



# Integrated Behavioral Health

ASHLEIGH COSER, PH.D.

LICENSED HEALTH SERVICE PSYCHOLOGIST

CHEROKEE NATION HEALTH SERVICES

# Agenda

- ▶ Providing an overview of Behavioral Health integration
- ▶ Rationale for integration
- ▶ Integration in Primary Care
- ▶ Integration at CNOHC

# WHAT IS INTEGRATED PRIMARY CARE?



## INTEGRATED PRIMARY CARE

...**combines medical and behavioral health services** for problems patients bring to primary care, including stress-linked physical symptoms, maladaptive health behaviors, and/or mental health or substance misuse concerns and disorders. <sup>1,2,3</sup>

*For any problem, patients have come to the right place... no wrong door*



# TRADITIONAL MENTAL HEALTH CARE VS. INTEGRATED PRIMARY CARE

TRADITIONAL MENTAL HEALTH	INTEGRATED PRIMARY CARE
Services provided <b>outside</b> primary care	Services <b>on-site</b> in primary care
Patient must find and then access services	Services often offered in “ <b>real time</b> ”
Siloed healthcare professionals	Interdisciplinary team
Referral occurs after symptoms affect functioning	Opportunity for <b>prevention</b> and <b>early intervention</b>
Tendency toward longer treatment	Brief interventions
Mental health focus only	Focus on health behaviors, mental health concerns, <b>and</b> substance misuse



