

Behavioral Health Integration: Blending Behaviorists into the Patient Centered Medical Home

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Session 3D

March 8, 10:30AM-12:00PM



MacColl Institute at
Group Health Cooperative

Primary Care and Behavioral Health Integration

An Imperative for Health Centers

- Widespread acceptance of the “concept” of integration
- Tantalizing outcome studies are beginning to appear
- Increased appreciation of behavioral factors in chronic disease management
- Diminished scope of CMHC’s
- Concept of the Patient-Centered Healthcare Home

New Paradigms Sweeping Across the Safety Net

Paradigm Shift at the Systems Level

- Primary Care is a locus of mental health intervention
- Increased mental health service capacity at FQHCs
- FQHC/CMHC collaborations

Paradigm Shift at the Clinical Level

- Primary Care Provider focus on behavioral factors
- Mental Health Provider focus on general health status
- New service role for Behaviorists in primary care

Trends in Locus of Mental Health Services for Underserved Populations

- Restricted scope of CMHC's has led to diminished access.
- 71% of FQHCs provide behavioral health services.
- Four-fold increase in behavioral health at FQHCs 1998 to 2003. -Druss, American Journal of Public Health, 2006
- 870,000 patients received nearly 5 million behavioral health services from 3,600 behavioral health professionals at FQHCs last year.
- Depression is the third most common condition at FQHCs.
- Are FQHC's becoming the nation's community mental health system?

Primary Care in the United States: The *de facto* Mental Healthcare System

- More mental health interventions occur in primary care than in specialty mental health settings. (Wang, et. al., 2005)
- Primary care providers prescribe 70% of all psychotropic medication, including 80% of anti-depressants. (Strosahl, 2001)
- Over one-third of the patients in most primary practices have a psychiatric disorder. (Spitzer, et. al., 1994; Mauksch, et. al., 2001)
- 50% of Cherokee medical patients reported complaints on the SF36 supporting a diagnosis of depression.

Primary Care IS Behavioral Healthcare

- Psychological distress drives primary care utilization.
- A variety of studies have concluded that 70% of all healthcare visits have primarily a psychosocial basis. (Strosahl, 1998; Fries, et. al., 1993; Shapiro, et. al., 1985)
- Every primary care presentation has a behavioral component.
- The highest utilizers of healthcare commonly have untreated/unresolved behavioral health needs. (Von Korff, et. al., 1992; Katon, et. al., 2003)

Blending Behavioral Health into Primary Care at
Cherokee Health Systems • *National Register of Health
Service Providers in Psychology*, Fall 2007

A Tale of Two Systems: A
Look at State Efforts to
Integrate Primary Care and
Behavioral Health in Safety
Net Settings • *National Academy
for State Health Policy*, May 2010

Integrated Care Update
• *CareIntegra*, Feb. 2007

Evolving Models
of Behavioral
Health Integration
in Primary Care
• *Millbank Memorial Fund*, 2010

Integrating Mental Health Treatment Into
the Patient Centered Medical Home
• *AHRQ*, June 2010

Integrating Behavioral & Primary Care
• *Community Health Forum*, Sept./Oct. 2005

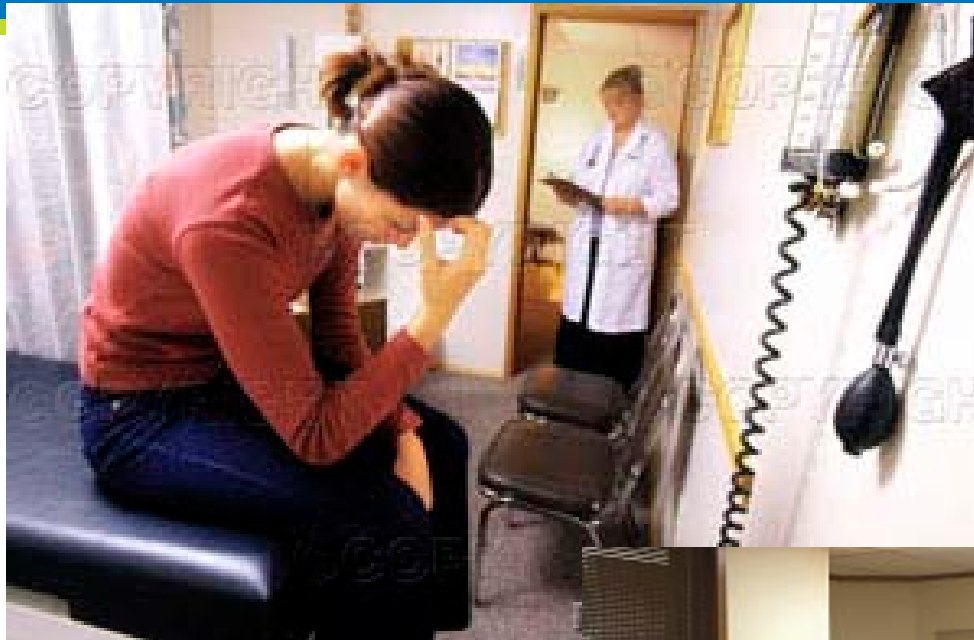
INTEGRATION OF MENTAL HEALTH/SUBSTANCE ABUSE AND PRIMARY CARE
• *Evidence Report/Technology Assessment*, No. 173, *ARHQ*, October 2008

