

"There is always an easy solution
to every human problem
— neat, plausible, and wrong."

H.L. Menken

North Star Behavioral Health System

Alaska Psychiatry Workforce Update

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Alaska Psychiatry Workforce Committee
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Disclosure to Audience

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose

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Disclosures

Worked for many Anchorage provider agencies.

SCC/ACMHS - IDP, CTC, SS, IT, PH

SCF/ANMC

PHSA/PAMC/AFMR

Not worked for pharmaceutical manufacturers.

Not worked for managed care companies.

Medicaid P&T/DUR/BPMS

Workforce Development and Education/Training

Outline

1. Mental health is public health
2. Alaska psychiatric workforce
3. Alaska psychiatry residency
4. Alaska psychiatry workforce development
5. Psychiatric illnesses \neq behavioral health problems

Mental Health is Public Health

Mental illness and substance use disorders

2nd leading cause of death and disability in US

1st leading cause of death and disability in US (women)

20% adults experience a mental disorder (one year)

Depression

2nd leading cause of disability world wide by 2020 (WHO)

Mental Health is Public Health: Alaska I

- Alaska Scorecard
(Alaska DHSS, 2008)
- Moving Forward – Comprehensive Integrated Mental Health Plan 2006-2011
(Alaska DHSS, 2006)
- In Step – The Plan: Comprehensive Integrated Mental Health Plan
(Alaska DHSS, 2001)

Mental Health is Public Health: Alaska II

- DOC is largest provider of mental health services.
- 42% of incarcerated adults are mentally ill or have a mental disability.
- Highest per capita growth rate of incarceration

Mental Health is Public Health: Alaska III

- 1st Rate of sexual assault
- 1st Substantiated child abuse and neglect (2001)
- 2nd Non-fatal suicide attempts
- 2nd Highest suicide Rate
 - One Alaska Native person suicided on average every 9 days (2003)
- 2nd Illicit drug use
- 6th Substantiated child abuse and neglect (2008)
- 2.5x Alcohol-induced death rate compared to US
- 14.2 Years of productive life lost (2005)

Problem Definition I

Depends on Your Perspective

Access
Cost
Quality
Outcomes
Satisfaction

Reduce costs
Avoid costs
Reduce access

Pick two:
Cost, Quality, Volume

Problem Definition II

Depends on Your Perspective

Access
Cost
Quality
Outcomes
Satisfaction

Competing and conflicting
society values
public policy
resource allocation
business models and missions

Mental health
eye of the storm

System-Non-System

Designed for failure

Poor clinical outcomes

Poor legal outcomes

Expensive outcomes

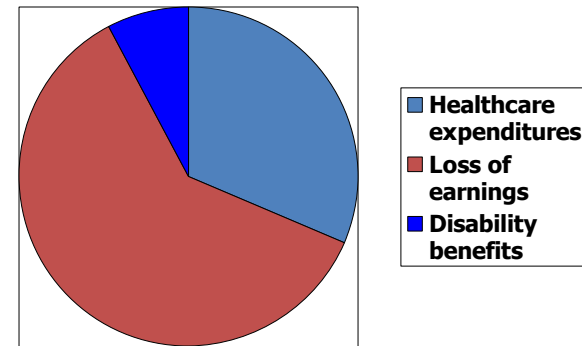
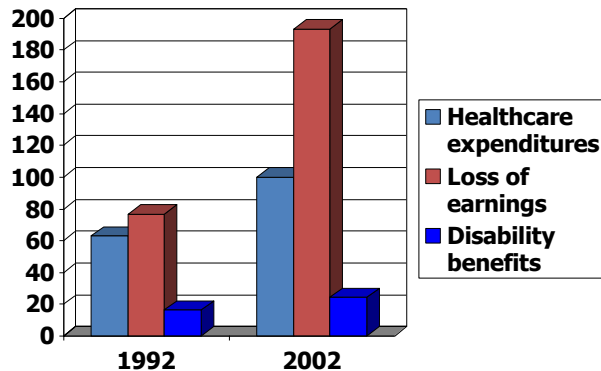
Increase risk of danger and violence

- Crisis driven -

Law Enforcement: Evaluation and Triage

Mental Illness Costs

Insel June 2008



Type of Cost

Health care expenditures

Loss of earnings

Disability benefits

Total

2002

\$100.1 (32%)

\$193.2 (60%)

\$24.3 (8%)

