



Integrated Primary Care: Models for Treating Physical and Emotional Health Together

From Co-Location to Integration

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Presenter: Dr. Daniel Nead, PhD



- Licensed Clinical Psychologist
- Integrated Health Director at Mālama I Ke Ola Health Center (Maui)

Incorporating Behavioral Health into Primary Care

01

The Why

Integrated care vs. care as usual

02

The What

Models and degrees of integrated care

03

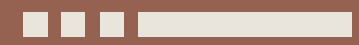
The How

PCBH and the Collaborative Care Models

04

The Take-Aways

Things to remember




01

THE WHY

The theory and
research behind
integrated care





“Concerns that arose through community input include inadequate mental health services, lack of social support and associations, disconnected youth, and suicide.”

—2019 Community Health Needs Assessment
([Maui Health Systems](#))



Mental Health Nationally

46%



Treatment

Percentage of adults with MI who received treatment

50%



Increase

Psychologists receiving increased referrals in 2021

2x



Physical Health

Increased rate of heart and metabolic diseases



Mental Health in Hawai'i

50%



Mood

Adults with MDE
who received
treatment

43.4



Suicide

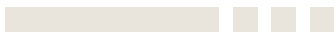
of suicide deaths
per 100,000 people in
NH/PI community


11.5%



Stress

Adults who stated
their MH was not
good



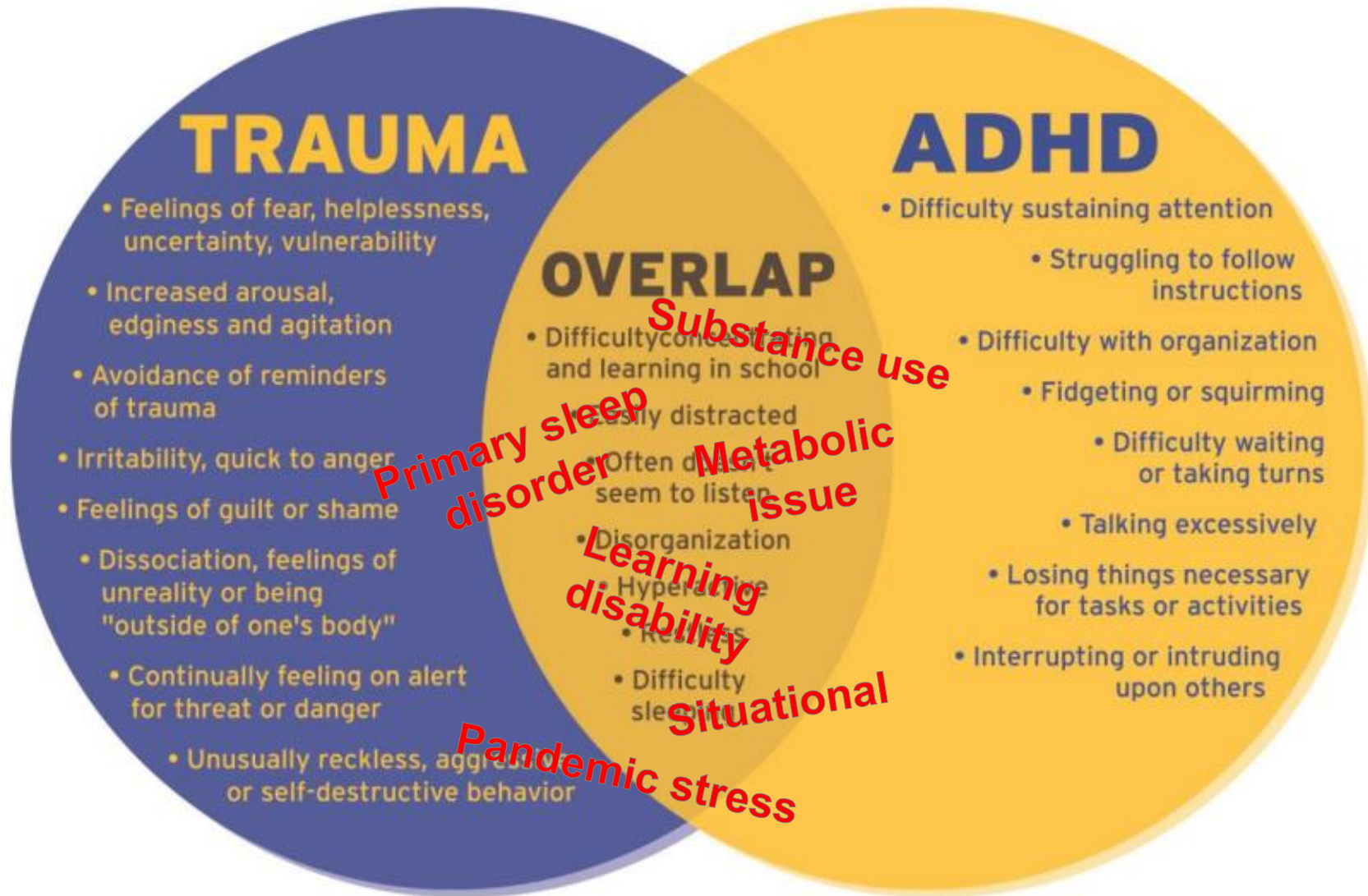


14%

Percentage of met need for mental health professionals in Hawai'i

“I think I have ADHD...”

Environmental



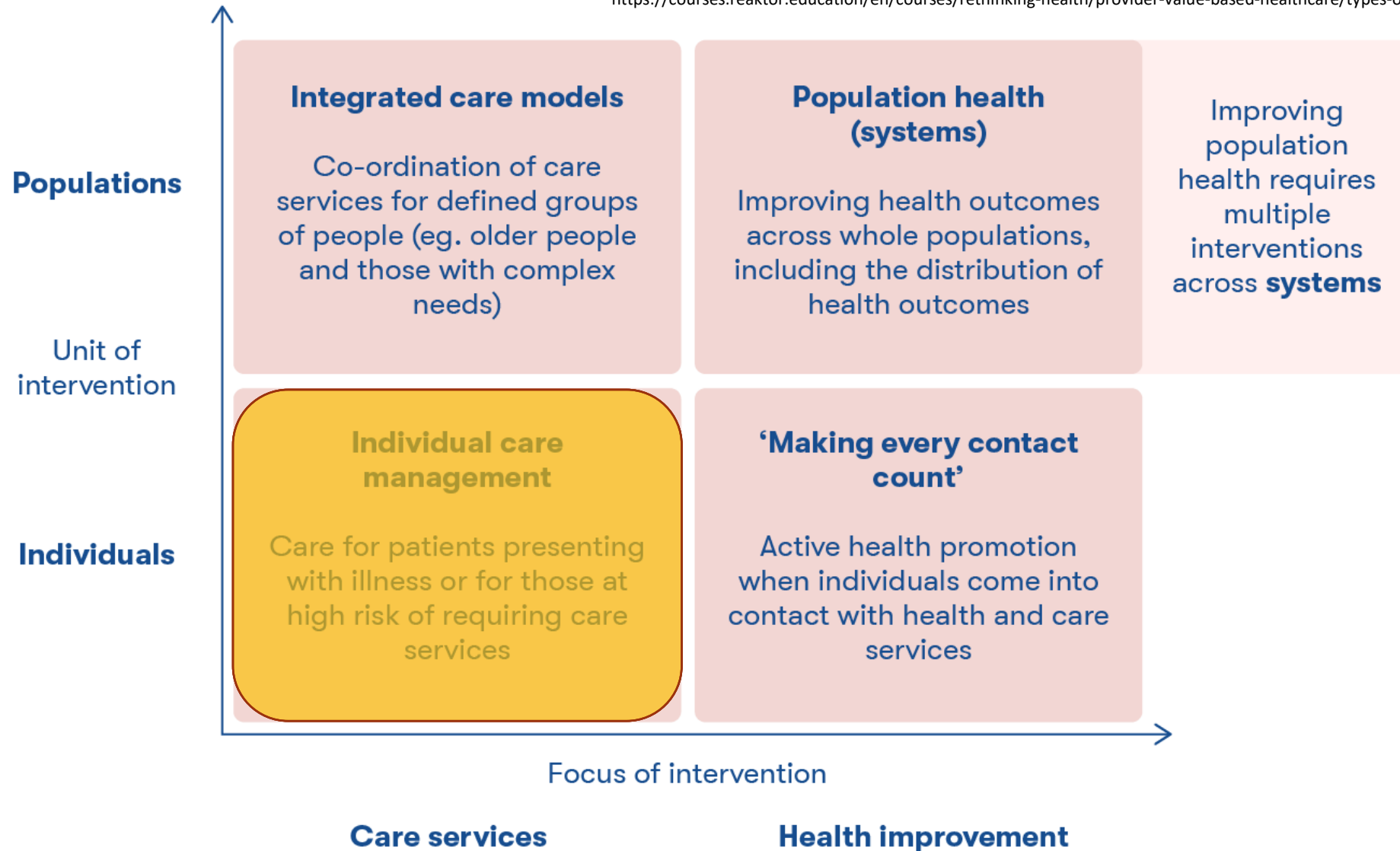
Neurological

How do we increase access?



