

DIABETES ECHO SPOTLIGHTS

INTEGRATING DIABETES CARE AND BEHAVIORAL HEALTH FOR IMPROVED OUTCOMES

Like most chronic health issues, successfully managing diabetes is often the result of teamwork between the patient, the provider, friends, and family. An effective team works together to address what's happening with the patient's blood sugars, the patient's awareness and communication of any symptoms they feel, and the general well-being experienced by the patient. When the team is working well, the quality of life of the patient is usually improved.

Important facets of diabetes management and care that can sometimes be overlooked are the mental and emotional health of the patient. In this article, we'll take a look at how some of the clinics in the Pacific Northwest address this issue, and the successes and challenges that they've encountered.

NATIVE PROJECT



Claire Aberasturi,
Director of Behavioral
Health Services

NATIVE Project's integrated system of health includes Open Access to in-house behavioral health providers, a robust referral system, and linkages to local community resources and providers.

The Open Access basically means that when a provider is conducting a visit with a patient, and they feel the patient would benefit from a visit to a behavioral health provider, that provider can refer the patient themselves. This allows for on-the-spot referrals for patients that may need to talk to someone as soon as possible. The in-house behavioral health providers are dually-trained in behavioral health and substance use disorders, or are in the process of getting certified in both areas. In the case of patients with diabetes, NATIVE Project employs a behavioral health provider that is knowledgeable about the disease and its associated complications, so patients with diabetes are able to talk with someone that understands the disease and the management thereof.

The NATIVE Project also recognizes that access to behavioral health providers is an important part of the integrated care model. The clinic is divided into working pods, and each of these pods has a focus. Initially, the Behavioral Health providers were housed within the medical pod, since this helped medical providers with utilizing and referring patients for Behavioral Health visits. However, with expansion came the need for more room, and so the Behavioral Health providers were moved out of the medical pod, but kept close within the same building for continued ease of access. The medical providers have since become used to the Open Access and wraparound services available at the NATIVE Project in the last eight years, and are more likely to offer referrals to Behavioral Health.

The clinic also provides linkages through referrals to mental health providers within Lincoln County,

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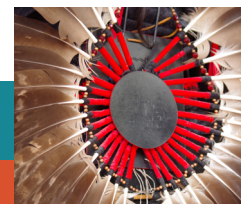
- 2020 Diabetes ECHO Evaluation

“Before the ECHO I didn't have connections to be able to pull in new resources. But since joining the ECHO, I turn to [another participating clinic] and talk with them frequently now. ECHO has opened up a whole new field of resources, connections and support”

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WA. The NATIVE Project employs Care Coordinators, or case managers, that work to identify services and resources for patients needing Behavioral Health services outside of the clinic. The Care Coordinators work with the Behavioral Health providers to find the resources and services that best fit the patient's needs.

Claire Aberasturi, the Director of the Behavioral Health Services at the NATIVE Project, has indicated that one of the biggest challenges to overcome with Open Access was the communication between different types of providers regarding patients. "When we're trained in one discipline, we tend to see it from that perspective. Medical providers were in one silo, while mental health providers were in another. The onsite integration of care between the two was challenging, because we had different focuses, and it made communication difficult. It's gotten better over the last few years. It helps that the patient is the priority, and we always ask, 'what can we do to improve the life of that patient?' This leads to better outcomes for the patient, which is our goal."

TULALIP TRIBE

Veronica Leahy, the Diabetes Program Manager for the Tulalip Health Systems, works closely with the Behavioral Health providers at the Tulalip Tribe. The clinic at Tulalip recently underwent a reorganization, and the Diabetes Program was moved over to clinical services from community health. This was due mainly in part to the bulk of the Special Diabetes Program for Indians grant money going towards treatment and care for patients with diabetes. While the prevention of diabetes is part of the grant, and is more widely evident in the community due to its activities, the treatment and care of patients with diabetes is the main focus of the grant.



In the reorganization, the Diabetes Program was physically placed within the Well Care Lobby. This area also houses services for Pharmacy, Behavioral Health, Nutrition Education, and Massage Therapy. Patients access all of these services from the Well Care Lobby, which can help with breaking down the stigma that is often associated with Behavioral Health and Substance Use Disorder. In the Well Care Lobby, the services the patients are accessing are not identified.

