Behavioral Health & Primary Care Integration

Pia Valvassori PhD
Dewey Wooden LMHC
Health Care Center for the Homeless

Our Mission is "To provide quality health care services that improve the lives of the homeless and medically indigent people in our community"

Orange Blossom Family Health

Orange Blossom Family Health

Defined

Coordinated services addressing the whole person, purpose is to detect, treat and follow-up with both mental/physical conditions

State of homelessness in Florida

Over 31,000 statewide on any given night

8% unsheltered families

35% unsheltered individuals

34% sheltered families

34% sheltered individuals

National Alliance to End Homelessness 2018

Orange Blossom Family Health

Epidemiology of Behavioral Health Disorders

6% of American adults with serious mental illness: bipolar, schizophrenia, major depression

More than one in four suffer from short term mental illness in any given year

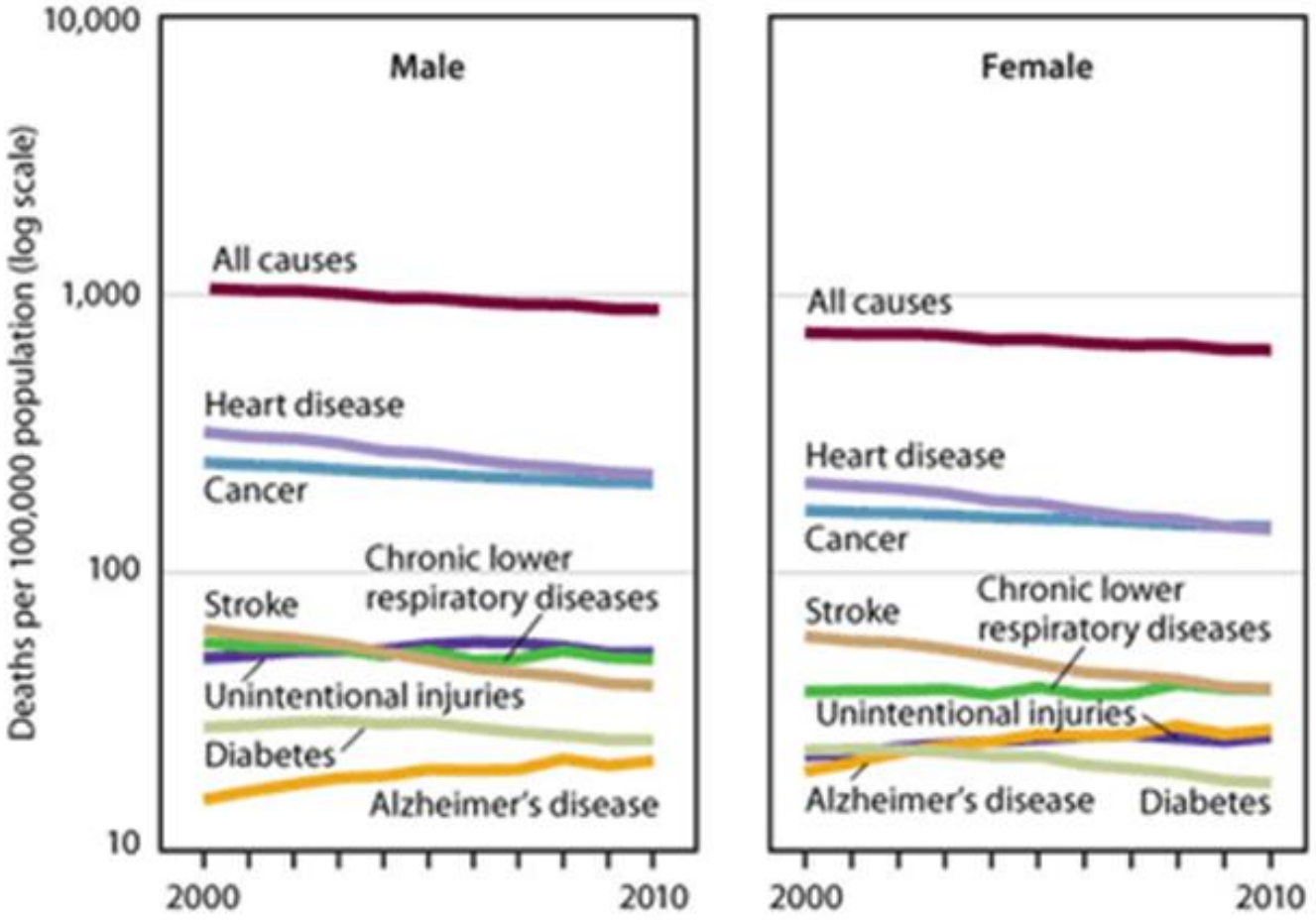
Leading cause of disability in those under 45 years of age

Two thirds of homeless service users report an alcohol,drug or mental health problem

(American Journal of Psychiatry, 2008)

Orange Blossom Family Health

Age-adjusted death rates for selected causes of death for all ages, by sex: United States, 2000–2010



Source: CDC/NCHS, Health, United States, 2013, Table 20 . Data from the National Vital Statistics System (NVSS).