# IN A TRADITIONAL MODEL OF HEALTH CARE, PATIENTS WITH MENTAL HEALTH CHALLENGES...<sup>1</sup>



**VERY FEW**  
see a mental  
health specialist<sup>1,2</sup>



**50%**  
of primary care patients with  
depression go undiagnosed<sup>3</sup>



**<33%**  
of people treated for mental  
health disorders receive **EVEN**  
minimally adequate treatment<sup>4</sup>

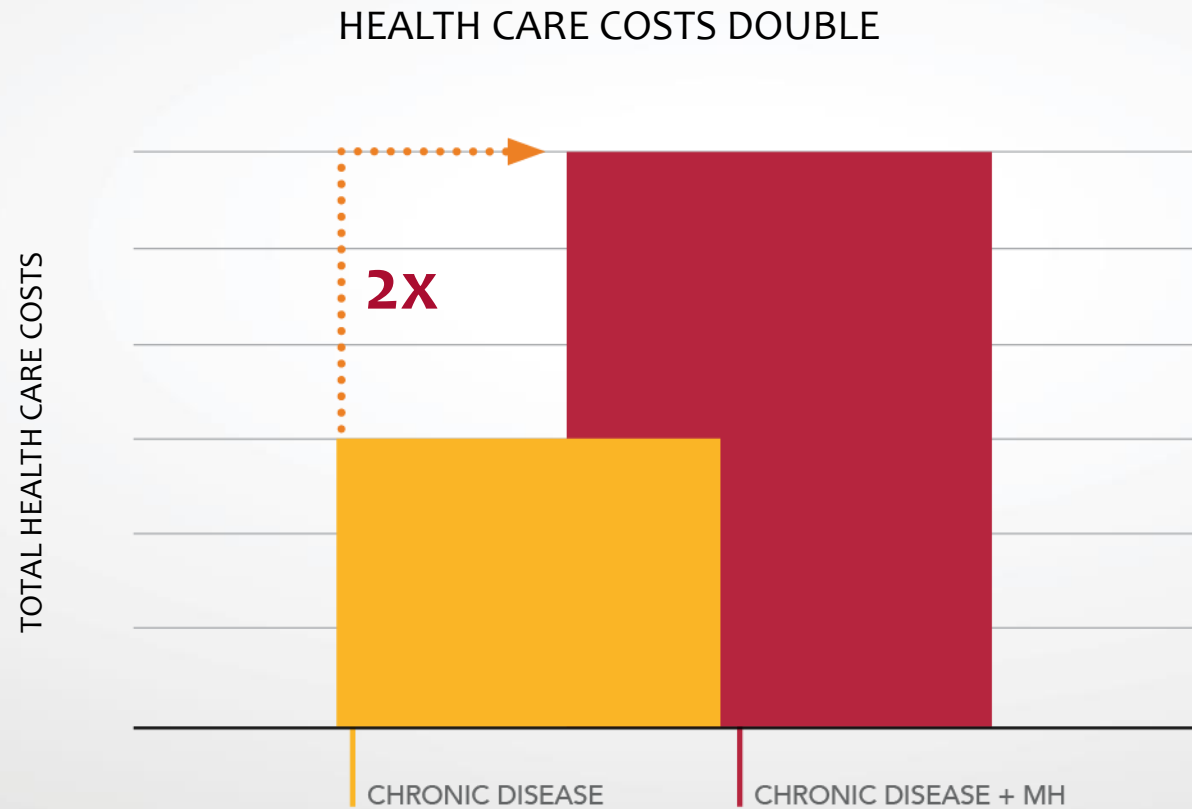
## **In addition:**

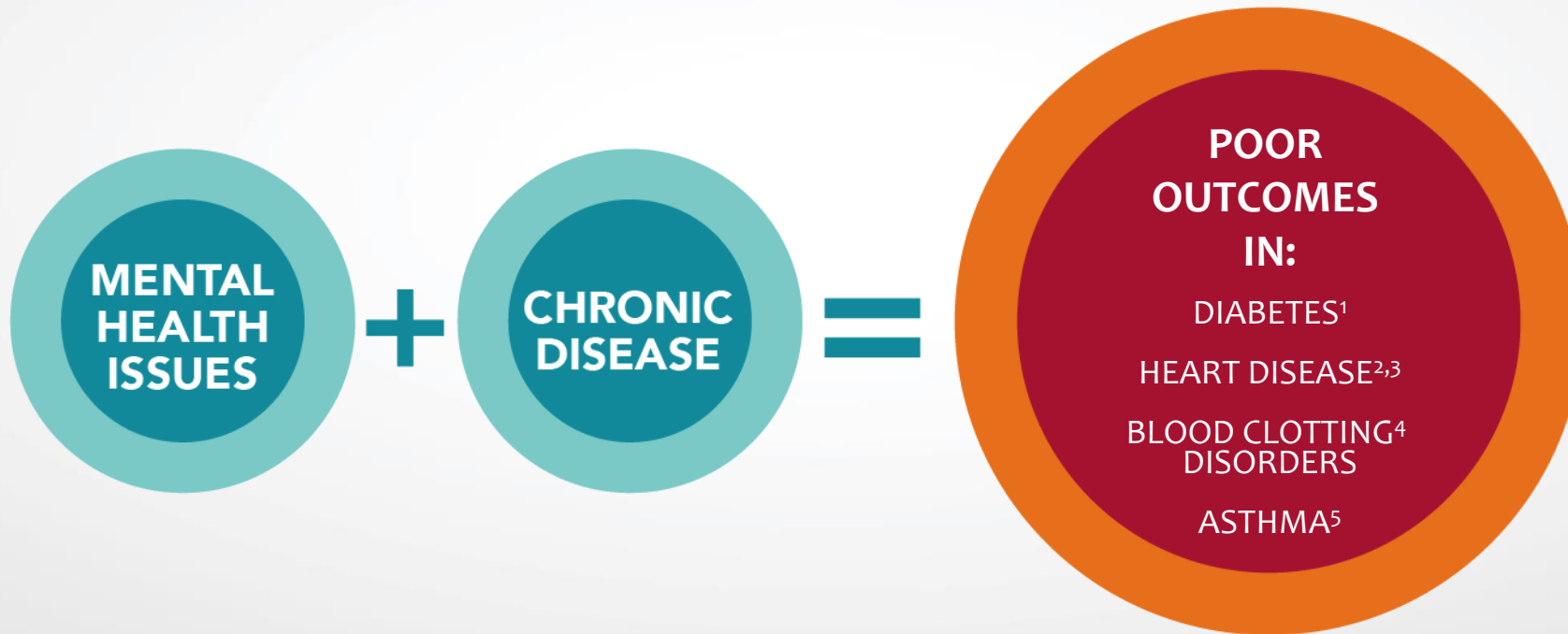
**66%** of primary care  
providers report  
that they are unable  
to access outpatient mental  
health services for patients<sup>5</sup>