Behavioral Health providers and staff are directly involved in the team meetings of the Well Care Lobby, and assist with the strategic planning. In addition, Behavioral Health providers often participate in the outreach and prevention activities organized by the Diabetes Program, allowing patients with diabetes to become familiar with and used to seeing these providers outside the

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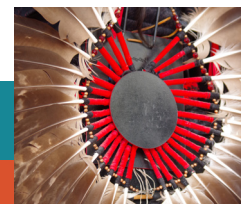
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clinical setting. Working alongside providers in the community garden can go a long way towards alleviating the trepidation that sometimes arises in accessing Behavioral Health services.

The Well Care team understands that healthy outcomes for patients involve more than the physical health, but also the mental, emotional, and spiritual health, and strive to integrate all of these aspects together in one place. “We want the patients to see us in the clinic as one health program, all working together. When you talk about the word team, it really is exactly that,” Veronica Leahy remarked. “We bring our best as a team, and it directly benefits the patients.”

NOOKSACK TRIBE

When Dr. Aamer Khan arrived at the Nooksack Clinic nine years ago, he saw that the confidence level that the community had in the Behavioral Health program was pretty low. Patients seemed to be leery of accessing their services, possibly because of the stigma involved in behavioral health, or possibly because of reduced confidence in patient data confidentiality.

He decided he needed to revamp the Behavioral Health service model, and to do so, it required a great deal of community outreach. He wanted to make accessing Behavioral Health services normalized, and so he conducted outreach to the Head Start Program. The thinking was to target people as early as possible, and to offer services so they’d continue to access Behavioral Health throughout their lives. “Basically, we wanted people to get used to accessing services from a young age, all the way through to their 70s and older,” Dr. Khan said. “To that end, I have also reached out to the public school districts in our community, and we are able to send providers to those schools to offer services for their Native students.” The program currently offers individual counseling to students in eight public schools attended by Nooksack children.

The program also regularly engages in community education programs, where providers are able to discuss depression, suicidal behaviors and ideation, and other mental health issues in a forum that helps to lessen the impact and stigma of these problems. “It is the responsibility of the community to participate in its own health, and this includes accessing mental health services if needed,” Dr. Khan observed. “Discussing the issues that a community faces helps integrate Behavioral Health into the community, so that these services are more readily accessed.”

This ongoing outreach is in conjunction with services that the Behavioral Health Program continues to offer. The Heart Smart program was developed to help people recognize and express their emotions in a healthy way. The Behavioral Health team also conducts a regular clinical meeting, to identify high risk clientele within the system. The providers for these high risk clientele are notified, so that everyone is on the same page with respect to delivering medical care that observes patient’s mental health. The program also conducts regular screening for depression and intergenerational trauma. Due to the relationship between diabetes and depression, patients newly diagnosed with diabetes are also screened for depression regularly. The Behavioral Health program offers these patients with diabetes services so that they can address the depression, in order to better manage

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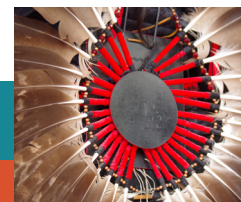
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their diabetes. Psychiatric services are also offered, with a psychologist visiting the clinic every month. The psychologist was previously at the medical clinic, but has since been moved to the Behavioral Health offices, for better access to the providers there who see the patients on a more regular basis.

To raise the confidence level in the Behavioral Health patient confidentiality, Dr. Khan worked with tribal leadership, and has instituted systems that ensure the patients' data is safe. He also designed the layout of the Behavioral Health offices to ensure patient confidentiality, while also making it a welcoming environment. Also, when people are hired to work in Behavioral Health, they undergo training in culturally appropriate practices in working with Native communities. Finally, when hiring the receptionist for the Behavioral Health program, he decided against hiring anybody from within the community itself. Dr. Khan asked me, "would you access behavioral health if you had to go to your cousin to make an appointment? I would not, because some of the issues discussed in visits, people would not even share with their own mother."

The integration of behavioral health services in these three programs demonstrates success in addressing the mental health aspects that coincide with chronic diseases. The active and robust nature of the behavioral health services offered in these communities can lead to better health outcomes for their patients, and their community.

I would like to thank Candy Jackson, Claire Abersasturi, Veronica Leahy, Dr. Aamer Khan, and Grayce Hein. They were enthusiastic and generous with their time in completing this survey of their programs.

How ECHO Can Help You

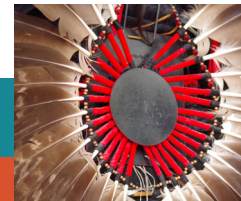
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