

The Webinar will begin promptly at 12:00pm

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Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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DOSING & TITRATING CARE

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INTEGRATED CARE DC

A learning community for District of Columbia Medicaid providers

PRESENTED BY:

Neftali Serrano, PsyD

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Tuesday,

April 18, 2023

12:00 pm – 1:00 pm ET

This content has been developed and will be delivered by Health Management Associates for Integrated Care DC which is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of \$3,500,365, or 81 percent, of the project is financed with federal funds, and \$810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.



HMA

- » Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.
- » The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

- 1 Deliver **patient-centered care** across the care continuum
- 2 Use **population health analytics** to address complex needs
- 3 Engage **leadership** to support person-centered, value-based care

WHY PARTICIPATE IN INTEGRATED CARE DC?

- » Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- » Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.
- » Educational credit is offered at no cost to attendees for live learning sessions.
- » All DC Medical providers are eligible.



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Dosing & Titrating Care

- » Welcome and Program Announcements
- » Why Care About Dosing & Titration?
- » Single-Session Therapy
- » Stepwise Care
- » The Core Components of a Primary Care/
Time-Limited Consult
- » How Do You Make Decisions About Titrating Care?
- » Metrics
- » Closing Remarks/Q&A

LEARNING OBJECTIVES

1. Develop metrics that help practitioners understand how they are dosing and titrating patient care across their panels
2. Describe how small changes in dosing of care can impact availability for new patients or patients returning to care
3. Describe how adopting clinical strategy choices, such as a single session approach, can impact availability of a clinician



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DOSING & TITRATING CARE

- » We need a functional tiered mental health system. At present our capacity is a major issue in the specialty mental health tier
- » Consumers and payers benefit from increased efficiency
- » There is some research that indicates that minorities or non-white-European groups drop out of care earlier
- » Dosing care can positively impact therapist resilience

Source: Barrett, M. S., Chua, W. J., Crits-Christoph, P., Gibbons, M. B., Casiano, D., & Thompson, D. (2008). Early Withdrawal from Mental Health Treatment: Implications for Psychotherapy Practice. *Psychotherapy (Chicago, Ill.)*, 45(2), 247–267.

<https://doi.org/10.1037/0033-3204.45.2.247>

WHAT UNDERGIRDS THIS APPROACH?



Primary Care
Behavioral Health
Model

Population Health
Strategies

Single-session and
functional approaches
to care (FACT)

APPROACHING ENGAGEMENT LIKE THIS IS YOUR ONLY VISIT WITH THE PATIENT



Photo by [Alex McCarthy](#) on [Unsplash](#)

- » Little attention is paid to therapy “drop-out” rates, yet “drop-out” rates of nearly 50% are not unheard of ¹
- » Evidence suggests that racial and ethnic minorities “drop-out” of therapy at higher rates¹
- » Single-Session Therapy, a focused form of brief therapy, informs the approach we will review today²

