements of CommonGround

Health Report & Resource Library
Example:

- Walking in the park allows me to connect with nature and improve my mood

Fidelity Standards:

1. Does it help me be well and strengthen my recovery?
2. Is it something I do NOW in my life?
3. Is it an ACTIVITY, not just a feeling or state-of-mind?
4. Is it something I DO, not something I take?
5. Does it say how my Personal Medicine helps me?
**Example:**

The most important thing in my life is being a good mom and staying active with my toddler. I want you to work with me to find a medicine that will not slow me down and allow me to stay active and be a good mom for my 2-year old.

**Fidelity Standards:**

1. Does it introduce you to your doctor as a UNIQUE INDIVIDUAL rather than just a patient?
2. Does it express HOW you want psychiatric medicine to help?
3. Does it invite your doctor or nurse to WORK WITH YOU on your recovery goal?

**Power Statement:**

A self-advocacy statement that uniquely conveys how treatment can improve life.
Decision Support:

- providing the support needed to participate in making informed and values-sensitive decisions about treatment and recovery

Shared Decision Making:

- collaborative process allowing people and their treatment teams to make health care decisions together, taking into account personal preferences and recovery goals
### My Recovery

**My Prog Statement:**
- I love my girlfriend. I can't be with her if I am paranoid. I want to work with you to find a balance that will help me or less paranoid so I can be with my girlfriend.

**My Personal Inconsist:**
- Yes

**My Mental Health Medications:**
- Trouble sleeping: Yes
- Using sleep aid: No

**My Concerns about Mental Health Medications:**

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**How I Am Doing**

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**My Goals for Today's Meeting**

- Discuss my concerns
- Ask my question
- Get information about rights
- Get my case changed
- Share my progress
- Get information

- I like to get off the ends

**Suggestions for life**

- Learn to manage anger
- View document
- Clarify your personal goal for using mental health medicines
- View document
**Recovery Library Resources**

- **Exercise and Nutrition**
  Use this calendar to kickstart or maintain your practice of exercising and eating healthy. You can reach your whole health recovery goals!

- **Financial Recovery**
  This browsing page contains all the budgeting and financial recovery worksheets.

- **Managing My Symptoms**
  Here is a collection of worksheets designed to help us manage symptoms and move forward in recovery.

- **Medications and Me**
  Deciding how medications fit into your life and recovery can be difficult. These worksheets can help.

- **Self Esteem**
  This browsing page contains a collection of worksheets designed to help build self-esteem.

- **Side Effects**
  These worksheets can help you track side effects and discuss them with your prescriber.

- **Shared Decision Making**
  Here are worksheets designed to support shared decision making.

- **Sleep**
  This worksheet helps a person track their sleep and prepare to talk to medical staff about it.

- **Dental Health**
  Here is an inspiring essay by Pat Degan about Overcoming Fear of the Dentist.

- **Pregnancy**
  Learn more pregnancy and related topics, including important things to know about mental health, medicine, and pregnancy.

- **Diabetes**
  Here is a collection of resources on Diabetes.

- **Restless Leg Syndrome**
  Learn more about Restless Leg Syndrome.

- **Dialysis**
  Check out the basic Dialysis Information or review this Dialysis: In Depth Overview.

- **Seizures**
  Here is some basic information on Seizures (also en español)!

- **Epilepsy**
  Here is some basic information on Epilepsy (also en español)!

- **Sexually Transmitted Diseases (STDs)**
  Here is some basic information on STDs (also en español)!
How does CommonGround utilize technology for shared benefit?
Graphing Function

This chart is already showing:

- Distressing Beliefs / Fears
- Fulfilling Responsibilities

See results from:
- the entire history
- How I Am Doing?
- Custom Questions
- Mental Health Medications
- Personal Medicine

- Home
- New This Week
- Dashboard
- Users
- Recent Client Activity
- Statistics
- Favorites
- Account
- Library
Recovery Stories at the Ready

George
- Being a Dad is Good Personal Medicine (also en español)
- Recovery through Purpose (also en español)

