

Integrated Primary Care in Rural Communities

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The Problems

- Existing models of integrated care are not the best fit for rural communities
 - Lack of Access
 - Both behavioral health and psychiatric care
 - Most available services are for more severe
 - Stigma
 - Remains despite progress
 - Sustainability
 - Billing
 - Community relationships
 - Training the workforce for integrated care
 - Contact/demystification

Overview of Integrated Care

- See https://integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf

- Focus for today
 - Placement of BHPs in medical settings
 - NOT “reverse integration” (placement of medical providers in medical settings)
 - NOT coordinated care
 - NOT “co-located care” (BHPs placed in medical settings but maintain independent practice or stay affiliated with a different agency that is merely provided space in the medical setting)

Three Models of Integrated Care

- Care Manager Model
 - Primary care providers, care managers, and psychiatric consultants work together to provide care and monitor patients' progress
 - See <https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf>
 - See also <http://www.milbank.org/publications/milbank-reports/508-evolving-models-of-behavioral-health-integration-evidence-update-2010-2015>

- Behavioral Health Consultant Model
 - Population based
 - Low dose interventions across large population
 - Clinician is considered a “consultant”
- “Hybrid” or “Integrated Care Plus” or “Community First” Model
 - Based on needs of community
 - Low and high dose interventions
 - Clinician is considered a “provider”

Hybrid Model as Solution Focused

- Hybrid models are born out of the goal of finding solutions to the problems with other models of integrated primary care to meet the needs of the communities they serve

Solutions

- Access to care
 - Behavioral Health/Therapy
 - Placing behavioral health providers in primary care
 - Some solutions beget other problems (i.e. training workforce)
 - Same day appointments
 - Increase return rate
 - Same day brief intervention(s)
 - Prevention of problems becoming worse
 - Without integrated primary care problems often grow
 - Affordability
 - Training students as option
 - Psychiatric
 - Psychiatrist
 - System to triage for those in need
 - Trainings for primary care medical providers
 - Psychiatric Nurse Practitioner

Solutions

- Access to care
 - Psychological Assessment
 - Very little assessment access due to low number of psychologists in rural communities
 - Provide assessment as part of integrated behavioral health services
 - Assist primary care providers in treatment
 - ADHD
 - Personality and mood disorders
 - Barriers to compliance
 - Dementia

Patient Perspectives on Access to Care

- **What has been helpful about receiving your behavioral health and medical treatment at the same clinic?**
 - *It actually makes everything comfortable and awesome. I feel like the two go hand and hand and that my doctors can talk to each other if need be*
 - *Everything has been wonderful and just knowing that if it be a inner ear infection, learning disability, behavioral health, etc. my appointments are on time and I feel secure as an individual and have educational input to grow on*
 - *Helps my finances. Can schedule both doctor appointments up one behind the other*
 - *Very convenient to only need to visit one office for both doctors. I also like that they can consult with each other if necessary*
 - *I feel that my doctor was able to treat the whole person. It makes getting help so easy*

Solutions

- Stigma
 - Conceptualization
 - Interrelationship of physical and mental emphasized
 - Location of services
 - All services to include case management in same location
 - Procedure
 - Nursing staff retrieve all patients
 - Same check in procedure for all types of appointments

Patient Perspectives on Stigma

- **What would you say to someone who is feeling hesitant to meet with a behavioral health provider?**
 - *The mental health needs to be looked at just like any other health issue. It's nothing to be ashamed of and doesn't mean you are crazy. The stigma about mental health is what is crazy*
 - *To give the BH provider five minutes to explain what her/his role is and you will see what a help he or she will be*
 - *I would tell them it helped me when I thought it wouldn't*
 - *Try it, after an initial visit you will likely see how life changing it can be. If you don't you have only lost a small bit of time*
 - *I totally recommend it. I was hesitant too, it took me months to come but now I am really looking forward to my appointments every week.*

Solutions

- Sustainability
 - A hybrid model appears more sustainable than a pure consultant model
 - Productivity expectations should allow for traditional-length sessions, warm hand-offs, and crisis referrals
 - Currently psychotherapy codes are reimbursed at more sustainable rate than health and behavior codes
 - Accepting both internal and external referrals can help meet the needs of organization patients and community members who may not have other options
- Community relationships
 - Trainings
 - Support groups

