

# Primary Care: Integration Co-Location

## **CCO Summit: Transformation in Action**

December 5, 2013

**Lynnea E. Lindsey, PhD, MSCP**

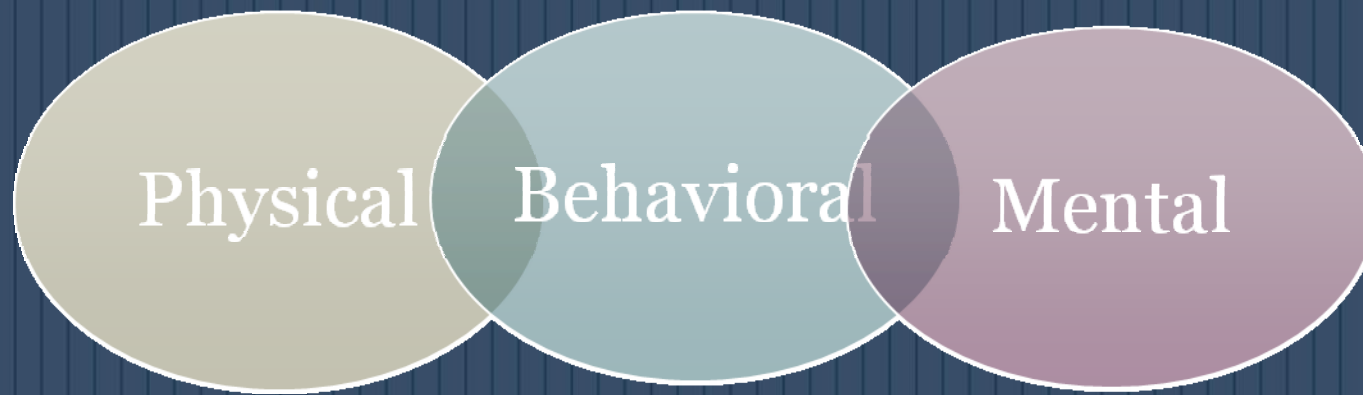
*Primary Care Psychologist*

Primary Care Behavioral Health Development Specialist

Samaritan Health Services - Corvallis, Oregon

*[llindsey@samhealth.org](mailto:llindsey@samhealth.org)*

# Defining the Healthcare Spectrum



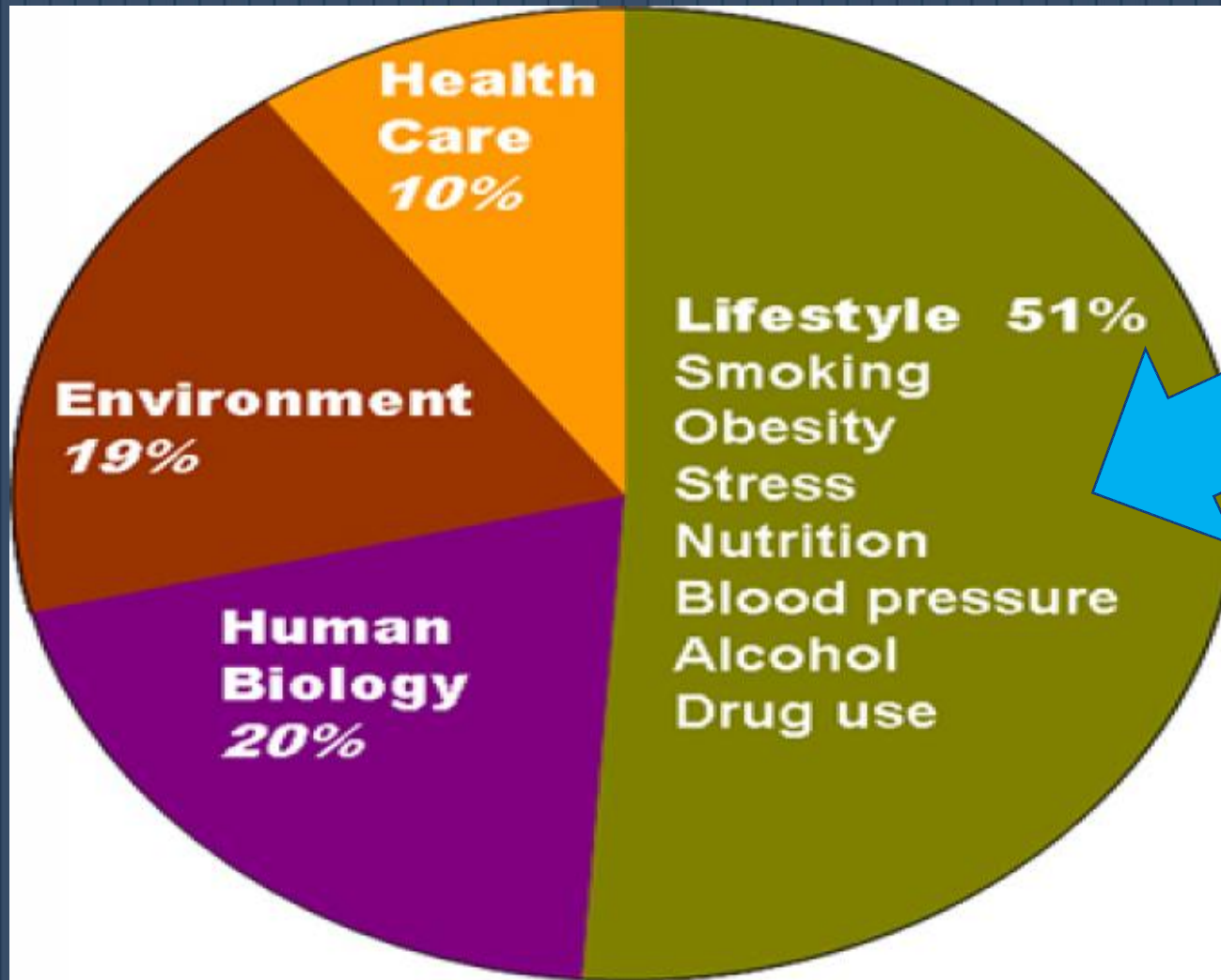
# Primary Care: by the numbers.....

- 70% of primary care visits have a psych-social component
- 50% of people with diabetes will also suffer from depression
- 7 of the top ten causes of death have a significant behavioral component
- 2/3 of psychoactive substances are prescribed in primary care
- 80% of antidepressants are prescribed in primary care

## ... and more

- Less than 25% of folks referred from primary care to specialty mental health/substance abuse providers make the first appointment
- Most people suffer a decade from the identifiable onset of mental health symptoms prior to actual diagnosis and treatment
- Unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women.<sup>4</sup>
- By 2020 depression will be the #1 cause of disability in US women.<sup>4</sup>
- Despite being common, mental illness is under-diagnosed by doctors. Less than half of those who meet diagnostic criteria for psychological disorders are identified by doctors.<sup>4</sup>

# Determinants of Health Status<sup>5</sup>



## Integration: Adding Services or Moving Services?

Historically, what percentage of Mental Health Treatment has been provided in Primary Care?