\$317.6 Billion

Clinician Performance

Knowledge

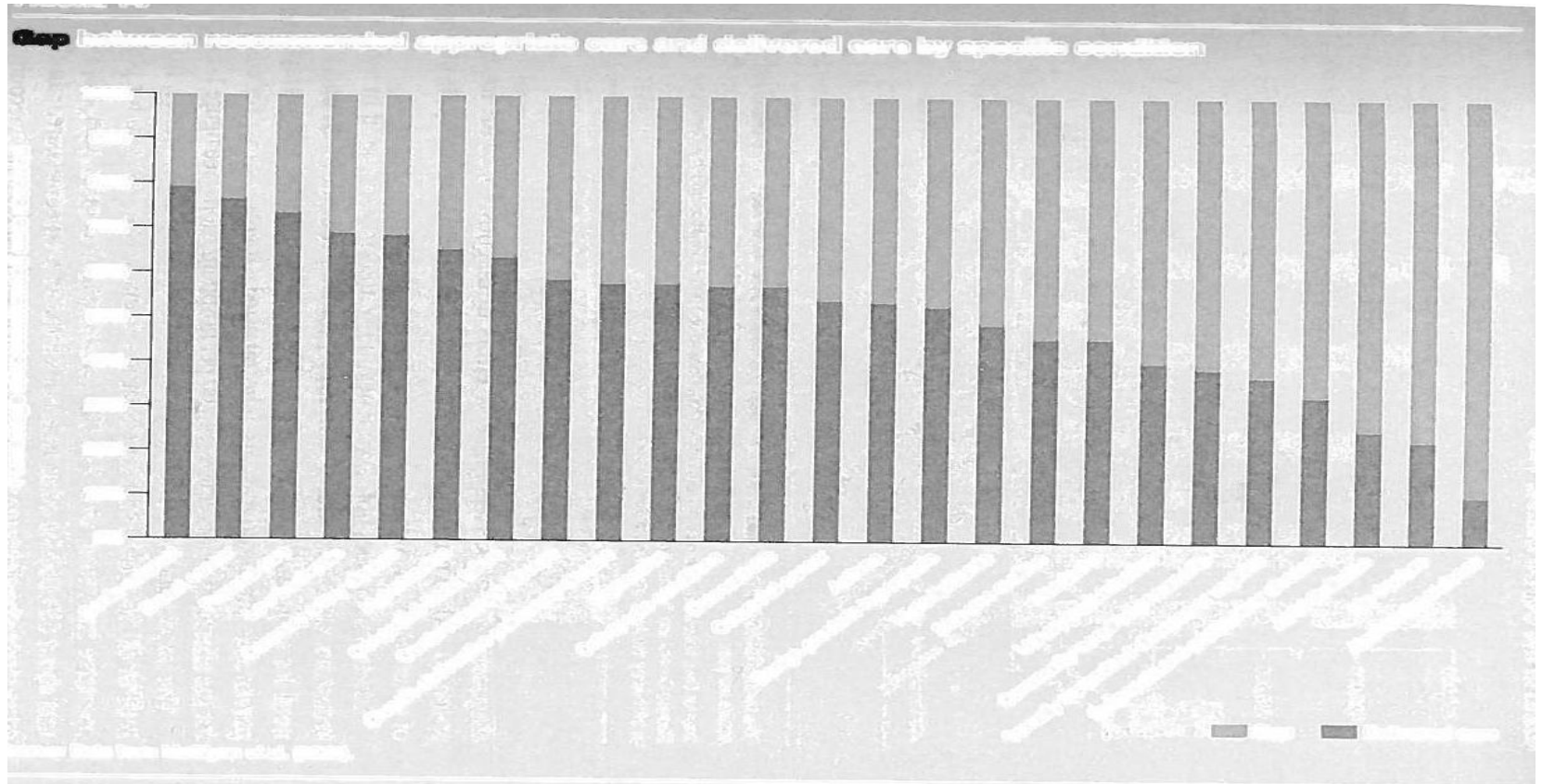
Attitude

Skill

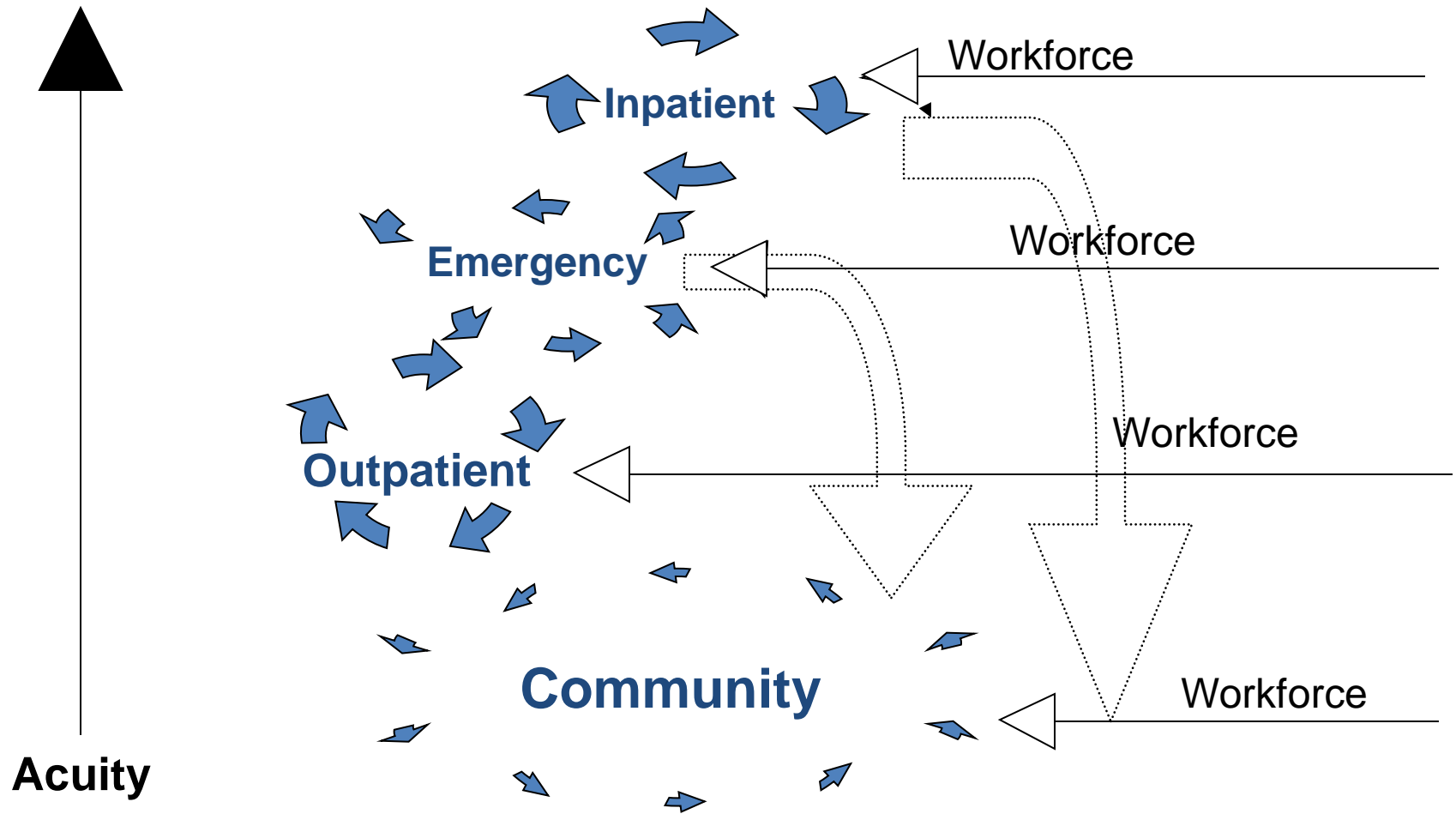
Environment

Gap between recommended care and delivered care by condition

McGlynn et al (2003)



System Capacity Challenges



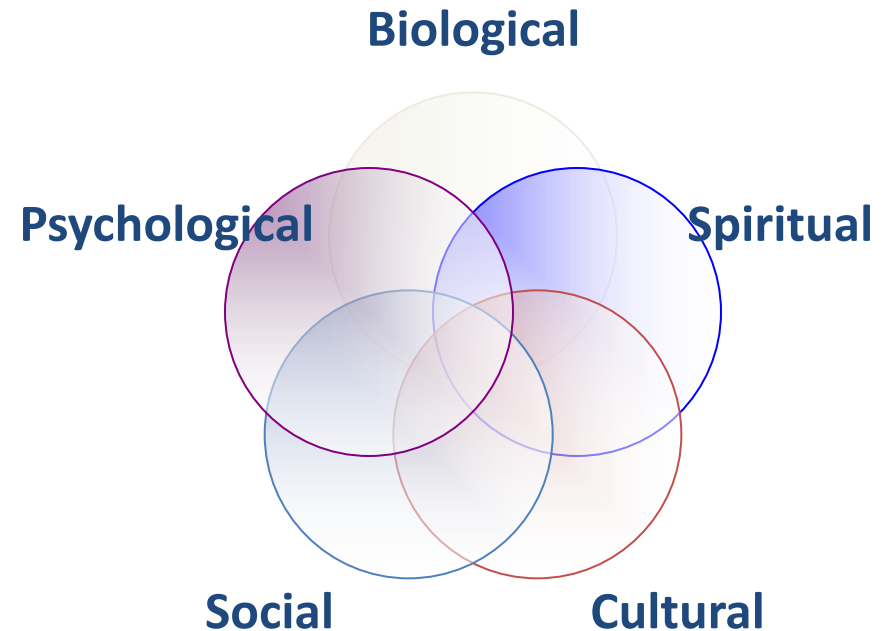
What is a psychiatrist?

A physician who specializes in the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders.

Patient care
Consultation
Supervision

Integral to a comprehensive coordinated health care system

Where social values and public policy intersect...



Alaska Shortage I?

Health Resources and Services Administration (2000)

- 8.3 **Psychiatrists** per 100,000 population
Ranked **36th** in US (13.1/100,000)

Alaska Shortage II?

- 20 AK Center for Rural Health (AHEC), 2012 (supply 79.2 fte)
- 17 Medical Development Specialists, 2012 (supply 72 positions)
- 29 ABHA, TBHDs, and ASHNHA, 2011
- 24 Medical Development Specialists, 2009
- 28 Alaska Physician Supply Task Force, 2006

Minimum

25-30 → 17-20 FTEs

30-40% → 18-22% Deficit

Alaska Shortage III?

Alaska Physician Supply Task Force (2006)

What would be the current psychiatric shortage if Alaska had **10% more** psychiatrists per population than the US average?

