

# Why should you integrate mental and behavioral health and primary care?

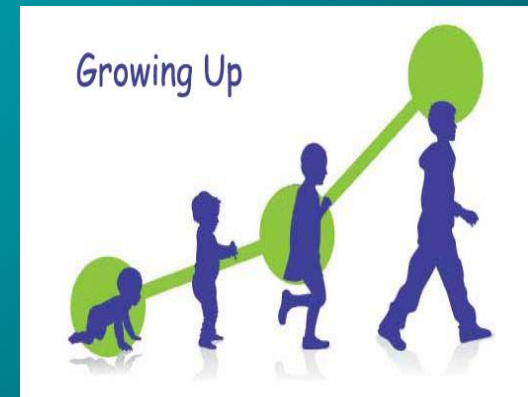
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Transforming Mental Health

# Why integrate?

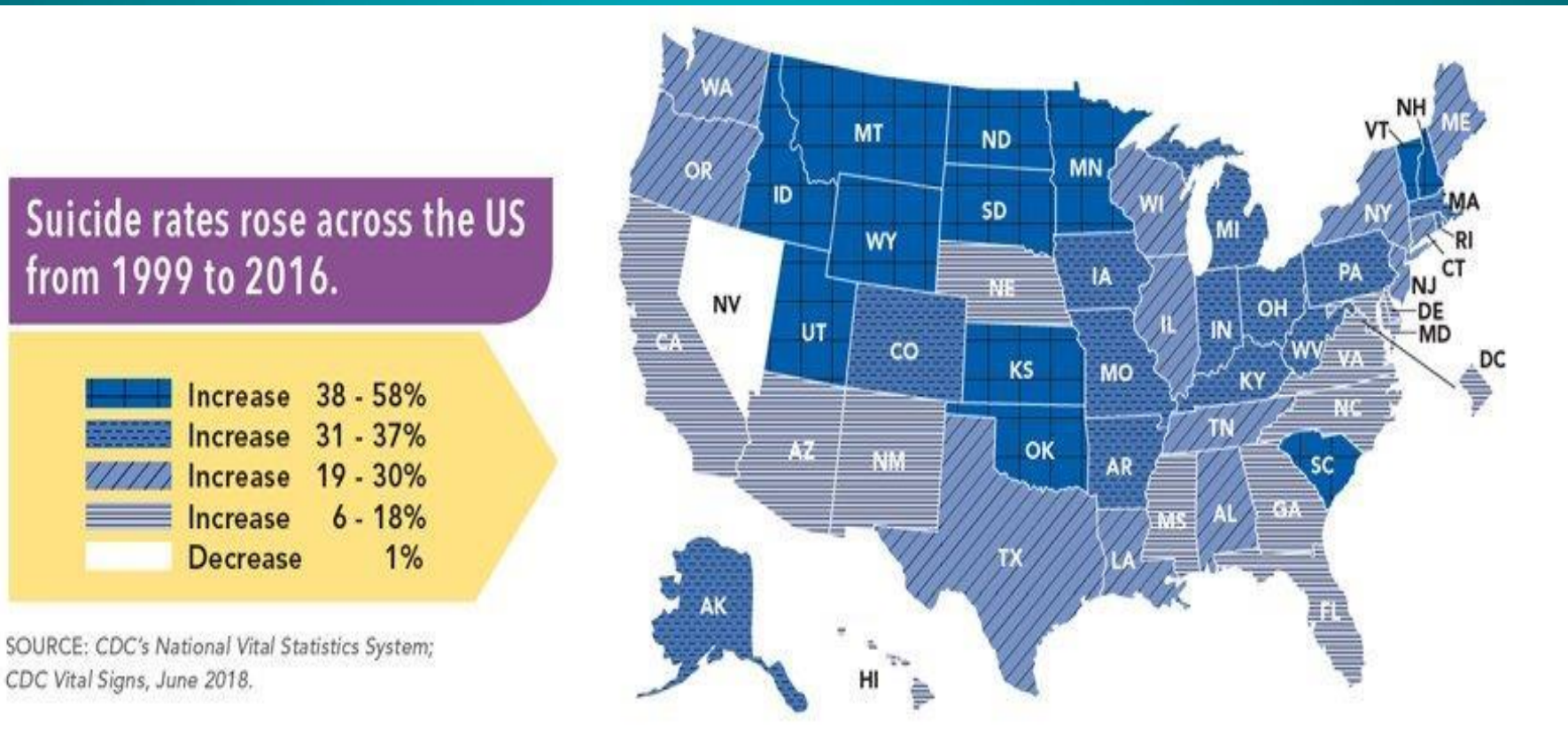
Because you (primary care) are already doing this work!

