



NASMHPD CONFERENCE

INTEGRATED CARE BEHAVIORAL HEALTH AND PRIMARY CARE

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PATIENT / CLIENT POPULATIONS



INTEGRATED PRIMARY / BEHAVIORAL CARE SETTING

- **Age range: 18 – 90+ yr; older adults program 55+ yr**
- **Socio-economic status: low to middle income; >60% low income**
- **Payor source: Medicare 21%; TennCare 27%; Private Insurance 10%; Uninsured (self-pay) 2%; Indigent 20%**
- **Gender: Female 55%; Male 45%**
- **Co-Occurring Diagnosis (MH/SA) 11% of referrals to behavioral health**



SUBSTANCE ABUSE DETOXIFICATION / RESIDENTIAL TREATMENT

- **Age range: 18 – 70+ yr;**
- **Socio-economic status: low >80%**
- **Payor source:**
 - **Male: TennCare 2%; Uninsured (self-pay) 3%; Private Insurance 5%; Indigent 71%; ADAT 19%**
 - **Female: TennCare 60%; Uninsured (self-pay) 1%; Private Insurance 3%; Indigent 28%; ADAT 8%**
- **Gender: Female 42%; Male 58%**
- **Co-Occurring Diagnosis (MH/SA) 61% of admissions**

Note: Detoxification program for male & female clients provided at Magnolia Ridge (7 beds)

•Willow Ridge provides specialized women's residential treatment program (12 beds)

•Magnolia Ridge provides male residential treatment (12 beds)



COMMUNITY PARTNER PROGRAM

Frontier Health and East Tennessee State University Family Practice Physicians have been engaged in an integrated health care program for twelve years. Their cooperative effort is based on the following principles:



COMMUNITY PARTNER PROGRAM CONT'D

- Collaborative Management of primary care patient with co-occurring disorders will improve treatment, adherence, satisfaction with treatment and treatment outcomes;
- Mental Health treatment will be more readily accepted by many patients if it is viewed as a component of the primary care setting;

COMMUNITY PARTNER PROGRAM CONT'D

- High utilizers of primary care services will exhibit a lower number of medical visits when treatment is targeted to more precisely fit patient needs;
- Integrating Mental Healthcare into the primary care setting will allow physicians to decrease stress and increase the quality of primary care;

COMMUNITY PARTNER PROGRAM CONT'D

- Improving the treatment “fit” for patients will create more positive relationships between physicians and patients and increase morale in the primary care setting;
- Overall cost of care may be reduced with the increase of positive treatment outcomes in mental health and primary care.

MODEL OF PRACTICE

1. JOINT CASE STAFFING

Primary care physicians, psychiatrist, mental health therapists, and medical residents participate in case review process.

- Patient Issues – co-prescribing of psychotropic medications;
- Discussion and understanding of patient condition;

MODEL OF PRACTICE CONT'D

- **Sharing of behavioral and medical health information;**
- **Referrals to therapist - Therapist influence increases acceptance/access to Mental Health treatment, continuation in treatment and compliance with medications;**
- **Physician focuses on more time with patient 's medical issues.**

RESIDENTIAL DETOXIFICATION/ RESIDENTIAL TREATMENT CENTER

INTEGRATING PRIMARY CARE INTO TREATMENT SETTING

As a means to increase the quality of care and decrease emergency outcomes at the time of admission to the co-occurring detoxification program at Magnolia Ridge;

Frontier Health has partnered with Psychiatry and Internal Medicine Associates to provide dual physician services to the detoxification unit. The primary goals of this effort are:



RESIDENTIAL DETOXIFICATION/ RESIDENTIAL TREATMENT CENTER

INTEGRATING PRIMARY CARE INTO TREATMENT SETTING, cont'd

- Increase quality of admissions process;
- Create a more integrated view of client medications treating physical and psychiatric symptoms and disease.
- Reconnect client with primary care in discharge planning.

*As a newly initiated program effort data collection has only recently been undertaken.



ETSU CLINICAL PSYCHOLOGY PhD BACKGROUND

- Shortage of professionals who understand and can practice behavioral integrated care model, especially for rural practice
- NHSC recognized as national workforce preparation issue and support ETSU to develop model curriculum in partnership with medical residencies and behavioral health organizations
- Program development in 2006 consistent with the unique rural, interdisciplinary and community-based education mission of ETSU



CURRICULUM DEVELOPMENT

- **Extensive community-university collaboration between ETSU Department of Psychology and Frontier, Cherokee and VA personnel**
- **Developed through input obtained during planning summit process supported by a DHHS, NHSC- HRSA grant**
- **Mission: To provide doctoral training in Clinical Psychology for rural behavioral health and Practice in the context of integrated primary health care.**



LOCAL SUPPORT AND NATIONAL RECOGNITION

- Financial support located from multiple organizations including behavioral health organizations for rural curricular placements
- ETSU Psychology Department Chair named as one of two APA rural representatives to attend CRH/Education Directorate meeting with national Primary Care Associations in Washington DC in September to discuss ways to increase the number of psychologists in Federally Qualified Health Centers and Rural Health Clinics



CURRICULUM DEVELOPMENT

- Designed revised two year masters and new five year doctoral program
 - Primary care psychology and externships
 - Includes enrollment in interdisciplinary rural track courses (case oriented learning and research and practice courses)
 - Rural primary care practice clerkships and practica
 - Understanding cultural anthropology of Appalachia and rural region
- Full time Year 5 placement in APA/APIC internship site, following APA matching guidelines
- More information:
<http://www.etsu.edu/cas/psychology/graduate/programs/clinicalphd/currcooursedesc.jsp>