- 0.10 Alaska Psychiatrists per 1,000 (2004)
69 Alaska Psychiatrists (2004)
- 0.15 US Psychiatrists per 1,000 (2004)
28 Alaska Psychiatrists deficit (17 & 11)
- 0.16 Alaska Psychiatrists per 1,000 (2004) $[0.15 + 10\% \text{ of } 0.15]$
39 Alaska Psychiatrists deficit (28 & 11)

What states have a psychiatry residency?

All except Alaska, Montana, and Wyoming

Alaska Psychiatry Residency Partners

Needs Assessment	2008-2009	<ul style="list-style-type: none">• Alaska Family Medicine Residency• Alaska Federal Health Care Partnership• Alaska Mental Health Trust Authority• Alaska Psychiatric Foundation• Alaska Psychiatric Institute• Alaska State Hospital and Nursing Home Assoc• Alaska Veterans Affairs Healthcare System• Anchorage Community Mental Health Services• Department of Health and Social Services• Fairbanks Memorial Hospital• Joint Base Elmendorf Richardson• North Star Behavioral Health Systems• Providence Health & Services Alaska• Southcentral Foundation• Southeast Alaska Regional Health Corporation• Tanana Chiefs Conference• University of Alaska• University of Washington
Feasibility & Business Plan	2009-2011	
Sustainability Curriculum Agreements	2009→	
Elective Rotations	2009-2015(?)	
Recruiting	↓	

Alaska Psychiatry Residency I

Goal

Increase the supply of well trained psychiatrists in Alaska

Strategy

Create a psychiatry residency training experience

- recruits nationally competitive applicants
- training incorporates the unique Alaska challenges and opportunities
- residents rate their experience as excellent
- residents remain committed to Alaska after training

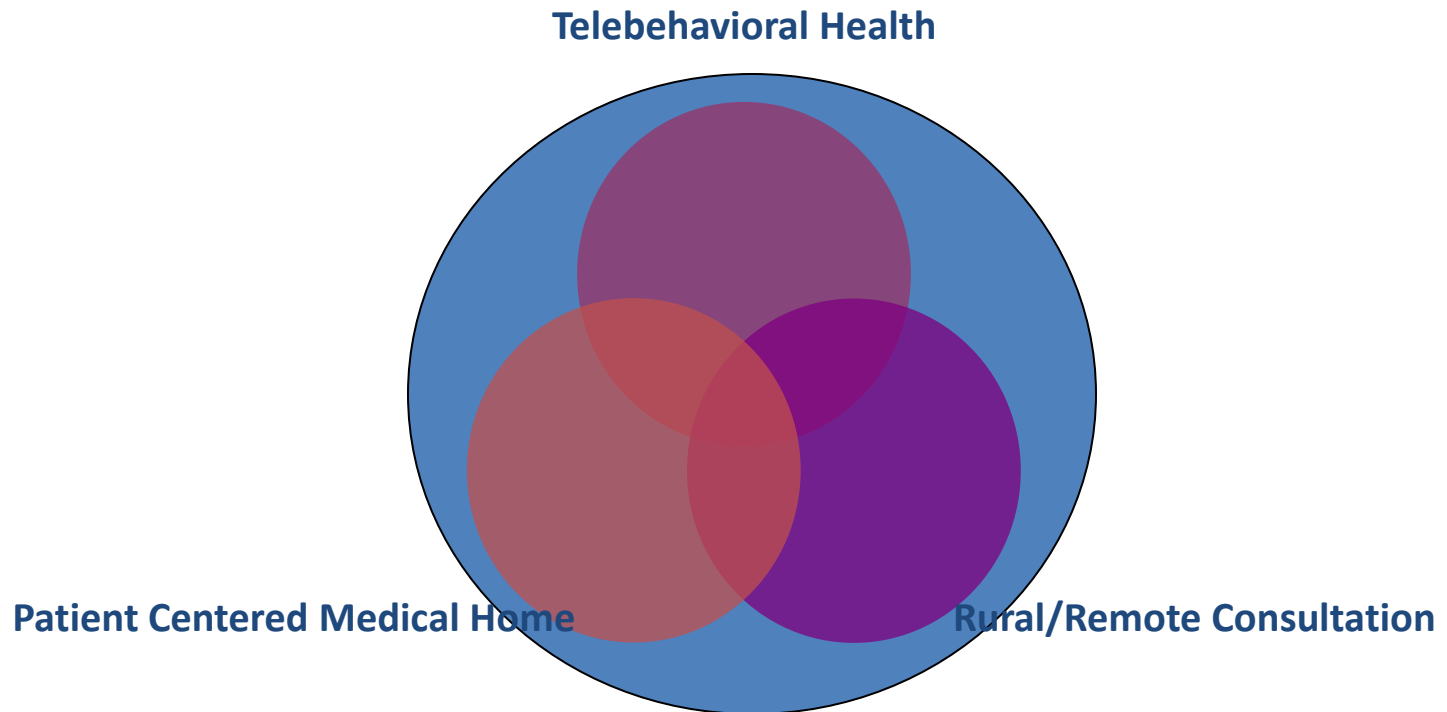
Objectives

- **66%** annual retention of graduates
- **75%** 10 year retention of graduates
- 90% of residents rate training experience as very good or excellent
- All residents will perform at least as well as other WWAMI region residents

