

Local health care providers increasingly move to blend mind, body care

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People have necks that connect their heads and their bodies, a fact that's being acknowledged as local health care providers increasingly move to integrate mental and physical health care.



CHI Health has started a pilot program at the Alegant Creighton Clinic at 161st Street and West Maple Road in which a mental health practitioner works with primary care physicians.

Community Alliance, which helps people deal with mental illness and substance abuse, is in the third year of a four-year federal grant that provides \$400,000 a year to fund primary care services at its Leavenworth Street location. The agency provides the service by partnering with OneWorld Community Health Centers.

The idea of integrated care, providers say, is seamless access to behavioral, or mental, health care during a routine primary care appointment — or primary care access during a behavioral health visit. For example, people who come in for a diabetes appointment can see someone who can address their depression or, conversely, people who show up for a counseling session could get their blood pressure or cholesterol checked.

The concept predates but is encouraged under the federal Affordable Care Act, which supports the creation of accountable care organizations, increases funding for federally qualified health centers and provides money for pilot programs. The law does not, however, change the way mental health care is paid for, and sustained funding for integrated treatment remains a barrier to widespread adoption of the approach.

Nebraska Medicine's midtown clinic for years has treated patients with a team consisting of physicians, behavioral health specialists, a social worker, a pharmacist, a diabetes educator, nurses and others. Jennifer Harsh, a medical family therapist, said the group meets in the morning and afternoon to discuss that day's patients and, based on the patients' needs, decide which providers to pull in.

Physicians also can summon other providers if the patient raises a concern.

"Maybe they're not taking their medications as they would like to," Harsh said. "Maybe they're having a difficult time adjusting to their diabetes and all that entails for their life. The provider can ask us to come into the room and talk to the patient while they're here."

Mark, a 62-year-old Omahan, used a primary care physician in the clinic before he had a stroke and, later, open-heart surgery last year. The recovery from both left him feeling tired all the time. “It’s very humbling for someone who has always considered himself healthy. I was just really discouraged and down.”

A cardiac rehab nurse encouraged him to see a counselor at the clinic. He went in every two weeks, then every three until the counselor said he didn’t need to come in anymore. “She asked the right questions, she sent me home with lots of things to think about, helped me re-establish goals,” he said.

Institutions’ policies, the way caregivers are educated and trained, and how people’s care is delivered and paid for all artificially separate mental and physical care, said Ben Miller, a Colorado psychologist who works with the federal Agency for Healthcare Research and Quality.

“There’s no such thing as ‘mental.’ It’s always going to be ‘your health.’ That’s the issue we’re really grasping with now in health care,” said Miller, the primary investigator for the agency’s Academy for Integrating Behavioral Health and Primary Care.

Mental and physical problems often overlap, Miller said.

“We can talk about how 29 percent of adults with medical conditions also have a mental health condition,” he said, “or you can talk about how 68 percent of folks with mental health conditions also have medical conditions.”

Besides the convenience, having counselors available in a primary care setting can ease patients’ concerns about seeking mental health services, said Jennifer Peter, a psychologist with CHI Health.

“Just the thought of going to a psychiatric clinic can be pretty intimidating for some people,” Peter said. “So it’s being able to bring our services to where they’re most comfortable in the settings that they know.”

At CHI Health’s clinic, as the doctor talks with a patient, he or she may see that the patient has some mental health concerns that potentially need to be addressed, said Chelsea Hunter, a licensed independent mental health practitioner. “That’s usually where they will do a handoff to me.”

Hunter said that she enters the exam room through a nurse’s area. “Nobody is seeing me saying, ‘Hi, so and so, I’m the behavioral health provider, why don’t you come to my office.’ It’s very confidential. For the patient, that’s a very comforting thing. Because stigma is a big concern when it comes to addressing those mental health needs.”

Laura Galbreath, an executive with the National Council for Behavioral Health, said that even having one entry point or appointment-scheduling system in a clinic can help mental health patients.

“The second we say, ‘Go around the corner to see the psychiatrist to check in over there,’ then we’re stigmatizing it,” she said.

The rapport that the doctor has established with the patient, Hunter said, helps the patient accept her and her counsel. After the handoff, she can get a person's mental health history, provide some guidance or brief intervention, and determine whether a patient may need therapy or medication.

Hunter said that she also can be a liaison in getting an appointment with a psychologist or psychiatrist without a six- or eight-week wait.

Community Alliance's experience is that having wellness coordinators and a primary care physician helping clients has led to "significant downward trends" in high blood pressure and pre-diabetes, as well as lower blood sugar and cholesterol levels, said Carole Boye, Community Alliance's president and CEO. "It's pretty impressive."

OneWorld, which provides the physician, has integrated care for more than a decade.

Boye said people with severe mental illness die on average 25 years younger than their peers without mental illness. "Most of that is due to preventable, treatable illnesses."

Tina, a 37-year-old Omahan who deals with bipolar disorder and post-traumatic stress, said working with her wellness coordinator at Community Alliance helped her to lose weight, exercise regularly and get her diabetes under control. She no longer has to take diabetes medication.

Miller, the Colorado psychologist, said providers nationwide have trouble getting reimbursed for offering integrated care. A survey of integrated practices in Colorado, he said, found that 77 percent were solely dependent on grant funding to keep their programs going. "People can't get paid to do what's right for their patients," he said.

Some insurers will pay for care management services and for substance abuse and depression screenings, and crisis care management is reimbursable under existing insurance codes, said Dr. Joseph Hullett, national medical director at Optum, the health services arm of UnitedHealth Group.

But hurdles remain to expanding integrated care, he said, including a disconnect between behavioral health records and medical records. In addition, he said, more care means more costs.

"If you take a depressed person with diabetes and you begin to work on their depression, suddenly they start getting treatment for depression and they also start getting treatment for diabetes," Hullett said. "In the short run, it actually has a deleterious effect on costs if you just consider costs alone and not the quality."

Adopting integrated models that are cost-efficient, he said, "is really critical for health care."

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