- Primary Care:
  - Manages (or helps to manage) 80% of patients with mental illness
  - Prescribes 76% of behavioral health medications
- Patients:
  - 30-50% referred to behavioral health no show
  - Use and spend more on healthcare

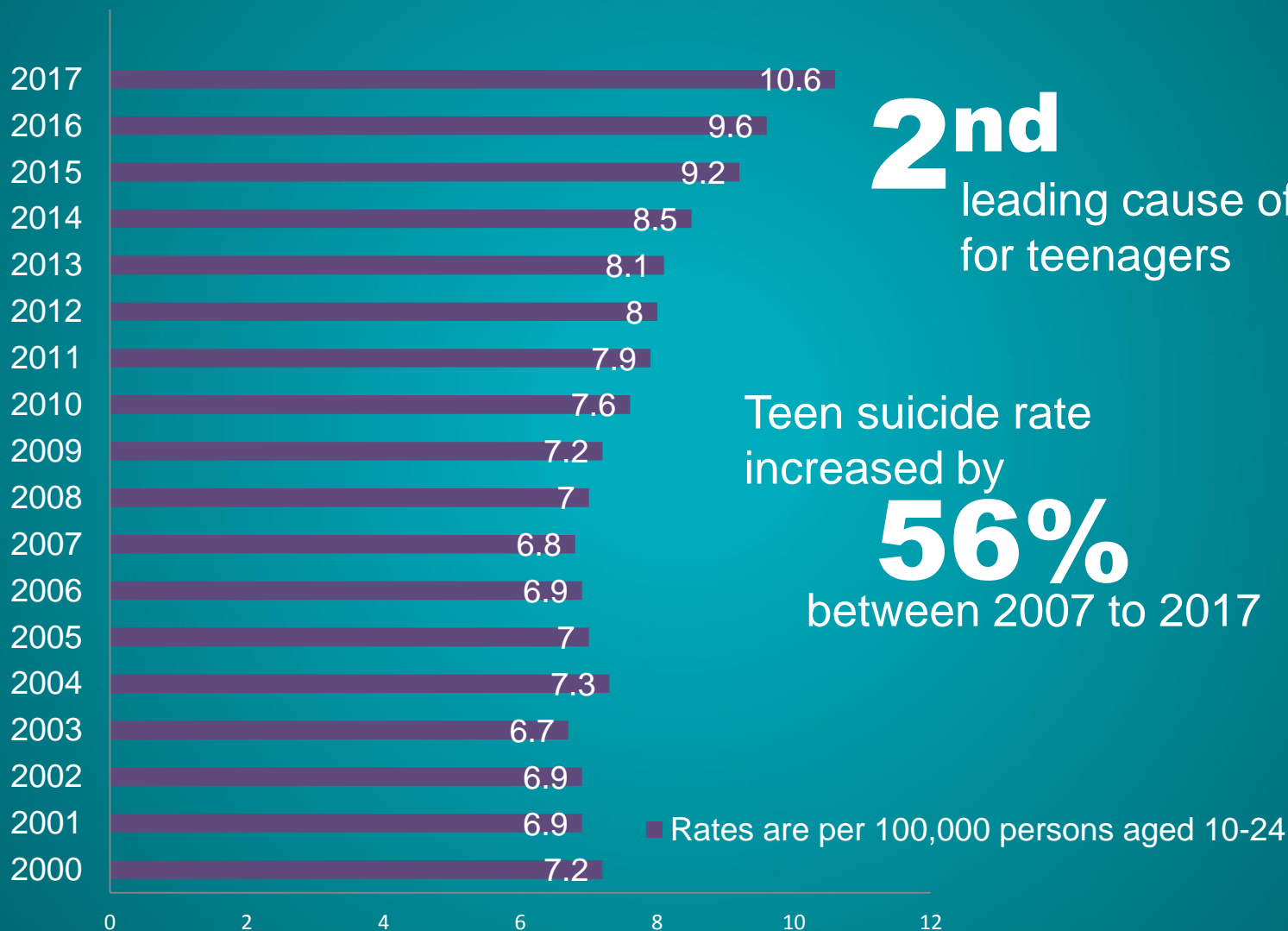


# The Impact of Primary Care Providers

Nearly 50% of patients that die by suicide were seen by their PCP within 30 days of their death and 20% saw their PCP within 24 hours of dying from suicide (Luoma, et.al. 2002).



