Integrated Health Care: A Holistic Approach to Deliver Health Services

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Ice Breaker

1 MINUTE DEEP BREATHING AND SELF ASSESSMENT

Name
Where are you connecting from?
Your organization and title.
Based on the activity- briefly describe your emotional and physical health and what could it make it better.

ABOUT US

MISSION STATEMENT

To improve the health and well-being of the community by providing quality and compassionate health care services in a patient-centered atmosphere respecting individual and cultural diversity.

Vision Statement

- Understanding that all patients are unique and have their own individual and cultural values.
- Being a collaborative model with Medical, Dental, Behavioral Health, and Pharmacy working together for the best measured clinical outcomes for our patients.

OUR HISTORY

July 2004
VVHC opened with medical services.

October 2004
VVHC opened its dental center.

April 2006
The south clinics (Toldeo, Winlock, and Onalaska) were opened.

May 2008
Chehalis clinic moved into newly remodeled building.

December 2008
The Morton dental clinic opened.

December 2009
Walk-in clinic opened in Chehalis.

February 2010
The Raymond (Pacific County) medical and dental clinics opened.

April 2012
The Pe Ell clinic opened.

December 2013
The Olympia medical clinic opened in collaboration with BHR

February 2014
The Toledo clinic moved into brand new building.

April 2014
The Centralia clinic opened in collaboration with Cascade Mental Health Care.

May 2015
The pediatric clinic opened in Centralia.

February 2016
Pharmacy opened services in Chehalis

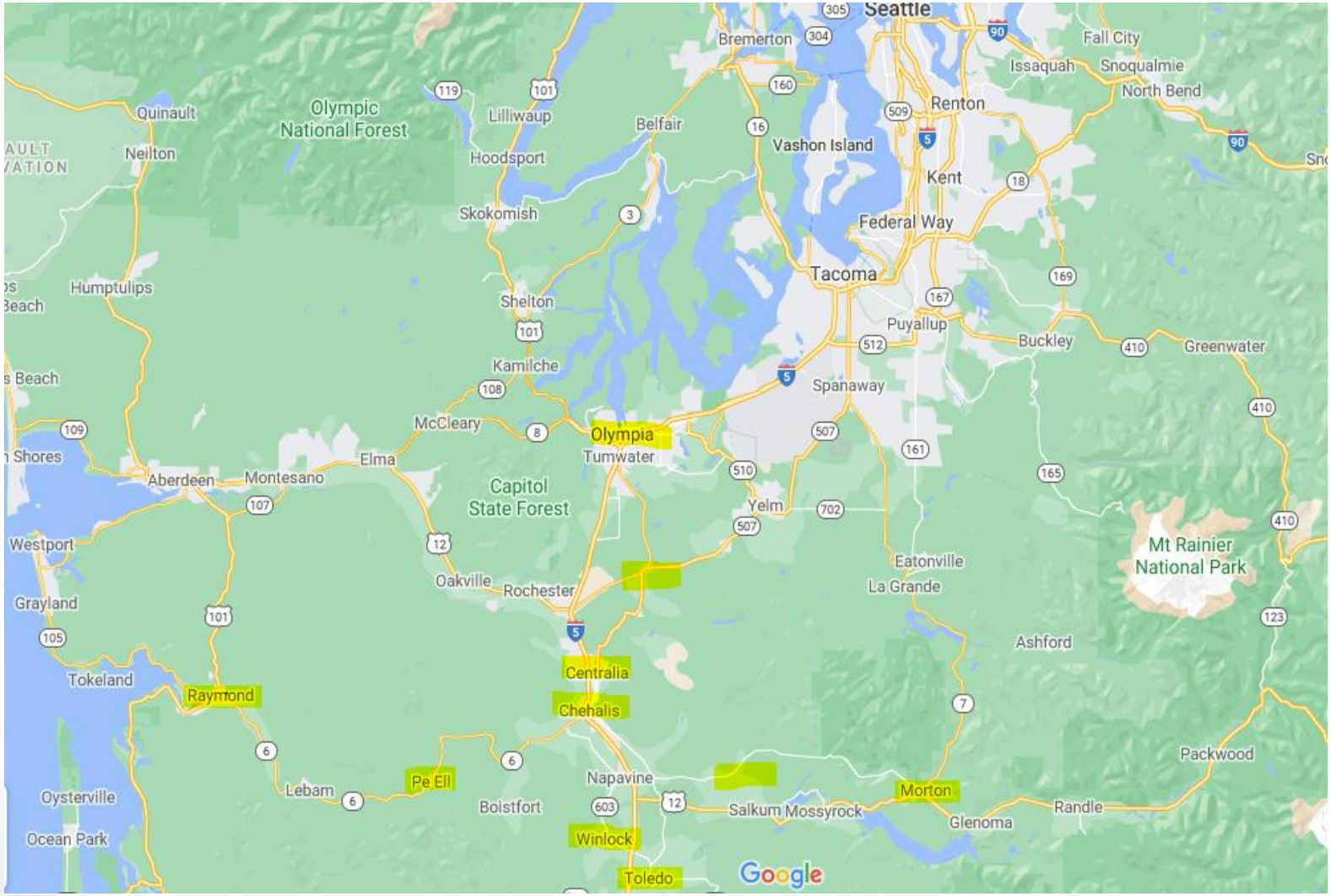
January 2017
The Olympia dental clinic opened.

April 2017
The Tenino medical clinic opened.

December 2017
The Winlock Clinic moved into newly remodeled building.

September 2018
The Children's Dental Clinic in Centralia opened.

OUR LOCATIONS



Patients Served in 2019 and 2020

Unique patients in 2019:

- Medical – 28,346
- Dental – 10.004
- BH – 690

Encounters in 2019:

- Medical – 82,466
- Dental – 38,378
- BH – 4,972

Unique patients in 2020:

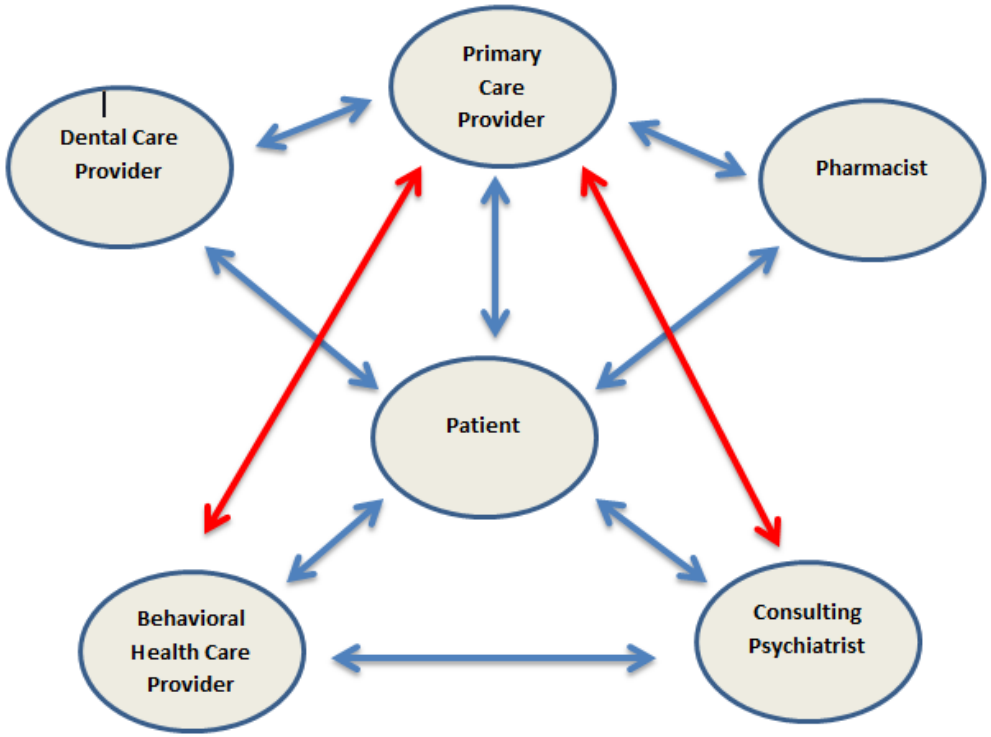
- Medical – 29,185
- Dental – 8,513
- BH – 745

Encounters in 2020:

- Medical – 80,067
- Dental – 26,448
- BH – 5,969

OUR MODEL OF CARE

- Integrated Health Care Services
- Holistic approach mind and body
- We share an Electronic Health Record system (EHR)
- Multiple services in one location
- Collaborative Care Services With Outside Organizations



SERVICES WE PROVIDE

Medical

- Preventative medical
- Pediatrics and well-child care
- Immunizations
- Chronic disease care management
- Routine physicals
- Family planning and pregnancy testing
- Health education and information
- Outreach and case management
- On-site pharmacy and laboratory services
- Telehealth services due to covid-19 pandemic
- MAT (Medication Assisted Treatment) for pregnant and postpartum women
- Home Visits

MEDICAL INTEGRATED SERVICES

- Joint therapy and medical visits
- Collaboration with consulting psychiatrist
- Collaboration with dental in medical appointment
- Consultation with therapist
- Consultation with pharmacy regarding medication alternatives and prices

SERVICES WE PROVIDE

Dental

- Preventative & Restorative care
- Oral examinations
- Oral hygiene and cleanings
- Digital x-rays
- Dental education and information
- Emergency care
- Referral services for specialized care

SERVICES WE PROVIDE

Pharmacy

- On-site Pharmacy
- Affordable Medications
- 340B Program prescription discounts
- Prescription assistance programs from Drug Manufacturing Companies
- Mail order prescriptions
- Bilingual staff at all times
- Counseling
- Prescription labeling

Pharmacy – Integrated Health

- Assist providers with refilling prescriptions and switching medications through Collaborative Drug Therapy and Therapeutic Interchange Agreements.
- Follow up with patient's started on new antidepressant medications, per provider referral.
- Titrate insulin, educate, and closely monitor patients with uncontrolled diabetes, per provider referral.
- Initiate Diabetes Self Management Education and support program (DSMES) per provider, dental, pharmacy, or patient request.

Antidepressant Follow-Up Program:

Underserved population have a higher risk of relapse and recurrence of depression during first 6 weeks after initiation of antidepressant therapy.

Provider refers patients to pharmacist for follow up.
Clinical pharmacist addresses:

- Any questions or concerns that patient may have with medication.
- Any possible side effects.
- Therapeutic outcome.
- Suggest behavioral therapy appt. if patient has not scheduled one.
- Ensure follow up appointments scheduled:
  - Primary care provider
  - Behavioral health care specialist

Diabetes Education

- Provide Diabetes Self Management Education and Support **(DSMES)** – empower patients with knowledge, skills, and abilities necessary for diabetes self care.
- Address **ADCES 7 Self Care Behaviors** for managing diabetes:
  - Healthy Coping
  - Healthy Eating
  - Being Active
  - Monitoring
  - Taking Medication
  - Problem Solving
  - Reducing Risks

Pharmacy – Diabetes Education
ADCES7 Self Care Behaviors

Healthy Coping

- Having positive attitude toward condition(s)
- Positive relationship with others
- Addressing Emotional/Diabetes Distress

Healthy Eating

- Establish healthy eating patterns
- Measuring portions and monitoring intake

Being Active

- Establishing appropriate physical plans
- Helps with overall health: cholesterol, blood pressure, lowering stress and anxiety, improving mood.

Pharmacy – Diabetes Education
ADCES7 Self Care Behaviors

Taking Medication:

- Ensure patient able to afford medication
- Patient understands dose, directions, and indications
- Simplify complicated medication regimens
- Address any patient concerns or question

Monitoring:

- How food and medication affect blood glucose levels
- Optimal time to check blood glucose levels and how to interpret results
- Maintaining accurate records and sharing information

Pharmacy – Diabetes Education

ADCES7 Self Care Behaviors

Problem Solving

- How to deal with different situations
- Examples: vacation, getting sick, eating out, exercise

Reduce Risk

- Minimize or prevent complications from diabetes
- Examples:
  - Vaccinations
  - Appropriate health screenings
  - Tobacco cessation

Pharmacy - Insulin Titration and Monitoring

Provider refers patient to clinical pharmacist for insulin titration.

Pharmacist addresses:

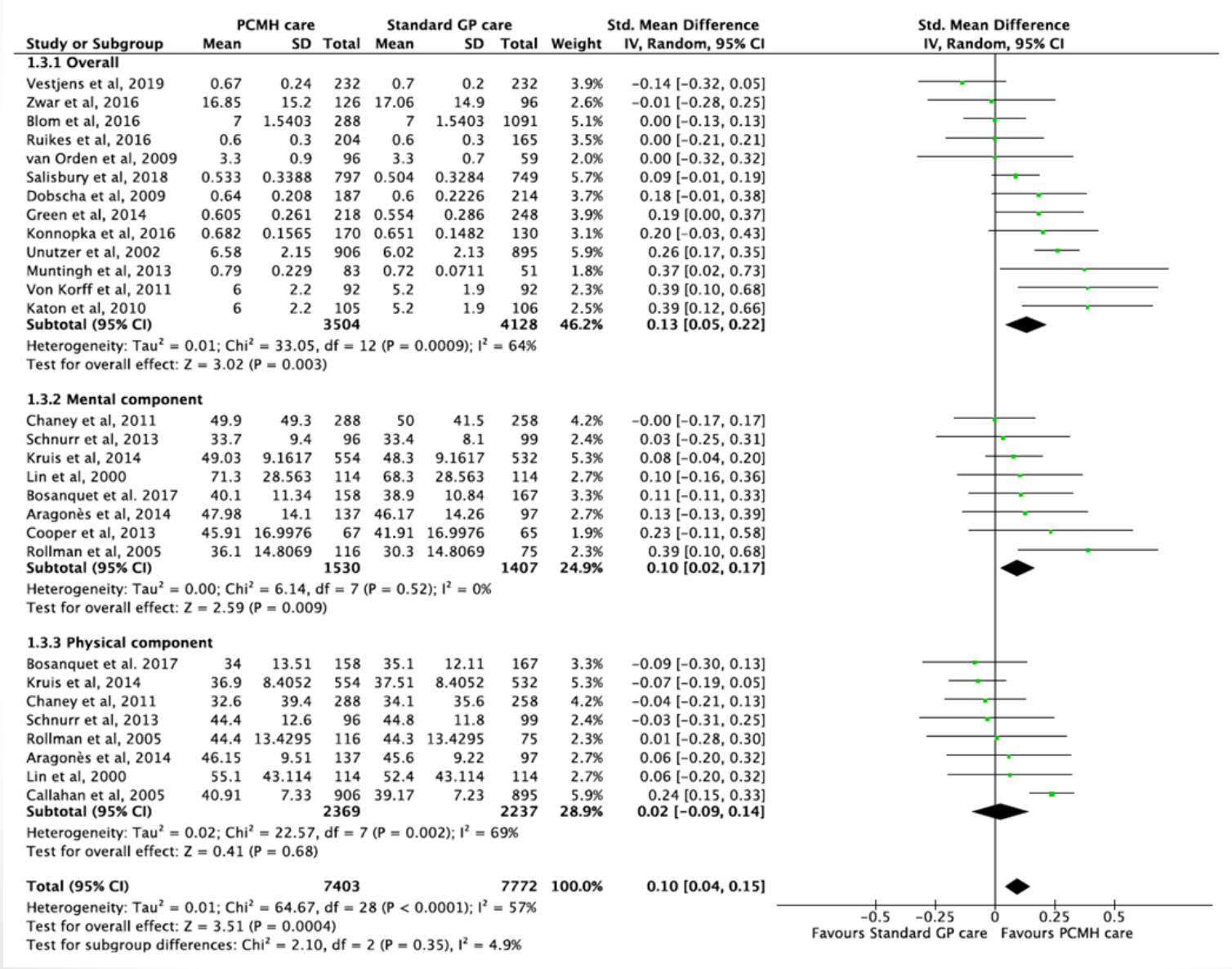
- Avoiding hypoglycemia
- Avoiding hyperglycemia
- Comprehensive instructions on monitoring
- Instructions on calculating insulin dose, or specifying insulin dose
- Notify or update provider on patient's blood glucose readings, insulin doses, plus any pertinent information
- AADES 7 Self Management Behaviors

Better Outcomes with Integrated Healthcare

(2020) The Effectiveness of Patient-Centred Medical Home-Based Models of Care versus Standard Primary Care in Chronic Disease Management: A Systematic Review and Meta-Analysis of Randomised and Non-Randomised Controlled Trials. Int J Environ Res Public Health.
John, JR., Jani H., Peters, K., Agho, K., Tannous, WK. 2020 Sep 21;17(18):6886. doi: 10.3390/ijerph17186886.

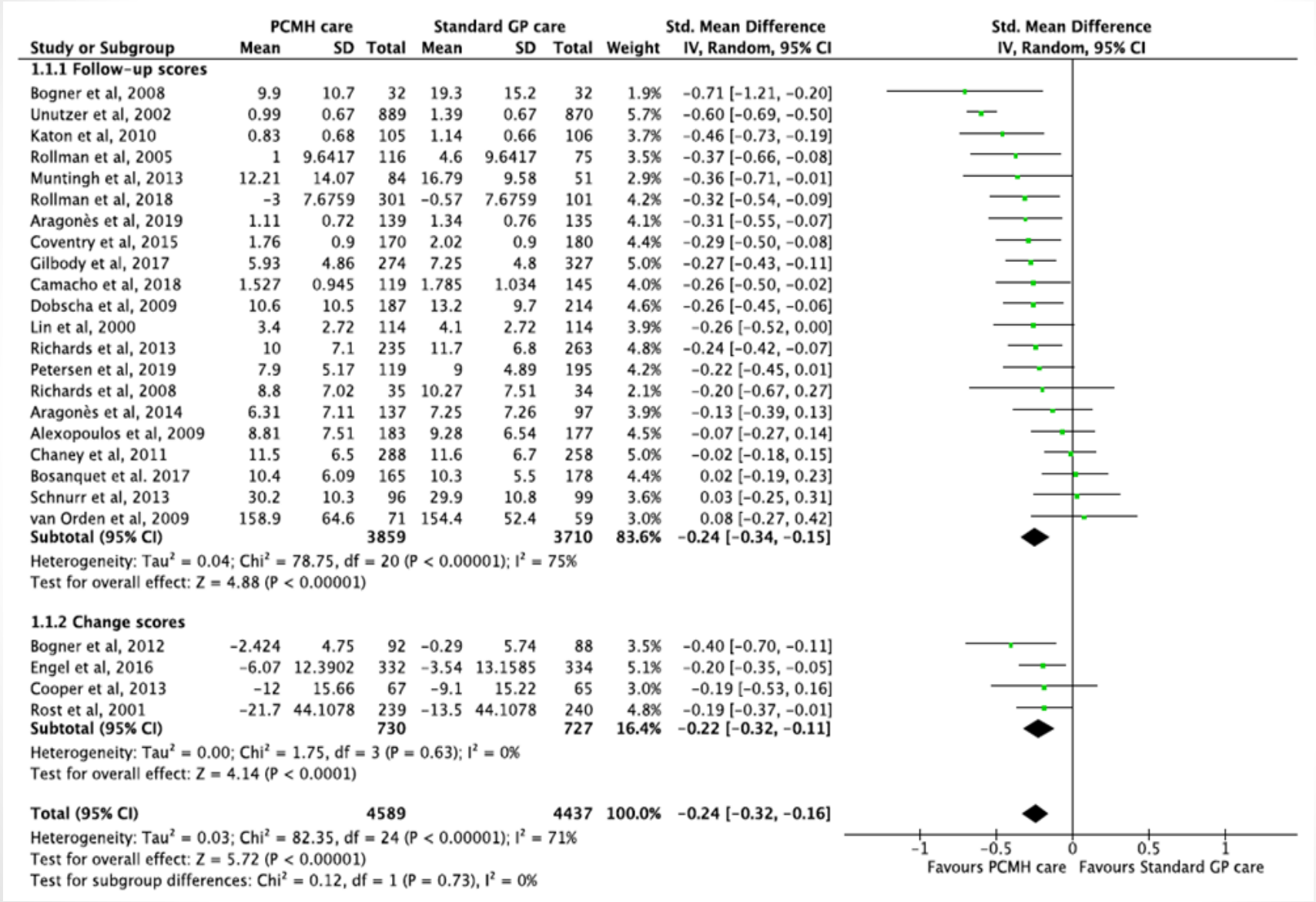
- Electronic databases from MEDLINE, CINAHL, Embase, Cochrane Library, and Scopus yielded 85 eligible studies.
- Published September 2020
- Patient Centered Medical Home Based Models
    - Defined as primary care home that meets the majority of a patient's physical and mental health care needs.
    - Team consists of multiple disciplines such as medical, nursing, pharmacists, social workers, nutritionists, and educators.