Solutions

- Training the workforce for integrated care
 - Practicum training
 - Student contact with integrated primary care (e.g. Tri-Area Community Health)
 - Internship training
 - Collaborative (e.g. Stone Mountain Health Services)
 - Increased focus within academic training programs
 - Educating faculty on hybrid model of care
 - Also increases access and affordability of behavioral health care

Modifications for Rural Care

- More attention to needs assessment prior to and during integration to meet community and clinic needs
 - <http://www.integration.samhsa.gov/operations-administration/assessment-tools>
 - 360 degree evaluation

Comparison

Consultant Model	Hybrid
<ul style="list-style-type: none">• Model based (Set)• Population based• Low dose interventions• Time limited• Appointments 30 minutes or less• Clinic patients only• High severity referred• Collaboration primarily within clinic	<ul style="list-style-type: none">• Need based (Flexible)• Determined by population/need• Low and high dose interventions• Based on BHP availability• Based on need and availability• May accept outside referrals• High severity may be treated• Collaboration within clinic and community

Challenges of Hybrid Model

- Length of treatment
 - Appointment time
 - Treatment length
 - Average treatment length not significantly different
 - Range much broader
- Generalist
 - Both brief and more intensive treatment provided
 - Wide array of services
 - Psychotherapy
 - Brief interventions to include health focused
 - Psychological Assessment (variations in approach)
 - Group psychotherapy and support groups
 - Presentations
 - Clinical staff
 - All staff

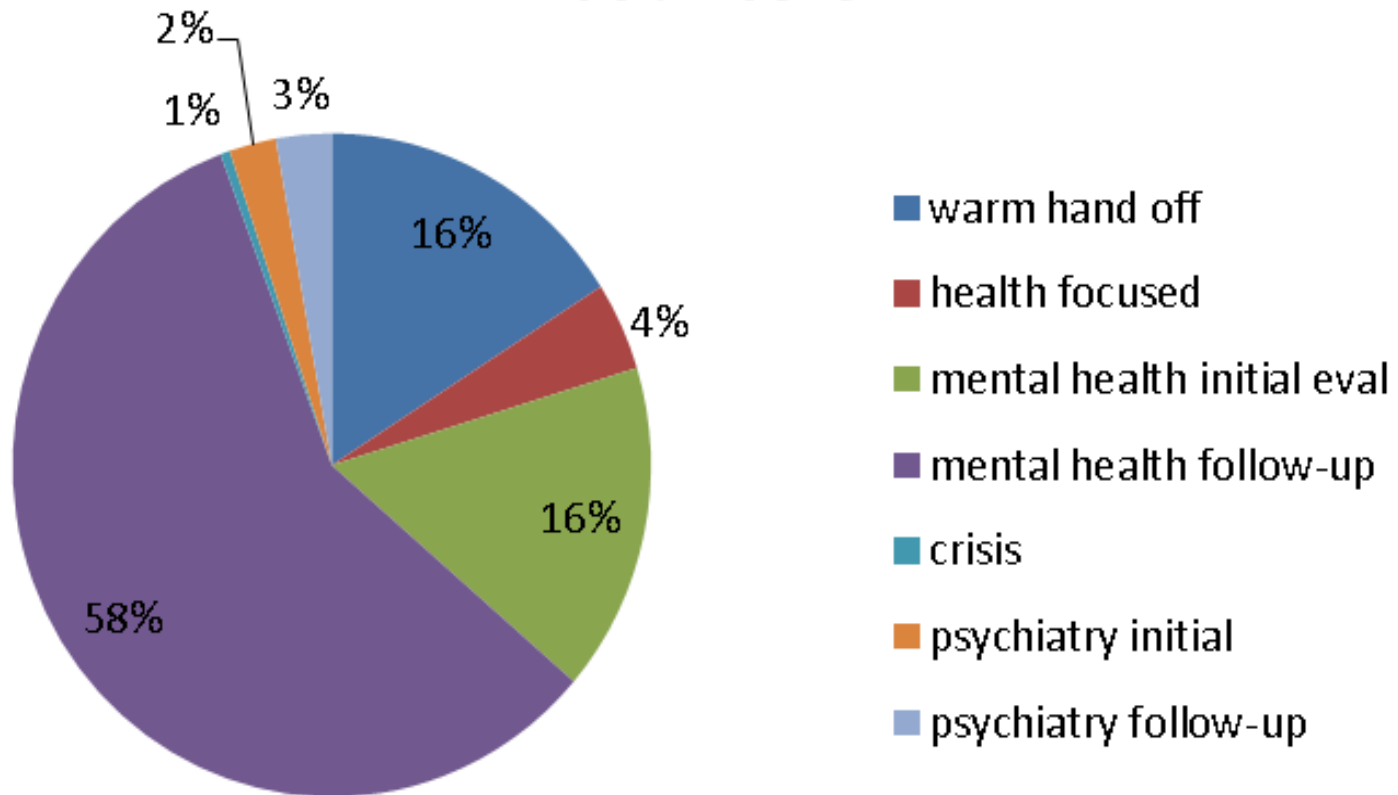
All BHP Encounters (single sessions omitted)