Most who need mental health help  
will not seek it, particularly those  
individuals belonging to racial and  
ethnic minorities, perhaps due to  
stigma.<sup>6</sup>



# CHRONIC MEDICAL CONDITION + MENTAL HEALTH DISORDER = HIGH FINANCIAL COST<sup>1, 2</sup>





## OTHER TELLING FACTS

**PEOPLE WITH SERIOUS MENTAL ILLNESS DIE, ON AVERAGE, 13–30 YEARS EARLIER THAN THEIR AGE COHORTS IN THE GENERAL POPULATION<sup>1,2,3</sup>**

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Suicide and injury

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Undertreatment of chronic illnesses

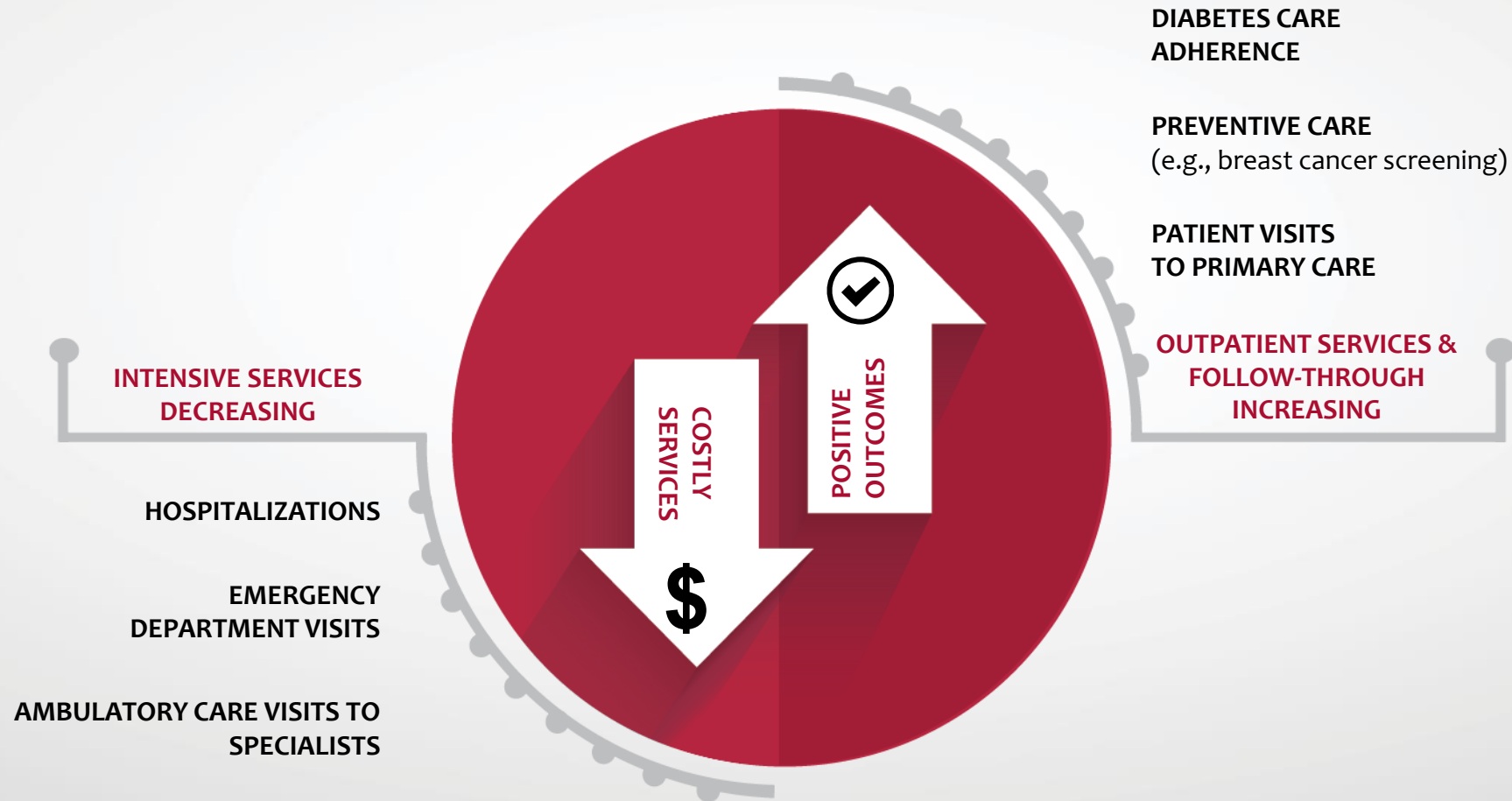
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Drug side effects