1st Psychiatry Residency to require Telepsychiatry

Alaska Psychiatry Residency II

Specific Training Expertise



Alaska Psychiatry Residency III

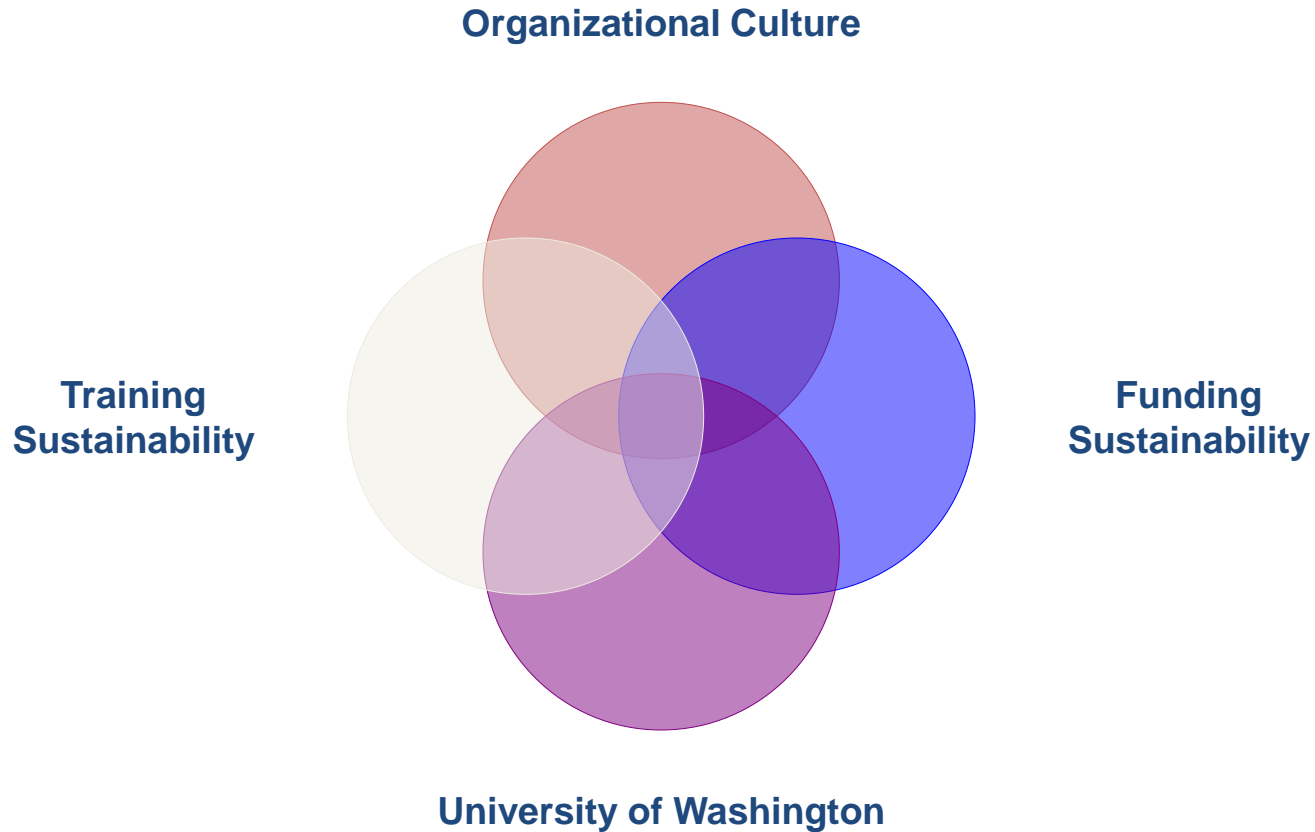
11 Residents

2	1 st Year Residents (Seattle)
3	2 nd Year Residents (Seattle)
3	3 rd Year Residents (Alaska)
<u>3</u>	4 th Year Residents (Alaska)
11	Total Residents (Graduate 3 per year)

	<u>Partners</u>	<u>Balance</u>	<u>Recr/Train/Grad</u>
Years 1 → 6	\$4,730,000 (60%)	\$3,055,000 (40%)	(4/0/0)
Year 6	\$799,000 (43%)	\$1,050,000 (57%)	(3/11/3)
		≤\$525,000 (28%)←	