# US Suicide Rate in Persons 10-24 years old 2000 - 2018



**2nd**

leading cause of death  
for teenagers

Teen suicide rate  
increased by

**56%**

between 2007 to 2017

# As health care professionals, we need to be successful...

## Disturbing trends:

- ~4,000 teens and young adults complete suicide per year in the US
- ~10% of teens have planned or attempted suicide in the past year
- The teen suicide rate has nearly tripled since the 1940s
- Suicide is the second leading cause of death in teenagers
- The suicide rate decreased from 1986 to 2000, but has been steadily climbing since then

# Authentic Voices

Dr. Hilary Bowers is their primary care physician, who also recently became a behavioral health specialist and integration champion.

- *“When he was younger, Jack\* was diagnosed with generalized anxiety disorder and attention deficit disorder, and sent to a psychologist for treatment and medication management. For Jack, seeing a “stranger” was incredibly anxiety inducing and had limited effectiveness. The family’s lives changed when Dr. Bowers became a behavioral health specialist; the familiarity with both Dr. Bowers and the physical office space and staff was calming and allowed him to open up, and the parent’s comfort and trust with Dr. Bowers was further increased. The growth that Jack has made in the last year working with Dr. Bowers for both primary care and behavioral health has helped my son tremendously.” – Jack’s Mom*

\*For confidentiality purposes, the patient’s real name is not being used.



# Integrating Behavioral Health and Primary Care

- *“Integrated behavioral health (or integrated care) is the care that results from 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**, substance use conditions, health behaviors (including their contribution to **chronic medical illness**), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”*

# Integrated Pediatric Care

- Like adults, most children with mental health concerns are treated in primary care.
- About half of all mental health disorders [begin by age 14](#). (Kessler et. al, 2005).
- Despite the prevalence of symptoms, less than 1% of community-dwelling children and adolescents in the United States receive outpatient treatment for depression each year (Avenevoli et al., 2015).

## **Pediatric Integrated Care differs from Adult Integrated Care in three main ways (NIMH):**

- There is an increased sensitivity to how children are developing, both mentally and emotionally.
- Families play an important role.
- Treatment emphasizes coping and adjustment techniques in addition to standard care.



# Integrated Care vs Specialty Care

Domain	Integrated Behavioral Health	Specialty Behavioral Health
Model of Care	Population based	Client based
Location of Care	Embedded in primary care	Often off site
Primary Consumer	Patient and PCMH team	Typically individual client
Accessibility	On Demand (warm handoff)	Appointment based
Patient Population	Drawn from ambulatory panel	Typically a serious mental health diagnosis
Productivity/Care intensity	High/low (often < 6 sessions)	Low/high (often long term)
Problem Scope	Wide (cradle to grave)	Specialized
Service Delivery Approach	Consultation/brief visits	Comprehensive/long term
Ownership of Care	The team	The therapist