- 10%
- 25%
- 40%
- 50%



# BIO-PSYCHO-SOCIAL: MUDDLE

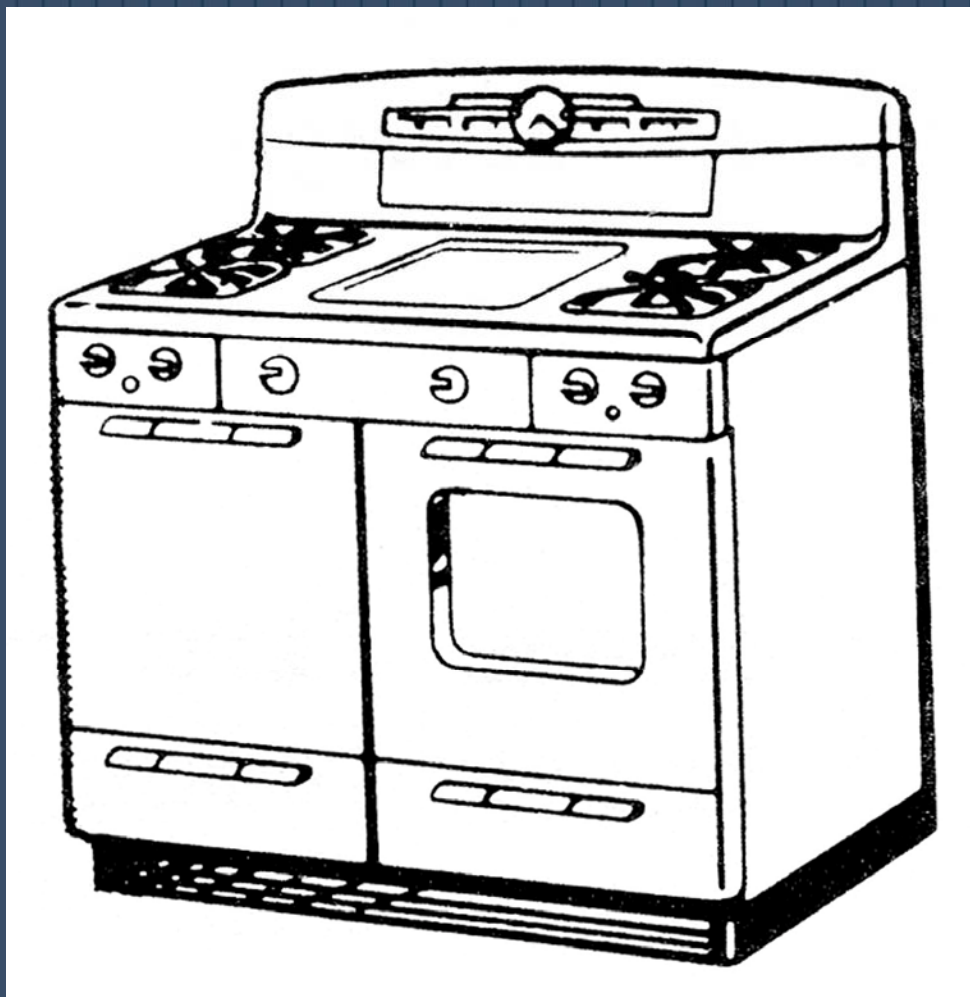


# What to do, what to do?

- **Population Health** - Prevention models predict that the “one size fits all” multi-door model of healthcare has little ability to meet the triple aim.
- **Specialty mental health/substance abuse workforce and services** - Already stretched paper-thin.
- **Primary Care Medical Homes** - Centralized services provided by highly trained diagnostic experts with the ability to rapidly-triage the high volume of primary care patients with mental and behavioral health concerns.



# Cooking in the Medical Neighborhood



## Definition of **Integrated Behavioral Health Care**

*The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. <sup>1</sup>*

right care, right place, right cost

Providing appropriate care for the patient's already seen in primary care for Mental Health and Substance Use ...

AND

Addressing behavioral health concerns.