¹ Green et al. <https://pubmed.ncbi.nlm.nih.gov/32076886/>

² Hymmen et al. www.tandfonline.com/doi/full/10.3109/09638237.2012.670880

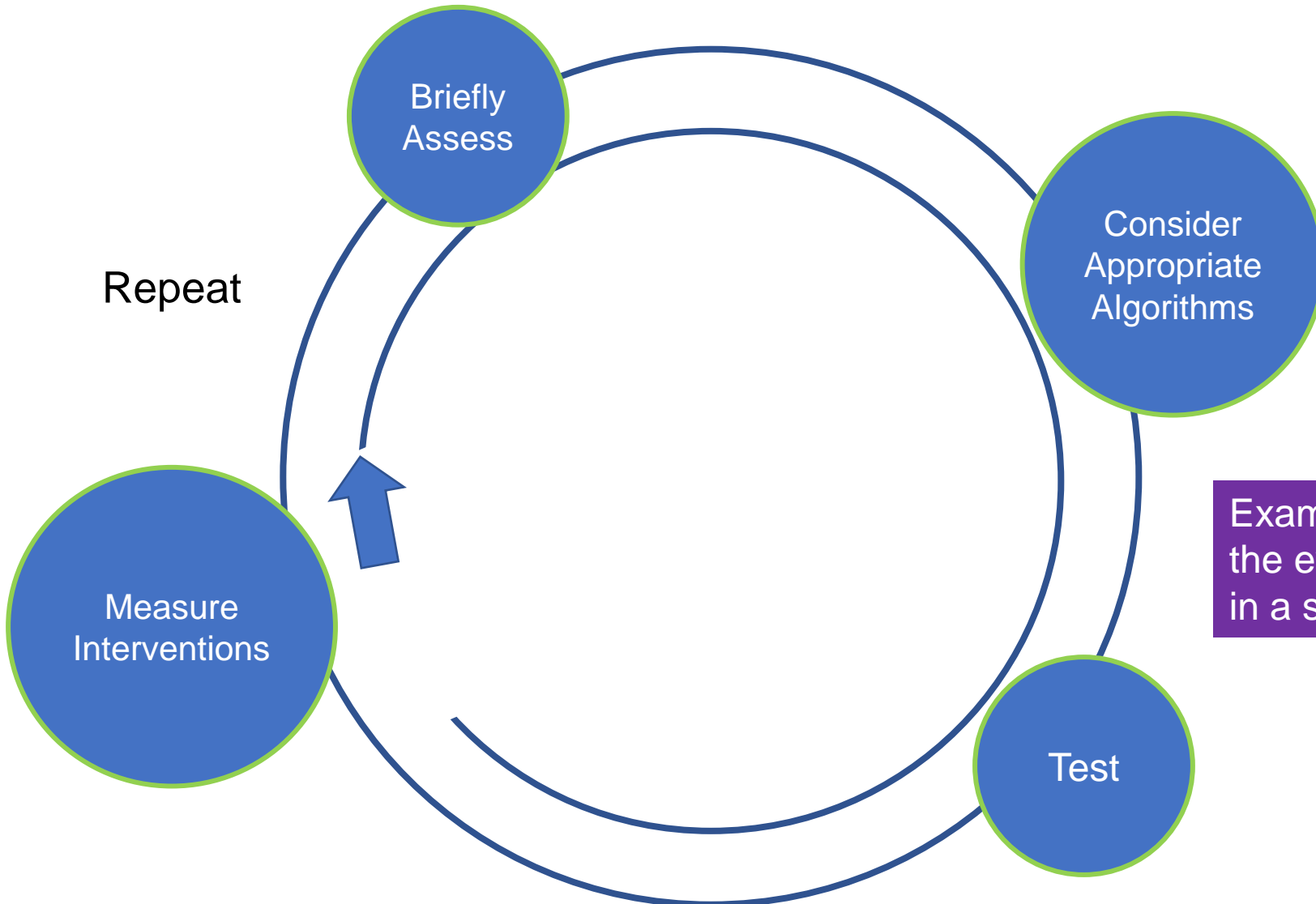


Targeted Treatment



Standard Treatment





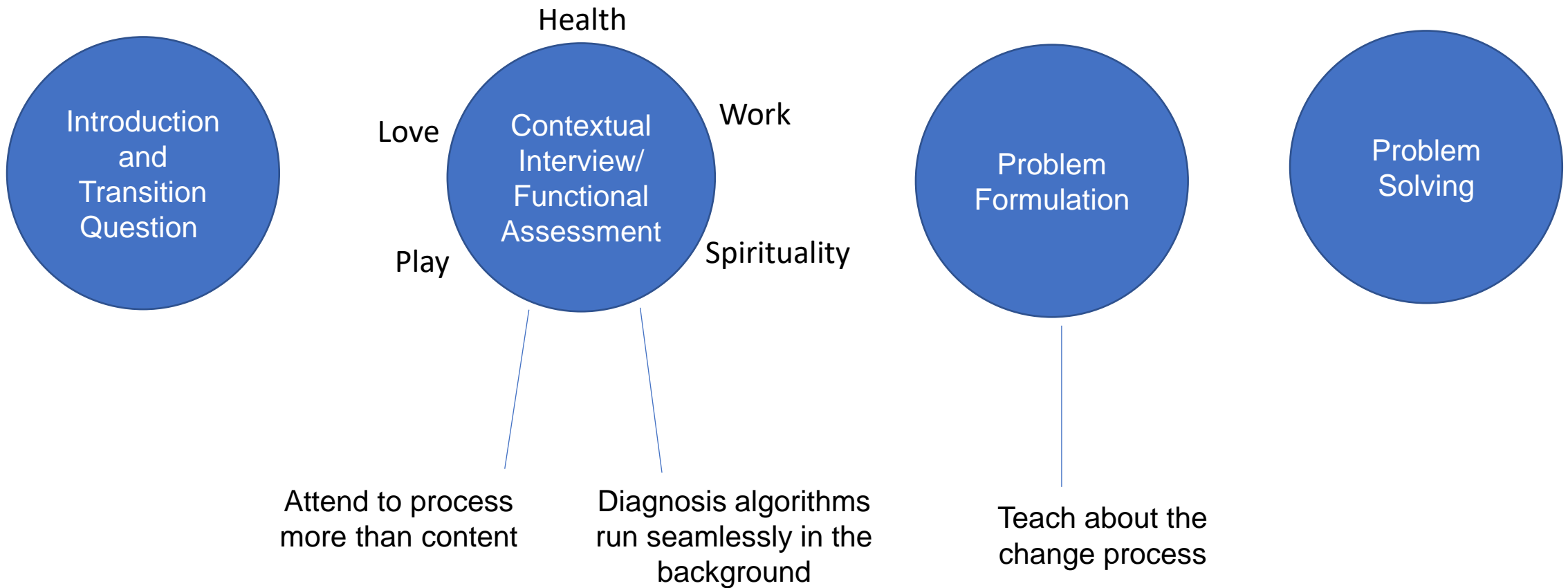
Example: How do we apply the evidence base for PTSD in a stepwise care model?

THE CORE COMPONENTS OF A PRIMARY CARE/ TIME-LIMITED CONSULT



- »» Introduction and Transition question
- »» Contextual Interview/Function Assessment
- »» Problem Formation
- »» Problem Solving