Peter
- Taking Care of my Pets is Good Personal Medicine (and transcript)
- Trauma Recovery

George
- Getting Clean and Sober

Rachel
- Find a Doctor
- Learning to Tolerate Strong Emotions
- Service Dog (and transcript)

Glenn
- Recovery from Addiction is Real

Regan
- Living with HIV

Grace
- Best Day Ever

Reno
- Clean and Sober
Using technology in practice directly addresses technology illiteracy.
Implementation: Successes and Challenges

Hannah Larsen, MD
Implementation
Successes & Surprises: Patient Perspectives

% Complete

- Lowell
- Metro North
- Lynn
- North Shore

Power Statements
Personal Medicine
Successes & Surprises: Patient Perspectives
Successes & Surprises: Supporting a Team

- Library Resources
- Assisting with the Health Report
- Sharing the Shared Decision
- Treatment planning
Successes & Surprises: MD Perspectives

• Power(ful) Statements

“My relationship with God is important to me. I want to work together with you to find a medicine that will help me sleep better, feel more relaxed and less distracted so I can participate in church and stay out of the hospital.”

“Getting a job gives me structure that I need in my life. My medication helps me with relaxing. I like me medication that I am on now and I don’t want to change it.”

“Working and getting a job gives me structure that I need in my life. My medication helps me with relaxing. I like me medication that I am on now and I don’t want to change it.”

“Telepathy, so I can be left alone and not be a stressed person.”

“Managing my stress and staying well are important to me. I want to work together with you to find a medicine that will help me focus, so that I can manage my stress and stay well.”
FAQ: But aren’t some people too sick?
Successes & Surprises: MD Perspectives

Shared Outcomes
Challenges & Limitations

**Tech**
- IT investment by organization
- Engaging patients

**Team**
- “Champions”
- Scheduling
- Using information & resources

**Shared Decisions**
- Shifting approach
- Time investment
- Honoring informed choice
Conclusions

- Power Statements: Unbelievable shortcut to understanding our clients
- Health Reports: Enhanced team based care, Track outcomes, Tool to approach crisis
- Shared Decision Making: Daily challenge to inspire change as partners in recovery
References/Sources

• Pat Deegan PhD & Associates, LLC
• Eliot Community Human Services
Telepsychiatry in PACT?

Nancy Williams, MD
The University of Iowa
Carver College of Medicine
Disclosure

- No commercial relationships to disclose.
The Problem

- Workforce shortages limit the growth of PACT
- Many states address with use of physician assistants and nurse practitioners- helpful but not sufficient
- Telepsychiatry used in other settings to address psychiatry access issues
- Does tele psych have a role in PACT?
Overview
Telepsychiatry in PACT?

What we “know”: brief review of literature

What we “hear”: real life examples

What we “think”: weigh the pro’s and con’s
...but first...

- How many work in PACT teams? As doc? other role?
- How many have experience using tele psych?
- How many practice in PACT using tele psych?
What we “know” … so far

- Scarce information: telepsych >>> P/ACT and telepsych
- Chicago- Thresholds – starting telepsych with ACT for Chicago’s south side
- Delaware using telepsych for 2 PACT teams
- Minnesota using telepsych for one rural team
- Michigan using telepsych for at least one rural team
- Texas - “ACT” programs in rural Texas connecting to docs via telepsych (~ once per week); PACT “like” teams
- New York/Georgia/North Carolina prohibit use of telepsych for PACT