Forest plots of Quality of Life (QoL) outcomes between PCMH care and standard GP care.



Study or Subgroup	PCMH care Mean	SD	Total	Standard GP care Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.3.1 Overall								
Vestjens et al, 2019	0.67	0.24	232	0.7	0.2	232	3.9%	-0.14 [-0.32, 0.05]
Zwar et al, 2016	16.85	15.2	126	17.06	14.9	96	2.6%	-0.01 [-0.28, 0.25]
Blom et al, 2016	7	1.5403	288	7	1.5403	1091	5.1%	0.00 [-0.13, 0.13]
Ruikes et al, 2016	0.6	0.3	204	0.6	0.3	165	3.5%	0.00 [-0.21, 0.21]
van Orden et al, 2009	3.3	0.9	96	3.3	0.7	59	2.0%	0.00 [-0.32, 0.32]
Salisbury et al, 2018	0.533	0.3388	797	0.504	0.3284	749	5.7%	0.09 [-0.01, 0.19]
Dobscha et al, 2009	0.64	0.208	187	0.6	0.2226	214	3.7%	0.18 [-0.01, 0.38]
Green et al, 2014	0.605	0.261	218	0.554	0.286	248	3.9%	0.19 [0.00, 0.37]
Konnopka et al, 2016	0.682	0.1565	170	0.651	0.1482	130	3.1%	0.20 [-0.03, 0.43]
Unutzer et al, 2002	6.58	2.15	906	6.02	2.13	895	5.9%	0.26 [0.17, 0.35]
Muntingh et al, 2013	0.79	0.229	83	0.72	0.0711	51	1.8%	0.37 [0.02, 0.73]
Von Korff et al, 2011	6	2.2	92	5.2	1.9	92	2.3%	0.39 [0.10, 0.68]
Katon et al, 2010	6	2.2	105	5.2	1.9	106	2.5%	0.39 [0.12, 0.66]
Subtotal (95% CI)			**3504**			**4128**	**46.2%**	**0.13 [0.05, 0.22]**
Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 33.05$, df = 12 (P = 0.0009); $I^2 = 64\%$								
Test for overall effect: Z = 3.02 (P = 0.003)								
1.3.2 Mental component								
Chaney et al, 2011	49.9	49.3	288	50	41.5	258	4.2%	-0.00 [-0.17, 0.17]
Schnurr et al, 2013	33.7	9.4	96	33.4	8.1	99	2.4%	0.03 [-0.25, 0.31]
Kruis et al, 2014	49.03	9.1617	554	48.3	9.1617	532	5.3%	0.08 [-0.04, 0.20]
Lin et al, 2000	71.3	28.563	114	68.3	28.563	114	2.7%	0.10 [-0.16, 0.36]
Bosanquet et al. 2017	40.1	11.34	158	38.9	10.84	167	3.3%	0.11 [-0.11, 0.33]
Aragonès et al, 2014	47.98	14.1	137	46.17	14.26	97	2.7%	0.13 [-0.13, 0.39]
Cooper et al, 2013	45.91	16.9976	67	41.91	16.9976	65	1.9%	0.23 [-0.11, 0.58]
Rollman et al, 2005	36.1	14.8069	116	30.3	14.8069	75	2.3%	0.39 [0.10, 0.68]
Subtotal (95% CI)			**1530**			**1407**	**24.9%**	**0.10 [0.02, 0.17]**
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 6.14$, df = 7 (P = 0.52); $I^2 = 0\%$								
Test for overall effect: Z = 2.59 (P = 0.009)								
1.3.3 Physical component								
Bosanquet et al. 2017	34	13.51	158	35.1	12.11	167	3.3%	-0.09 [-0.30, 0.13]
Kruis et al, 2014	36.9	8.4052	554	37.51	8.4052	532	5.3%	-0.07 [-0.19, 0.05]
Chaney et al, 2011	32.6	39.4	288	34.1	35.6	258	4.2%	-0.04 [-0.21, 0.13]
Schnurr et al, 2013	44.4	12.6	96	44.8	11.8	99	2.4%	-0.03 [-0.31, 0.25]
Rollman et al, 2005	44.4	13.4295	116	44.3	13.4295	75	2.3%	0.01 [-0.28, 0.30]
Aragonès et al, 2014	46.15	9.51	137	45.6	9.22	97	2.7%	0.06 [-0.20, 0.32]
Lin et al, 2000	55.1	43.114	114	52.4	43.114	114	2.7%	0.06 [-0.20, 0.32]
Callahan et al, 2005	40.91	7.33	906	39.17	7.23	895	5.9%	0.24 [0.15, 0.33]
Subtotal (95% CI)			**2369**			**2237**	**28.9%**	**0.02 [-0.09, 0.14]**
Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 22.57$, df = 7 (P = 0.002); $I^2 = 69\%$								
Test for overall effect: Z = 0.41 (P = 0.68)								
Total (95% CI)			**7403**			**7772**	**100.0%**	**0.10 [0.04, 0.15]**
Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 64.67$, df = 28 (P < 0.0001); $I^2 = 57\%$								
Test for overall effect: Z = 3.51 (P = 0.0004)								
Test for subgroup differences: $Chi^2 = 2.10$, df = 2 (P = 0.35), $I^2 = 4.9\%$								

Figure 3: Forest plots of depression outcomes PCMH care and standard GP care.



Forest plots of blood pressure outcomes between PCMH care and standard GP care. BP control refers to blood pressure levels within the guidelines recommended range.