Alaska Psychiatry Residency IV

Necessary pieces



Alaska Psychiatry Residency V

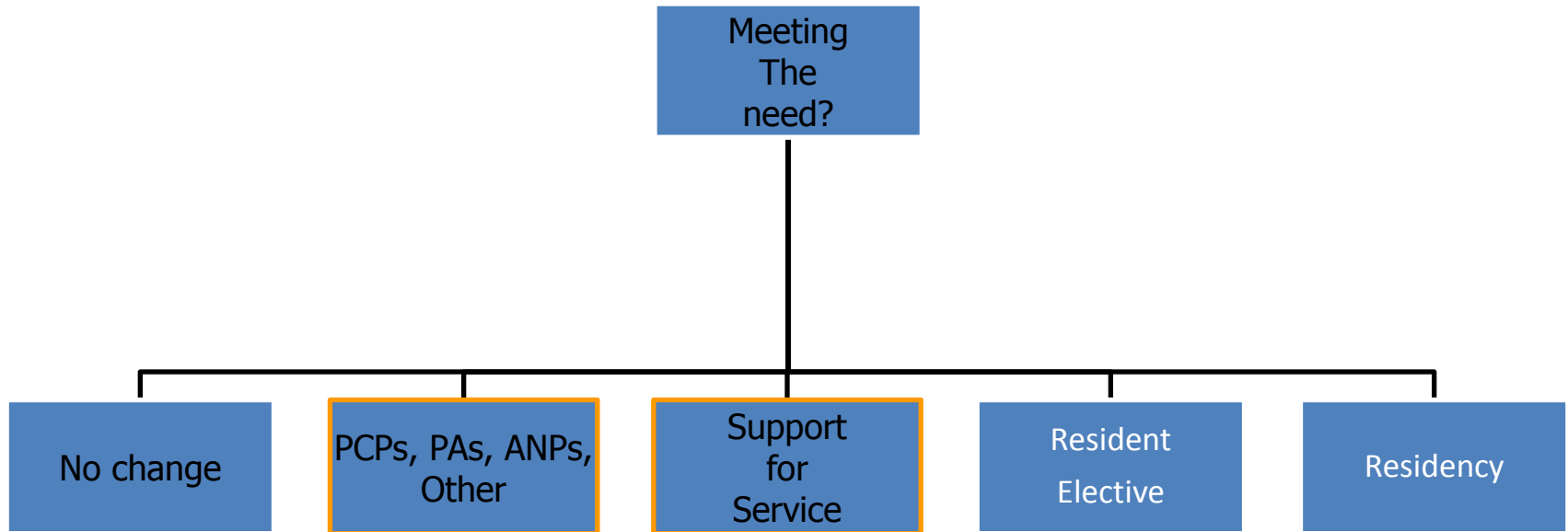
Direct Benefits

- 3 Graduates per year
- 11 Residents in pipeline

Indirect Benefits

- ↓ Costs - temporary workers
- ↑ Psychiatrists - recruit faculty
- ↑ Psychiatrists - graduates
- ↑ Access - mental health care
- ↑ Quality – 1⁰ Care (PCMH)
- ↑ Quality – Telepsychiatry (TBH)
- ↑ Outcomes – mental illness
- ↑ Satisfaction

Strategies



Support-for-Service

Residents - training but not students

Clinical care

Mandatory Payback?

Military & Public Health

SHARP II and... 2012 →→→ ↓\$1.2 million? (2014)

The alternative to meet workforce shortages

Medical Student Debt

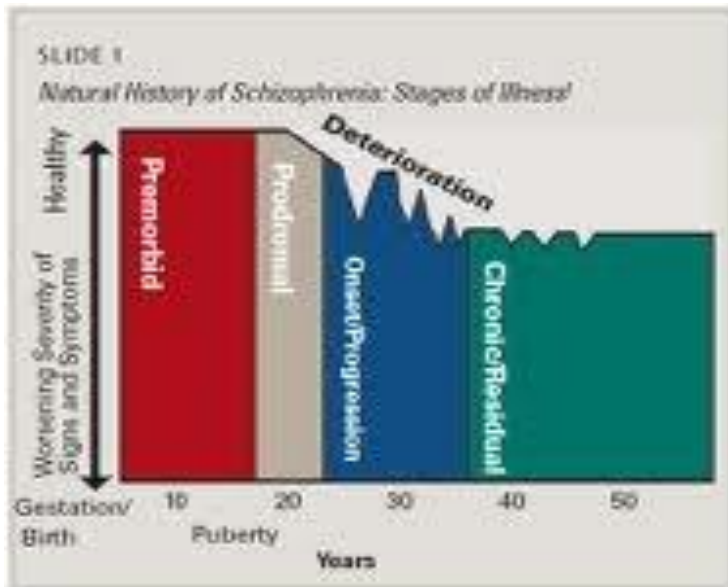
\$150,000-\$170,000

Biomarkers in Early and Late Stage Bipolar Disorder

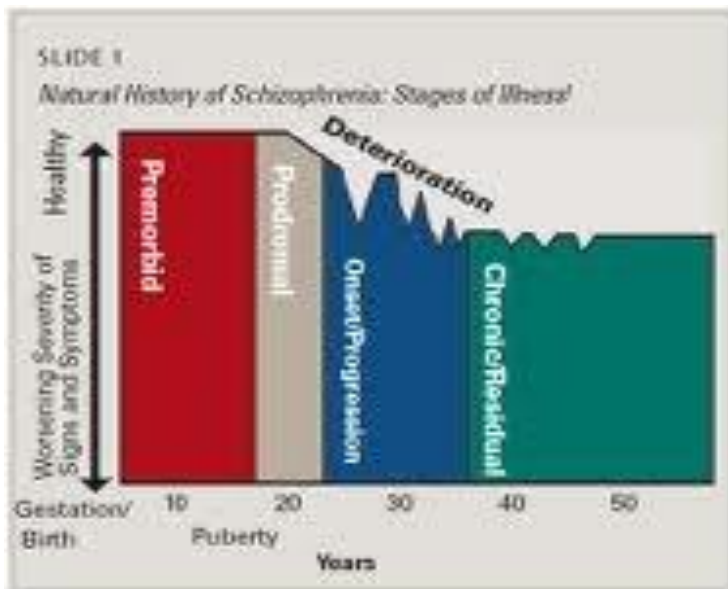
Fries GR et al. Curr Psychiatry Rep. 2012; 14:667-675

