Health 360

A Partnership of Lutheran Family Services of Nebraska and People's Health Center

Lutheran Family Services of Nebraska, Inc.

Health 360

Behavioral Health → Primary Care

Health 360—Lincoln, NE

- Opened 2/2015
- Five years in the making
- Multiple Community Partners
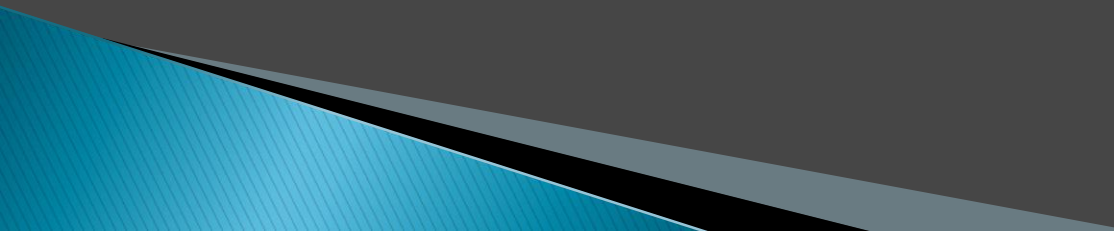- Location
  - 2301 "O" Street

What is Health 360

▸ Partnership between Lutheran Family Services of Nebraska and People's Health Center

▸ Primary care clinic that provides an affordable, holistic approach to care for all Lincoln, Nebraska residents, but especially the most vulnerable.

▸ Integration of behavioral and medical services

What is Integrated Health Care?

"Integrated care is the systemic coordination of general and behavioral healthcare."
Substance Abuse and Mental Health Services Administration (SAMSHA)

How that looks and how it is implemented varies greatly.

What is Integrated Health Care?

▸ Behavioral health providers and PCP's work together in a shared system.

▸ Behavioral health providers function as members of the primary care team to address the full spectrum of problems the patient brings to their PCP.

▸ Improved health outcome's

▸ Not a substitute for specialist care

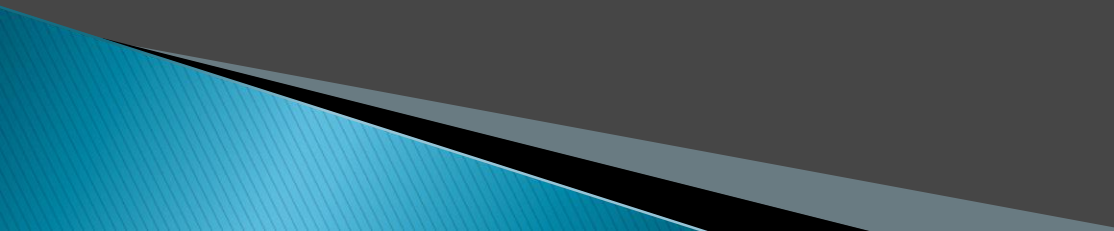Substance Abuse and Mental Health Services Administration (SAMSHA)

Why Healthcare Integration?
The Need for Change in Healthcare

- US healthcare is unsustainably expensive
  - 18 cents of every dollar of wealth economy generates (17.6% of GDP)
  - European countries is 9.5%
  - Losing the ability to compete economically.
  - Driver for passing the Affordable Care Act.

Blount, A., & Adler, R. Certificate Program in Primary Care Behavioral Health. Physicians and Administrators Course (PowerPoint Slides) Retrieved from http://umasscipc.adobeconnect.com/pcbh/

Why Healthcare Integration? The Need for Change in Healthcare

- We have the best healthcare in the world for a few very sick individuals.

- On all population markers of health such as life span, we do not do well.

- We have terrible healthcare for populations

Why Healthcare Integration?

- Up to 70% of primary care appts stem from psychosocial issues

- Moving away from separation of physical and behavioral health

- Population approach to behavioral health

- Frees up provider time

- Frees up psychiatric specialists for more complicated illness management
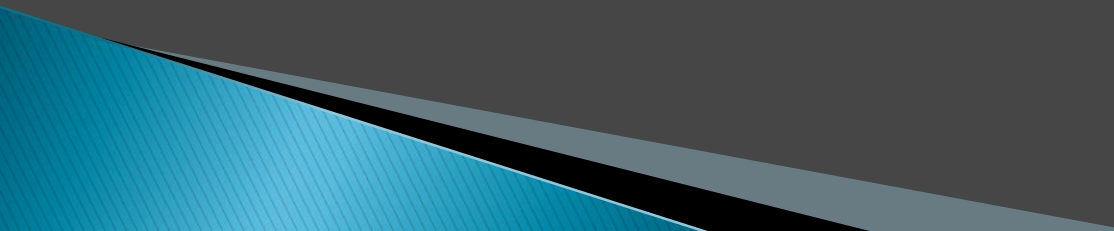
Why Healthcare Integration?