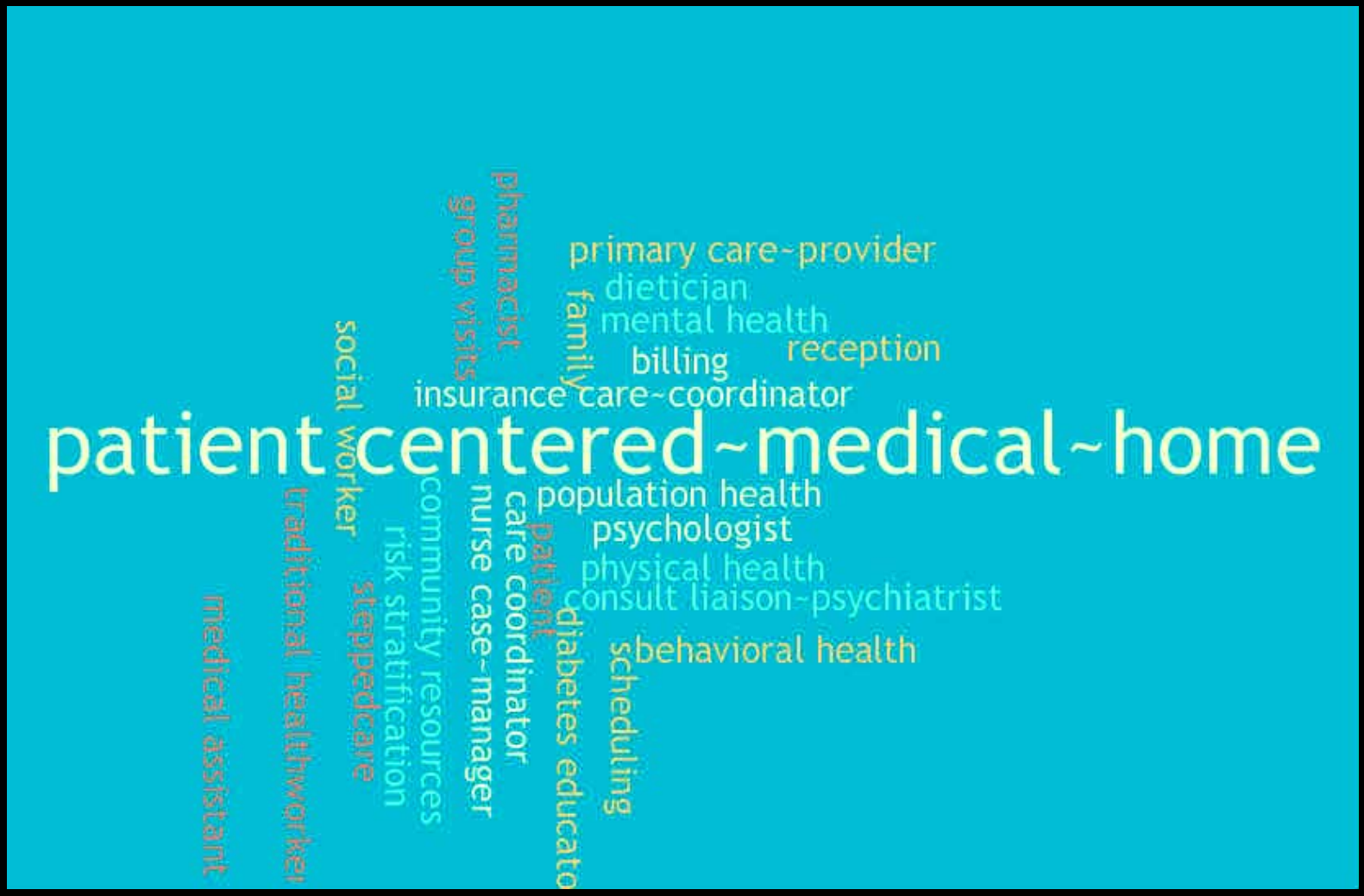
\*\*\*

Requires adding to the workforce not moving all the Specialty Mental Health and Substance Abuse providers.

