



Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
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 1992-2012  
 YEARS STRONG



**Behavioral Health is Essential To Health**

**Prevention Works**

**Treatment is Effective**

**People Recover**



**SAMHSA-HRSA**  
 CENTER for INTEGRATED  
 HEALTH SOLUTIONS

**MAI-CoC Webinar**  
**Behavioral Health Treatment**  
**Adherence to Care**

**April 19, 2016**




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## How to ask a question during the webinar



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions.



**Today's webinar PPT are posted on the CIHS website:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>



## Introductions and Agenda

- Adherence to Care Studies
- Why Adherence to Care Challenges?
  - Provider Behaviors
  - Health System Factors
  - Patient Attributes
- Assessment of Risk for Non-adherence
- Interventions
- What We Do at Regional
- MAI-CoC Grantee Commentary – Montefiore Medical Center
- Q & A

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### Behavioral Health Treatment Adherence

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**April 19, 2016**

**SAMHSA**  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov) 1-877-SAMHSA-1 (1-877-264-4271)

**HRSA**  
Health Resources & Services Administration

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## Adherence to Care

- Famously poor in chronic diseases of all kinds.
- BH treatment in particular
- Special concerns in HIV – treatment resistance
- “Practitioners (and other health enablers) often assume that the patient is, or should be, motivated by his or her illness to follow a treatment protocol. However, recent research in the behavioural sciences reveals this **assumption to be erroneous.**” (“Behavioural mechanisms explaining adherence. What every health professional should know.” World Health Organization, 2003)

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## Adherence to care: studied elsewhere

- Hypertension
- Headache
- AIDS
- Cancer
- Post-transplant care
- Chronic asthma
- DM, cholesterol, sun-protection...

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## Why adherence challenges?

- Provider behaviors
- Health system factors
- Patient attributes
- Treatment attributes

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## Provider behaviors

- Warmth, empathy
- Easily accessed
- Providing information
- Positive talk
- Shared decision making
- Use of peers

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## Health System Factors

- Continuity of Care
- Coordination of Care
- Accessibility
- Stress on providers, especially safety-net, and primary care

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## Patient attributes

- Socio-demographic – availability of support
- Acceptability of having the diagnosis
- Health beliefs – does treatment matter?
- Short-term feedback
- Stigma (pertaining to illness, or diagnosis)

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## Treatment attributes

Complexity - # of doses

Length – indefinite?

Side-effect management

Hard to remember – put meds in the way

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## Assessment of risk of non-adherence

| General Guide to Choosing Medication Adherence Scales Based on Disease of Interest |   |
|--|---|
| Therapeutic Area   | Medication Adherence Scales   |
| Metabolic Disorders:<br>hypertension, dyslipidemia, diabetes                       | MAQ (shortest to administer)<br>SEAMS (assesses self-efficacy)<br>BMQ (diabetes only)<br>Hill-Bone Compliance Scale<br>(hypertension in predominantly<br>black populations) |
| Mental Health:<br>schizophrenia, psychosis, depression                             | MARS (schizophrenia and psychosis)<br>BMQ (depression)  |

Abbreviations used:  
 BMQ = Brief Medication Questionnaire  
 MAQ = Medication Adherence Questionnaire (also known as the Morisky-4 or MMAS-4 scale)  
 MARS = Medication Adherence Rating Scale  
 SEAMS = Self-Efficacy for Appropriate Medication Use Scale

Source: Lavsa SM et al. J Am Pharm Assoc. 2011;51(1):90-94.

From CDC, 2013 - Lavsa SM et al. J Am Pharm Assoc. 2011;51(1):90-94.

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## Interventions

- Simplify treatment
- Address side effects
- Shared decision making
- Reach out to patients where they are
- Co-locate / coordinate – addresses stigma
- Peers
- Physical monitoring – pill counters, blood monitoring - meh
- High-tech – hasn't earned its stripes.
- Habit – put things in the way: pill boxes, toothbrushes, apps.
- Organized follow-up via registry
- MOTIVATIONAL INTERVIEWING

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## What we do at Regional

Collaborative Care

Use of Registry

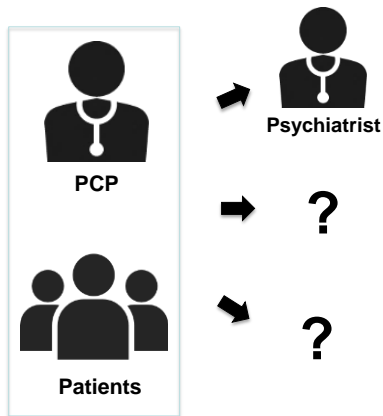
Motivational Interviewing

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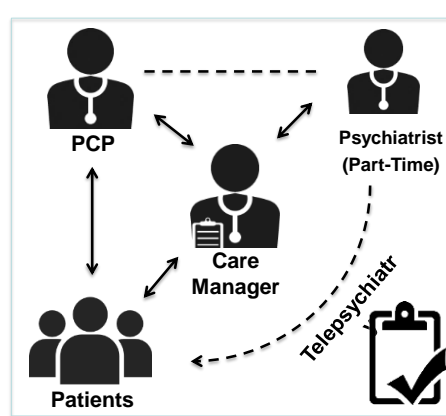


