



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

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SAMHSA
Substance Abuse and Mental Health Services Administration

HRSA
Health Resources & Services Administration

integration.samhsa.gov

Why primary care services to mental health populations?



- High rates of physical illness in mentally ill
- Premature mortality
- Low quality of medical care to patients with mental illness
- *Costly physically ill with mental illness – “High Utilizers”*
- Access problems

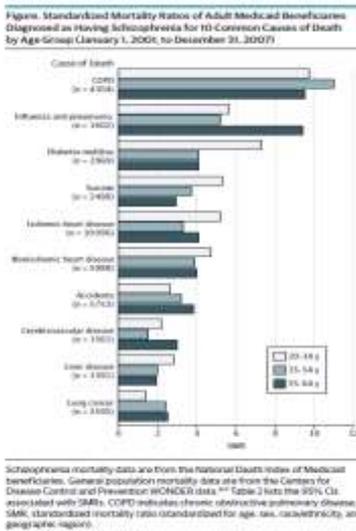
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Premature Mortality in Adults with Schizophrenia in the US



JAMA Psychiatry, Online
Oct 28, 2015

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Patient Level Factors



Lack of motivation, apathy



Cognitive Impairment



Lack of perceived need for health care



Comorbidity



Fear and Distrust



Poor social, communication skills

Provider Level Factors



Lack of knowledge about specific disorders



Attribute physical sx to mental illness and miss the problems

Why bother? "Just treat the schizophrenia and leave the rest".



Take too long, high no-show, impacts bottom line



Fear and Distrust



Discomfort

Lester HE. BMJ. doi:1136/bmj.38440.418426.8F 2005 © 2016 American Psychiatric Association. All rights reserved.



Roles for PCPs in CMHCs

	Direct Care	<ul style="list-style-type: none"> • Chronic Medical Conditions • Preventive Care
	Collaboration	<ul style="list-style-type: none"> • Psychiatric Providers • Care Managers, Case Managers,
	Population Based Care	<ul style="list-style-type: none"> • Establishing Priorities • Track Outcomes, Adjust Care
	Education	<ul style="list-style-type: none"> • Non Medical and Medical Staff • Patients
	Leader	<ul style="list-style-type: none"> • Champion Health Care • Help Shape System of Care

Approach to the Exam – Reset Expectations



Longer appointment

due to aspects of illness such as poverty of speech, apathy, disorganization, positive symptoms make it harder to get accurate history. 2-4 appts per hour, smaller panel size - half



Sensitive to Trauma

Especially sexual trauma
In women. Be ready for emotional response to exam, take time to explain and go slow



Avoid Bombardment

Start with one or two goals and move through the list over the course of multiple appointments - plenty of pent up need has to be managed carefully

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Concerns in Approaching the Exam

Providers View

WE DON'T UNDERSTAND THEM

THEY ARE MENTALLY ILL

THEY TAKE TOO LONG

THEY DON'T DO WHAT WE SAY

THEY SCARE ME

Patients View

THEY DON'T UNDERSTAND ME

THEY ARE INCOMPETENT

THEY AREN'T PATIENT WITH ME

THEY WANT TO CONTROL ME

THEY SCARE ME

Help All Staff View Lifestyle Issues as Their Mission

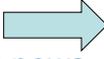
Something YOU want to do
Reasonable amount of information
Behavior-specific



Formula for Good Health
Kopes-Kerr, *Am Fam Physician*. 2010 Sep 15;82(6):610-614

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Staff Training – Get Creative

- Brown bag lunches 
- Show staff how to use BP cuffs
- One pagers – Diabetes, Hypertension
- Education to give to patients 
- E-mail blasts to all staff – latest news
- Articles/websites
- “Med Spots” at staff meeting (15 minutes)
- Case – To – Care Training



Kopes-Kerr, Am Fam Physician. 2010 Sep 15;82(6):610-614

http://www.integration.samhsa.gov/workforce/Summary_of_Case_Management_to_Care_Management_Training.pdf

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Educate Patients

Formula for Good Health

Place a ✓ for what you already do and an X for what you cannot be working on.

<input type="checkbox"/>	0	Cigarettes	
<input type="checkbox"/>	5	Servings of fruits and vegetables per day	
<input type="checkbox"/>	10	Minutes of sit-ups, sit-ups, or meditation per day	
<input type="checkbox"/>	30	Body Mass Index < 30 kg/m²	
<input type="checkbox"/>	150	Minutes of exercise per week (e.g., brisk walking or equivalent)	

What Can A Healthy Lifestyle Do For You?