## IBHC – *This care may address ...*

- *Mental health and substance abuse conditions, ... **AND***
- *health behaviors (including their contribution to chronic medical illnesses),*
- *life stressors and crises,*
- *stress-related physical symptoms, and*
- *ineffective patterns of health care utilization.<sup>1</sup>*

# The Hub – Where everybody knows your name..



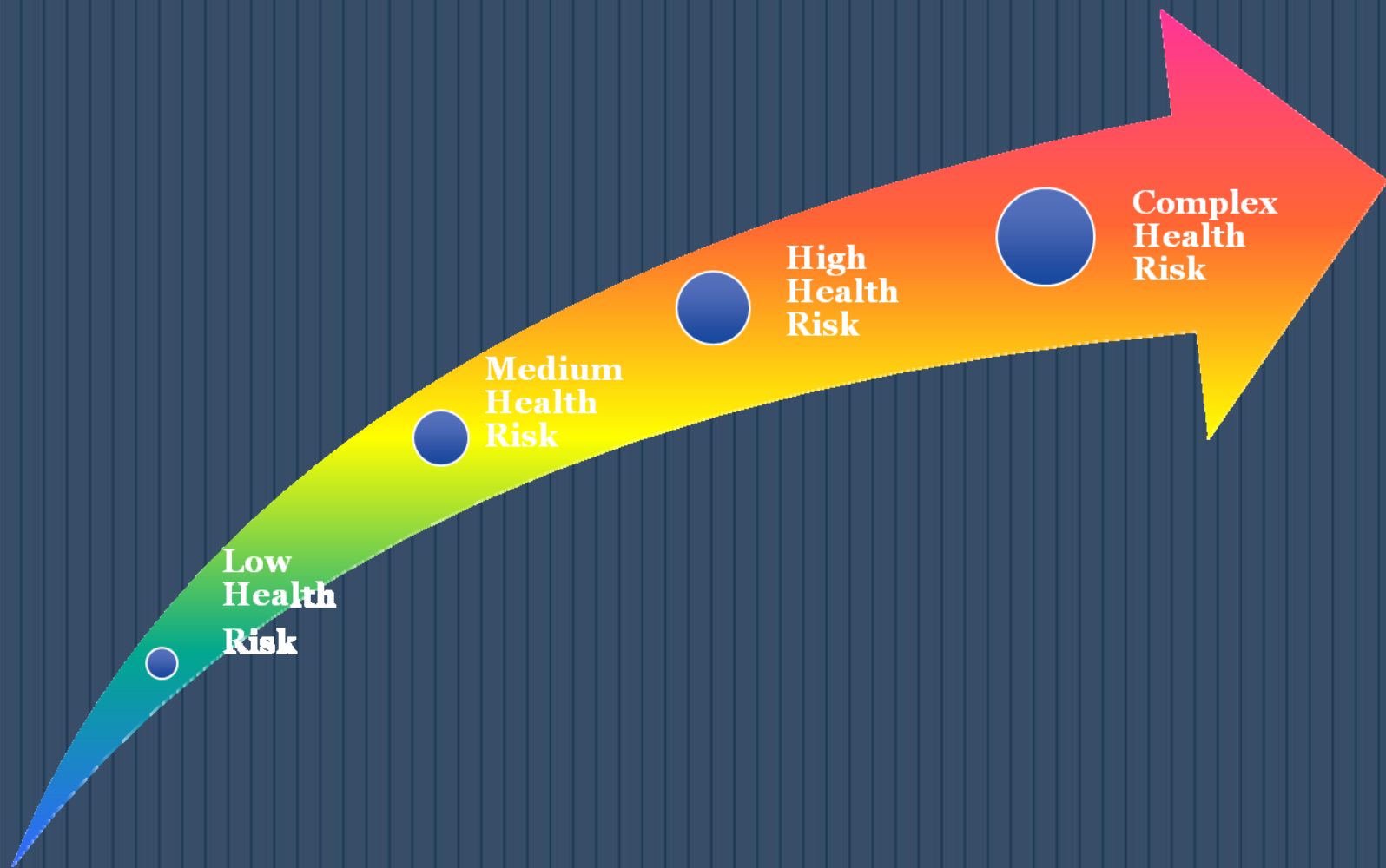
# IBHC – Bridging the Silos

Integrated behavioral health care can systematically enhance a primary care practice's ability to effectively address behavioral health issues that naturally emerge in the primary care, prevent fragmentation between behavioral health and medical care, and create effective relationships with mental health specialists outside the primary care setting.<sup>1</sup>

# Primary Care Healthcare Delivery

- **Health Risk Scores** : Establishing a quantitative guide to what patients need based upon the complexity of their challenges.
- **Stepped Care**: Delivering qualitative care based upon the what patients need based upon the complexity of their challenges.
- **Workforce Development**: Identifying the health team members required to provide the care a patient and their family needs to stabilize and improve health.

