CASE STUDY

DORCHESTER HOUSE MULTI-SERVICE CENTER INTEGRATES BEHAVIORAL HEALTH INTO ADULT PRIMARY CARE

October 2014

Dorchester House
Multi-Service Center

About Dorchester House

Dorchester House, located in Boston, was founded in 1887 as a settlement house, part of a popular movement at the time to help immigrants assimilate into American culture. The practice became a community health center (CHC) in the 1970s, serving a safety net population.

Dorchester's Integration Model

Behavioral health care has been provided at Dorchester House for more than 25 years, but it had been housed in a separate department from primary care, located on a different floor in the building. As a result of participation in the Safety Net Medical Home Initiative, Dorchester House began to integrate behavioral health services into primary care.

The practice began a Behavioral Health Integration pilot program in August 2013, adding one behavioral health provider to the adult medicine floor every three months, with plans to complete the process by the end of Fall 2014, so that there will be at least one behavioral health provider available on the clinical floor at all times. Providers at Dorchester House focus on chronic disease management and urgent or emergent care needs for patients who need same day mental health services, substance abuse treatment or detox, and behavioral intervention. Additionally, high-risk case managers work with patients who need concrete services such as transportation and housing assistance. According to Laura Santel, Clinical Project Manager, and Rachel King, MD, at Dorchester House, some PCPs were initially cautious; they were concerned the change would extend visits or upset patients. But patient response has been very positive, and most patients end up making a treatment plan with the behaviorist, Santel and King say.

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Milestones for Achieving Behavioral Health Integration

Dorchester House staff identified specific milestones the practice met in achieving its integration model.

1. Establish the case for care-model change

Dorchester House created a high-risk case manager role several years ago. The case manager identified a behavioral health or substance use component in more than 70% of the complicated, high-risk patients referred to her. This allowed staff to see that the existing model of addressing behavioral health needs was not working.

2. Engage leadership

Leadership's recognition that the traditional care-model was not working was essential to initiating behavioral health integration. Leadership carved out time and support to initiate integration. Once Dorchester House engaged the Behavioral Health Director and the Medical Director, the integration initiative moved forward.

3. Acknowledge a potential stigma associated with behavioral health care and educate

Many CHCs serve large immigrant populations, and Dorchester House is no different, caring for many Vietnamese patients. Patients did not want to associate with behavioral health services because of the stigma attached to it in the culture. Dorchester House staff began efforts to educate patients about depression and how it can effectively be treated through behavioral health care.

4. Use motivational interviewing to address co-morbid conditions

Dorchester House uses behavioral health providers to help primary care providers support patients with diabetes and obesity. Patients talk with behavioral health providers as part of the care team. Staff members note improvements in the chronic disease management outcomes for those patients.

Lessons Learned from Integration

Santel and King suggest some beginning steps for integrating behavioral health into a safety net medical home, based on lessons learned at Dorchester House.

- Start with leadership to be sure integration is a priority.
- Start small and build the model based on what you learn as you go.
- Address payment issues.
- Provide additional training to staff who are resistant to the integration model.
- Expect that some individuals who are not in favor of change, even with evidence that it will improve patients' outcomes, will leave.
- Identify the type of data to be gathered and a plan for how that data will be gathered upfront, and build the plan into the new process prior to implementation.

PCPs See Benefits

"A patient with heart failure and diabetes had been in and out of the hospital. She had a family member who was causing her a lot of stress," says Rachel King, MD. "The behavioral health provider helped me to understand the full impact of her issues and how it impacted her ability to track her insulin. I recognized that I wasn't aware of all of this patient's health concerns. She is still struggling with her health conditions, but the main difference is that we talk about the most pressing issues, which has been really helpful. Recently she was able to stay out of the hospital and she was able to attend her son's wedding in another state. Having a goal to work toward was really helpful."