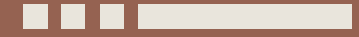
A Shift to Population Health

<https://courses.reaktor.education/en/courses/rethinking-health/provider-value-based-healthcare/types-of-provider-value-based-healthcare/>



Integrated Behavioral Health: The Why

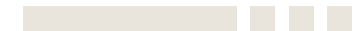
- Rooted in the **Biopsychosocial model** (Engel, 1977)
 - Based in the **social justice movement**
- Primary Care is the “de facto” mental health system already (Kessler & Stafford, 2008)
 - Most PCP visits for BH **don't result** in a referral (Geissler & Zeber, 2020)
 - Stigma
 - Patient preference
 - High prevalence of medical & psychiatric **comorbidities**
 - **Implications** for diagnosis, compliance, and healthcare system utilization



02

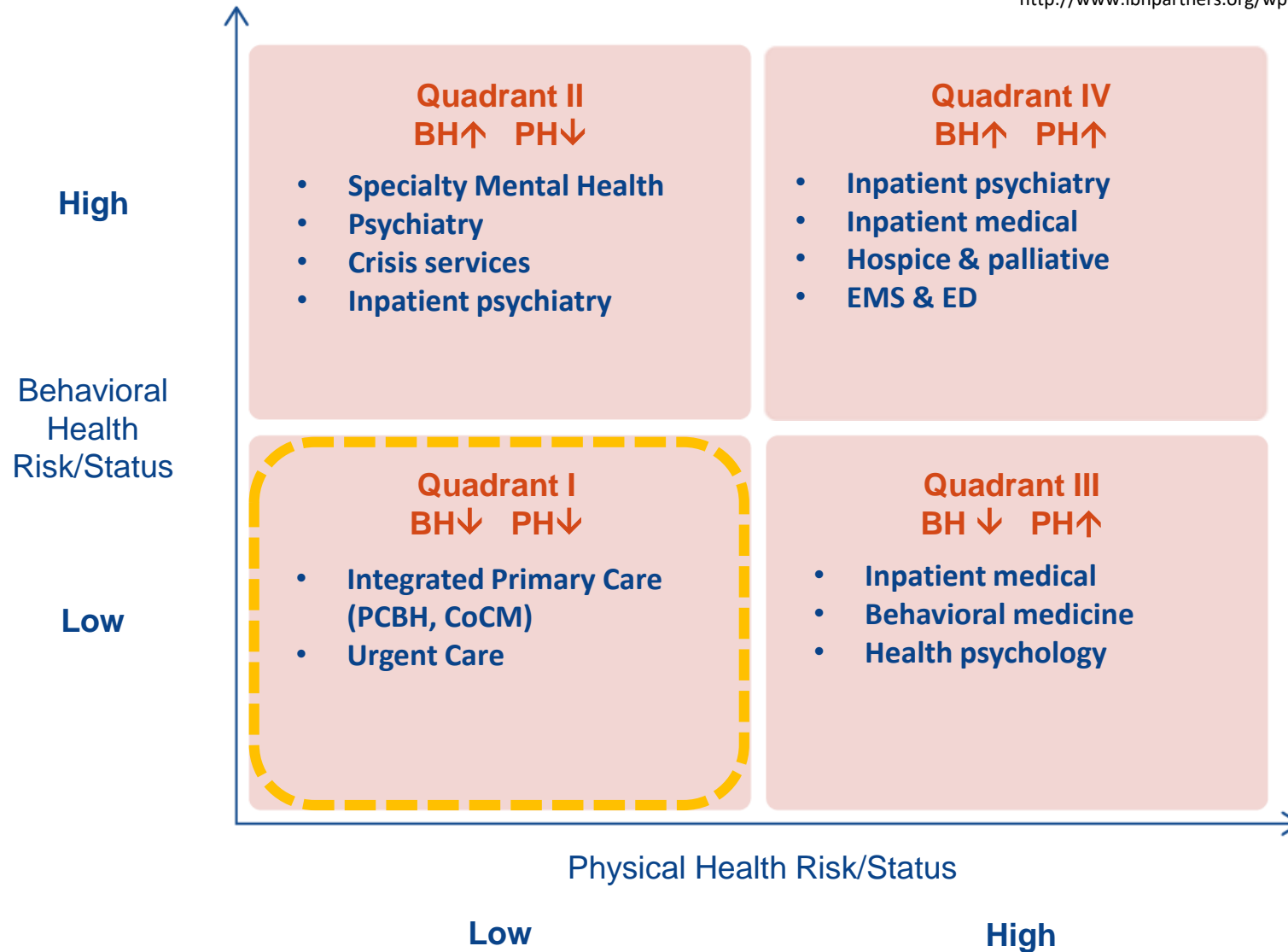
THE WHAT

Degrees and types of
integrated care



The Four Quadrant Clinical Integration Model

<http://www.ibhpartners.org/wp-content/uploads/2015/12/Four-Quadrant-Model-updated-2-06.pdf>



Integrated Behavioral Health: Definition

<https://integrationacademy.ahrq.gov/products/behavioral-health-measures-atlas/what-is-ibhc>

- “A practice 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.
- This care may address **mental health** and **substance abuse** conditions, **health behaviors** (incl. their contribution to chronic medical illness), life **stressors** and crises, stress-related **physical symptoms**, and in-effective **patterns** of health care utilization.”