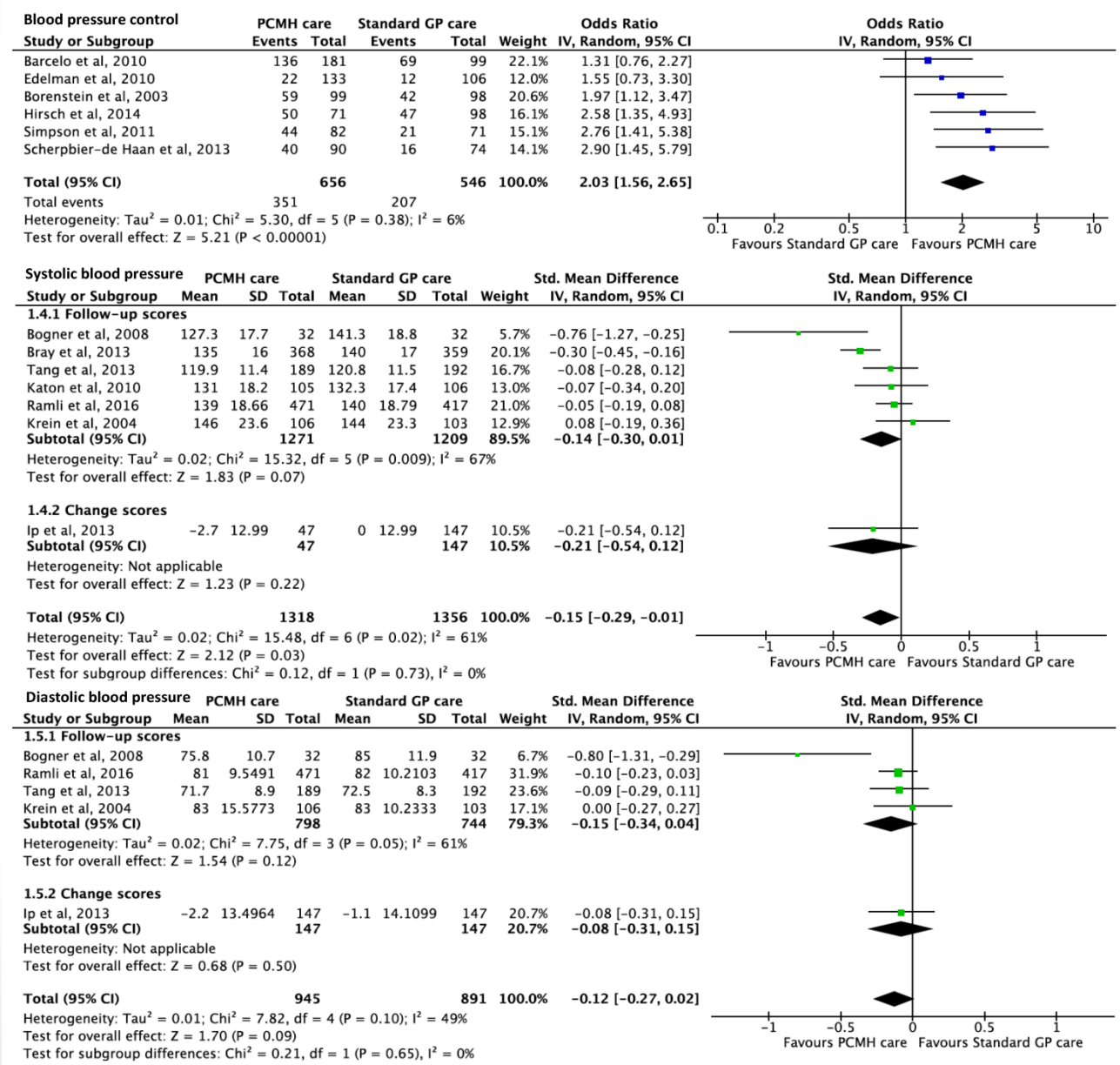
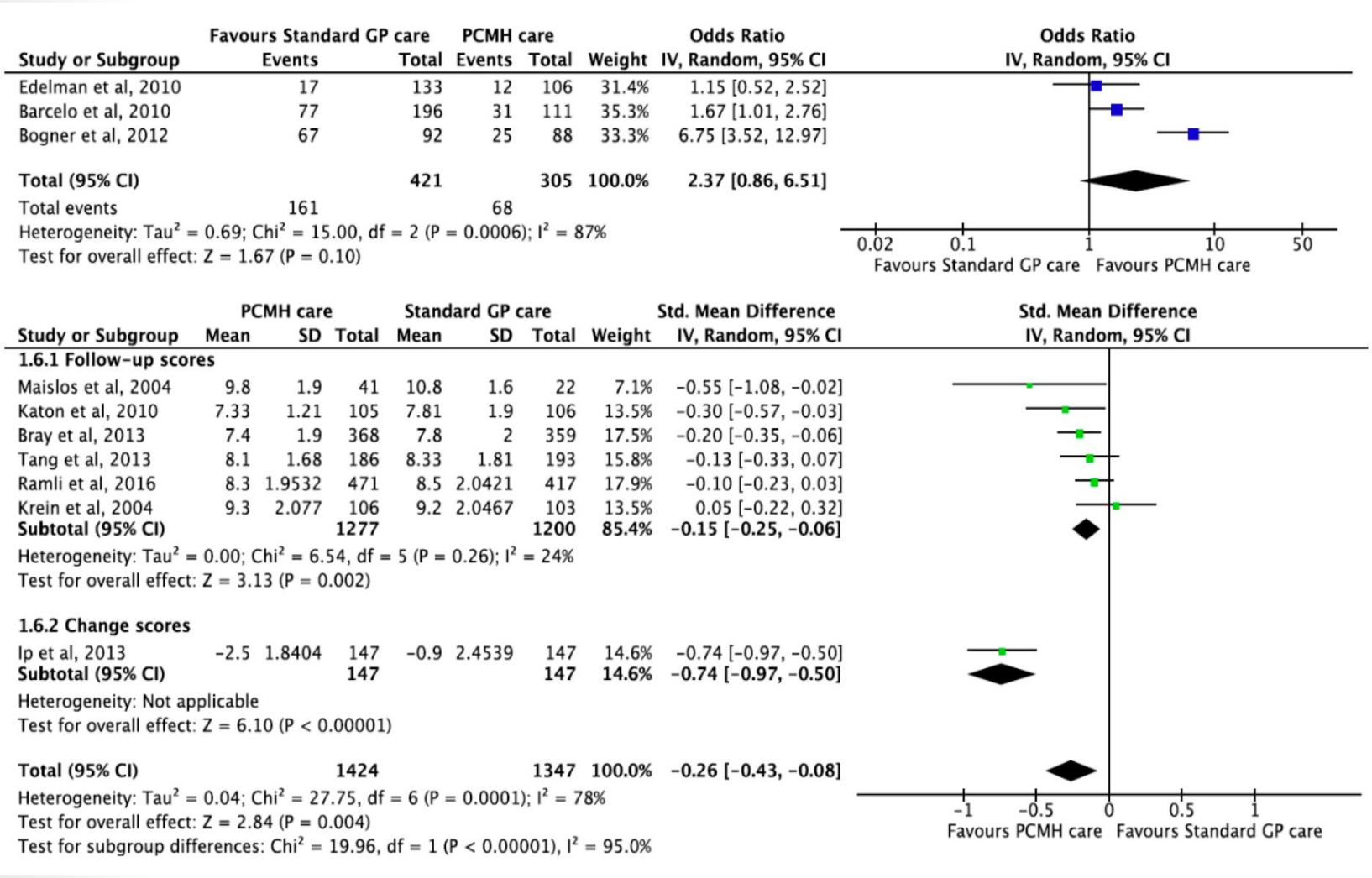


Figure 6: Forest plots of HbA1c outcomes between the PCMH care and Standard GP care. HbA1c control refers to HbA1c levels within the guideline's recommended range.



