Integrated Care: The Nuts & Bolts Of How Primary Care Providers Can Work With Behavioral Health

Javier I. Rosado, PhD
Jose Salazar, MD
About Us

Javier I. Rosado, PhD
Licensed Psychologist
Clinical Associate Professor

Jose Salazar, MD
Pediatrician
Healthcare Network – FL FQHC
The Center was established at the Florida State University College of Medicine to provide resources to families and health care providers related to the treatment and prevention of toxic stress during childhood.

The FSU Isabel Collier Read Medical Campus is co-located with an FQHC serving the agricultural community of Immokalee, Florida.
Session Objectives

Upon completion of this session, participants will be able to:

- Recognize several interdisciplinary models for collaborative integrated care
- Understand how integrated behavioral health can help increase access to care through increased preventive mental health screenings in community health centers and short-term interventions.
- Identify how integrated care can contribute to the treatment and prevention of chronic health conditions typically treated in primary care
Why Integrated Primary Behavioral Health

- Behavioral Health IS part of basic general health (biopsychosocial model)
- Mental illness often goes undetected and undertreated by healthcare providers.
- The majority of patients do not follow-up with primary care referrals to mental health clinics
- Primary care is the de facto mental health system in the U.S.
  - Up to 70% of primary care medical appointments are for problems stemming from psychosocial issues
  - More than 50% of psychotropic medications are prescribed by PCPs (compared to 12% by Psychiatrists)
- Integrated care has the potential for decreasing significantly healthcare spending
Why one patient and one physician in a room is not enough…

**Example:** To prevent complications of obesity and diabetes, *all you have to do is* modify a person’s health beliefs and attitudes, daily habits, eating preferences, daily activities, exercise habits, grocery stores, neighborhood walk-ability, food advertising, self-care, employability, economic empowerment, access to medical care, clinical inertia, provider quality, and medication adherence, all in the context of his or her family and social relationships.

*(George Rust, MD)*
Effectiveness of Integrated Behavioral Health in Primary Care

- Meta analyses have shown:
  - Effectiveness for adults
  - Effectiveness for child-adolescents

- In decreasing symptoms of behavioral problems (e.g. anxiety, depression) and improving functioning (e.g. adherence to chronic disease management, GAF)
Effectiveness of Integrated Care for Latinos

- Problem focused
- “on demand” see patients when needed with “warm hand-offs”
- Short visits over several weeks
- Decrease stigma
- Chronic care management – decrease disparities
- Improve satisfaction
Effectiveness for Latino Patients

- National samples of Latino (Especially immigrants from Central America) are less likely to meet criteria for mental disorder than non-Latino or US born Latinos.
- Less likely to utilize mental health services than non-Latinos (even when controlling for prevalence of mental health difficulties)
- Less likely to receive evidence-based treatments
- Reasons for disparities: concerns about cost of services, lack of insurance, lack of Spanish-speaking providers, fears of deportation, lack of transportation, cultural responsiveness to interventions, lack of culturally appropriate tx
What is Integrated Care?
“The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives”

PCBH

ACEs Screenings

Collaborative Care

Models

Post-partum & Maternal Depression

Clinical Pathways

Trauma-Informed Care

Perspectives

ACEs

*Concept adapted from Collaborative Family Healthcare Association
Coordinated Care
Dr. X (primary care) refers pt to Dr. Y (psychologist) located in a separate Building. Dr. Y sends report & updates.

Co-located Care
Dr. X (primary care) refers to Dr. Y (specialist) who is located in same building but has separate charts. Dr. Y sends report & updates.

Integrated Care: PCBH
Dr. X & Dr. Y (part of the primary care team) share space in same clinic, consult with each other on cases, develop a common treatment plan, have a common chart, share support staff as part of one treatment team, patient perceives one treatment plan.
“The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives”
**Perspectives**: approaches or frameworks that guide and feed integrated care efforts

**Example: Trauma-Informed Care**

Trauma-informed care seeks to:\(^1\)
- Realize impact of trauma
- Recognize signs & symptoms
- Adapt policies & procedures
- Avoid re-traumatization

\(^1\)Adapted from the Substance Abuse and Mental Health Services Administration’s “Trauma-Informed Approach.”
**Perspectives**: approaches or frameworks that guide and feed integrated care efforts

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
<th>OTHER ADVERSE EVENTS IMPACTING AGRICULTURAL FAMILIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe obesity</td>
<td>Diabetes</td>
<td>Depression</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Cancer</td>
<td>Stroke</td>
<td>COPD</td>
</tr>
<tr>
<td>Sexual</td>
<td>Divorce</td>
<td></td>
<td>Broken bones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inadequate Housing</td>
</tr>
</tbody>
</table>
ACEs & Diabetes

- Specific ACEs & variations in intensity of ACEs impact development of diabetes
  - Childhood sexual abuse strongly linked to diabetes in adulthood
- Sexual abuse: 1.5 to 2 fold increase of developing diabetes
  (Shields et al., 2016)
- Sexual abuse victims 45% more likely to develop diabetes compared to 14% and 18% for coronary heart disease
  (Campbell et al., 2016)
Mechanisms Underlying Relationship between ACEs & Diabetes

**ACE Event (Sexual Abuse)**

**Physiological Pathway**
- Chronic stress leads to inflammatory & metabolic alteration
- Alterations in hormone release & glucose functioning because of depression leads to insulin resistance

**Psychosocial Pathway**
- Accumulated risk factors for poor health behaviors that impact overall health outcomes over time

**Chronic Health Problems (Diabetes)**
"The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives"

Models

Clinical Pathways

Perspectives

- PCBH
- Collaborative Care
- Post-partum & Maternal Depression
- ACEs Screenings
- ACEs
- Trauma-Informed Care