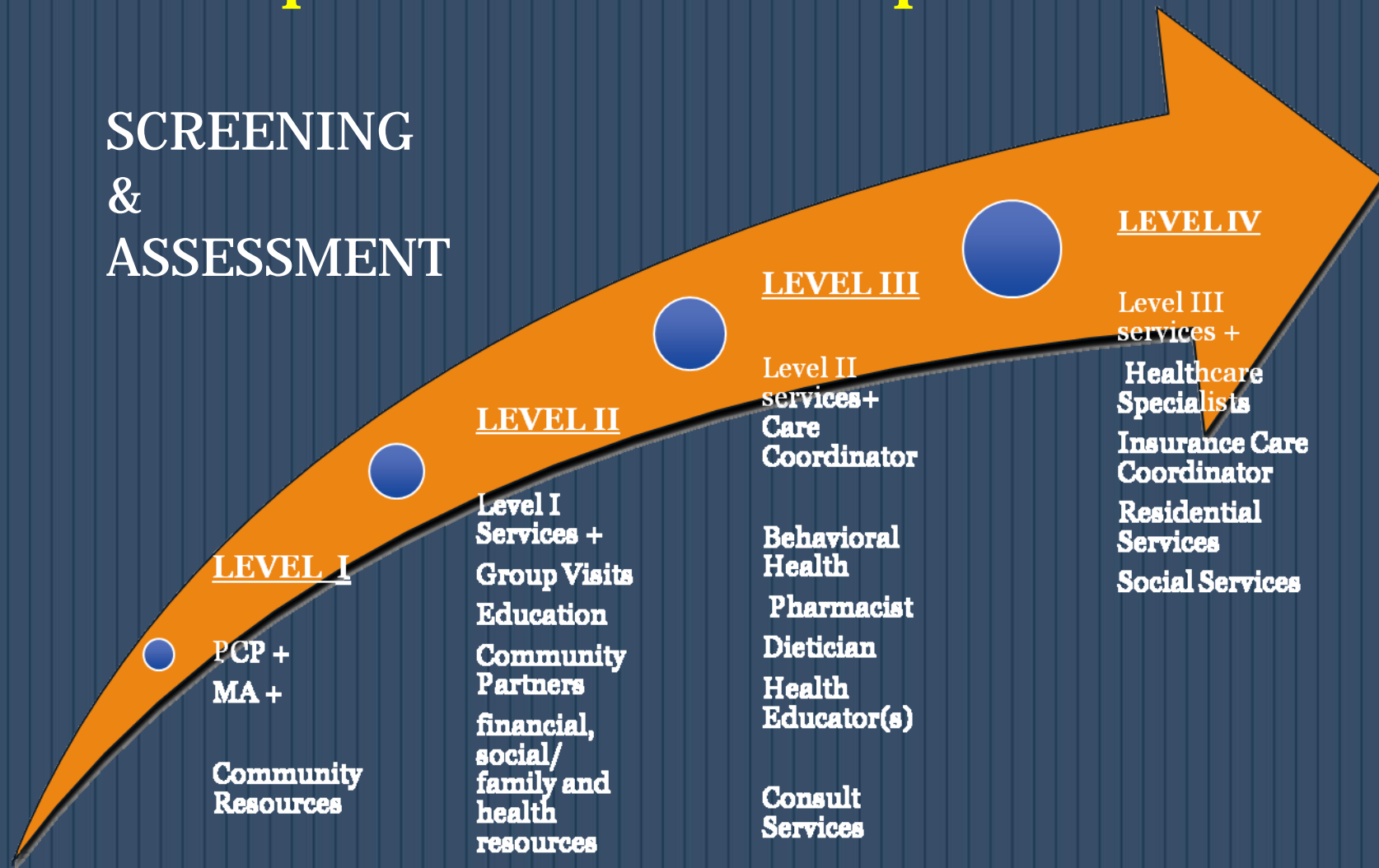
# Population Health - Risk Scoring



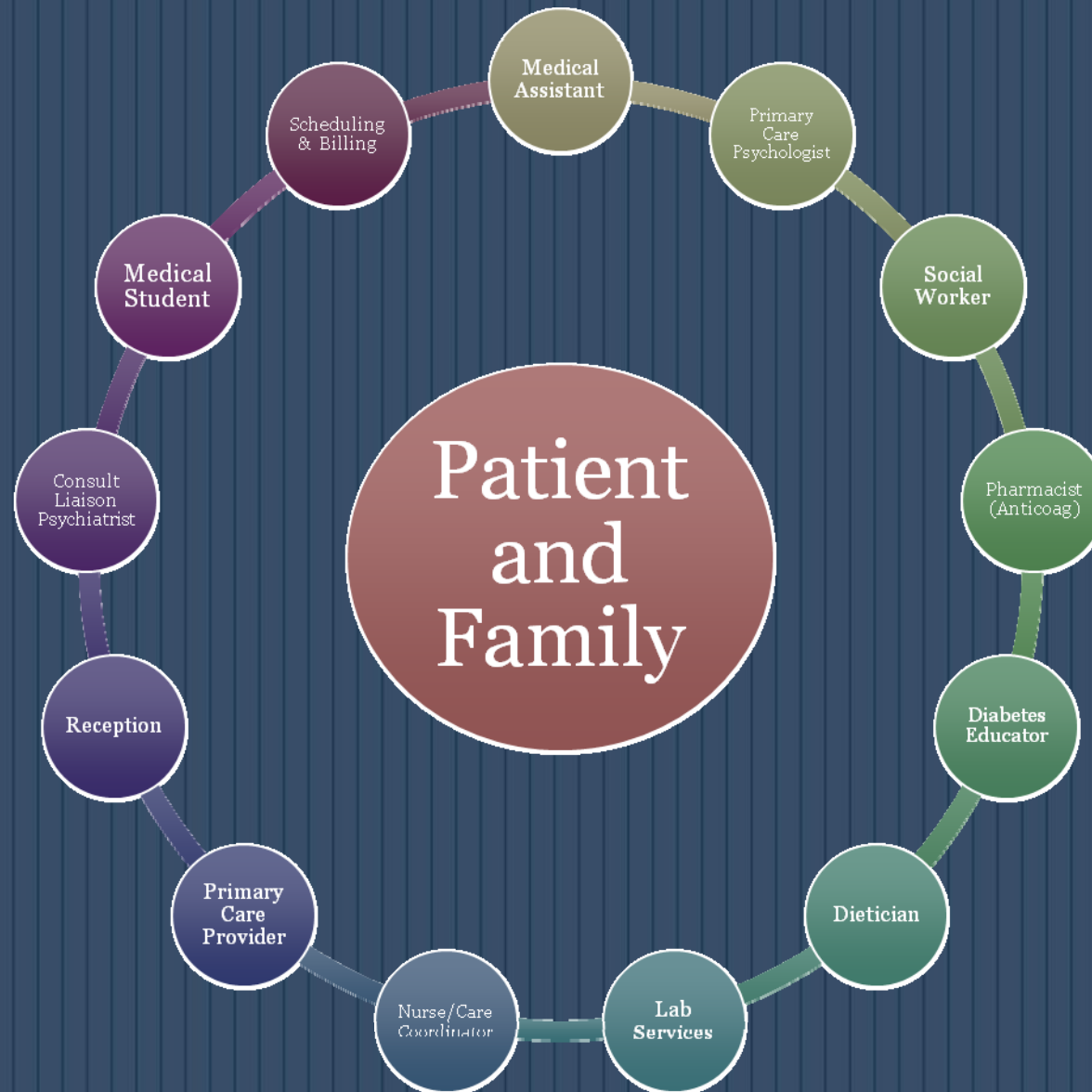


# The patient is team captain...

## SCREENING & ASSESSMENT



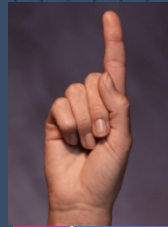
# Behavioral Health Care Team in PCMH



# Samaritan Health Services

- First primary care psychologist: Dr. Lindsey in early 2010.
- 2010 First Medical Home established in Lebanon, including a psychology intern shared with Linn County Mental Health
- 2011-12 Worked on unfunded CMS grant establishing a model for integrated care.
- 2011: Further Patient Centered Medical Homes
- 2012: System-side pursuit of PCMH status for all 22 primary care clinics
- 2012: Three clinics were chosen for CPCI - Medicare
- 2012: Built model to hire additional primary care psychologists. Started a primary care psychology post-doctoral residency pilot
- 2013: Next month we will add our 8<sup>th</sup> and 9<sup>th</sup> psychologists.
- 2014: June, we will launch a full primary care psychology residency fellowship. Psychology residents will be trained in tandem with primary care providers in a trans-disciplinary model.