Forest plots of (A) LDL cholesterol and (B) total cholesterol outcomes between PCMH care and standard GP care.

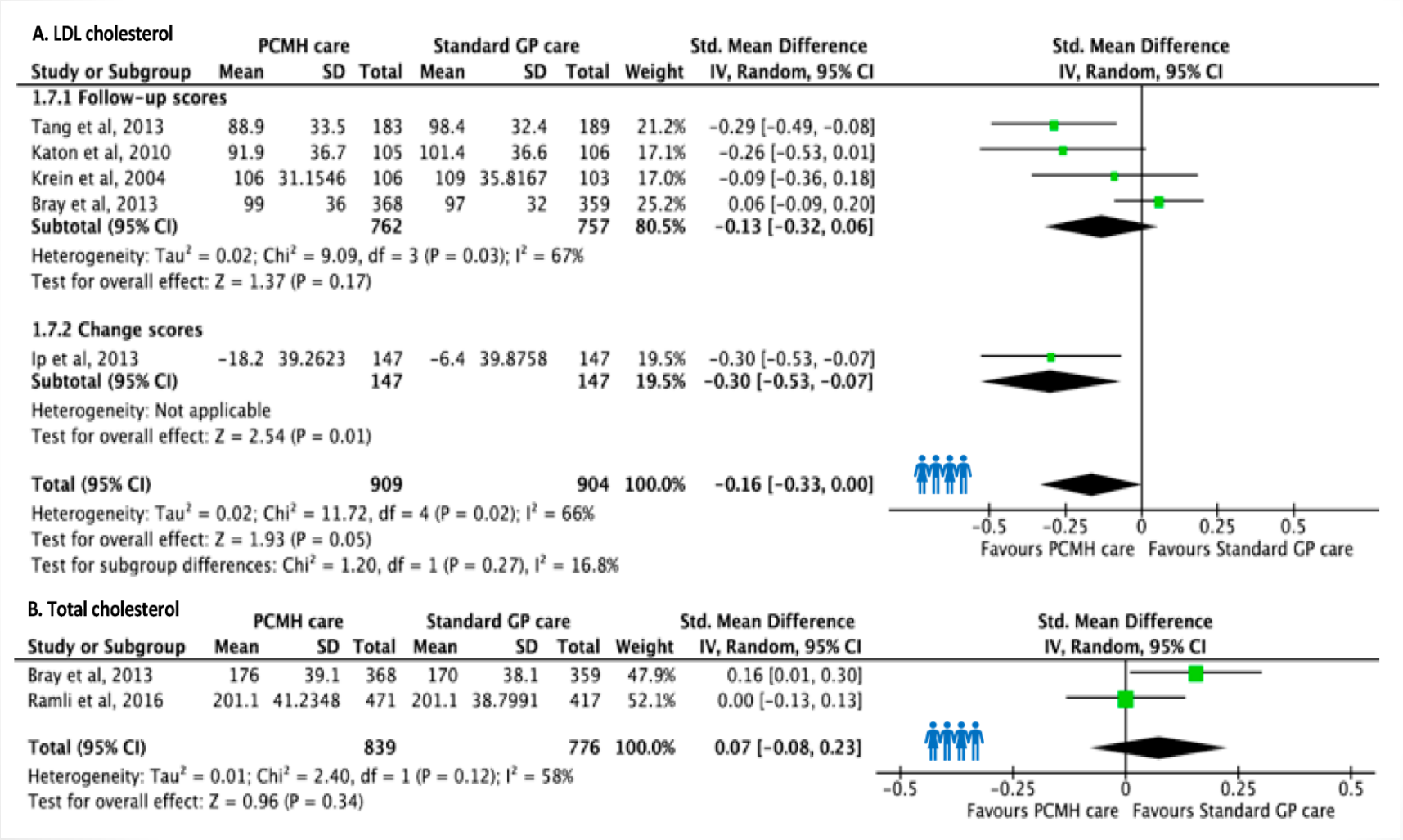
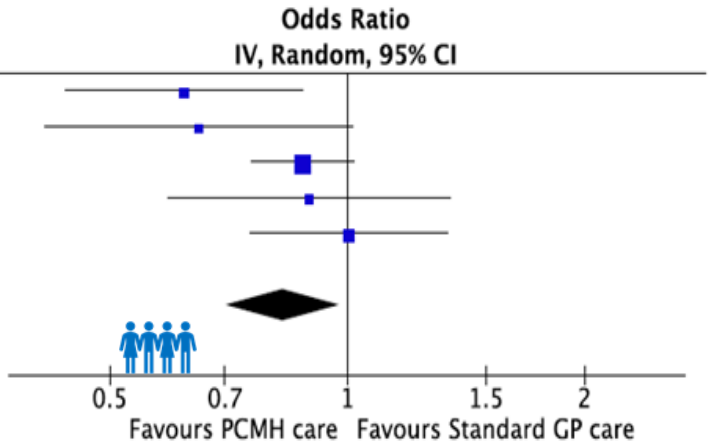


Figure 8: Forest Plot for hospital admissions between PCMH and Standard GP care

Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Odds Ratio IV, Random, 95% CI
Sommers et al, 2000	94	280	118	263	16.2%	0.62 [0.44, 0.88]
Ruikes et al, 2016	52	204	57	165	10.9%	0.65 [0.41, 1.02]
Dorr et al, 2008	364	1144	794	2288	39.4%	0.88 [0.75, 1.02]
Campins et al, 2017	57	242	63	246	12.5%	0.89 [0.59, 1.35]
Boult et al, 2011	143	446	129	404	20.9%	1.01 [0.75, 1.34]
Total (95% CI)		**2316**		**3366**	**100.0%**	**0.83 [0.70, 0.98]**
Total events	710		1161			

Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 6.08$, df = 4 (P = 0.19); $I^2 = 34\%$

Test for overall effect: Z = 2.25 (P = 0.02)



Results:

Better outcomes from PCMH based care versus GP care.