# Models of Integrated Care

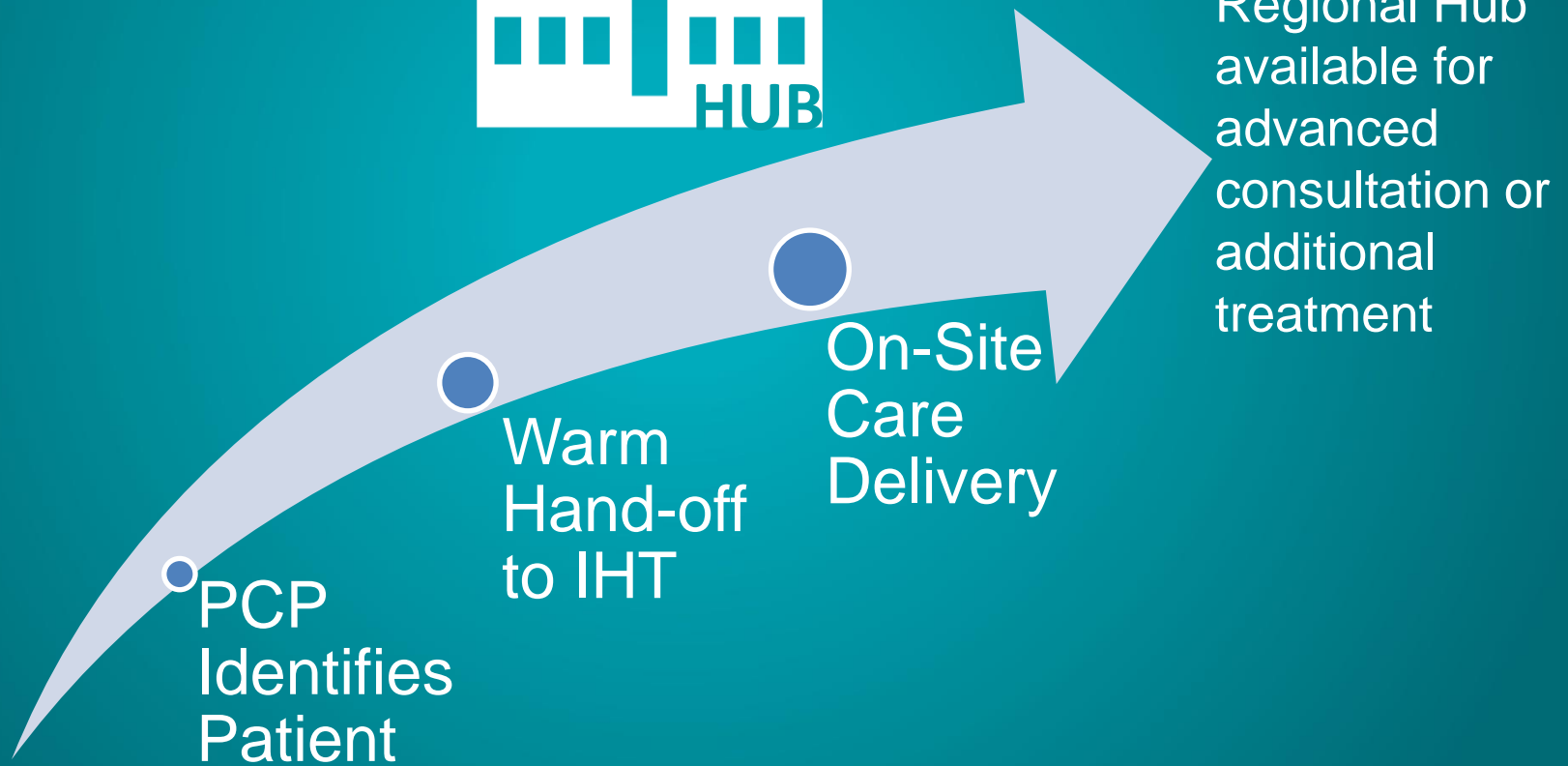
Models of Integrated Care		
Coordinated Care (Communication Emphasis)	Co-located Care (Proximity Emphasis)	Integrated Care (Practice Transformation Emphasis)
“I’ll send you my patient.”	“I’ll stop by your office and refer you my patient.”	“ <u>We</u> will co-manage <u>our</u> patient.”
Routine screenings for behavioral health problems conducted in primary care.	Medical and behavioral health services located in same clinic allowing spontaneous interdependent consultations.	Medical and behavioral health services provided together at the same location through a seamless mechanism to the patient with structured referrals and interdependent consultations.
Existing referral relationship between behavioral health and primary care but practitioners maintain responsibility primarily for their own aspect of a patient’s care.	Referral processes in place for medical patients needing behavioral health attention.	One unified treatment plan with both behavioral and medical components (shared medical record).
Routine exchange of information between practitioners.	Enhanced informal communication due to proximity of providers.	Working, unified team using shared protocols adjusting care for population health.
Primary care doctor delivers brief behavioral health interventions but specific type will vary by provider.	Consultation between the behavioral health and medical provider to increase mutual skill levels but both remain in individual silos.	Treatment teams composed of physicians, extenders and behavioral health professionals with consistently implemented care processes.

Source: (Blount, 2003)