*How Healthcare Reform
Can End the Stepchild
Status of Primary Care
and Behavioral Health*
• *Dr. Ted Eppert*, *Behavioral
Health Central*, January 2010

**Can Primary Care Docs and
Behavioral Specialists Work
Together?**
• *Behavioral Healthcare Tomorrow*, April 2004

A Few Nagging Questions About Integration

- What is it?
- How do we do it?
 - Who can do it?
- How do we pay for it?
- What are the results?



Integration vs. Co-Location

Integrated Care

- Embedded member of primary care team
- Patient contact via hand off
- Verbal communication predominate
- Brief, aperiodic interventions
- Flexible schedule
- Generalist orientation
- Behavior medicine scope

Co-Located Mental Health

- Ancillary service provider
- Patient contact via referral
- Written communication predominate
- Regular schedule of sessions
- Fixed schedule
- Specialty orientation
- Psychiatric disorders scope

Our Mission...

To improve the quality of life
for our patients through the integration of
primary care, behavioral health and substance
abuse treatment and prevention programs.

Together... Enhancing Life



Cherokee Health Systems

A Federally Qualified Health Center and
Community Mental Health Center

Corporate Profile

Founded: 1960

Services:

Primary Care - Community Mental Health - Dental - Corporate Health Strategies

Locations:

22 clinical locations in 12 Tennessee Counties

Behavioral health outreach at numerous other sites including primary care clinics, schools and Head Start Centers

Number of Clients: 57,175 unduplicated individuals served - 22,119 Medicaid (TennCare)

New Patients: 16,440

Patient Services: 452,906

Number of Employees: 551

Provider Staff:

Psychologists – 44

Primary Care Physicians – 31

NP/PA (Primary Care) - 20

Master's level Clinicians - 59

Psychiatrists - 12

NP (Psych) - 8

Case Managers - 33

Pharmacists - 9

Dentists - 2

Blending Behavioral Health into Primary Care

*Cherokee Health Systems' Clinical
Model*



Real-World Model

Real-World Experience

Real-World Training

Primary Behavioral Care Integration Training Academy

February 9-10, 2011 (Texas PCA)

March 3-4, 2011

May 12-13, 2011

Cherokee Health Systems, Knoxville, Tennessee

Blending Behavioral Health into Primary Care Cherokee Health Systems' Clinical Model

Behaviorists on the Primary Team

The Behavioral Health Consultant (BHC) is an embedded, full-time member of the primary care team. The BHC is a licensed Health Service Provider in Psychology. Psychiatric consultation is available to PCPs and BHCs

Service Description

The BHC provides brief, targeted, real-time assessments/interventions to address the psychosocial aspects of primary care.

Typical Service Scenario

The Primary Care Provider (PCP) determines that psychosocial factors underlie the patient's presenting complaints or are adversely impacting the response to treatment. During the visit the PCP "hands off" the patient to the BHC for assessment or intervention.

The Behavioral Health Consultant (BHC) in Primary Care

- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
 - Emphasis on prevention and self-help approaches, partnering with patients in a treatment approach that builds resiliency and encourages personal responsibility for health
 - Consultation and co-management in the treatment of mental disorders and psychosocial issues

Considerations for PCP “Hand-offs” for Behavioral Health Consultation Services

HEALTH BEHAVIOR /DISEASE MANAGEMENT

- Medication Adherence
- Weight Management
- Chronic Pain Management
 - Smoking Cessation
 - Insomnia/Sleep Hygiene
- Psychosocial and Behavioral Aspects of Chronic Disease
 - Any Health Behavior Change
 - Management of High Medical Utilization

Considerations for PCP “Hand-offs” for Behavioral Health Consultation Services

MENTAL HEALTH/BEHAVIORAL ISSUES

- Diagnostic clarification and intervention planning
- Facilitate consultation with psychiatry regarding psychotropic medications
 - Behavior and mood management
 - Suicidal/homicidal risk assessment
- Substance abuse assessment and intervention
 - Panic/Anxiety management
- Interim check of psychotropic medication response
 - Co-management of somaticizing patients
 - Parenting skills
 - Stress and anger management