THE CORE COMPONENTS OF A PRIMARY CARE/ TIME-LIMITED CONSULT



HOW DO YOU MAKE DECISIONS ABOUT DOSING CARE?

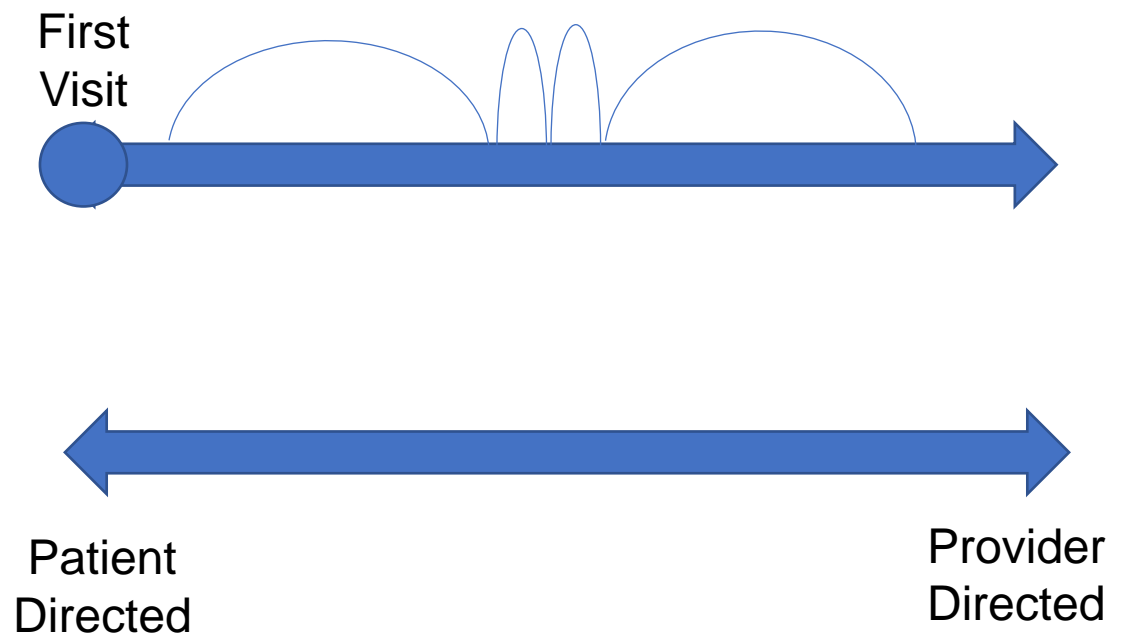
- » How do you make decisions about how long to spend with a patient and what to focus on?
- » How do you make decisions about how often to see patients? Do you think in terms of episodes of care, or do you think in terms of “cure”?
- » Do you consider intervention complexity and stage of change?
- » Do you consider the complete “dosage” of interventions the patient is receiving from the care team?