Chronic Illness in Primary Care Patients

- Chronic conditions are illnesses that are ongoing and require continuing medical care.
- Prevalence of chronic illness in primary care patients:

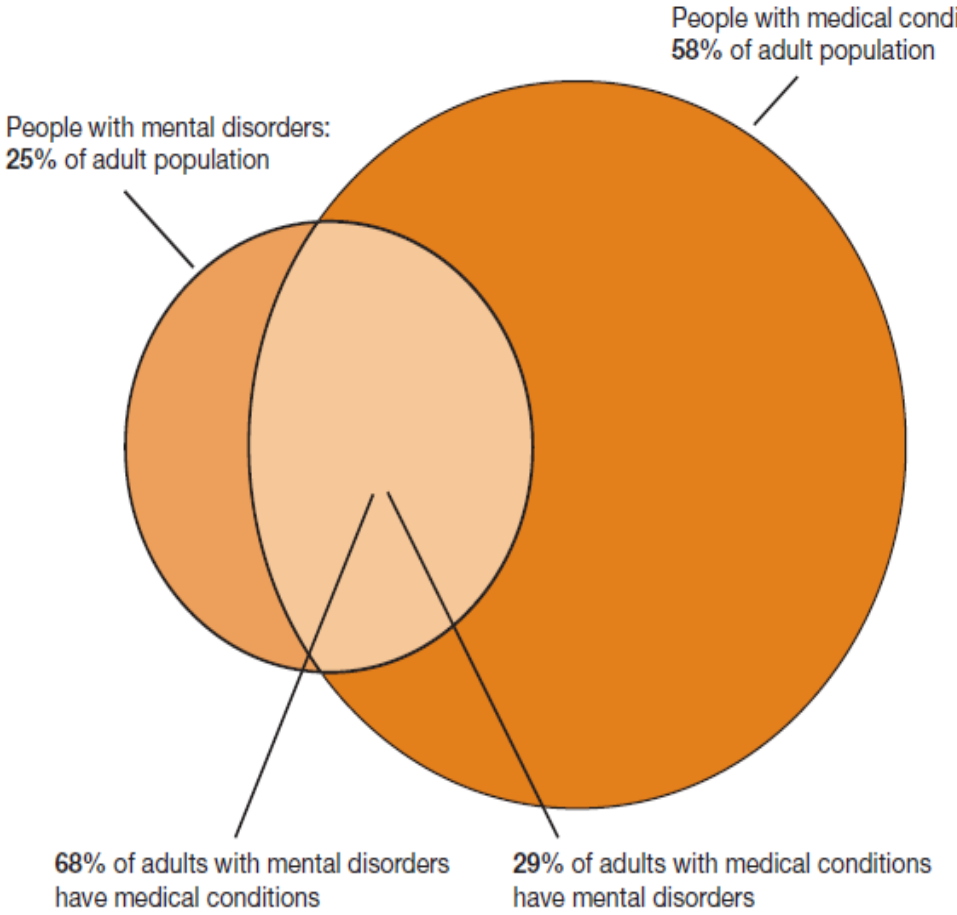
Chronic condition	% of Primary Care patients
Hypertension	33.5%
Hyperlipidemia	33.0%
Depression	18.7%
Gastroesophageal reflux	14.9%
Diabetes	11.9%
Two or more chronic illnesses	45.2%

Epidemiology of Co-morbidity[15, 16]

- 16.8% of the US adult population has both a mental disorder and a medical condition
- 30% of adults with a chronic medical condition have a co-morbid mental health condition

Source: http://www.rwjf.org

Figure 1: Percentage of adults with mental disorders and/or medical conditions, 2001–2003



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (Reference 2)

Orange Blossom Family Health

Treatment[19]

- Two thirds of adults with mental disorders and/or addictive disorders are treated for these conditions in a general medical setting
  - Nearly 70% receive no mental health treatment
  - 84% of time the most common physical complaints no organic etiology
- Adults with co-morbid conditions whose mental health conditions are untreated incur higher medical costs
  - Less likely to undertake beneficial self care activities
  - Less likely to adhere to treatment regime

Kessler et al., NEJM 2006:353:2515-2523

Orange Blossom Family Health

Prevalence in HCH population

- 70% of visits with psychosocial basis
- BH problems account for 69% of hospitalizations in homeless population compared to 10% in those who are housed
- Over 30% of homeless have chronic health conditions with co-occurring depression
  - Amplifies physical condition
  - Increased functional impairment
  - Impairs adherence

Orange Blossom Family Health

Funding for mental health in Florida

- Florida is last in country per capita funding for mental health services result is increased poverty and homelessness, frequent hospitalizations, recurrent encounters with criminal justice
- Of 325,000 with severe mental illness only 42% receive subsidy to assist with treatment
- 2010 state legislature cut mental health funding including substance abuse services by $18 million
- Result- shift of burden to ER's, shelters, law enforcement and correctional facilities
- (Health Issues Brief, September, 2012)

Orange Blossom Family Health

Why Integration?