Category	Early	Late
Neurotrophins		↓BDNF ↑Neurotrophin-4/5
Inflammatory markers	↑IL-6 ↑IL-10 ↑TNF- α	
Oxidative stress	↑3-nitrotyrosine ↑Protein carbonyl content	↑Glutathione reductase ↑Glutathione S-transferase ↑3-nitrotyrosine ↑TBARS ↑Nitric oxide ↑Lactate ↑Total oxidants status
Telomere length		Shorter

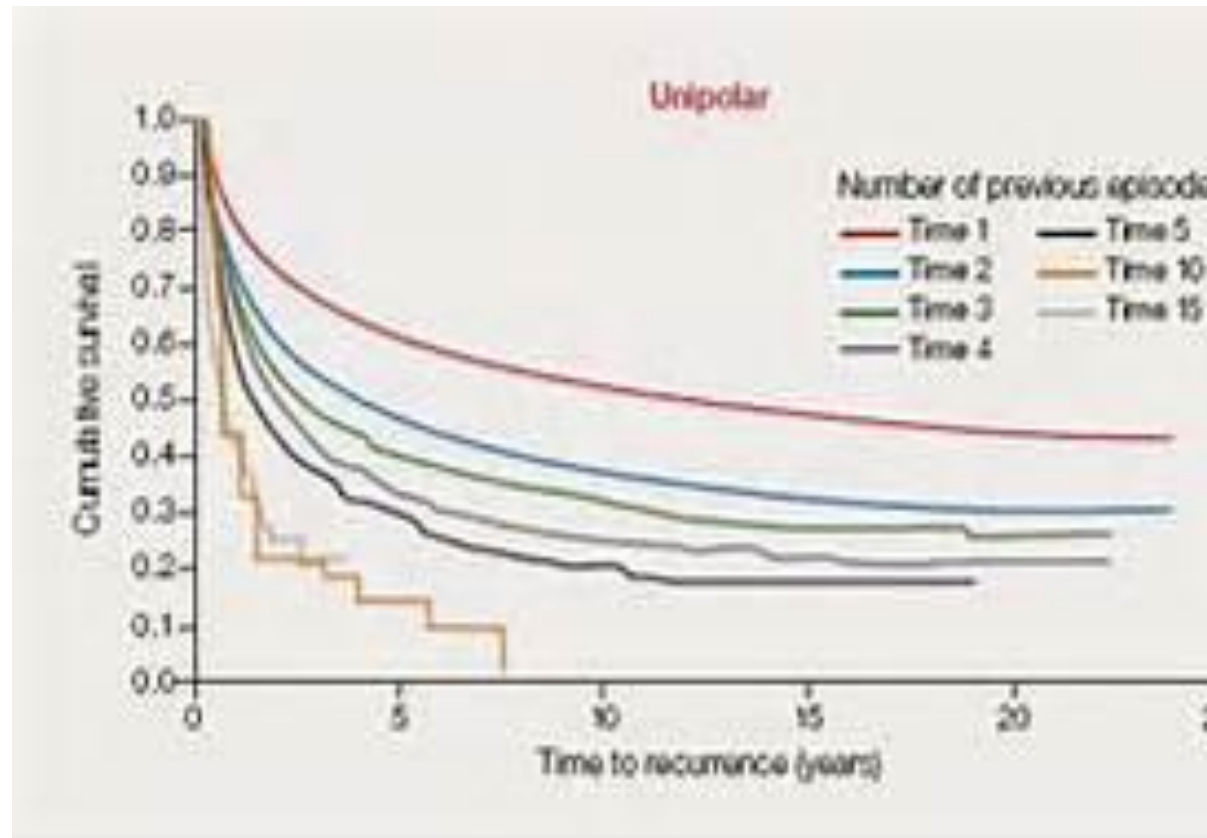
Schizophrenia



Schizophrenia



Recurrent Depressive Disorder



Dementia

-Dylan Wint, M.D.-

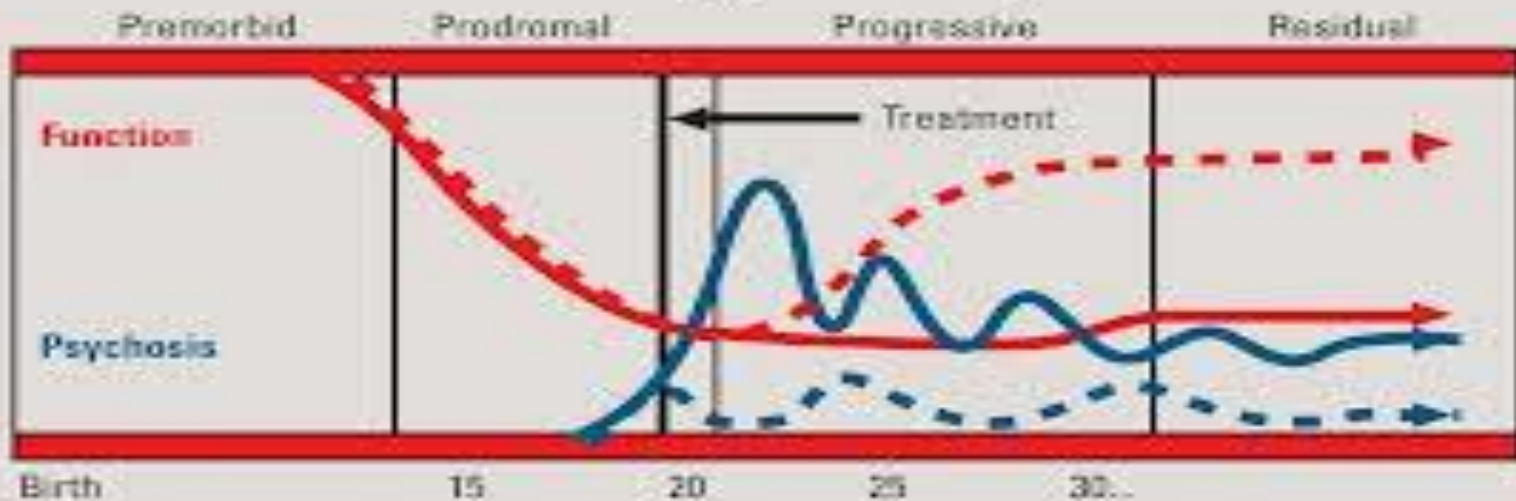
- Wrong compounds?
- Wrong subjects?
 - Not Alzheimer → 20-30%
 - If symptomatic → too late
- Wrong hypotheses?
 - Amyloid not the problem
 - Pathology ≠ symptoms
 - Simplistic assumptions



Schizophrenia

SLIDE 2

Rationale: Prodromal Strategy—Primary Prevention



Workforce

Alaska Health Workforce Plan, 2010

Behavior Health Aide/Village Counselor

Primary Care Physician

Advanced Nurse Practitioner

Substance Abuse/Behavioral Health Counselor

Registered Nurse

Community Health Aide/Practitioner

Social Worker

Psychiatrist

Human Service Worker

Primary Care and Mental Illness

25% have mental illness

20% receive adequate care

65% unable to obtain outpatient mental health services

**Having the appropriate providers
where the patients are,
when they are there...**

Cost, Quality, Access, Outcomes

Psychiatrists

Parameter	PhD	NP	MD/DO
Graduate-level education	4-6 years	2-4 years	4 years
Residency fellowship training	1 year	N/A	3-7 years
Total patient contact hrs required through training	1 year	500-720 hrs	12,000-16,000 hrs

Psychiatrists

34% of psychiatrists are women

51% entering profession are women

5% of US medical school graduates go into psychiatry

3% of US training positions are in psychiatry