Source: [Peggy & Marco Lachmann-Anke](#) on [Pixabay](#)

HOW DO YOU MAKE DECISIONS ABOUT TITRATING CARE?

- »» What is your modal “time to next visit”? Why? What criteria?
- »» How do you decide when to discontinue or slow down visit rates with a patient?
- »» How do you verbalize a follow-up plan to patients?
- »» How easy is it for a patient to reestablish care?



THE POWER OF SMALL CHANGES

At Capacity = 100 Patients



Added 25% Capacity = 125 Patients



Added 55% Capacity = 155 Patients



- » Number of unique patients served in a given timeframe
- » Mean number of visits per patient
- » Time to next available or “third” next available appointment
- » Proportion of patients seen in a given timeframe scheduled for follow-up in each of these categories: 1-2 weeks; 3-4 weeks; 5+ weeks

Assess increase/decrease in number of unique patients served

Increase and proactively manage availability

Assess increase/decrease in mean number of visits (are there differences within your panel across categories?)

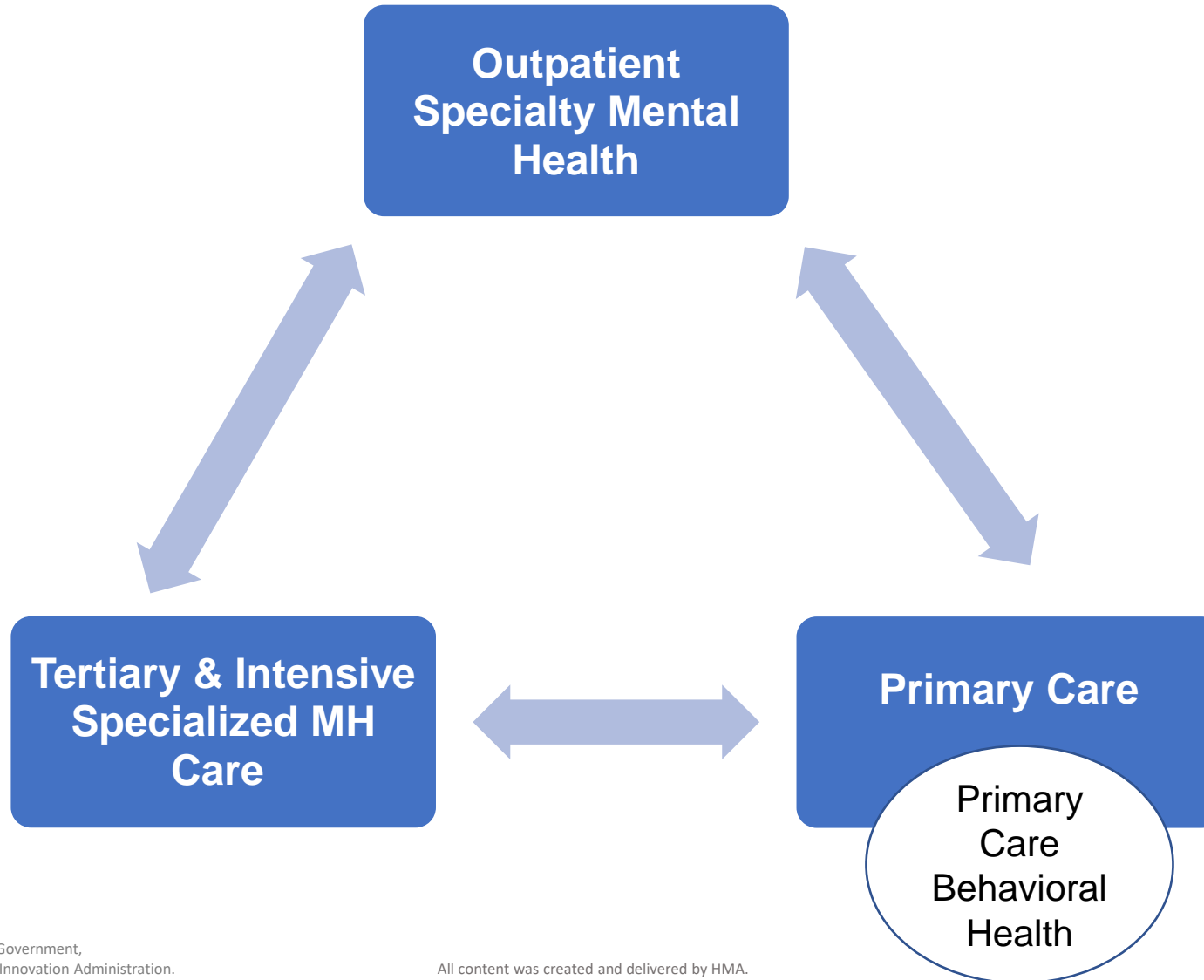
Assess diversity of strategies used in titrating care across your panel

THE DREAM: FLUID, EFFICIENT, COMPLEMENTARY



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DISCUSSION AND Q&A

REFERENCE LIST



