TOWARD INTEGRATED HEALTH CARE

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Each thread of healthcare is a strand able to support its own weight, not until all strands are integrated do they create a rope strong enough to carry the weight of the patients cares, concerns, and goals.

-unknown
Why am I interested?

- My visits
Why Integrated Behavioral Health Services?

- Incidence of co-morbid conditions
- Improved outcomes and cost savings with integrated health services
- High incidence of complex trauma and associated behaviors in our Native Communities
Outcomes are poor if behavioral health care is provided solely by a primary care clinician
- Problems with diagnosis, dosage, duration of treatment, lack of follow-up treatment
- Outcomes worse for minority and lower-income patients

The model has to include a team approach, incorporating a variety of medical professionals
- Must include systematic screening and coordination of care by a care manager with a specific mental health background
- Must include frequent follow up for chronic conditions
- Must include education to empower patients to aid in medical decision making and self care
Outcomes in an Integrated Care Model

- Outcomes are significantly better if care is provided by a team of health professionals that includes a mental health/addictive disorders professional (integrated care)
  - Medication adherence significantly improved
  - Outcomes for minority and lower-income patients the same or better than those for white, higher-income patients
  - For patients with co-morbid chronic health conditions and depression, overall health improves when both conditions are treated in an integrated care environment

- Patient satisfaction with care is higher
**IBH Models**

- Integrated behavioral health occurs when
  - Behavioral health services are added into the primary care setting, or
  - Primary health care services are added into the behavioral health setting

- Most patients with behavioral health issues or addictions are treated by behavioral health specialists in a psychiatric or community setting so adding primary care services to this setting makes sense for these patients

- Most patients with less serious mental illness or substance use disorders are treated by generalist physicians in a primary care setting so adding behavioral health services to this setting makes sense for these patients

- Patient is more likely to keep appointments where multiple issues are being address-one stop shop
Less Stigma

- Comfort in discussing mental health issues
- Established relationship with primary care provider
- Less stigma walking into primary care setting then mental health setting
- My Elder Patient
Comorbidity

- Chronic Pain: 20-40%
- Multi-condition Seniors: 23%
- Heart Disease: 15-20%
- Diabetes: 11-15%
- Stroke: 30-50%

Major Depression
### Integrated Care

- Systematically combining physical and mental health services
- Term care approach to mental health based in community health primary care setting
- Integration of mental health treatment in primary care

### Co-location

- Most common model of integrated care
- PCPs develop agreement with mental health providers to whom they refer their patients with mental health needs to on-site mental health services
- PCPs typically do not follow up on their referral once it has been made

### Collaborative Care

- Integrated health care model
- Partnership between the physical health and mental health providers to manage the treatment of mild to moderate and stable severe psychiatric disorders in primary care settings
- May include brief psychotherapy or simply medication management and patient education
<table>
<thead>
<tr>
<th>Function</th>
<th>Minimal Collaboration</th>
<th>Basic Collaboration from a Distance</th>
<th>Basic Collaboration on-Site</th>
<th>Close Collaboration Partly Integrated</th>
<th>Fully Integrated</th>
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<tbody>
<tr>
<td></td>
<td>- Separate facilities</td>
<td>- Separate facilities</td>
<td>- Same facilities</td>
<td>- Same facilities</td>
<td>- Consumers &amp; providers have same expectations of system(s)</td>
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<td>- Communication is rare</td>
<td>- Periodic focused communication</td>
<td>- Regular communication; occasionally face-to-face</td>
<td>- Face-to-face consultation; coordinated tx plans</td>
<td>- In-depth appreciation of roles &amp; culture</td>
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<td>- Little Appreciation</td>
<td>- Mostly written</td>
<td>- Some appreciation of each others role &amp; general sense of large picture</td>
<td>- Basic appreciation of each others role and cultures</td>
<td>- Collaborative routines</td>
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<td></td>
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<td>- View each other as outside resources</td>
<td>- Mental health usually has more influence</td>
<td>- Collaborative routines difficult; time &amp; operation barriers</td>
<td>- Effective efforts; time &amp; operation barriers</td>
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<td>- Little understanding of each other’s culture or influence</td>
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<td>- Influence sharing</td>
<td>- Collaborative routines are regular &amp; smooth</td>
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<td>- Conscious</td>
<td>- Fully integrated</td>
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Clinical Barriers

- Traditional separation of mental health issues from general medical issues
- Lack of awareness of mental health screening tools in the primary care setting
- Physicians' limited training in psychiatric disorders and their treatment
Barriers to Integrated Care

- Policy Barriers
  - Physical health and Mental health funding streams
  - Difficulty of sharing information due to HIPAA regulations (progress notes)

- Organizational Barriers
  - Shortage of mental health professionals
  - Limited communication between medical and mental health providers
  - Lack of agreement between medical and mental health providers
People Seek comfort in close relationships

- Diabetes programs
- CHR’s
- Drivers!
- Not someone they see once a year
Sometimes what is going on can swimming in some pretty deep water. It's not “just do it”, it may be
“I have been carrying around this trauma since childhood and am hypervigilant and what you call “resistant” I call surviving”
-The second slogan was too long for Nike
http://www.youtube.com/watch?v=Ahg6qcg0ay4
How does Trauma become activated in a Diabetes Program?!?!
I’m glad you asked
Novelty Activates the CNS

We are novelty/newness/unfamiliar to many people
If a patient who has suffered complex trauma feels unsafe/insecure, they become activated and may suffer in silence OR Not so silence
The 4 horseman of Trauma
(Levine)

- Hyperarousal
- Constriction
- Freeze
- Dissociation
The Brain and Stress

- Built for survival
- Something that stresses us calls our attentions and energy
- Not until we focus on change does it happen
- Stress and Trauma work to survive
- We feed it
Sometimes it aint a rabbit down that hole!
With integrated care we have a team readily available to not only deal, but to heal.

Beyond basic counseling, we can take the next step in HEALING our patients toward better long term health.
What can we do about it

- As providers we collaborate to gain a greater understanding of the interplay between trauma and health
- Gain basic skills for dealing with activation-Grounding and Centering, and pendulation
- Gain a greater appreciation for the ecological model of health care
- Know where our fence line ends
Whole Patient Centered Ecological Model (CDC)
We don’t change a behavior until it is no longer rewarding, or there is more value in the change.
CHANGE IS HARD!!!
Be Well My Friends
Lets take care of each other