## TRADITIONAL MODEL VS. COLLABORATIVE CARE MODEL

### Traditional Model



### Collaborative Care Model



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## REGISTRY: POPULATION-BASED TREATMENT

Patient
Caseload
Program
Tools
Logout

Search Patient :

© University of Washington

CURRENT PATIENTS

| Flags | MHITS ID | POPULATION | ENROLLMENT DATE | STATUS | CLINICAL ASSESSMENT |       |       |  | # OF SESSIONS | WKS IN TX | DATE       | LAST FOLLOW UP CONTACT |          |       |          |
|-------|----------|------------|-----------------|--------|---------------------|-------|-------|--|---------------|-----------|------------|------------------------|----------|-------|----------|
|       |          |            |                 |        | DATE                | PHQ-9 | GAD-7 |  |               |           |            | PHQ-9                  | DEP IMPR | GAD-7 | ANY IMPR |
|       | 000279   | U          | 7/24/2012       | L1     | 7/24/2012           |       |       |  | 2             | 32        | 7/24/2012  | 17                     |          |       |          |
|       | 000258   | F          | 6/18/2012       | L1     | 3/18/2012           | 9     |       |  | 2             | 50        | 5/18/2012  | 17                     |          |       |          |
|       | 000114   | G          | 10/18/2010      | L2R    | 1/18/2011           | 6     |       |  | 6             | 111       | 8/27/2012  | 17*                    |          |       |          |
|       | 000156   | S          | 1/25/2012       | L1     | 11/25/2011          |       | 18    |  | 5             | 66        | 4/17/2012  | 17                     |          | 14*   |          |
|       | 000245   | V          | 6/14/2012       | L1     | 7/15/2012           |       |       |  | 2             | 33        | 7/23/2012  | 14                     |          |       |          |
|       | 000127   | UV         | 5/1/2012        | L1     | 6/14/2012           | 12    | 12    |  | 5             | 37        | 1/9/2013   | 13*                    |          | 10    |          |
|       | 000218   | G          | 4/3/2012        | L1     | 4/6/2012            |       |       |  | 4             | 47        | 5/15/2012  | 12                     |          |       |          |
|       | 000142   | O          | 1/12/2012       | L1     | 1/12/2012           |       |       |  | 2             | 59        | 2/27/2012  | 12                     |          |       |          |
|       | 000277   | U          | 6/8/2012        | L1     | 6/8/2012            | 9     |       |  | 2             | 38        | 6/30/2012  | 10                     |          |       |          |
|       | 000210   | T          | 3/27/2012       | L1     | 1/1/2012            | 25    | 19    |  | 9             | 61        | 6/13/2012  | 9                      |          | 6     |          |
|       | 000216   | U          | 12/30/2011      | L1     | 11/29/2011          | 27    |       |  | 9             | 66        | 11/28/2012 | 9                      |          |       |          |
|       | 000288   | V          | 8/28/2012       | L1C    | 8/16/2012           | 14    |       |  | 12            | 28        | 11/29/2012 | 6*                     |          |       |          |
|       | 000232   | V          | 11/16/2011      | L1     | 3/1/2012            | 25    | 21    |  | 6             | 52        | 10/15/2012 | 5*                     |          | 2*    |          |
|       | 000231   | U          | 12/6/2011       | L2G    | 1/10/2012           | 24    | 20    |  | 7             | 60        | 5/9/2012   | 5                      |          | 5     |          |
|       | 000227   | UP         | 4/3/2012        | L1     | 5/18/2012           |       |       |  | 1             | 41        |            |                        |          |       |          |

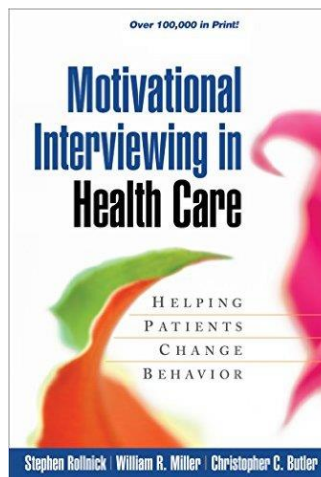


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## A SIMPLER REGISTRY: DON'T OBSESS, JUST BEGIN!