- » Green, J. G., McLaughlin, K. A., Fillbrunn, M., Fukuda, M., Jackson, J. S., Kessler, R. C., ... & Alegría, M. (2020). Barriers to mental health service use and predictors of treatment drop out: Racial/ethnic variation in a population-based study. *Administration and Policy in Mental Health and Mental Health Services Research*, 47, 606-616. <https://doi.org/10.1007/s10488-020-01021-6>
- » Le Gros, J., Wyder, M., & Brunelli, V. (2019). Single session work: Implementing brief intervention as routine practice in an acute care mental health assessment service. *Australasian Psychiatry*, 27(1), 21-24. <https://doi.org/10.1177/1039856218815756>
- » Mignogna, J., Martin, L.A., Harik, J. et al. “I had to somehow still be flexible”: exploring adaptations during implementation of brief cognitive behavioral therapy in primary care. *Implementation Science* 13, 76 (2018). <https://doi.org/10.1186/s13012-018-0768-z>
- » Schuler, K., Kilmer, E. D., Callahan, J., Dziurzynski, K., & Swift, J. (2021). The dose-effect model is good enough. *Counselling and Psychotherapy Research*, 21(3), 608-620. <https://doi.org/10.1002/capr.12337>
- » Young, J. (2020). Putting single session thinking to work: conceptual, practical, training, and implementation ideas. *Australian and New Zealand Journal of Family Therapy*, 41(3), 231-248. <https://doi.org/10.1002/anzf.1426>

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- » **Upcoming Webinar:**
 - *New Diagnosis of a Chronic Condition (PCBH Series Part 11), May 16, 2023, 12:00 pm–1:00 pm ET*
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