All these studies involve medical conditions that just have a single habit. Can you do your own thing?

Heart Disease

Quit 1 Cigarette by 10%
 Quit 10 Cigarettes by 30%
 Quit 100 Cigarettes by 50%
 Quit 1000 Cigarettes by 70%
 Quit 10000 Cigarettes by 90%
 Quit 100000 Cigarettes by 99%

© 2010 American Heart Association. All rights reserved.

This is the #1 way to stay healthy and prevent serious disease!

Am Fam Physician. 2010 Sep 15;82(6):610-614
<http://www.aafp.org/afp/2010/0915/p610.html>

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Psychiatric Providers' Responsibilities

- **Minimize:** Effects of SGAs and other psychotropic medications
- **Screen:** For Illness (APA/ADA Guidelines, etc.), others
- **Counsel:** Lifestyle Modification – smoking, weight loss
- **Treat:** Some chronic medical conditions with adequate training/consultation if desired

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Engage Psychiatric Providers

- Shared patients, shared illnesses – they can counsel, switch meds, minimize side effects, treat – work in partnership with PCP
- Patients see them as their “doctor” and may want their approval first before starting medications from PCP
- Complications of psych meds and medical comorbidities require discussion among colleagues

TIPs

- *Staffing complicated patients together is encouraged
- *Go to medical staff meetings – be part of their team
- *Educate – help restore their skills in treating chronic medical problems – help them be more well-rounded medical providers

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Leadership

- You can be one of the champions for health care change by bringing your knowledge of general medicine into the behavioral health environment
- PR, PR, PR – can be difficult sometimes to get the team to follow



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Training PCPs to Work in CMHCs

PRIMARY CARE PROVIDER CURRICULUM



Curriculum designed to be taught by Psychiatrists or PCPs

30 slides per module

- Downloadable
- Updateable
- Modifiable
- Pre and post test questions
- Resources

Primary Care Providers Working in Mental Health Settings is a five-part curriculum that can be used to inform primary care professionals working in public mental health settings about the unique aspects of behavioral health settings, the people they

<http://www.integration.samhsa.gov/workforce/primary-care-provider-curriculum>

Modules

Module 1: Introduction to Primary and Behavioral Health Integration

Module 2: Overview of the Behavioral Health Environment

Module 3: Approach to the Physical Exam and Health Behavior Change

Module 4: Psychopharmacology and Working with Psychiatric Providers

Module 5: Roles for PCPs in the Behavioral Health Environment

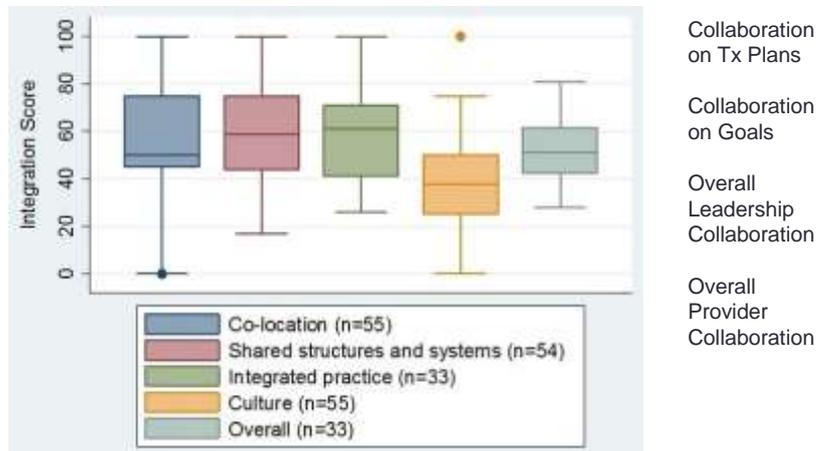
Two Cultures, One Patient



“Everyone Wants to do Integrated Care Until they Learn they have to Change Their Practice”



Integration Scores for PBHCI Grantees: Culture was Lowest



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PCPs who are a “good fit” for this work

- Flexible
- Adapts well to behavioral health environment
- Likes working with patients with mental illnesses
- Enjoys being part of a team
- Want to make a difference in a health disparity group
- Prefer to use data to drive care including utilizing a “treat-to-target” approach to meet goals

PCP Best Suited for This Work

“My observations are that the key variable is a seasoned/experienced, confident provider who may not fully understand but isn't frightened or put off by issues of mental illness - we've had multiple folks fitting this description who have functioned very well in behavioral health-based primary care clinics.

PBHCI grantee, Colorado

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Case Study/Scenario



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For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org



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