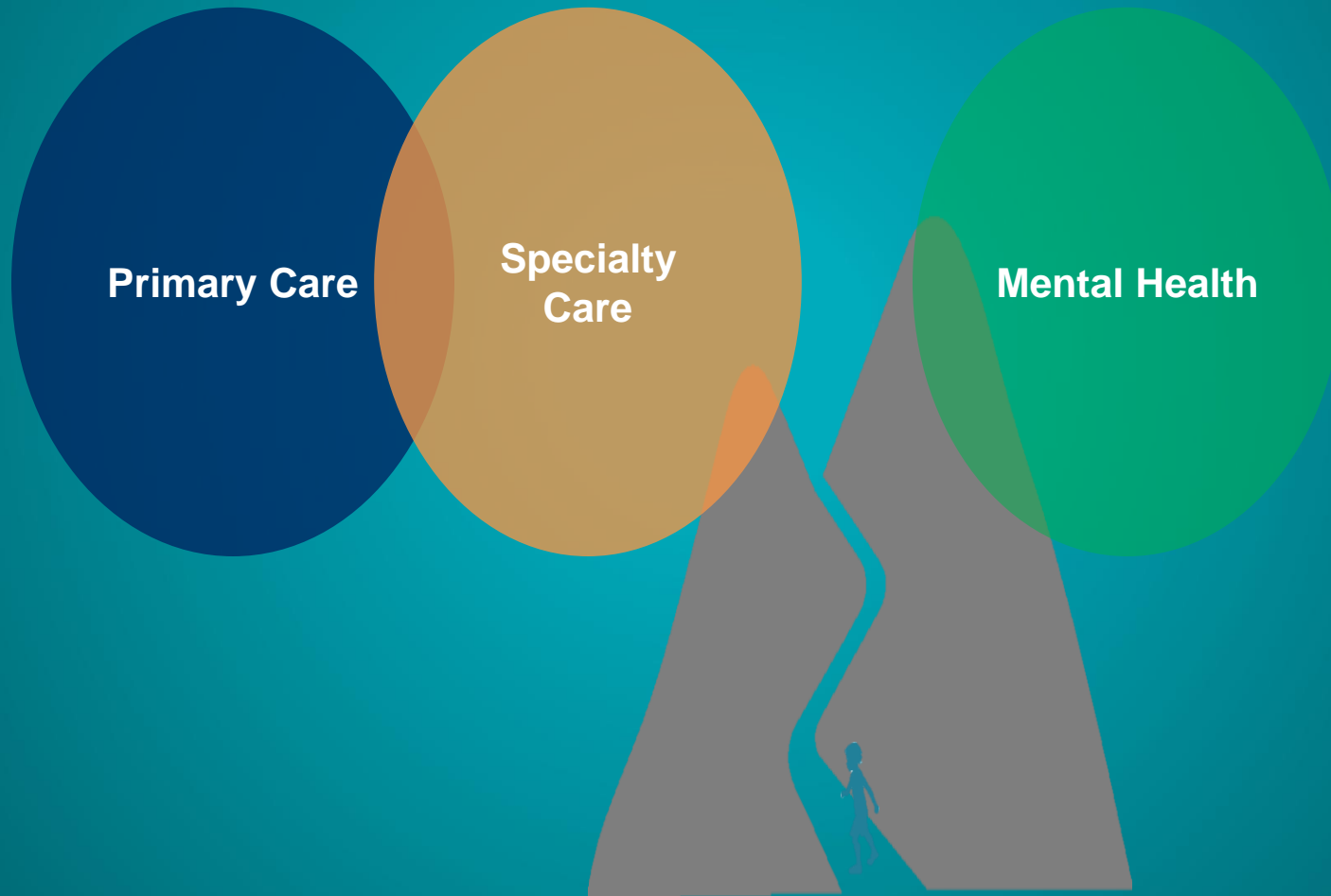
# Goals

Access	Care	Screening	Intervene	Facilitate	Improve	Support
Timely access to Behavioral and Mental Health services	Provide patient- and family-centered, culturally competent care	Conduct early identification and screening	Increase the impact of interventions and treatment plans	Facilitate seamless integration with PCP care	Improve patient health outcomes	Support PCPs in managing Behavioral and Mental Health needs, as well as the needs of patients with chronic, complex medical conditions