*Concept adapted from Collaborative Family Healthcare Association*
Clinical Pathways: algorithms used to guide care to ensure that persons with specific conditions receive monitored, timely care

Example: Trauma/ACE Screenings

- Computerized Trauma Screening
- Brief Review of Critical Items (team hallway consult if needed)
- Consultation by Psychologist
- Team Consult
- Well Visit by Pediatrician
- Physician Guidance Behavioral Health Treatment
Clinical Pathways

Team of Providers in PCBH:
- Primary Care Provider
- BH Provider
- Nurse
- Frontline Staff
- Promotoras/CHW

CHW Informs Community → Computerized Trauma Screening → Brief Review of Critical Items (team hallway consult if needed) → Consultation by Psychologist → Team Consult → Well Visit by Pediatrician → Physician Guidance Behavioral Health Treatment → CHW Encounter → Find & Link
Outcome Measures: Integrated Care/PCBH for ACEs

Percent of patients experiencing ACEs:

- 0 ACEs: 53%
- 1 ACE: 29%
- 2 ACEs: 11%
- 3 ACEs: 4%
- 4-10 ACEs: 3%

N = 2513
Outcome Measures: Integrated Care/PCBH for ACEs

Types of ACEs:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Dysfunction</td>
<td>43.4</td>
</tr>
<tr>
<td>Divorce/Separation</td>
<td>38</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>2.6</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>2.6</td>
</tr>
<tr>
<td>Parental Depression</td>
<td>4.5</td>
</tr>
<tr>
<td>Incarceration</td>
<td>10.8</td>
</tr>
<tr>
<td>Abuse</td>
<td>11.2</td>
</tr>
<tr>
<td>Verbal/Emotional</td>
<td>9</td>
</tr>
<tr>
<td>Physical</td>
<td>2.3</td>
</tr>
<tr>
<td>Sexual</td>
<td>2.7</td>
</tr>
<tr>
<td>Neglect</td>
<td>16.2</td>
</tr>
<tr>
<td>Emotional</td>
<td>14.5</td>
</tr>
<tr>
<td>Physical (lack of resources)</td>
<td>5.2</td>
</tr>
</tbody>
</table>
“The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives”

Models

Clinicla l Pathwa ys

Perspectives

PCBH

Collaborative Care

Post-partum & Maternal Depression

ACEs Screenings

Trauma-Informed Care

ACEs

*Concept adapted from Collaborative Family Healthcare Association
Women’s Health: Post-partum & Maternal Depression

1st Prenatal Appointment

36 to 35 Week Appointment

2 to 3 Weeks after Delivery

Staple Removal/Post-Partum Appointment

Well-Child Appointment

“Mommy & Baby” Group

Home Visit by Outreach Worker Upon Request from Provider

Courtesy Home visit by Outreach
Women’s health

- Common presenting problems that benefit from integration

- **Chronic Illness:**
  - Diabetes
  - Obesity
  - Cancer
  - Headaches
  - Pain Management

- **Wellness:**
  - Stress-management
  - Unwanted Pregnancy
  - Counseling
  - Coping with Adverse Diagnoses
  - Occupational Health

- **Mental Health:**
  - Depression/Anxiety: Screening & Treatment
  - Domestic Violence
  - Trauma
  - Marital Issues
Pediatrics

- Common presenting problems that benefit from integration

- **Chronic Illness:**
  - Diabetes
  - Asthma
  - Obesity
  - Pediatric Cancer

- **Well-Child Visits:**
  - Sleep hygiene
  - Social-emotional development
  - Mental Health screenings
  - Parenting

- **Mental Health:**
  - ADHD
  - Depression/Anxiety
  - Opposition/Defiance
  - Trauma/social stressors
How does it work?

- Psychologist is available on-demand
- After consulting with PCP, Psychologist sees patient for 15-30 minutes for a focused assessment and to develop tx plan
- Psychologist provides feedback to PCP
  - Patient’s symptoms
  - Functional impairments
  - Details behavioral health change plan
- Based on PCP’s needs, Psychologist may
  - Monitor, change, or change the intervention (over 1-4 sessions)
Warm Hand-off

- Sometimes, psychologist may be very busy, behind schedule, crisis management mode, etc.

A brief introduction by PCP to Psychologist is sufficient to set up a follow-up appointment.

Research shows this to be essential in increasing adherence to follow-up appointment.
Warm Hand-Off
“The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives”

Models

Clinical Pathways

Perspectives

PCBH

Collaborative Care

Childhood Obesity

Toxic Stress Screenings

SBIRT

Trauma-Informed Care

ACEs

Biopsychosocial Model

*Concept adapted from Collaborative Family Healthcare Association
## TYPES OF TOXIC STRESS

### Depression

Everyone feels sad or blue once in a while, but when those sad feelings don’t seem to go away or keep coming back, it could be depression. Depression is a common but serious problem that can affect a person’s daily life. The good news is that most people who experience depression get better with treatment.

**Depression Handout:**
- English
- Español
- Kreyòl

### Grief

It is OK for a child to attend a funeral as long as things are explained ahead of time, the child is accompanied by an adult that can explain the service to them and they are allowed to talk about it after the service has ended.

**Grief Handout:**
- English
- Español
- Kreyòl

### Divorce

Separation of parents or divorce in a family can cause distress to all family members. Divorce can be a traumatic experience for children, but most children adjust well within two years. Children often have more problems when parents remain in a marriage filled with high conflict instead of splitting up.

**Divorce Handout:**
- English
- Español
- Kreyòl

### Deportation

Children often worry when adults around them worry. News reports and adult discussions about deportation can cause children many worries because they do not understand concepts about the law and policy and they fear separation from their parents.

**Deportation Handout:**
- English
- Español
- Kreyòl
Questions/Comments?