

Integrating Behavioral Health to Support People Living with Diabetes

Katie Buys, DNP, MPH, PMHNP-BC, FNP-BC; Cori O'Neal, DNP, CRNP, AGNP-C; Claire Harris, LICSW; & Michele Talley, PhD, ACNP-BC, FNAP, FAANP, FAAN

Introduction

- Providing Access to Healthcare (PATH) Clinic is an interprofessional clinic for uninsured and underserved patients with uncontrolled diabetes.
- In 2015, PATH Clinic embedded a behavioral health integration (BHI) team including a licensed independent clinical social worker (.5 FTE), a licensed medical social worker/ BHI Care Coordinator (.5 FTE), two psychiatric-mental health nurse practitioners (0.1 FTE each), and a psychiatrist (.1 FTE).
- The BHI team developed algorithms for identifying patients with depression, anxiety, bipolar disorder, substance use disorder, suicidal ideation, and diabetes distress.
- The BHI team developed four Levels of Care to guide medical provider decision-making for referring patients for counseling and psychiatric medications.
- The BHI team conducts quarterly reviews for patients level 2-4 and enters recommendations in the patient's chart to benefit and share information both the medical and BHI teams.

Methodology

- Each patient is screened for depression (PHQ-9), anxiety (GAD-7), and diabetes distress (DDS-2, and if >3, with DDS-17).
- If PHQ-9 >9, patient also receives screening for mood disorder (MDQ). If positive, patient is referred to BHI team.
- If patient responds affirmatively to question 9 on PHQ-9, Columbia Suicide Screening is administered. Then screener follows algorithm for notifying provider and/ or escalating care.
- Patients with elevated diabetes distress are referred to LICSW for therapy with motivational interviewing approach.
- Diabetes provider follows algorithm for initiating antidepressant/ anxiolytic when PHQ-9 and/ or GAD-7 is elevated. At follow-up, diabetes provider may increase therapy twice before referring to BHI team for assistance with medication management.
- Levels of Care have been established to guide both teams to know when to automatically refer to BHI team for therapeutic medication management (e.g. tobacco or other substance use, positive MDQ screen, serious mental illness, suicidal ideation).
- Diabetes team may also refer patients to BHI team anytime for additional support.

Purpose

- To describe how behavioral health integration can be used in an interprofessional clinic for limited-resource individuals living with diabetes to increase medical provider confidence in initiating psychiatric medications and treatments and decrease patient mental health burden.

