Phase-Based Care
A Innovative Approach to Mental Health Care

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THE WAY WE WERE

• Open Access: But
• Long waits until Provider
• Multiple Weeks between Therapy Sessions
• THAN THE AFFORDABLE CARE ACT!!!
CORE VALUES

• Access
• Engagement
• Cost-effective
• Person-centered
• Promote good patient outcomes
• Promote staff satisfaction
Principles of Phase-Based Care

- Mental illness has phases (for most people)
- During Acute Phase resources need to be mobilized & timely
  - USE VALID RATING INSTRUMENTS AS GUIDE
- Coordinate treatment efforts of ALL team members
- When symptoms improve, treatment plan changes to meet reduced intensity
TREATMENT WORKS

- Medication
- Psychotherapy
- Pet Therapy
- Peer Support
- Meditation
- Happy Hour

TREATMENT BASED ON PT PREFERENCE, NEEDS, & OUR CAPACITY

RIGHT TX + RIGHT TIME = BEST CLINICAL & FINANCIAL OUTCOMES

EVIDENCE-BASED TREATMENT & PERSON-CENTERED CARE DRIVE PROCESS
PHASES of DEPRESSION

Treatment Phases

- Acute
- Continuation
- Maintenance

Symptoms to disorder

"Normalcy"

Response Remission Recovery

Relapse

Relapse

Recurrence

6-12 WEEKS  6-9 MONTHS  1 YEAR

EVERY TOUCH HAS MEANING

Improved Reduction in Depressive Symptoms

6 Week RCTs: 15 with 6 visits, 19 with 5 visits, 7 with 4 visits
Therapeutic effect is cumulative. No effect on completion rates (59-63%)  Posternak & Zimmerman 2007 Br.J of Psychiatry

- Additional Visit (6 weeks)
  - 1
  - 2

- Antidepressant
  - 56%
  - 70%

- Placebo
  - 51%
  - 79%
MEASURING CARE MATTERS

Measurement-based Care vs. Standard Treatment Controlling for Antidepressants


*B. Estimated Mean Time to Remission

- Standard treatment
- Measurement-based care

*Teaching Hospital
*Adult Outpatients with moderate to severe major depression
*Pharmacotherapy restricted to paroxetine (Paxil) or mirtazapine (Remeron) in both groups
PHASE-BASED CLINIC

- Meets 4 hrs/week to start, & grows
- Patient can have scheduled appointment or walk in
- Appointment frequency & duration based on Pt need
  - Valid rating instrument: patient-specific
  - Patients review their measurements w/team
  - Staffing model created by team members
- Different needs for mood d/o, SPMI, SUD, C&F
- Weekly team meetings review all new & acute Pts
Weekly Team Meeting
Acute Phase for Depression: PHQ-9 >10

Week 6: 63% no longer in acute phase
Week 12: 78% no longer in acute phase

Compared to STAR-D’s largest ‘usual community care’ data set indicating
Week 6: 16% & Week 12: 33%

Other widely-used Group Programs:
- PTSD
- Behavioral Tx of Insomnia
- Life Skills
- SUD
- DBT
DEVELOPING A PHASE-BASED CLINIC

IDENTIFY POPULATION
Diagnosis-specific vs. General Population

EXAMINE DATA
Liberate from old assumptions
Therapy does not have to be 50:00

EMPOWER FRONT LINE STAFF
Reduces Repetition & Redundancy

EFFICIENT TEAM
Create a team that BELIEVES this can work. Initial reaction often 'how many more staff are you going to hire?'

INVESTED LEADERS
Build a Model & Create tools to monitor

MODEL & MONITOR
<table>
<thead>
<tr>
<th>364 New Patients/Year</th>
<th>2 Hours Initial Evaluation</th>
<th>3 Hours Avg Therapist time/acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>75% Going on to Therapy/acute</td>
<td>60% Need Medication/acute</td>
<td>2 Hours Avg Provider time/acute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Hours Avg Group utilization/acute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.5 Hours Avg CM time/acute</td>
</tr>
</tbody>
</table>
### Active Program Monitoring

Actual, active spreadsheet used to create clinic.