# Primary Care Behavioral Health Workforce



## Screening, Care, Referral

- Primary Care Provider
- Medical Assistant
- Health Navigator/Coach
- Community Resources



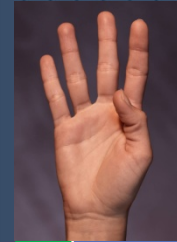
## Group Visits

- Licensed Master's Provider
- Substance Abuse Consultant



## Assessment/Diagnosis & Brief Tx

- Primary Care Psychologist
- Assisted by Medical Students – III Clerks



## Specialty Consult Liaison

- Consult Liaison Psychiatry
- Chart consult/Telemedicine
- Medications

Enhancing

Two Clinics

Eight Clinics

Two Clinics

# Health Psychology – “new” boots

- Health psychology was first described in 1969 by William Schofield in a report to the American Psychological Association (APA).
- In 1973, the APA established a task force to discern how psychologists could empower people to manage their health behaviors, physical health problems and assist healthcare staff in working with patients and families.
- Division 38 of the APA was established, in 1978, led by Joe Matarazzo, who many may know from his years at OHSU.
- There are more than 40 doctoral psychology programs, throughout the country, with specialization in health psychology.
- Here in Oregon **George Fox University** and **Pacific University** both have specialized doctoral programs in health psychology.

# References

- 1) The Academy - Integrating Behavioral Health and Primary Care (US Dept of Health and Human Services : Agency for Healthcare Research & Quality (AHRQ))  
<http://integrationacademy.ahrq.gov/> SAMHSA-HRSA Center for Integrated Health Solutions. Retrieved from  
<http://www.integration.samhsa.gov/>
- 2) Melek, Steve and Norris, Doug. (2008, July). Chronic conditions and comorbid psychological disorders. *Milliman Research Report*. Retrieved from  
<http://publications.milliman.com/research/health-rr/pdfs/chronic-conditions-and-comorbid-RR07-01-08.pdf>.
- 3) Gender and women's mental health, World Health Organization. Retrieved from  
[http://www.who.int/mental\\_health/prevention/genderwomen/en/](http://www.who.int/mental_health/prevention/genderwomen/en/)
- 4) Schroeder, Steven A., We Can Do Better -- Improving the Health of the American People, *N Engl J Med* 2007 357: 1221-1228