Results

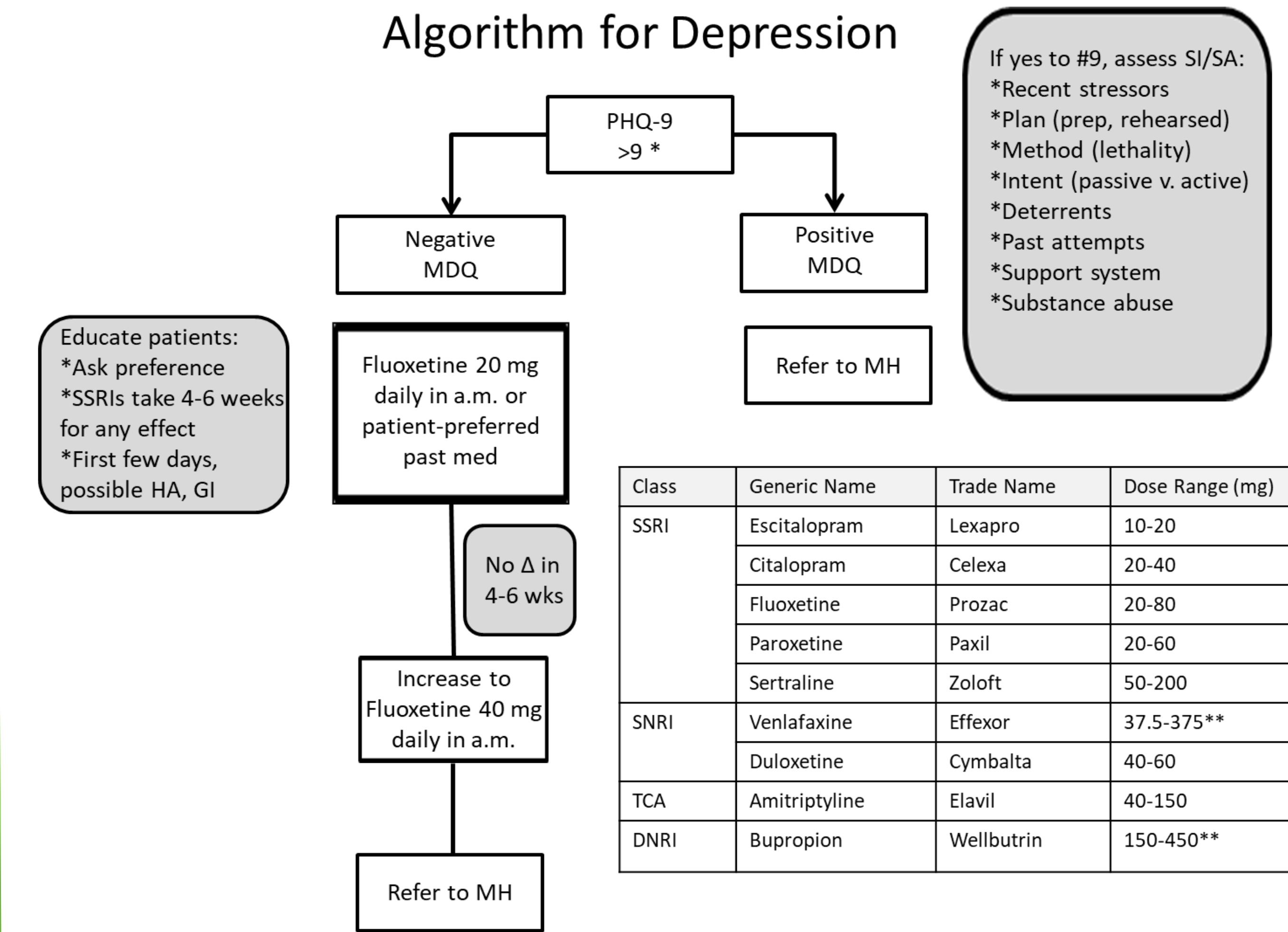
- The Integrated Practice Assessment Tool (IPAT) was used to assess the level of collaboration/integration defined by the Standard Framework for Levels of Integrated Care.
- The IPAT revealed that the clinic was at a Level 6 (highest) level of integration; deeming the clinic has full collaboration in a transformed/ merged integrated practice.
- Since integrating behavioral health, medical providers report more confidence with initiating and advancing psychiatric medications and/ or self-assurance in referring to the BHI team.

Recommendations:

For clinics and providers treating limited-resource patients living with diabetes, it can be feasible to incorporate behavioral health.

Integrating behavioral health can increase provider confidence in managing mental health conditions and support patients in achieving better mental health outcomes more quickly.

Algorithm for Depression



| Class | Generic Name | Trade Name | Dose Range (mg) |
|-------|---------------|------------|-----------------|
| SSRI | Escitalopram | Lexapro | 10-20 |
| | Citalopram | Celexa | 20-40 |
| | Fluoxetine | Prozac | 20-80 |
| | Paroxetine | Paxil | 20-60 |
| | Sertraline | Zoloft | 50-200 |
| SNRI | Venlafaxine | Effexor | 37.5-375** |
| | Duloxetine | Cymbalta | 40-60 |
| TCA | Amitriptyline | Elavil | 40-150 |
| DNRI | Bupropion | Wellbutrin | 150-450** |

Conclusion

- Behavioral Health Integration can be achieved without hiring mental health providers full-time.
- Providing evidence-based algorithms for the diabetes management team to initiate management for mood can increase provider confidence in initiating therapy.
- Periodic case review conducted by the BHI team can allow diabetes management team to receive feedback from mental health providers about when advancing therapy may be indicated.

Acknowledgments

- Colleagues and patients at the PATH Clinic at the UAB.
- Karmie Johnson, PMHNP-BC, for initial algorithm development
- This program is partially supported by the Health Resources and Services Administration (HRSA) (grant #UD729873 & M0141994) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2.1m with approximately 40% financed (by UAB Hospital) with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov

Glossary

BHI: Behavioral Health Integration
 GAD-7: Generalized Anxiety Disorder
 MDD: Mood Disorder Questionnaire
 PHQ-9: Patient Health Questionnaire
 DDS: Diabetes Distress Scale
 LICSW: Licensed Independent Clinical SW
 PATH: Providing Access To Healthcare
 PMHNP: Psychiatric-Mental Health NP