- Behavioral health needs in primary, many unrecognized
  - Mental health/Substance abuse
  - Health Behavior Change/Chronic illness
  - "Ambiguous" illnesses/Medically Undiagnosed Symptoms
  - "Unfamiliar"cultural expressions of problems
  - Discovered and Undiscovered trauma hx
  - Serious mental illness

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Team Approach

Health 360
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- Coordinated care model –a larger group of experts addressing pts needs.
- Health care Provider (MD, APRN, PA)
- Medical Assistant/Nursing Staff
- Behavioral Health Consultant
- Psychiatric APRN
- On-site pharmacist
- On-site interpreter

Team Approach

▸ Partnership with Legal Aid

▸ Partnership with Community Crops

▸ PHC Community Health Worker

Creating a New Healthcare Team

- Integrating behavioral health...not co-location.

- Learning to work with new team members

- Increasing awareness of behavioral/emotional/psycho/social factors

- Medical and behavioral health sharing language.

Role of the BHC

▸ Individual and pop. care perspective
▸ PCP and Pt equal "customers"
▸ Consultation and co-management in pts tx
▸ Provider or patient request consult
▸ "warm hand-off"
▸ Patient advocate

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Role of the BHC

▸ Anything that might be helped through habit, behavioral, cognitive or emotional changes.

◦ Pain management, depression, alcohol use, chronic illness, etc.

◦ Psychosocial aspects of chronic and acute disease
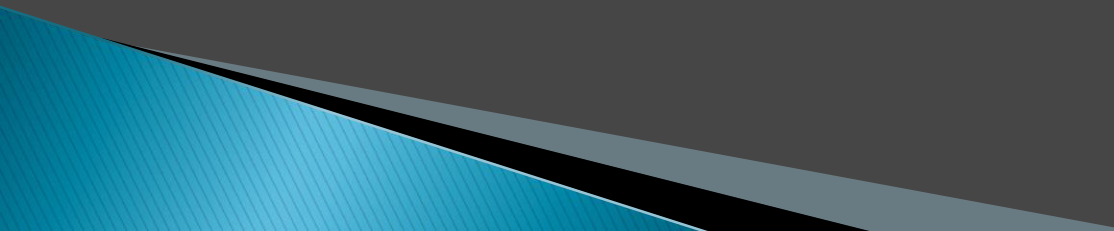
◦ Lifestyle and health risk issues

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Interventions

- Brief solution focused interventions
- 1-6 sessions, 15-30 minutes
  - Enhancing motivation to change
  - Skill development
  - Education
  - Goal setting
  - Referrals to traditional mental health services
  - Assessing barriers/material needs

Role of Psychiatric APRN

- Individual care and system management
- Consultant to PCP and caseload
  - Increased knowledge of psychotropic meds

  - Improved management of physical and behavioral health needs

  - Prevents delay in patient care

  - Frees up psychiatric system of care

Goals for Health Integration

- Improve health outcomes for those who live with severe mental illness

- Improve management of behavioral health disorders

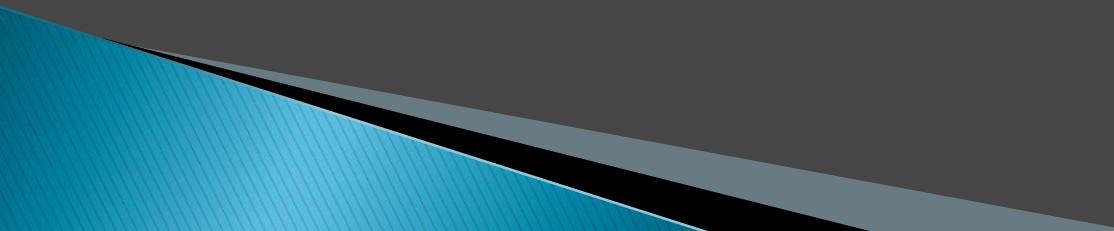- Improve health outcomes for those who live with chronic conditions.