January 1, 2015 – December 31, 2015

BH Provider	(# single encounters)	Patients (2 or more sessions)	Average # Encounters per Patient (> or = 2 sessions)	Median (2 or more)	Mode (2 or more)
Josh	(117)	148	4.4	3	2
Laura	(138)	93	5.2	3	2
Elise	(159)	143	4.2	3	2
Total	(414)	384	4.5		

January 1, 2015 – December 31, 2015

BH Encounters



Patient Perspectives on Value of Behavioral Health

- **What is helpful about behavioral health services?**
 - *I don't feel useless most days, I understand that depression is a sickness not a stigma and I've also been able to put names to other issues I had since childhood*
 - *Learning with how to deal with things that are going on in a helpful manner. I feel like I am no longer alone in my struggles. I have a knowledgeable person in my corner and that is comforting*
 - *Being able to focus: my part in making my life and my surroundings uncomfortable for one. To see connections I cause and effect or secondary effects with in the big glob of chaos, so I can find a pathway through it.*
 - *Having help to change some very bad and damaging habits I have developed. Someone trained to know what questions to ask and to help me interpret the answers*

Patient Perspectives on Value of Behavioral Health

- **In what way(s) have behavioral health services impacted your life?**
 - *It has enabled my husband and I to find a way through the difficulties in our marriage*
 - *Made me realize that I am not alone*
 - *I can distinguish healthy and unhealthy relationships better than before. The negative relationships, I have learned how to refer to my tools and work with the issues*
 - *I am able to keep my grandchildren and somewhat deal with their parents. I am learning how to be a grandma and not just go through the motions*
 - *It has helped my husband and I figure things out together and has helped my husband realize things about Anxiety/Mental health in general that I don't think he would have realized before*
 - *Well my problem is with stress. When I am stressed I take it out on my family. I am not taking it out on my family anymore.*

Recommendations

- Literature / Training
 - Should increase and incentivize interdisciplinary training
 - Should increase training for integrated care
 - Should increase literature on hybrid models
- Financing / Sustainability
 - Need to improve insurer compliance with the Parity Act
 - Need to improve reimbursement for behavioral health services
 - Need to correct issues with Medicare reimbursement for technology-based services
 - Need to increase funding for care/case management

Other Websites

- Agency for Healthcare Research and Quality “Academy for Integrating Behavioral Health and Primary Care”: <http://integrationacademy.ahrq.gov/>
- SAMHSA-HRSA Center for Integrated Health Solutions: <http://www.integration.samhsa.gov/>
- Collaborative Family Healthcare Association: <http://www.cfha.net/>
- American Psychological Association Center for Psychology and Health: <http://www.apa.org/health/index.aspx>
- American Psychiatric Association: <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care>
- Unofficial VAMC document: http://www.mirecc.va.gov/cih-visn2/Documents/Clinical/MH-IPC_CCC_Operations_Manual_Version_2_1.pdf

- Walk-through discussion of a traditional consultant perspective on “Core Components of A Primary Care Behavioral Health Consult” (14:30): <https://www.youtube.com/watch?v=xmiXvRIRWFE>
- Follow-up to the preceding one that adds in talking to the medical provider - “Efficient Primary Care Consults” (approximately 20:00): https://www.youtube.com/watch?v=yxUm6aB_i54
 - Both of these YouTube videos were posted by primarycareshrink.com and he has several others here and on his own his website.