36% entering training are IMGs

More commonly work part-time

More commonly work past typical retirement

2nd oldest workforce (preventative medicine)

4th lowest paid medical specialty (FM, Peds, IM)

Who funds GME?

- Department of Veterans Affairs
8,800 full time positions (9%)
- Medicare \$8.8 Billion (2007)
≈7% Medicare Expenditures (1998)
DME, IME, Caps
National Commission on Fiscal Responsibility & Reform (2010, 50% cut)
- Medicaid \$3.2 Billion (2005)
≈7.5% Medicaid expenditures (1998)
Centers for Medicare and Medicaid Services (2007, end federal share)

North Star BHS – CME Activity Course Evaluation Form

Date: 03/18/2014

Starting Time: 12:00 pm

Ending Time: 1:00 pm

Topic: **Alaska Psychiatry Workforce Needs**

Presenter(s): **Alexander von Hafften, MD**

At the conclusion of this activity, participants should be able to:	Not at All	Slightly	Moderately	Mostly	Completely
Be better prepared to interpret the mental health benchmarks presented through implementation of primary prevention and secondary prevention in mental illness.					
Be able to assess the prevalence / incidence of mental illness in Alaska.					
Be able to identify mental illness trends and the estimates of Alaska Psychiatrist workforce needs					

Was the presentation commercially biased in any manner?

Yes ☐ No ☐

Based on this activity, what will you do differently in your practice? _____

Topics of Interest for future Seminars: _____

Printed Name of CME participant: _____

Physician Yes ☐ No ☐

Signature of CME participant: _____

Agency/Organization: _____

Email: _____

Are you on our email distribution list? Yes ☐ No ☐

If not – do you wish to be added for future CME events? Yes ☐ No ☐