INTEGRATED PRIMARY CARE

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OVERVIEW

- Mental/ Behavioral Health in PC.
- Transformation of Care: Not Just the Body or Mind.
- Role of Integration: Improving Health Outcomes.
- Model of Efficiency.

MENTAL/ BEHAVIORAL HEALTH IN PC

- Anxiety/Depression (NIMH):
  - Anxiety disorders are the most common mental conditions in the U.S., affecting 40 million adults in the United States age 18 and older, or 18% of the population.
  - People with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than those who do not suffer from anxiety disorders.
  - Depression affects more than 15 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year.
  - Depression is one of the leading causes of disability in the U.S. for ages 15 to 44.3

MENTAL/ BEHAVIORAL HEALTH IN PC

- Anxiety/ Depression in PC:
  - 60% of primary care visits are driven by a patient's psychological problems: anxiety, panic, depression, and stress.
  - 70% of those with a mental/ behavioral health condition are SOLELY treated by there PCP.
  - 100%…

MENTAL/ BEHAVIORAL HEALTH IN PC

- Psychosocial Factors:
  - Those living within rural, low-income areas are more likely to present with both severe mental/behavioral health conditions and unmanaged chronic conditions. Both are often complicated/exacerbated by psychosocial factors such as poverty, limited education, relational strain/family discord, trauma histories, and stigma.
  - Psychosocial concerns also typically present with physical complaints: chest pain, fatigue, dizziness, headaches, GI upsets and sleeping problems. Often, a biological etiology cannot be identified.

MENTAL/ BEHAVIORAL HEALTH IN PC

- Suicide:
  - Suicide is the 10th leading cause of death in the United States.
  - More than 8 million adults report having serious suicidal ideations.
  - Almost 16% of students grades 9th-12th report having seriously considered suicide and 7.8% have attempted within the last 12 months.

- In PC:
  - 66% had contact with their PCP in the month prior to their suicide.
  - These same individuals were more than twice as likely to have seen their PCP than a mental health professional in the year and month prior to their suicide.

TRANSFORMATION OF CARE:

- Recognition of Comorbidities:
  - Nearly 20 years ago, the Institute of Medicine declared primary care and behavioral health to be inseparable.
  - More recently, the AHRQ (Agency for Healthcare Research Quality), PCMH models (Patient-Centered Medical Homes), and ACA (Affordable Care Act)---all advocated (in their early stages) and now require some level of integration. Reasons being: enhance quality care/outcomes & to decrease overall health costs.
  - Grants and other forms of funding, including increased incentivizes/ reimbursement rates have also been offered to facilities/ providers who regularly screen for depression, anxiety, and substance use.
  - Compared with medical illness alone, patients with depression/anxiety report more medical symptoms and cost more in time and money to treat.

ROLE OF INTEGRATION: IMPROVING OUTCOMES

- Time and Continuum of Care:
  - Warm-Handoffs.
  - Communication: documentation, tasks, consults.
- Chronic Disease Management:
  - 90% of all chronic conditions are either caused or exacerbated by lifestyle behaviors.
  - Motivation, Barriers, & Behavior Change.
  - CDMP.
- Pathways to Improvement:
  - Promotion of patient self-efficacy.
  - Improved relationships with providers correlated with increased in compliance.

MODEL OF EFFICIENCY

- Need/ Access:
  - With each new medical diagnose/ required change in medical regiment, the risk mental/behavioral conditions/ exacerbation of pre-existing dx increases.
  - Open Access.
  - Warm-Handoffs.
  - Appointment Availability.

MODEL OF EFFICIENCY

- Referral/ Reimbursement:
  - Reason for Treatment:
    - Provider-Driven.
    - Educated-Patient.
      - Precertification Process.
  - Reimbursement:
    - Provider Selection.
    - Knowledge of Billing Codes.
    - Documentation.
- Quality Care:
  - Qualified Behavioral Health Providers:
    - MUST be trained in both chronic medical and clinical conditions.
    - MUST be trained in the delivery of evidence-based practices within the integrated, primary care model; 30 minute sessions.
    - Knowledge Needs: diabetes, cardiovascular disease, cancers, chronic pain, sleep disorders, pulmonary, nephrology, autoimmune, endocrinology…

MODEL OF EFFICIENCY

- Patient Outcomes:
  - Increased compliance with medical regiment includes: testing glucose, taking medicines, engagement in dialysis, use of CPAP/BPAP machines, weight management…
  - Improved Health Markers: A1c, Vitals, Lipids.
  - Greater patient satisfaction.
  - Lower prescription costs.
  - Fewer hospitalizations/ unnecessary ER visits.