- Routine screening

Severe Mental Illness and Primary Care

▸ People with mental illness die earlier

▸ 68% of adults with mental illness have one or more chronic health problems

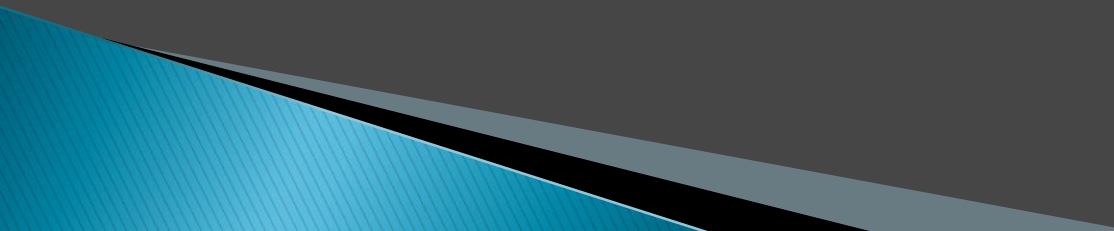▸ 1 in 5 adults with mental illness have a co-occurring substance use disorder.

Substance Abuse and Mental Health Services Administration (SAMSHA)

Co-occurrence between mental illness and other chronic health conditions:

High Blood Pressure
- Mental Illness: 21.9%
- No Mental Illness: 18.8%

Smoking
- Mental Illness: 36%
- No Mental Illness: 21%

Heart Disease
- Mental Illness: 5.9%
- No Mental Illness: 4.2%

Diabetes
- Mental Illness: 7.9%
- No Mental Illness: 6.6%

Obesity
- Mental Illness: 42%
- No Mental Illness: 35%

Asthma
- Mental Illness: 15.7%
- No Mental Illness: 10.6%
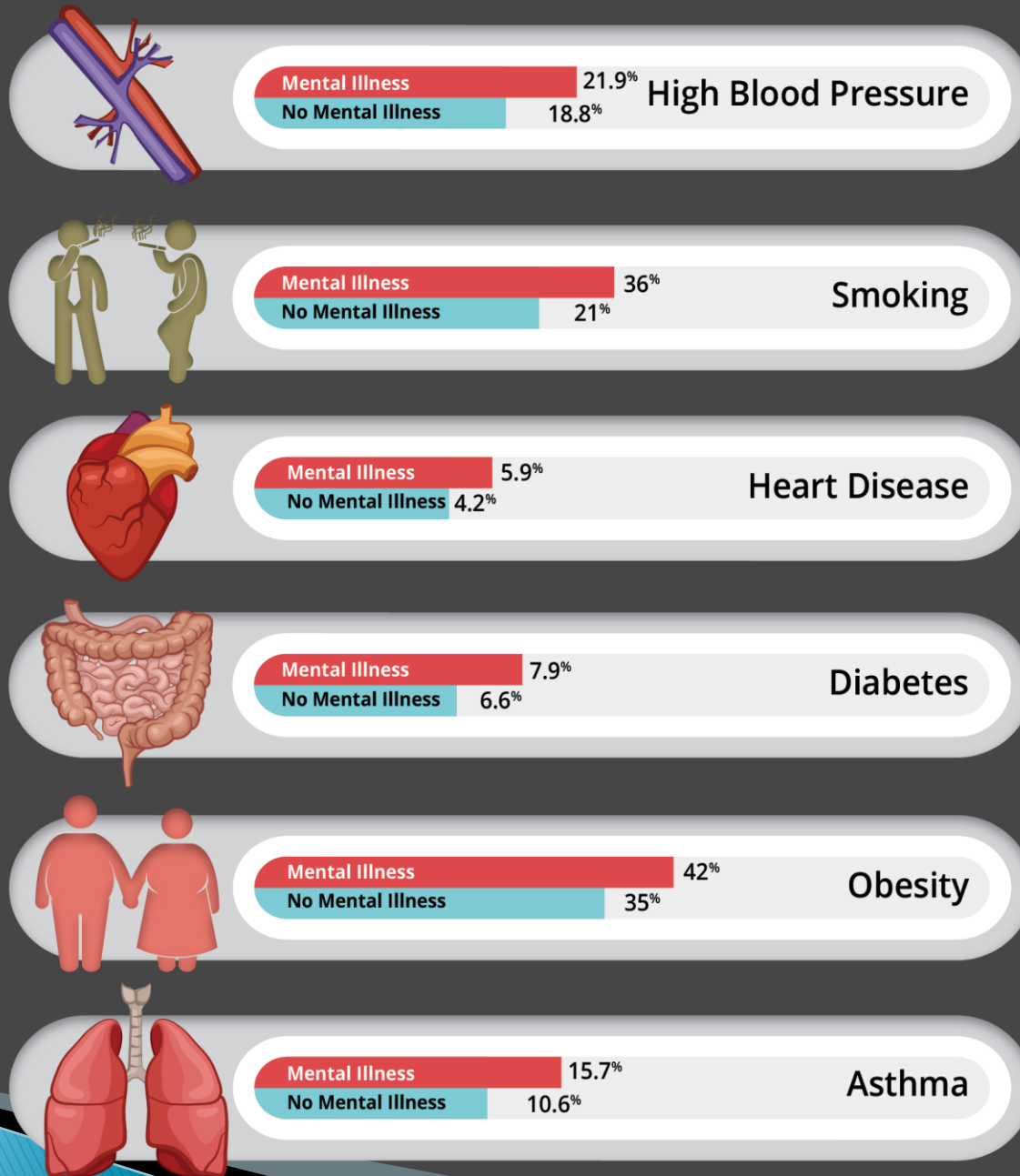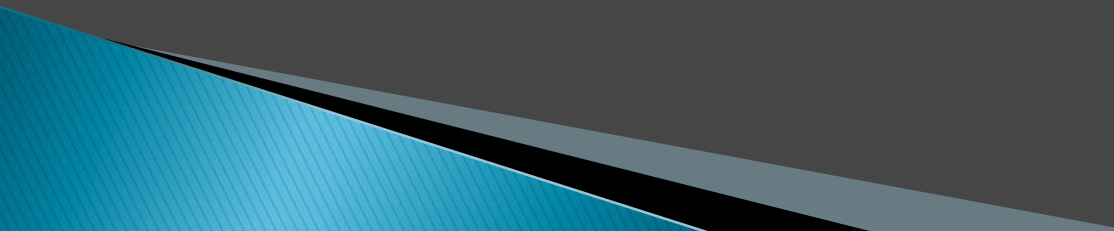
Severe Mental Illness and Primary Care