Contiuum of Primary Care Integration

Coordinated

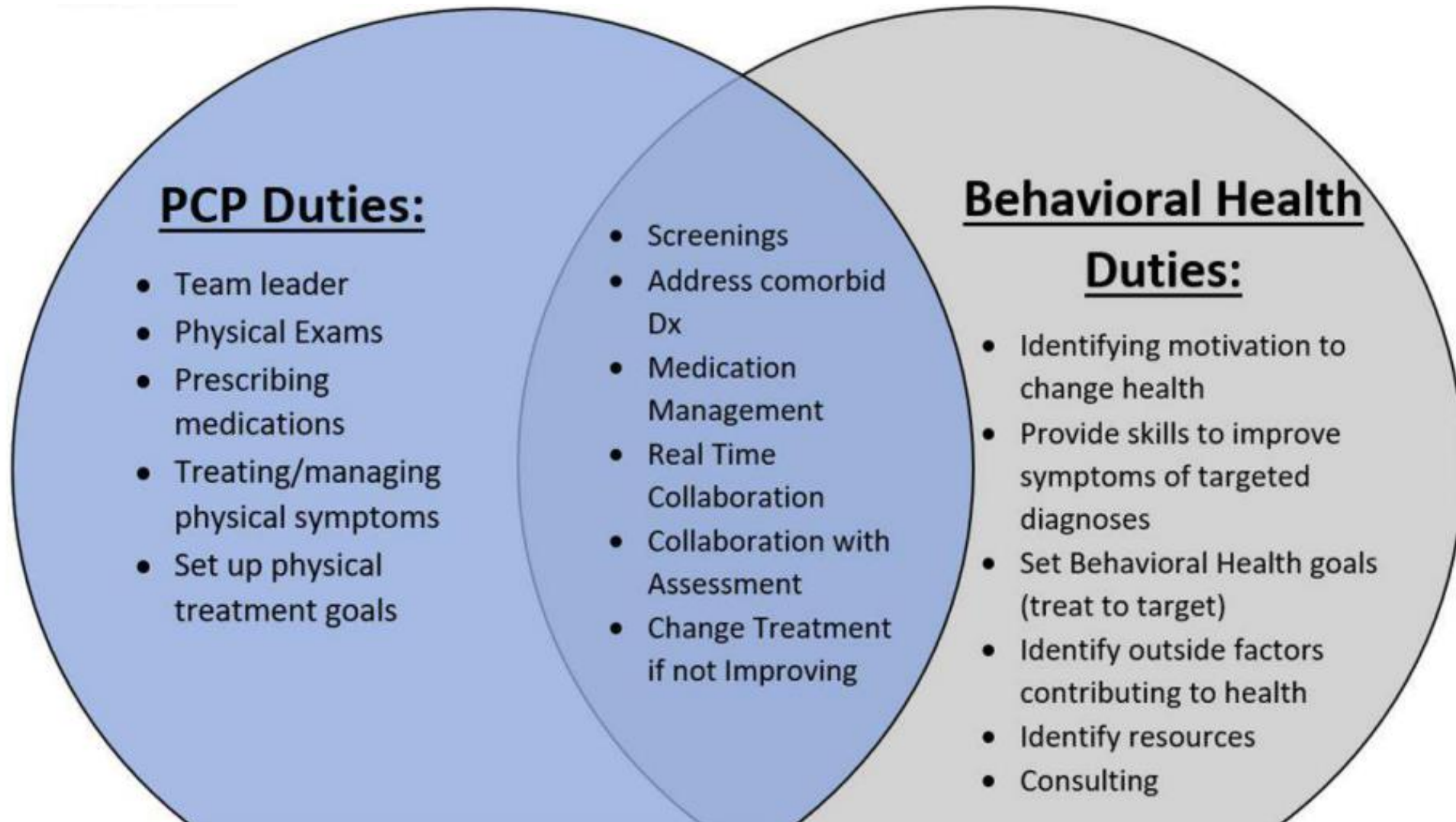
Co-located

Integrated



Note: BHP = Behavioral Health Provider; PCP = Primary Care Provider

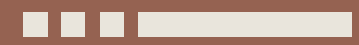
Shared Primary Care



Research Outcomes

- Patient & provider **satisfaction** (Blount, 2003; Hunter, 2018)
- Reduced costs of ED use and hospital admissions (Lute & Manson, 2015)
- Patient outcomes
 - Improved **access** (Landoll, 2018)
 - Increased **functioning** (Hunter, 2018)
 - Symptom **improvement** (Hunter, 2018)
 - Depression
 - Anxiety/PTSD
 - Sleep
 - Tobacco use





03

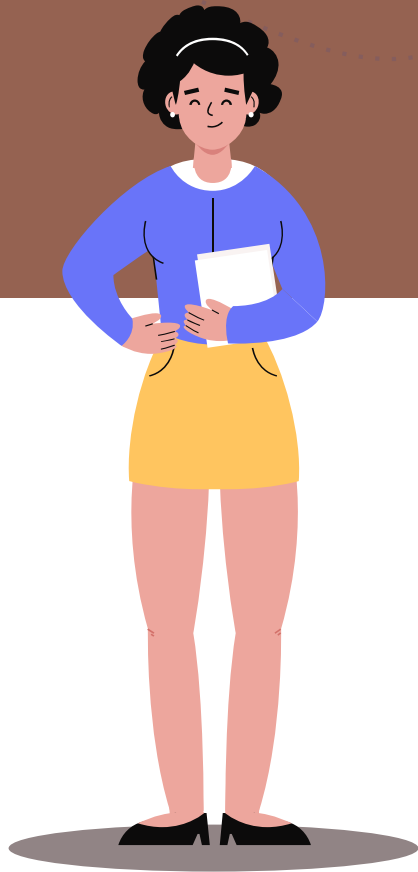
THE HOW

How integrated
care can work



Case Study: Molly

Molly is a 32-year-old woman who presents with a history of headaches and stomachaches that started about 8 months ago. Molly tells you that she feels like crying at the drop of a hat all the time, and sometimes has trouble sleeping. She reports feeling stressed from work and childcare, but that her husband is very supportive in sharing responsibilities. She had hobbies and spent time with friends but hasn't done that recently. She reports that nothing is really “wrong”, she just doesn't feel good.



Primary Care Behavioral Health Model (PCBH)

Providing a primary level of behavioral health care alongside primary medical care

Behavioral Health Consultant Model

- Works **alongside** PCPs in medical pods