- Others???
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<th>Minnesota</th>
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<tbody>
<tr>
<td><strong>Context</strong></td>
<td>In operation 2 years 2 teams – 100 clients each Fee for service</td>
<td>“Variance” for one rural team State dollars Cost based, retrospective</td>
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<tr>
<td><strong>Daily team meetings/ family mtgs/home visits/ referrals</strong></td>
<td>IPad</td>
<td>IPad</td>
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<tr>
<td><strong>Psychiatry time</strong></td>
<td>2 teams of 100 clients each 32 hours MD time per team</td>
<td>1 team of ~35 clients 10 hours of MD time</td>
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<tr>
<td><strong>MD on site at least once?</strong></td>
<td>Recommended not req’d</td>
<td>Not req’d</td>
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<td><strong>Cost comparison</strong></td>
<td>Higher but not prohibitively so Upfront technology cost</td>
<td>MD is contracted at same rate as face to face. Upfront technology cost.</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>“not different from other teams in the state”</td>
<td>No pre/post</td>
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<td><strong>Satisfaction staff/clients</strong></td>
<td>Initial skepticism A few complaints (mom)</td>
<td>Initial skepticism A few complaints; not the majority</td>
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<tr>
<td><strong>Fidelity</strong></td>
<td>TMACT</td>
<td>TMACT</td>
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</table>
What we “think”: AACP colleagues, others

- “Is contrary to the model of integrating psychiatrist in the team” – web based attendance inferior for both team leadership and patient care
- Requires PACT staff to be present: inefficient, changes dynamic of visit
- “Telepsych could be adjunct to pre-existing face to face relationships, perhaps, but not as a complete substitute”
- Disagree with NY decision to not allow telepsych in PACT teams
- “Has potential to be great or terrible”
- Is some care is better than no care?
- Virginia, other rural sites- lack of adequate band with or even adequate cellular network signal; issues regarding stability of mobile videoconferencing platforms
What we “think”

A Framework of Ethic for Telepsychiatry Practice. Sabin & Skimming 2015

- Provide competent, safe care
- Ensure informed consent
- Promote privacy and confidentiality
- Manage boundaries
- Encourage continuity of care
- Address health equity
Next steps

▪ Can the critical ingredients of PACT be preserved with the use of telepsychiatry?

▪ How should we measure?

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Acknowledgements
Thank you!

- Tony Graham
- Steve Harker
- Laura Marvel
- Ken Minkoff
- Maria Monroe-DeVita
- David Moody
- Lorna Moser
- Lori Raney
- Lynette Studer
- Erik Vanderlip
- Steve Weinstein
- Rachel Zinns
ACT and IT and Integrated Care

Erik Vanderlip, MD MPH
OU School of Community Medicine
How might we adapt ACT to incorporate a **Collaborative Care** Chronic Care Management system?
The PCMH and the Chronic Disease Model

PCMH

TEAMcare ACT (ACT+)
Patient-Driven Care Teams

- Team-based care: effective collaboration between PCPs and Behavioral Health Providers.

Population-Focused Care

- Patients tracked in a registry: no one ‘falls through the cracks’.

Measurement-Guided “Treat to Target”

- Measurable treatment goals clearly defined and tracked for each patient
- Treatments are actively changed until the clinical goals are achieved – “treat to target”

Evidence-Based Care

- Treatments used are ‘evidence-based’
- Pharmacology, brief psychotherapeutic interventions, models

“What gets paid attention to, gets paid attention to.”
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<tr>
<th>Name</th>
<th>A1c (initial)</th>
<th>A1c (recent)</th>
<th>PHQ9 Initial</th>
<th>PHQ9 Recent</th>
<th>SBP Initial</th>
<th>SBP Recent</th>
<th>Non-H DL Initial</th>
<th>Non-H DL Recent</th>
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What’s in the Mix?
Current Model

Screenshot from CMTS/MHIP

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Psychological Constructs/Measures

Biological Measures

It’s not by accident…

1) Common problems
2) Directly impact QoL and Health Outcomes and FUNCTIONING
3) Interdependent: Diapression
4) We can change them (apply TREAT TO TARGET guidelines)
5) Easily “able”: “Measurable, Screenable, Trackable, Reliable”
   a. We have good (valid, reliable) instruments for all of these!
What’s in the Mix?
Community/Safety-Net Settings

1) **Applicable**: Common problems
2) **Disable**: Deficits in Functioning
3) **Relatable**: Interdependent
4) **Changeable**: Treatment Exists, “TTT”
5) **Doable**: “Measurable, Screenable, Trackable, Reliable”