The Behavioral Health Consultant in Primary Care

Characteristics, Skills and Orientation to Practice

Characteristics

- Flexible, high energy level
- Team Player
- Interest in health and fitness

Skills

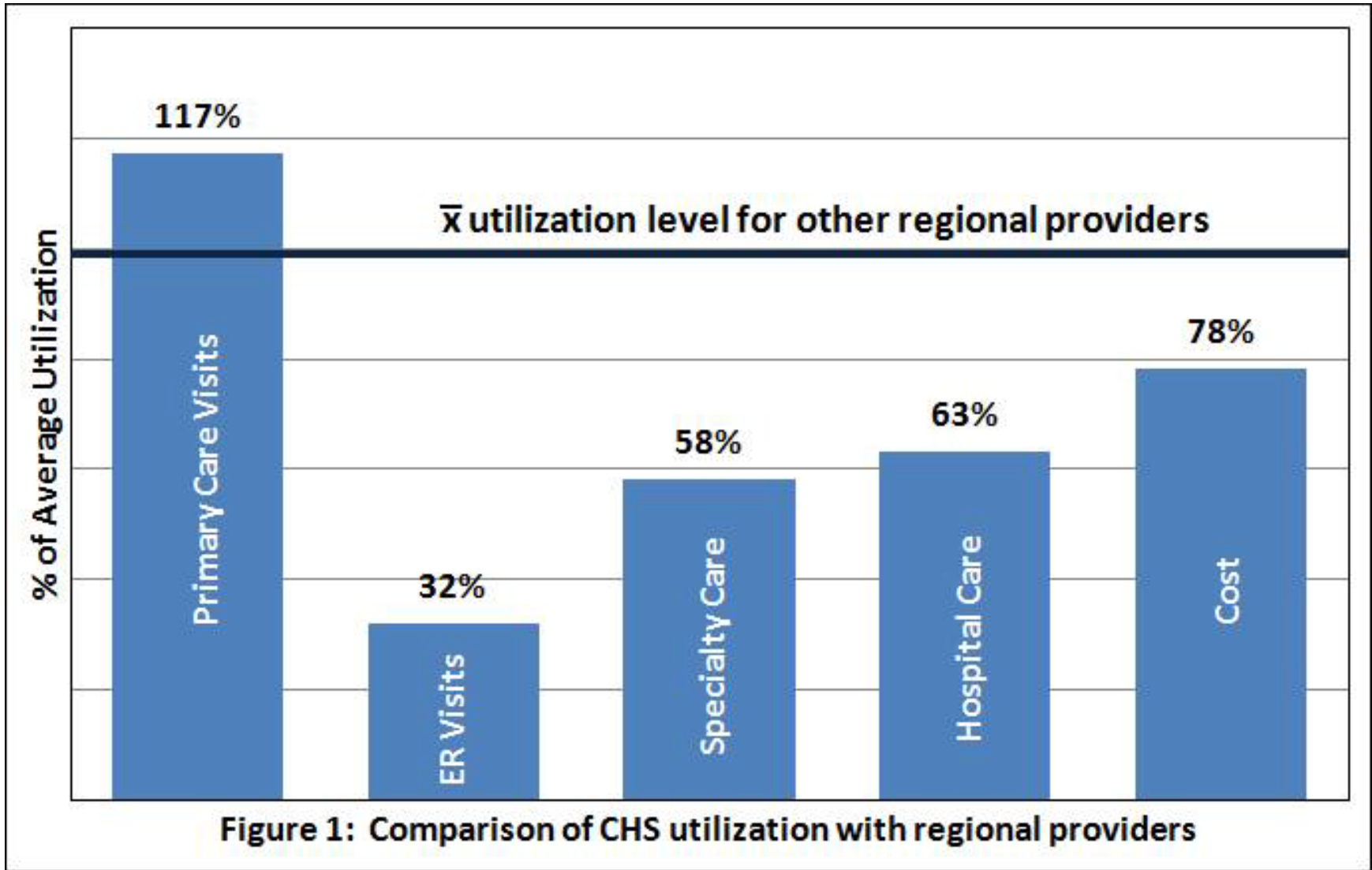
- Finely honed clinical assessment skills
- Behavioral medicine knowledge base
- Cognitive behavioral intervention skills

Orientation to Practice

- Action-oriented, directive, focus on patient functioning
- Emphasis on prevention and building resiliency
- Utilizes clinical protocols and pathways
- Invested in educating patients, health literacy

The Integrated Care Psychiatrist

- Access and Population-Based Care
- Enhance the Skills of Primary Care Colleagues
 - Treatment Team Meetings
 - Telepsychiatry
- Stabilize Patients and Return to Primary Care
 - Co-Management of Care



Fostering the Informed and Activated Patient

- Assess readiness to change.
- Mutually establish behavioral goals and behavior change strategies.
- Employ motivational interviewing and problem focused interventions.
- Support patient self-management and self-regulation skills.
- Foster resiliency and personal responsibility for health.

Cherokee's Patient-Centered Healthcare Home

- Embedded Behavioral Health Consultant on the Primary Care Team
 - Real time behavioral and psychiatric consultation available to PCP
- Focused behavioral intervention in primary care
 - Behavioral medicine scope of practice
- Encourage patient responsibility for healthful living
 - A behaviorally enhanced Healthcare Home

Questions?



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