- **Immediately** available for in-room or curbside consult
 - Typical session: 15-30 minutes
 - Clarify diagnosis
 - Provide brief intervention or follow-up
 - Connect to community services
- Reports back to PCP and charts in the same EMR
- Separate follow-ups for short-term therapy (<6 sessions)
- Refers out to community provider if needed

Role of the Behavioral Health Consultant

- Address issues **common to primary care**
 - Mood and affective concerns
 - Physical illness
 - Health behavior change
 - Social challenges
- Health prevention and education
- Resources and medical team support

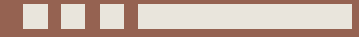
Co-location compared to Integration

37

Mental Health Provider	Behavioral Health Consultant
Located in the same building	Located in the Same Office
Patient seen in separate office	Patient seen in exam room
Separate Chart	Same Chart
Defined Schedule	Open Access
50 minute visits	20-30 minute visits
Comprehensive BH Documentation	Brief Documentation
Hired into Behavioral Health Clinic	Hired into Medical Clinic
Focused on resolution of Mental Health Disorders	Focused on functional outcomes for a wide range of Mental Health, Substance Abuse and Chronic Health Conditions
Separate treatment plan	Shared treatment plan
Part of a multidisciplinary team	Part of a interdisciplinary team
Communication through e-mail or set meetings	Communication and feedback are immediate