| #  | A      | C             | D          | E                     | F   | N                               | P             | R                      | S                | T                     | U        | V                 |
|----|--------|---------------|------------|-----------------------|-----|---------------------------------|---------------|------------------------|------------------|-----------------------|----------|-------------------|
| 1  | Case # | Date of Event | PCP        | Diagnosis             | PHQ | Meds                            | Referral date | Referral followup date | Referral outcome | Lab indicated? (List) | Lab done | Expected F/U Date |
| 38 | 87234  | 11/5/15       | Garcia     | Bipolar               | 13  | Tegretol                        | na            | na                     | na               | yes- Tegretol level   | yes      | 12/5/15           |
| 39 | 49877  | 11/5/15       | Tekie      | ADHD                  | na  | none                            | na            | na                     | na               | na                    | na       | tbd               |
| 40 | 15614  | 11/5/15       | GARCIA     | ACADEMIC PROB         | na  | na                              | na            | na                     | na               | na                    | na       | tbd               |
| 41 | 54375  | 11/5/15       | Marcotte   | Anx, Alc              | 23  | Zoloft                          | na            | 10/14/15               | na               | na                    | na       | 11/25/15          |
| 42 | 89319  | 11/5/15       | Marcotte   | Anx, Ocd              | 1   | Zoloft                          | in tx         | weekly                 | na               | na                    | na       | 12/5/15           |
| 43 | 37820  | 11/6/15       | Garcia     | Anx, Borderline       | 1   | non here                        | na            | na                     | na               | na                    | na       | none              |
| 44 |        | 11/6/15       | Macabaltaw | Bipolar I             |     | Depakote                        | na            | na                     | na               | na                    | na       |                   |
| 45 | 84420  | 11/9/15       | Garcia     | Anxiety, ADHD         | 23  | Effexor XR                      | na            | na                     | na               | no                    | no       | 11/23/15          |
| 46 | 47415  | 11/9/15       | Basic      | Anxiety, Dep          | 3   | Effexor XR                      | na            | na                     | na               | na                    | na       | 11/23/15          |
| 47 | 22679  | 11/9/15       | Ostrowski  | Anxiety, Dep          | 20  | Zoloft                          | na            | 10/27/15               | na               | na                    | na       | 12/9/15           |
| 48 | 57000  | 11/9/15       | Ostrowski  | anxiety               | 1   | none                            | na            | na                     | na               | na                    | na       | as needed         |
| 49 | 122112 | 11/9/15       | Marcotte   | anxiety               | 0   | Celebra                         | na            | na                     | na               | na                    | na       | 2/9/16            |
| 50 | 101567 | 11/9/15       | Marcotte   | Depression            | 14  | Lexapro                         | na            | na                     | na               | na                    | na       | 12/9/15           |
| 51 | 55318  | 11/9/15       | Marcotte   | Dep, Anx              | 14  | Zoloft                          | na            | na                     | na               | na                    | na       | 12/1/15           |
| 52 | 44714  | 11/9/15       | Garcia     | PCD, Anx              | 0   | Zoloft                          | na            | na                     | na               | na                    | na       | 2/9/15            |
| 53 | 74073  | 11/9/15       | Tekie      | ADHD                  | na  | none                            | na            | na                     | na               | na                    | na       | tbd               |
| 54 | 90975  | 11/10/15      | Marcotte   | Anxiety, Cannabis Dep | 3   | none                            | na            | na                     | na               | na                    | na       | 12/10/15          |
| 55 | 128295 | 11/10/15      | Garcia     | Dep, Anx              |     | Effexor XR, Trazodone, Klonopin | na            | na                     | na               | na                    | na       | 12/10/15          |
| 56 | 95294  | 11/10/15      | Macabaltaw | Dep, Anx              | 11  | Effexor XR                      | na            | na                     | na               | na                    | na       | 12/10/15          |
| 57 | 13795  | 11/10/15      | Ostrowski  | ADHD                  | na  | Concerta, Intuniv               | na            | na                     | na               | na                    | na       | 12/11/15          |
| 58 | 95182  | 11/10/15      | Rivera     | Bipolar D/O           | 18  | Lithium, Risperdal              | na            | 11/10/15               | na               | na                    | Lithium  | no 11/24/15       |
| 59 | 9652   | 11/10/15      | Marcotte   | ADHD, Dep             | 13  | Wellbutrin                      | na            | 11/11/15               | na               | na                    | na       | 11/25/15          |

## Motivational Interviewing



Buy this book, this is the way to treat folks, but useless without practice, practice, practice...