# POSITIVE OUTCOMES ARE RESULTING FROM THE PATIENT-CENTERED MEDICAL HOME MODEL<sup>1</sup>



# Why Integrated Care?

- ▶ As many as **40 percent** of all patients seen in primary care settings have a mental illness.
- ▶ **80 percent** of patients with behavioral health concerns present in ED or primary care clinics.
- ▶ **68 percent** of adults with mental disorders have comorbid chronic health disorders, and **29 percent** of adults with chronic health disorders have mental health disorders.

# Why Integrated Care?

Integration of behavioral health into primary care represents a worthwhile investment because it:

- ▶ Increases access to behavioral health care.
- ▶ Improves health outcomes for patients with mental illness and/or substance use disorders.
- ▶ Improves health behaviors such as compliance with treatment recommendations, exercise, and diet.
- ▶ Reduces overall health care costs, thus representing the opportunity for shared savings for primary care practices.

# Examples of Behavioral Health Integration in Primary Care

- Screening patients for substance use (SBIRT).
- Depression screening at well child visits.
- Behavioral Health Consultants (BHCs) work alongside primary care providers (PCP) and make recommendations to the PCP. Shared records.
- Consulting psychiatrist model: each team includes psychiatrists, licensed therapists, care coordinators and administrative support.
- Tele-behavioral health model of care.

**Illustration: A family tree of related terms used in behavioral health and primary care integration**

See glossary for details and additional definitions

**Integrated Care**

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes of integration: 1) Integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

**Patient-Centered Care**

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

**Coordinated Care**

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

**Shared Care**

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

**Collaborative Care**

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

**Co-located Care**

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

**Integrated Primary Care or Primary Care Behavioral Health**

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

**Behavioral Health Care**

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

**Patient-Centered Medical Home**

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

**Mental Health Care**

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

**Substance Abuse Care**

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

**Primary Care**

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

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# Cherokee Nation Integrated BH

- ▶ Co-located in hospital
- ▶ Main service was crisis assessment and management
- ▶ 2019 Expansion of integrated BH in new outpatient clinic
  - ▶ Shadowing, educating, development of materials
  - ▶ Schedule, billing codes
- ▶ Training

# Cherokee Nation Integrated BH

- ▶ Resident Clinic
- ▶ Pediatric Primary Care
  - ▶ Behavioral Concerns
  - ▶ School Problems
- ▶ Women's Clinic
  - ▶ PMADs
  - ▶ Perimenopause/Menopause
  - ▶ Grief/bereavement





# Integrated Behavioral Health

- ▶ Warm handoff
  - ▶ Brief assessment and intervention
- ▶ Referral
- ▶ Collaborative assessment

# COVID-19 Pandemic

- ▶ Implemented hybrid model
- ▶ Zoom and phone appointments
- ▶ Referrals → scheduled consults & collabs
- ▶ Warm Handoff

# Lessons Learned

- ▶ Coordination with nursing staff
- ▶ Zoom
  - ▶ Signing on
  - ▶ Invitation
  - ▶ HIPAA considerations
  - ▶ Crisis risk and assessment
- ▶ Rural, low SES communities
  - ▶ Access

# Looking towards the future

- ▶ Online, group treatment delivery
  - ▶ Drafting grant for Women's Clinic
    - ▶ Examining feasibility of CBT and IPT group treatment
- ▶ Continued telehealth delivery
  - ▶ Reimbursement
- ▶ Increasing BH workforce
  - ▶ Prescription privileges

# Integrated Behavioral Health