- People with underlying behavioral health disorders die 25 years earlier than their cohorts
- Half of all behavioral health disorders go undiagnosed in primary care

- Common medical problems in primary care involve behaviors and health habits that initiate, exacerbate or perpetuate symptoms that contribute to poor functioning
- (Obesity, diabetes, CV disease, chronic pain)

ORANGE BLOSSOM FAMILY HEALTH

Why integrate care?

- 84% of time in primary care setting patient complaints have no organic cause
- Nearly 70% of all health care visits have primarily psychosocial basis

Without primary care visit, behavioral health disorders go undetected 67 % of the time

Integrated services reduce cost, enhance quality of care delivery, improve treatment outcomes and improve patient and provider satisfaction

Kessler et al, NEJM, 2006, (353)515-523

Orange Blossom Family Health

Why integrate?

- 30-50% of outpatient appointments off site for BH related issues do not get made/BH on site critical
- Cost of care of those with chronic diseases and untreated BH disorders 46% higher than those with just chronic medical disorder
- Shortage of mental health providers, health plan barriers

- Fisher @ Random, Archives of Internal Medicine, 1997, (6), 324-333

Orange Blossom Family Health

Rationale for use of Integration Model in individuals experiencing homelessness

- Many conditions co-occur
- Examples: depression/DM, CA, chronic illness, obesity, arthritis, anxiety, low back pain
- Enhanced quality of life
- BH issues significant contributor to mortality
- Decreased fragmentation of services/difficulty in navigating multiple service systems
- Over 60% of BH disorders do not get BH treatment
- Increased social functioning
- Kessler et al., NEJM.2005;352:515-523

ORANGE BLOSSOM FAMILY HEALTH

Cost Benefit

- Florida Medicaid waiver to enhance expansion of BH services for chronically homeless with SUD and SMI
- Medical use decreased for those receiving BH services
- Services include tenancy support, mobile crisis, peer support
- Intent to address social determinants and enhance outcomes and reduce cost

Orange Blossom Family Health

Benefits of Integration Model

- Integration model teaches client skills such as:
  - Coping
  - Self management
  - Adherence
  - Smoking/ETOH cessation
  - Dietary modification

Orange Blossom Family Health

Advantages of this delivery model in HCH sites

- Enhanced clinical outcomes
- Increased quality of life
- Decreased cost
- Reduced stigma
- Enhanced access
- Less attrition, greater engagement
- Increased satisfaction for providers and patients
- (Healing Hands, May 2006, 10(2))

Orange Blossom Family Health

Barriers to Integration

- Clinical barriers-different paradigms among BH and PCP, culture and language
- Lack of interdisciplinary training
- Programmatic barriers, access to records, time constraints
- Financial barriers-little economic incentive, mental health funding more restrictive, limited reimbursement for providers

Orange Blossom Family Health

Programmatic barriers

- Time constraints
- Sharing of records/confidentiality
- Lack of financial incentive to provide interdisciplinary care
- Reimbursement a challenge with non-psychiatric providers

Orange Blossom Family Health

Cost associated with lack of integration

- Escalating cost due to increased hospital readmissions of those with underlying BH issues
- Increased ER visits
- Increased duration of hospitalizations

Orange Blossom Family Health

Approaches to Integrated Care in HCH

- Coordinating care-takes place between separated agencies serving the homeless, fragmented and frustrating for clinicians
- Co-location services available on site fostering communication enhancing providers confidence and knowledge in respective treatment plans, services not provided at same time
- Integrated Care implies one treatment plan with both behavioral and medical elements also referred to as joint staffing

ORANGE BLOSSOM FAMILY HEALTH

What does integration in HCH look like?

- Team approach
- Brief targeted interventions

  PCP ease in accessing BH specialist
- BH interventions include diet modification, smoking cessation, medication compliance, empowering /self management
- Consult psychiatric provider for more intensive care

Orange Blossom Family Health

Lessons Learned from HCH projects

- Get buy in from administrators/stakeholders
- Locate funding
- Find right providers
- Use screening tools consistently
- Hold regular meetings/case conferences
- Explore telemedicine
- Take patient centered approach
- Use data to prove success