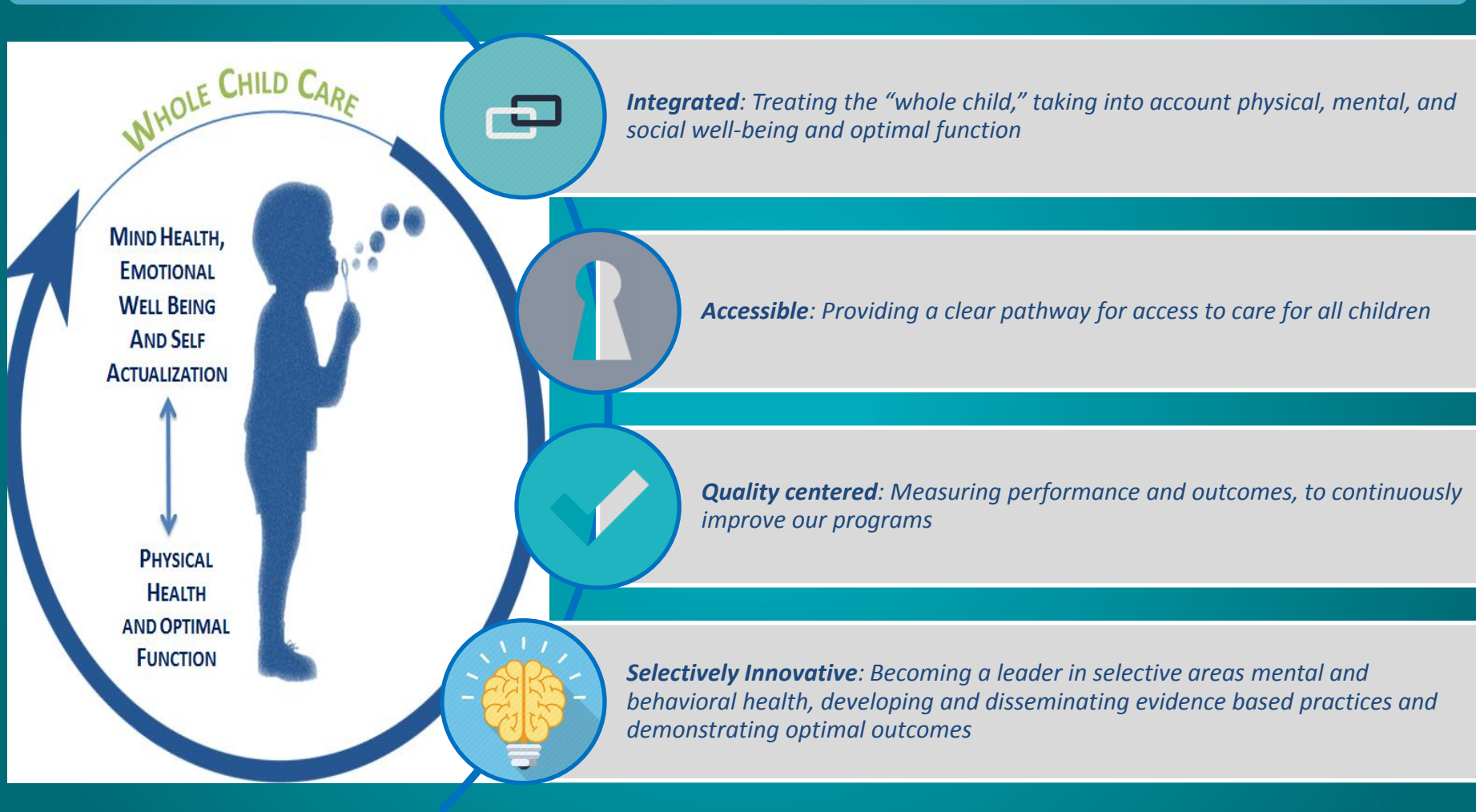
# Model



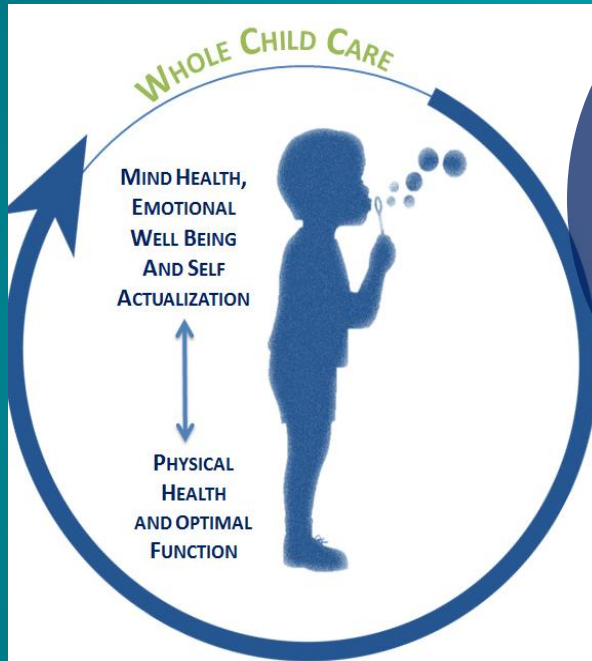
# Mental health services experience a divide between physical healthcare, access, delivery and reimbursement



## Transforming Mental Health with a Focus on the Whole Child



# Vision for integrated whole child care across the care continuum



Primary Care Network

Specialty Care

Brain Biology and Behavioral Health