- Medical problems can exacerbate psychiatric conditions
- Physical health issues complicated by symptoms and tx of mental health issues
- Difficulty accessing/participating in health care
- Underutilization or inappropriate use of health services
- Increase use of emergency services and cost

Severe Mental Illness and Integrated Care Team Approach

◦ Team education on SPMI

◦ Assist pt with engaging in healthcare

◦ Tx coordination of MI and physical health

◦ Address psycho/social issues

Behavioral health in Primary care
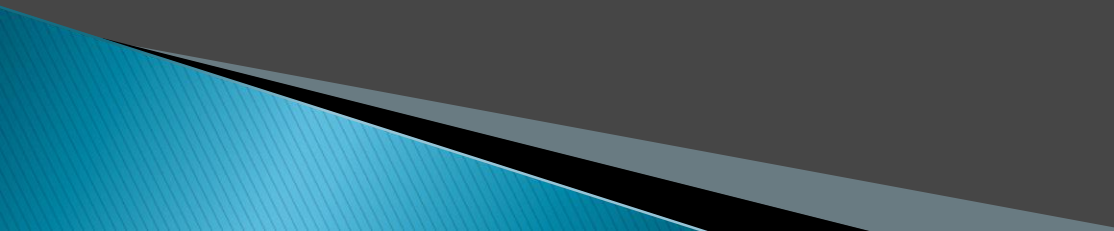
- 1 in 5 people have a MI or addiction

- Non psychiatric physicians treat the majority of behavioral health needs, prescribe the majority of medication

- Lack of behavioral interventions in PC

Behavioral health in Primary care

- Behavioral issues often arise in form of physical complaints
  - tension headaches, insomnia, somatic complaints, chronic nonspecific pain

- Poor access to MH system

- The vast majority (+/- 80%) will not accept (act on) a referral to specialty MH.

Regier DA, Narrow WE, Rae DS Manderscheid RW, Locke BZ, Goodwin FK. The de facto US mental and addictive disorders service system Arch Gen Psychiatry. 1993 Feb;50 (2):85-94.

Behavioral health Integrated Care Team Approach

- BHC/Psych APRN provide diagnostic clarification
- Behavioral Interventions offered independently of meds or as an adjunct
- BHC brief interventions and on-going assessment
- On-going med consultation
- BHC makes referrals as needed

Chronic Conditions

Chronic conditions with behavioral health component in their standard of care protocols.