### Biological:
- A1c
- SBP
- LDL
- BMI
- Viral Load
- PFT/FEV/Peak Flow
- Pain Questionnaire?

### Psychological:
- PHQ-9
- PCL-C
- GAD-7
- SMI: PANSS, YMRS/Internal State
- MMPI

### Substance Use Disorders:
- Cig Eq./Day
- AUDIT
- Opioid Scale?
- More…

### Sociological:
- Residential Time-Line Feed-Back Scale
- Employment Measure
- WHO-DAS
- Legal
- Financial
- Interpersonal Relations
- Social Support Questionnaire
- Recovery Instrument (Milestones)
- Patient-Developed Scales
What to Include?

Psychological:
- Depression
- Trauma, PTSD
- SMI: Bipolar, Schizophrenia
- Personality Disorders

Substance Use Disorders:
- Tobacco
- Alcohol
- Opiates
- More…

Problem/Morbidity

Outcome/Measure

Psychological:
- PHQ-9
- PCL-C
- GAD-7
- SMI: PANSS, YMRS/Internal State

Substance Use Disorders:
- Cig Eq./Day
- AUDIT
- Opiate Scale?
- More…
What to Include? **Biological**

Problem/Morbidity

**Biological:**
- Diabetes
- Hypertension
- Cholesterol
- Obesity
- Hepatitis
- COPD
- Chronic Pain

Outcome/Measure

**Biological:**
- A1c
- SBP
- LDL
- BMI
- Viral Load
- PFT/FEV/Peak Flow
- Pain Questionnaire?
What to Include? **Sociological**

**Problem/Morbidity**
- Housing
- Employment
- Disability
- Legal
- Financial
- Interpersonal Relations
- Social Support

**Outcome/Measure**
- Residential Time-Line Feed-Back Scale
- Employment Measure
- WHO-DAS
- Legal
- Financial
- Interpersonal Relations
- Social Support Questionnaire
- Recovery Instrument (Milestones)
- Patient-Developed Scales
What’s in the Mix?
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**Psychological:**
- PHQ-9
- PCL-C
- GAD-7
- SMI: PANSS, YMRS/Internal State

**Substance Use Disorders:**
- Cig Eq./Day
- AUDIT
- Opiate Scale?
- More…

**Biological:**
- A1c
- SBP
- LDL
- BMI
- Viral Load
- PFT/FEV/Peak Flow
- Pain Questionnaire?

**Sociological:**
- Residential Time-Line Feed-Back Scale
- Employment Measure
- WHO-DAS
- Legal
- Financial
- Interpersonal Relations
- Social Support Questionnaire
- Recovery Instrument (Milestones)
- Patient-Developed Scales
What's in the (final) Mix?

1) **Applicable**: Common problems
2) **Disable**: Directly Effect Health/QoL
3) **Relatable**: Interdependent
4) **Changeable**: Treatment Exists
5) **Doable**: “Measurable, Screenable, Trackable, Reliable”

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<th>LDL</th>
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So.  What?

This is another transition slide.
A demonstration of population-focused care and “treat-to-target”.

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Names are to the left of this…
### Six Components of Effective Measurement

1. **Measurement alone is not enough; outcomes must be incorporated into the clinical encounter.**

2. **Patient-reported outcomes are more accurate than clinician-reported outcomes.**

3. **Measures must be collected frequently to accurately assess the most recent clinical state.**

4. **Measures must be tightly correlated to the illness state and are typically diagnosis-specific.**

5. **Instruments must be reliable and sensitive to change.**

6. **Methods must be relatively simple to implement and low cost.**
ACT + Primary Care Integration:
Perfectly suited.
The future of ACT.
Actually, the future of ACT.

Variable Platform Architecture (VPA)

To create our powertrain, we started from the ground up with our Variable Platform Architecture (VPA). It features a new battery structure, arranged into modular strings and centrally placed for integrity.

▶ Watch the film