Case Study: Molly

- Anxiety and stress
 - Connection of mind and body
 - Relaxation exercises and stress management
- Sleep hygiene
- Family/work dynamics and social support
- Follow-up in 2 weeks with medical appointment
 - Relaxation skills and resources
 - Improve sleep quality and sleep/wake consistency
 - Review labs and medical work-up



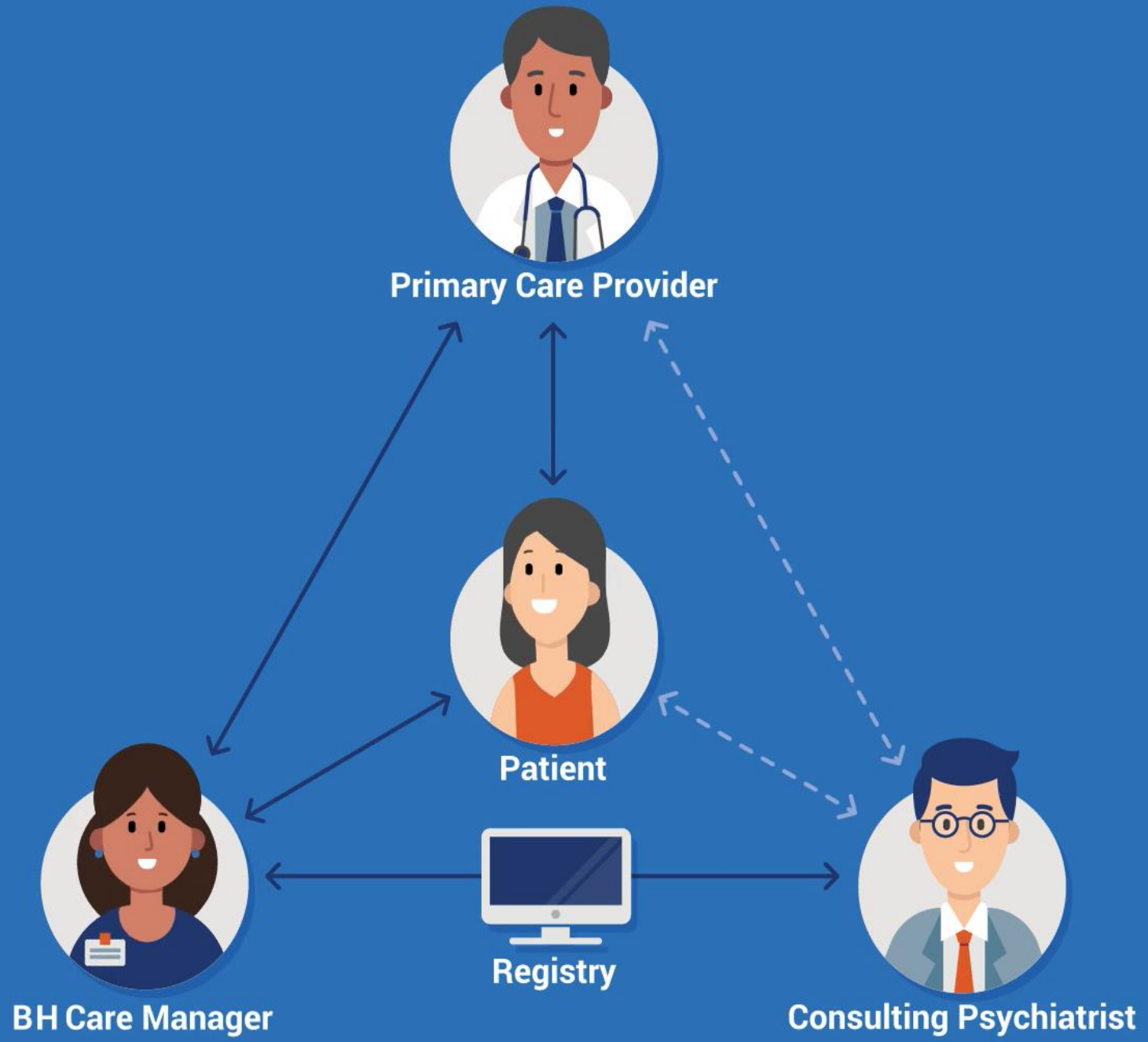
Collaborative Care Model (CoCM)