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# PROJECT BLINC

BRONX LINKAGE TO INTEGRATED CARE



Montefiore Medical Center  
Department of Psychiatry  
A SAMHSA-funded program

An Intensive TEAMCare Intervention Program for HIV Positive Patients

**Montefiore**  
THE UNIVERSITY HOSPITAL FOR  
ALBERT EINSTEIN COLLEGE OF MEDICINE

- Division of Substance Abuse (DoSA)
  - ▣ Housed in the Department of Psychiatry and Behavioral Sciences
  - ▣ Clinical, research, and teaching entity at Montefiore Medical Center
  - ▣ Largest addiction treatment system in the Bronx; second largest in New York State
  - ▣ Serves approximately 3,400 adults annually across three sites



Substance Abuse treatment programs offered at 3 major hubs in the Bronx.

Services include:

- ☐ Medication-Assisted Opioid Treatment Programs
- ☐ Next Steps: Outpatient Drug-Free Treatment
- ☐ Comprehensive medical care at all sites
  - ☐ Primary medical care
  - ☐ HIV and HCV treatment
  - ☐ Gynecological care
  - ☐ Inpatient medical and subspecialty care at Montefiore/Moses

## DoSA & Project BLINC Staff

Montefiore Medical Center:

Sarah Church, Ph.D., Executive Director Division of Substance Abuse

Kamala Genece, Ph.D., Deputy Director of Substance Abuse

Jodi Kobeck, Fiscal Administrator

BLINC staff:

Sharifa James, Program Coordinator/Social Worker Supervisor

Kevin Houlker-Robles, BLINC Social Worker

Melissa Stein, Medical Director (Port Morris)

Samantha Miller, BLINC Psychiatrist (Port Morris)

Giliane Joseph, Medical Director (Melrose)

Wilfred Raby, Psychiatrist (Melrose)

## Summary of Services offered by Project BLINC

- Individual Level Intervention with HIV+ patients across multiple domains, concurrently (HPC/GPC, MH, Substance Abuse; TEAMcare)
- Group Level prevention and intervention targeted at offering support and education
- Peer Leader(s) used to facilitate activities with patients enrolled in BLINC
- HIV testing; and, if applicable, linkage to care
- Hepatitis Vaccinations
- Community Outreach Activities (BLINC PREP events, World AIDS day events, Breakfast with BLINC events)

## Evidenced-Based Intervention

- Original TEAMcare Model
  - **TEAMcare** is an evidence-based, patient-centered approach that enhances the primary care team's ability to provide optimal care.
    - This intervention integrates the Chronic Care Model and Collaborative Depression Care principles
    - The **TEAMcare** intervention relies on a collaborative approach and systematically provides comprehensive care to patients
  - Individuals who make up a healthcare team:
    - the patient
    - the TEAMcare nurse care manager (TCM)
    - the patient's primary care physician (PCP)
    - caseload consultants—psychiatrist, primary care physician
    - consultants as needed—diabetologist and cardiologist



## Adapted TEAMcare Intervention for Use with BLINC

- ▣ Targeted HIV+ patients with co-occurring substance abuse and mental health issues
- ▣ Healthcare Team consists of:
  - ▣ Program Coordinator: coordination of services between BLINC, clinic staff, and patient
  - ▣ Psychiatrist: addresses mental health care
  - ▣ Social Worker: responsible for case management of patients
  - ▣ Primary Care Physician: addresses patients HIV-related health needs and substance abuse issues

## COLLABORATIVE MODEL FOR BLINC

BLINC TEAMCare Intervention helps retain clients in care:

- On-site Psychiatrist:** addresses mental health barriers to treatment compliance
- Flexibility of scheduling appointments:** removes scheduling barriers
- Utilization of peers:** accompany clients to off-site appointments for support
- Providing transportation:** eliminates this logistical/financial barrier
- Frequent clinical contact:** allows for frequent assessment and develops rapport
- Routine case conferences:** the entire team participants in weekly case conferences to address client functioning and

## REFERENCE

TEAMcare. "Our Program." TEAMcareWebsite.2014.Online. Teamcarehealth.org/OurProgram.aspx accessed May 22 , 2014

**NOTED:**

As of Aug 4, 2015, **TEAMcare** has been added to SAMSHA's National Registry of Evidence-Based Programs and Practices

## Questions?

## Additional Questions

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**Additional Comments?**

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## MAY WEBINARS

- **Tuesday, May 3**

Peer to Peer Interventions

- **Tuesday, May 17**

Outreach for HIV and Substance Use Treatment Services

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## For More Information & Resources

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feedback by completing the survey at the  
end of today's webinar.