

**Special points of interest:**

CEO of Cherokee Health Systems, Dennis Freeman, Ph.D., discusses his corporation and the value of integrated care treatment resulting from the abundance of psychiatric disorders present in primary care visits

Book Review: "Behavioral Consultation and Primary Care: A Guide to Integrating Services"

Spotlight: Depression By Kendra Beitz, Ph.D.

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# Integrated Care Update

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### "Blending Behavioral Health Interventions into the Primary Care Visit:

### The Cherokee Health Systems Model"

By Dennis Freeman, Ph.D., CEO, Cherokee Health Systems

Mental health services received a boost in both credibility and visibility from Dr. David Satcher's Mental Health: A Report of the Surgeon General. This Report, the first Surgeon General report on mental health, was released in 1999. The Report underscored the inseparability of mind and body and asserted that effective treatments exist for psychiatric disorders. It has become increasingly apparent, however, that the separation of mental health services from general health care renders mental health professionals poorly positioned to help most Americans who need mental health interventions. In short, mental health services as presently configured and delivered in this country, do not match up well with the public need for mental health care.

Epidemiological studies reveal that most individuals with mental health problems are not treated and those individuals who do seek

help for mental health services most typically do so in primary care, where mental health professionals are infrequently found. In fact, psychosocial presentations drive most primary care utilization and psychological problems crowd the schedule of many primary care providers. When primary care providers attempt to refer these individuals on to a mental health professional, a variety of barriers intrude including stigma, long waiting lists and, frequently, a mismatch between the patients expectations and the services available.

In addition to the abundance of psychiatric disorders showing up in primary care, it is hard to find any primary care presentations that are devoid of behavioral factors. Psychological factors play a pervasive role in the etiology, the response to treatment and the management and prognosis of most medical conditions. Stress is both a response to, as well as a causal factor, in many



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medical conditions and the management of stress is vital for good health. The majority of recommendations issued in the exam room are behavioral. Typically, patients emerge from their medical visit with instructions to get more exercise, to lose weight, to stop smoking or some other life style modification.

## "Blending Behavioral Health Interventions into the Primary Care Visit:

### The Cherokee Health Systems Model" (Cont'd)



Cherokee Health Systems, a non-profit corporation with offices throughout the eastern part of Tennessee, has evolved a care model that integrated mental health and primary care services, thereby reducing the customary isolation of mental health care as well as blending behavioral health interventions into the primary care visit. Rooted in a population-based community mental health framework and incorporating the mission of the Federally Qualified Health Centers, Cherokee is a safety net organization that provides an appealing clinical care model that also attracts many patients with commercial insurance and Medicare, and offers an array of treatment options.

At Cherokee Health Systems, Behavioral Health Consultants work as core members of the primary care team, following a flexible schedule very similar to that of their primary care colleagues. The Behavioral Health Consultant, generally a psychologist with a behavioral medicine orientation, is available at the time of the primary care visit for assessment, triage and intervention for all those mental health, stress-related, and family problems, which flood primary care practices at Cherokee. Over 80% of the mental health problems are managed in primary care without referral on to specialty psychiatric services. Often behavioral alternatives to psycho-pharmaceutical inventions are utilized and, when these medications are necessary, behavioral strategies are employed, which enhance the effectiveness of care.

The Behavioral Health Consultant is involved in a wide range of patient presentations, not just when mental health or substance use disorders are detected. These behaviorists assist in chronic disease management by providing support and teaching patients to modify their behavior in accord with their readiness to change their lifestyle. They help patients select and monitor self-management goals. The overarching goal of this integrated practice model is to enhance the skills and resiliency of patients in the practice. This clinical model has a high degree of both patient and provider satisfaction. Patients declare their strong preference for the convenience of receiving assistance for their mental health concerns in the comfort of their primary care provider's office. Primary care providers relish the complementary skills a behaviorist adds to the practice. Access to behavioral health interventions is increased, stigma is averted, and the effectiveness of the primary care visit is enhanced. Because mind and body are interactive and inseparable, a primary care practice best matches the needs of its patients when it blends the expertise of behaviorists and primary care physicians.

**"...it is hard to find any primary care presentations that are devoid of behavioral factors"**