Sub-specialty care
in a primary care setting



Collaborative Care Model (CoCM)

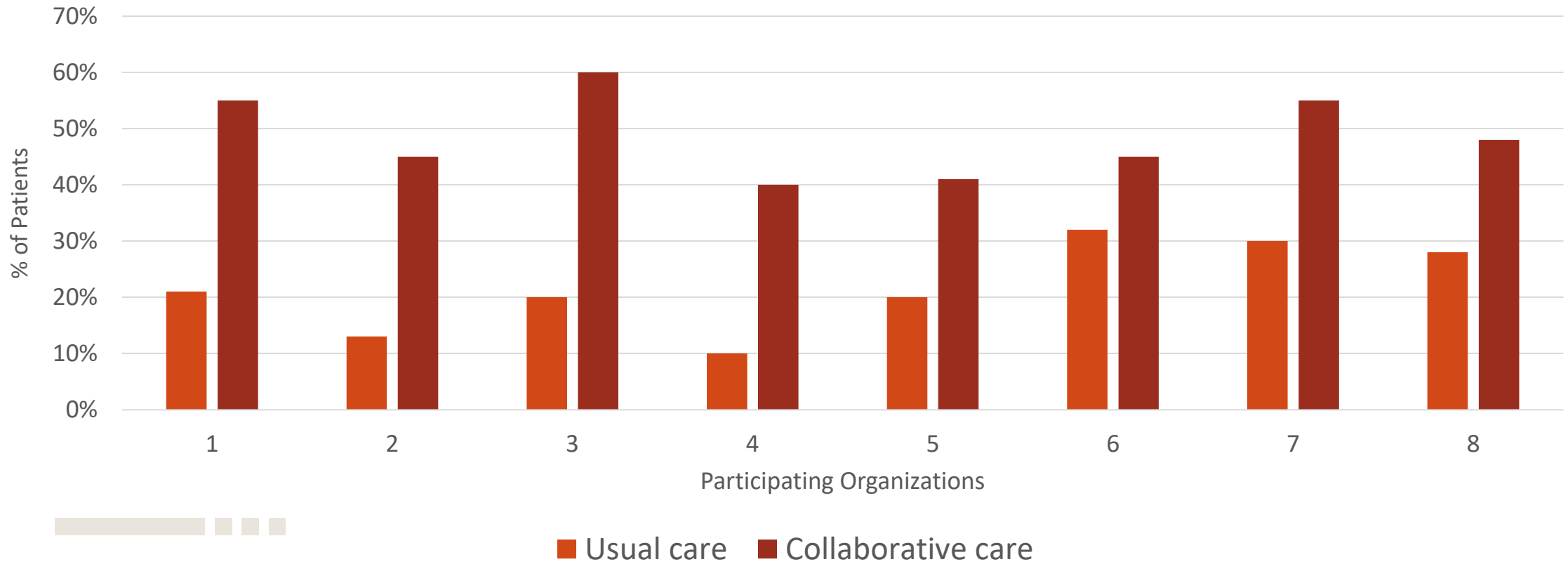
- Patient screened and referred to CoCM program
 - BH Case manager: monitors and provides BH care
 - Pediatrician: medication prescribing and medical care
 - Consulting psychiatrist: monitors registry and EMR
- BH provider and consulting psychiatrist **regularly review** EMR/registry and **consult** on patient care
 - Measurement-based treatment to target
 - Change or adjust behavioral or medical treatment
 - BH provider liaisons with PCP and patient
- Patients who don't improve after 3 months are targeted for **higher level of care** (e.g. community referral)



Research Outcomes: IMPACT Study (2002)

JAMA. 2002;288(22):2836-2845. doi:10.1001/jama.288.22.2836

50% or Greater Improvement in Depression at 12 Months



Case Study: Molly

- BH case manager
 - 4-6 weekly sessions on stress skills; 1 month follow-up
 - Monitor mood symptoms at each visit
- Consulting psychiatrist
 - Review chart for additional medical rule-outs
 - Monitor symptom progress, suggest medication changes to PCP as needed
- PCP
 - Treat any medical needs/rule-out physical causes of symptoms
 - Prescribe medication per consultation with psychiatrist
 - Follow-up as needed for medical treatment plan