▸ Arthritis

▸ Asthma

▸ Diabetes

▸ Irritable Bowel Syndrome

▸ Obesity

▸ Substance Abuse

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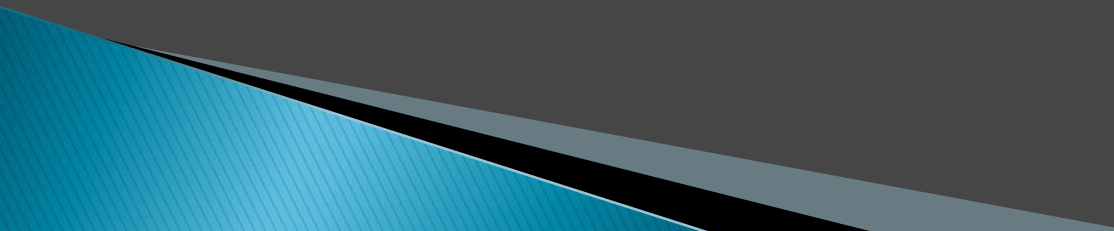
Chronic Conditions Integrated Care Team Approach

- Relaxation skills

- stress management

- life style changes

- change readiness/motivational interviewing

Routine Screenings

- Substance use (AUDIT) (DAST)
  - Screening, Brief Intervention, Referral, and Treatment (SBIRT)

- Depression (PHQ 2, 9)

- Domestic Violence (Do you feel safe at home?)

Routine Screening Integrated Care Team Approach

- Annual screening of all pts

- PCP/nursing staff complete pre-screen

- BHC completes full screen if needed

- BHC provides interventions/referrals

Primary Care Morning Schedule

Visit	Mental Health Needs	Psychosocial Distress	Behavioral Health Needs
56 yo diabetic with poor control	Old DX Bipolar Disorder	Anxious	Weight loss/ stop smoking
19 yo smoker physical			Smoking cessation
33 yo with multiple Somatic complaints	Depression	Immigrant	
7 yo earache		Bed wetting	
67 yo insomnia	Alcohol abuse		
70 yo w/ question of sinusitis		Family Violence	
52 yo hypertensive f/u			Cardiac Risk Factors
45 yo tinnitus		Lost Job	
38 yo acute asthma exacerbation			Medication Compliance
29 yo chest pain & SOB	Panic Disorder		

29 YO Chest Pain and SOB

Warm hand-off to BHC

Integrated Health Care

Teaching diaphragmatic breathing before leaving

Usual Care

Cardiac reason excluded diagnosis of panic disorder

Clarifies and deepens understanding of panic disorder

Explanation of panic disorder & usefulness of medication

Follow-up in 1 month. Call if no improvement

Homework on how to track panic/anxiety, meds, stressors, use of breathing exercises
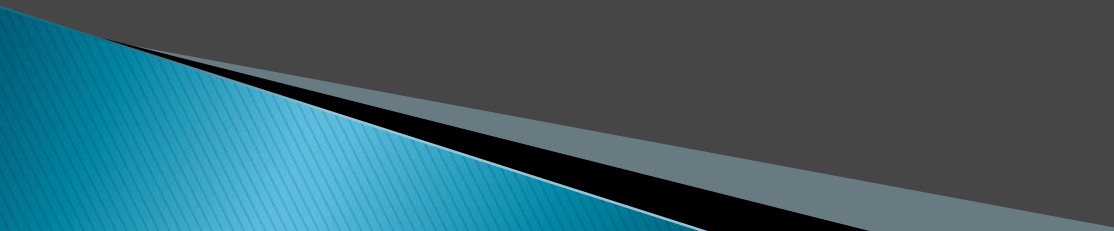
Challenges

- Behavioral Health
  - Making brief and limited sessions meaningful

  - Transferring clinical skills to a medical setting

  - Creating a trauma informed/person centered culture

Challenges

- Medical
  - Learning new pathways

  - Increased attention to behavioral health and psychosocial needs

  - Productivity demands

Challenges

- Shift in thinking for behavioral health and medical (blending of 2 worlds to create something different).
- Integration with other LFS programs
- Policies and financial structure do not support integration
- Data collection

Successes

▸ We are providing integrated care!
  ◦ Pt stories

Lessons Learned

- Location, location, location!

Lessons Learned

- Get the right people on the bus

- Provide on-going education and support

Health 360

Questions