- Depression episodes
- Quality of life scores
- Hospital admissions
- Blood Pressure
- Hemoglobin A1c
- Low density lipoprotein cholesterol

SERVICES WE PROVIDE

Behavioral Health

- Medical provider makes a referral for individual counseling (internal only)
- Work with patients suffering depression, anxiety, trauma, bereavement, and healthy lifestyle counseling (adults, recently started seeing teens 13+)
- Work with individuals from different cultures mostly Caucasian, increasing Hispanic including migrant and farm workers, and Asian
- LGBTQAI+
- More complex disorders are referred to community mental health
- Short term program averaging 6 to 8 months

COORDINATION OF CARE

- Every patient's case is presented to consulting psychiatrist at the UW after intake and 1 follow-up session
- PHQ-9, GAD-7, DAST, and Audit screeners are completed at intake assessment
- UW psychiatrist makes a treatment recommendation which is shared with medical PCP and patient to be discussed (voluntarily)
- Patient continues to meet with care manager at least twice a month or every other week
- Scheduled a 1-1 with consulting psychiatrist if necessary. Patient continues to engage, treatment plan is reviewed with psychiatrist every 3 months

TREATMENT TOOLS AND MODALITIES

- Telehealth services (including phone) due to covid-19 pandemic
- Treatment is patient centered.
- PHQ and GAD continue to be administered and entered to the tracking system to monitor progress

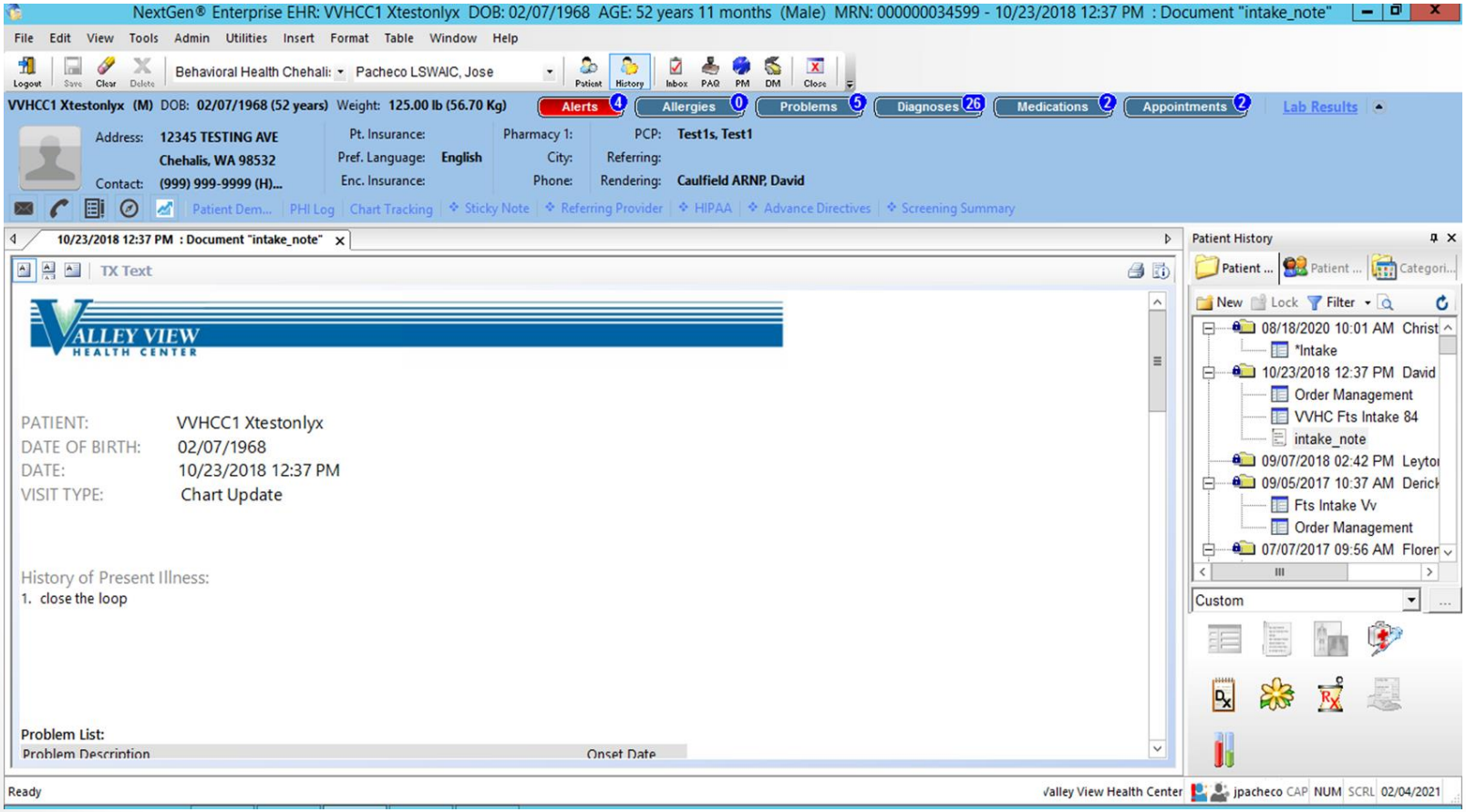
TREATMENT TOOLS AND MODALITIES

- CBT
- TF-CBT
- CBTI
- MI
- Behavioral activation
- Mindfulness and Awareness
- Healthy lifestyle
- Yoga
- Worry time
- Problem solving
- Agenda setting
- Wellness Recovery Action Plan
- Crisis and Safety Planning
- Advocacy
- Connecting to Community Resources
- Just Talk

OTHER SERVICES

- Enrollment- delivering goodies bags to food banks schools, and other organizations
- Apply for insurance
- Outreach- traveling across Lewis and Pacific Counties distributing flyers
- Recently started taking educational material, resources, goodies bags, and masks for farm workers in rural LC
- Partnering with CIELO, HOPE Alliance, and Cascade Community Health Care

TREATMENT TOOLS AND MODALITITES: EHR



PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	○ 0	○ 1	○ 2	○ 3
2. Feeling down, depressed, or hopeless	○ 0	○ 1	○ 2	○ 3
3. Trouble falling or staying asleep, or sleeping too much	○ 0	○ 1	○ 2	○ 3
4. Feeling tired or having little energy	○ 0	○ 1	○ 2	○ 3
5. Poor appetite or overeating	○ 0	○ 1	○ 2	○ 3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	○ 0	○ 1	○ 2	○ 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	○ 0	○ 1	○ 2	○ 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	○ 0	○ 1	○ 2	○ 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	○ 0	○ 1	○ 2	○ 3

10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
○ 0	○ 1	○ 2	○ 3

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	○ 0	○ 1	○ 2	○ 3
2. Not being able to stop or control worrying	○ 0	○ 1	○ 2	○ 3
3. Worrying too much about different things	○ 0	○ 1	○ 2	○ 3
4. Trouble relaxing	○ 0	○ 1	○ 2	○ 3
5. Being so restless that it is hard to sit still	○ 0	○ 1	○ 2	○ 3
6. Becoming easily annoyed or irritable	○ 0	○ 1	○ 2	○ 3
7. Feeling afraid as if something awful might happen	○ 0	○ 1	○ 2	○ 3

8. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
○ 0	○ 1	○ 2	○ 3

DAST

Drug Screen: DAST (Score:)

These Questions Refer to the Past 12 Months	Yes	No
1. In the past 12 months have you used drugs other than those required for medical reasons?	1	0
2. Do you abuse more than one drug at a time?	1	0
3. Are you unable to stop using drugs when you want to?	1	0
4. Have you ever had blackouts or flashbacks as a result of drug use?	1	0
5. Do you ever feel bad or guilty about your drug use?	1	0
6. Does your spouse (or parents) ever complain about your involvement with drugs?	1	0
7. Have you neglected your family because of your use of drugs?	1	0
8. Have you engaged in illegal activities in order to obtain drugs?	1	0
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	0
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	1	0

AUDIT

Alcohol Screen: AUDIT (Score:) history

1. How often do you have a drink containing alcohol?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2 0	3 or 4 1	5 or 6 2	7, 8, or 9 3	10 or more 4
3. How often do you have five or more drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
9. Have you or someone else been injured because of your drinking?	No 0	Yes, but not in the last year 2		Yes, during the last year 4	
10. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No 0	Yes, but not in the last year 2		Yes, during the last year 4	

MY WEEKLY AGENDA

Weekly planner for the week of:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Wake up and read or get read	Wake up and read or get read	Wake up and read or get read	Wake up and read or get read	Wake up and read or get read	Sleep	Sleep
7:00 AM	Get ready/ pack lunch	Get ready/ pack lunch	Get ready/ pack lunch	Get ready/ pack lunch	Get ready/ pack lunch	Wake up and breakfast	Sleep
	Comute for work	Brush Migaja's hair	Water plants	Brush Migaja's hair	Water Plants	Groceries every other wee	Wake up and breakf
8:00 AM	Walk or run errands					Cleanning in and outside	Cleanning in and ou
	Work	Work	Work	Work	Work	Cleanning in and outside	Cleanning in and ou
9:00 AM	Work	Work	Work	Work	Work	Run at the park	Run at the park or s

WRAP PLAN

My Plan Goal(s)

Skills and Things That I Use and Practice to Be Well/Myself

Natural Skills

- Plan a trip

Therapeutic Skills I Can Use

- *Critical thinking/analyze/reflect*
- *Problem solving*

Things that I Must do Everyday to Feel Well

- Sleep

Triggers

- Chores not getting done

Triggers Action Plan

- Setting-up a day and time specifically to complete certain tasks

Early Warning Signs

- Concentration difficulties

Early Warning Signs Action Plan

- Self care

When Things Are Getting Worse (this is optional but can be completed similar to the previous section)

It would help me if you: (think about anything that someone in your family may have done and it helped to feel better)

It would not help if you: (think about anything that someone has said or don't and that just doesn't help.)

Emergency Room: Providence Centralia Hospital
914 South Scheuber Road, Centralia, WA 98531

Phone: 360 736-2803
24 hour Availability

Lewis County Crisis Line: 1-800-803-8833 or 360-807-2440
Suicide Prevention Lifeline: 1-800-273-8255

IDENTIFIED AREAS FOR GROWTH

- VVHC is in a process of internal growth as we work towards providing more inclusive services that are sensitive to patients needs (e.g. CLASS Committee)
- Increasing number of providers for access to services
- Delivering services at Satellite PARTNER organization locations
- Increasing services to include additional services including potentially chiropractor, massage, and PT for medical in addition to Naturopathy consult already available.
- Deliver services in the community and workplace
- Provide resources to accommodate patients in need (satellite clinic where patients come have their BH sessions)
- Working on a proposal to bring Promotores de Salud to VVHC

CHALLENGES

- Stigma
- Communication from time to time
- Full engagement during session
- Documents in patient's languages
- Find time to collaborate
- COVID Challenges:
  - Telehealth appointments are more common
  - Patient's access to internet or phones or other resources
  - Bad cell phone reception
  - Physical barriers (plexiglass, masks)

WHY SHOULD WE PRACTICE INTEGRATED HEALTH CARE?

- Research suggest there is a correlation between diabetes and depression. Such conditions can be better treated more effectively with integrated health care services
- https://www.apa.org/health/integrated-health-care
- https://healthitanalytics.com/news/integrated-care-delivery-may-bring-better-outcomes-lower-costs
- https://www.uptodate.com/contents/a-patient-centered-view-of-the-clinician-patient-relationship?csi=c077daa7-3e4e-4bf6-9b07-ff41f4fabe87&source=contentShare
- Empowers patients
- Educating and teaching patients better ways to take care of themselves
- Better health care outcomes (internal research/study findings)

WHY SHOULD WE PRACTICE INTEGRATED HEALTH CARE?

Patient Centered Care and/or Shared-Decision Making

- Patients were involved in antidepressant selection for treatment
- Patient Activation strategies used included Motivational Interviewing were most successful with medication adherence

Collaboration of Health Care Team

- Use of multiple health care specialists/team members included case managers, mental health specialists, pharmacists and PCPs were most effective in coordination and follow up of depressed patients

Use of Depression Screening Instruments and Patient Engagement Strategies

- Use of a screening tool to identify those who are at risk for depression and nonadherence, as well as tools to measure patients' level of engagement were frequently utilized

High Risk Populations

- Identifying high risk populations for nonadherence was key to determining most effective strategies and barriers

(Calderon, 2020)

WHY SHOULD WE PRACTICE INTEGRATED HEALTH CARE?

- Improved communication between PCPs and pharmacists
- Integrated services promoted between departments, improved internal referrals
- Pharmacists emphasized medication counseling to patients.
- Clinical pharmacists can be utilized for medication counseling for any other disease states.
- Expand the project to incorporate behavioral health counselors and impact on patient antidepressant adherence and depression outcomes.

(Calderon, 2020)

PHARMCY RELATED BENEFITS

- Affordable medications
- Bilingual staff at all times
- Facilitate access to counselor, medical, or dental provider
- Pharmacist able to offer Diabetes Self-Management Education and Support services
- Improve patient's medication knowledge and adherence
- Decrease medication related problems
- Start treatment faster or avoid running out of refills through Therapeutic Interchange and Collaborative Drug Therapy Agreement.
- Maintain provider updated on patient's medical status

BENEFITS UNDER INTEGRATED HEALTH CARE MODEL

- Empowering the patients
- Consistent care, Better trust, engagement
- Connection to outside resources
- Better wellbeing for patients
- Easy access to pharmacist.
- Established rapport between pharmacist, patient, and provider(s).
- Access to psychiatrist in rural areas- more people has access to mental health care and psychiatric services.
- Improved Outcomes

AADE now known as ADCES

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