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A Community Based System of Integrated Clinical Care: Primary Care, Mental Health and Substance Use Treatment

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Serious Mental Illness

Minnesota

most compatible with rural communities in Southern care. These models will then be evaluated to identify those existing models of Integrated Primary and Mental Health in the United States (NCCBH, 2010).

The cost of doing nothing may exceed $300 billion per year with psychiatric disorders by 10%.

Colorado’s Medicaid health plan estimates that an

Missed

Our segregated medical and mental health care system

Individuals with serious mental illness need better

People with medically unexplained symptoms do not easily

Secondary medical care patients need better access to

Milbank’s 2010 conclusions indicate a third population of people who are not served at all.

Intervention care settings

Findings suggest a preference for integrated care within a PC setting for elderly patients (Bartels et al., 2004), as well as Latino populations (Manses, 2008).

Patients w/ chronic conditions seen four times more often (Belaska-DuVernay, 2011). Patients were more likely to obtain MH services with integrated care than patients who were referred for services (Bartels et al., 2004; Belaska-DuVernay, 2011).

Integrated MH care demonstrated a significant decrease in hospital admissions. Costs reduced by 21.22% (Belaska-DuVernay, 2011). Decline in ED use by 31% resulting in related cost decrease by 36% (Belaska-DuVernay, 2011).

Better control of hypertension (Belaska-DuVernay, 2011).

Reduced anxiety and panic attacks (Grames, 2006).

Significantly reduced depressive symptoms (Chan, Ming-Yu, & Unutzer, 2008; Grames, 2006; Vera & Perez, 2010).

Improved social functioning (Vera & Perez, 2010).

Comparison of Models- Key Findings

Collaborative Care between separate MH and PC providers demonstrated little improvement in consumer outcome.

Co-located care - Findings reveal a relationship between provider’s physical proximity, and patient outcomes

Integrated Care - Literature review determines that Integrated care is more effective than collaborated or co-located care.

Integrated care within Primary care setting

Findings demonstrated reduced barriers to primary care (PC) for individuals with psychiatric disabilities (Mestl, Idigui, & Rogers, 2011).

PC Services for individuals with SPMI increased access to primary care by 50-70%

Reduced ED services 42%

Increased healthcare screenings 44%

177% of previously unrecognized (medical) problems were found through routine physical examination and hematocrit determination (Boardman, 2006).

MH consumers experienced: Reduced depressive symptoms (Skrinar, Huxley, Hutchinson, & Menninger, 2005).

Weight reduction (Mckibbin et al., 2006; Skirin et al., 2005).

Better management of diabetes related conditions (Mckibbin et al., 2006).

Improved social functioning (Green, Poon, & Jaroff, 2008; Hodgson, McCulloch, & Fox, 2011; Skirin et al., 2005).

Integrated care within Mental health setting

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Unintended Consequences of Segregated Health Care Services

Individuals with serious mental illness need better access to primary care

Primary care patients need better access to mental health care

Milbank’s 2010 conclusions indicate a third population of people who are not served at all.

People

Serious Mental Illness

Save higher rates of emergency service use for both mental health and medical care (NAMHPA, 2012).

Individuals with Serious Mental Illness are likely to underuse important services such as preventative care (NAMHPA, 2012).

One-third of people with mental illness do not receive needed immunizations, or cancer screenings (NAMHPA, 2012).

As many as seventy percent of primary care visits stem from mental health or substance use concerns (Milbank, 2010).

Only 48% of patients referred to outside behavioral health providers actually followed through with an appointment (Bartels, Coakley, Zubaitsky, & Ware, 2004).

Patients with medically unexplained symptoms do not easily access psychological therapies (Jackson & Koenke, 2006).

Recommendations based on Research may assist providers in assessing the feasibility of Services

Community-Based System of Integrated Clinical Care

Composed of three major branches of service.

Integrated Clinical Care within multiple Primary Care Settings (ICC-PC)

- Primary Care Clinic
  - Solution Focused Therapy
  - Mind Body Stress hardness
  - Resilience training

Hospital

- Emergency Department
  - High Utilization rates in collaboration with In-Reach
  - Trauma Physical injury
  - Medical and Surgical Unit
  - Depression, PTSD, and cognitive impairment
  - Pre & Post Surgery: Mind body techniques
  - Pain reduction • Promote healing

Based on work at a Penney George Institute at Abbott Northwestern Hospital

Community outreach

Mobile medical

- Follow up or screening as home or community based visits (Public Health Nursing)

Non-traditional

Community engagement points, & nontraditional public awareness approach.

Integrated Clinical Care within a mental health setting (ICC-MH)

Physical health screening

- Services Intake and Functional Assessments

Disease prevention

Rehabilitation Services
- Whole person medicine

- Mind - Cognitive Remediation (evidence based models such as NEAR or CBT)
  - Body - Biopsychosocial based psychoeducation (incorporates nutrition, smoking cessation diabetes)

- Soul - Promote social engagement and gratitude through volunteerism (Similar to Sage Club House model)