NB: average hrs proposed by clinicians is 3, actual hrs =2 (18 month tracking)

<table>
<thead>
<tr>
<th>Outpatient Steamboat Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of New Patients per year</strong></td>
</tr>
<tr>
<td><strong># PATIENTS</strong></td>
</tr>
<tr>
<td><strong>PROVIDER</strong></td>
</tr>
<tr>
<td><strong>hr/pt</strong></td>
</tr>
<tr>
<td><strong>Acute Phase</strong></td>
</tr>
<tr>
<td># of New Patients per year</td>
</tr>
<tr>
<td># of Weeks per acute episode</td>
</tr>
<tr>
<td><strong>Continuation Phase</strong></td>
</tr>
<tr>
<td># of new patients per year</td>
</tr>
<tr>
<td># of Patients FROM Acute Phase OR MAINTENANCE</td>
</tr>
<tr>
<td>Total patients</td>
</tr>
<tr>
<td># of Weeks per episode</td>
</tr>
<tr>
<td><strong>Maintenance Phase</strong></td>
</tr>
<tr>
<td># of New Patients/WEEK in MAINTENANCE</td>
</tr>
<tr>
<td># of patients FROM Continuation</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
</tr>
<tr>
<td>CFTE Hours Per Year</td>
</tr>
<tr>
<td>CFTE Hours Per Week</td>
</tr>
</tbody>
</table>
# RAPID RECOVERY DASHBOARD over 18 Months

**11.30.18**

<table>
<thead>
<tr>
<th><strong>132</strong></th>
<th><strong>4.5</strong></th>
<th><strong>2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Patients</td>
<td>Days to Appt</td>
<td>Avg Therapy hrs/acute phase</td>
</tr>
<tr>
<td><strong>36</strong></td>
<td><strong>3.9</strong></td>
<td><strong>0.95</strong></td>
</tr>
<tr>
<td>Acute Phase Pts</td>
<td>Days to Provider</td>
<td>Avg Provider hrs/acute phase</td>
</tr>
<tr>
<td><strong>13%</strong></td>
<td><strong>20.3</strong></td>
<td><strong>0.51</strong></td>
</tr>
<tr>
<td>Drop out (wk 6)</td>
<td>Avg init PHQ-9</td>
<td>Avg Peer hrs/acute phase</td>
</tr>
<tr>
<td><strong>182</strong></td>
<td><strong>12.0</strong></td>
<td><strong>0.95</strong></td>
</tr>
<tr>
<td>Total Patients Admitted to Program</td>
<td>Avg PHQ-9 wk 12</td>
<td>Avg CM hrs/acute phase</td>
</tr>
</tbody>
</table>
CORE VALUES

- Access
- Engagement
- Cost-effective
- Person-centered
- Promote good patient outcomes
- Promote staff satisfaction
“This clinic looks nothing like it did in the first 6 months...leadership allows...the frontlines to make the decisions...to help clients succeed.”

“We now have the ability to get someone in for all services within a week of their intake and the results speak for themselves.”

“One client still comes in almost weekly. She sees clients in groups are as she was – crying, anxious and depressed. She recognizes their cognitive distortions and comes up with solutions.”

“A client with psychotic depression returned to stable functioning within about 2 weeks. Having him wait another month or 2 to get in would have likely led him to inpatient hospitalization.”
“The medications are...working. I can think better, focus more and have better attention. Group and individual therapy have given me incredible skills. It’s a journey but I’m so grateful for the skills and tools I’ve learned in this clinic. You guys rock. My anxiety is much easier to handle.”

-40 yr. old female with high anxiety & depression, isolating & low esteem.
Intake PHQ-9: 21    Week 12: 5

“I think it’s wonderful to have everything combined and right there when you need it. It’s awesome. You know otherwise you are just waiting a long time to get in. With this, you can come every week.”

-57 yr. old female with PTSD, Depression & Anxiety
Intake PHQ-9: 19    Week 12: 8