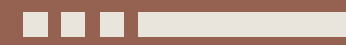
Key Features of PCMH and CoCM

Primary Care Behaviorist Model

- Co-located and integrated behavioral health specialist (Primary Care Behaviorist)
- Evidence-based screening with diagnosis by practitioner
- Warm hand-offs to behaviorist
- Evidence-based behavioral treatments customized for primary care
- Treatment duration ≤ 6 sessions (time-limited therapy)

Care Management for Patients With Mental Health Conditions Model

- Co-located and integrated care manager with behavioral health training
- Evidence-based screening with diagnosis by practitioner
- Decision support for complex mental health needs provided by practitioner or psychiatric consult
- Algorithm-based, stepped care with proactive patient follow-up and monitoring
- Treatment duration 3-12 months



04

THE TAKE-AWAYS

Re-thinking how we
could provide care





Things to remember

- Primary care is primary care is primary care
 - Continue to use a **population health approach**
 - Applies to medical and behavioral health care
- Meet the patient where they are: in primary care!
 - Primary care is **already** the de facto mental health system
 - Don't pathologize normal life
 - Stigma is a huge barrier to care
- Integration exists on a continuum
 - Patients' health is **already integrated**
 - Consider the model that works best for you

Contiuum of Primary Care Integration



Note: BHP = Behavioral Health Provider; PCP = Primary Care Provider



“Community or ‘population’ interventions can succeed by making **SMALL CHANGES IN A LARGE NUMBER OF PEOPLE**, rather than large changes in a small number of people.”

Kindig & Stoddart, 2003





Questions?



Resources

1. Collaborative Family Healthcare Association (<https://cfha.net/>)
2. Integrating behavioral health into the medical home: A rapid implementation guide. (Corso et al., 2016)
3. National Council for Mental Wellbeing (<https://www.thenationalcouncil.org/>)
4. ACQH Integration Academy (<https://integrationacademy.ahrq.gov/>)

References

1. Unützer J, Katon W, Callahan CM, et al. (2002). Collaborative Care Management of Late-Life Depression in the Primary Care Setting: A Randomized Controlled Trial. *JAMA*; 288(22):2836–2845. <https://doi.org/10.1001/jama.288.22.2836>
2. Protecting Youth Mental Health: The US Surgeon General’s Advisory (2021): <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
3. Hawai’i Health Matters Community Dashboard: <https://www.hawaiihealthmatters.org/indicators>
4. <https://courses.reaktor.education/en/courses/rethinking-health/provider-value-based-healthcare/types-of-provider-value-based-healthcare/>
5. Engel GL. (1977) The need for a new medical model: a challenge for biomedicine. *Science*; 196(4286):129-36. <https://doi.org/10.1126/science.847460>
6. Kessler, R., & Stafford, D. (2008). Primary care is the de facto mental health system. In R. Kessler & D. Stafford (Eds.), *Collaborative medicine case studies: Evidence in practice* (pp. 9–21). Springer Science + Business Media. https://doi.org/10.1007/978-0-387-76894-6_2
7. Geissler KH, & Zeber JE (2020). Primary Care Physician Referral Patterns for Behavioral Health Diagnoses, <https://doi.org/10.1176/appi.ps.201900004>
8. The Four Quadrant Clinical Integration Model: <http://www.ibhpartners.org/wp-content/uploads/2015/12/Four-Quadrant-Model-updated-2-06.pdf>
9. Blount, A. (2003). Integrated Primary Care: Organizing the Evidence. *Families, Systems, & Health*, 21(2), 121–133. <https://doi.org/10.1037/1091-7527.21.2.121>
10. Hunter, C.L., Dobmeyer, A.C. & Reiter, J.T. (2018). Integrating Behavioral Health Services into Primary Care: Spotlight on the Primary Care Behavioral Health (PCBH) Model of Service Delivery. *J Clin Psychol Med Settings* 25, 105–108. <https://doi.org/10.1007/s10880-017-9534-7>
11. Landoll, R., Nielsen, M., Waggoner, K., Najera, E. (2018). Innovations in primary care behavioral health: a pilot study across the U.S. Air Force. *Translational Behavioral Medicine*, 9(2), 266–273, <https://doi.org/10.1093/tbm/iby046>
12. Kindig, D., & Stoddart, G. (2003). What is population health?. *American journal of public health*, 93(3), 380–383. <https://doi.org/10.2105/ajph.93.3.380>



Mahalo!

Do you have any questions?

dnead@ccmaui.org
(808) 872-4068
ccmaui.org

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