

Integrating Behavioral & Primary Care

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Health Centers Lead the Way

THE CALL FOR ACTION

These compelling findings have only fueled the growing expectation of health centers to include behavioral services within the scope of primary care. Health centers across the country are integrating behavioral services into primary care in response to twin forces: HRSA's focus on mental health delivery in primary care and the diminished capacity of community mental health centers. An added incentive for integration has been the importance of addressing psychological and social factors in disease management. As any primary care provider can attest, behavior and health are inextricably intertwined. Six out of ten leading health indicators in the Healthy People 2010 Report have major behavioral components and the seventh is mental health status itself. Now, more than ever, incorporating behavioral expertise into primary care is essential. Integration blends the talents of behavioral health and primary care providers in a convenient and clinical cost-effective manner. Integration of services removes barriers to care. Research attests to its clinical efficacy. Further, integrated care offers improved patient and provider satisfaction in a context of medical cost savings. Is this the answer to the call for action?

It has been for us. Integrated care has evolved into a core theme of the mission of our organization, Cherokee Health Systems, a comprehensive community health care organization with community mental health roots. Twenty-

A recent landmark study of the prevalence and severity of mental health disorders estimates that nearly 50 percent of the U.S. population will experience a mental health problem at some time during their life. The study also confirmed that more people seek care for their mental health problems in the primary care setting than from a mental health professional. The most likely point of access of mental health services for the underserved is the local community health center, already challenged by overbooked schedules and management of multiple medical problems. Indeed, the enduring stigma of mental health treatment, coupled with limitations on the patients some community mental health centers will accept, has positioned many community health centers as the "de facto" mental health system in their community. How can health centers manage this need?

five years ago we embraced the blending of primary care and mental health services as a way to better meet the needs of our patients. Today, we have 13 primary care sites with co-located integrated behavioral services in 11 counties in East Tennessee. We provide integrated behavioral outreach to an additional five safety net providers in our communities. In our clinical model, psychologists are key members of a multidisciplinary primary care team and provide assessment, consultation, and intervention to primary care patients and providers. We routinely screen patients for mental disorders, because the median delay from onset of a mental disorder to first treatment contact is, astoundingly, nearly a decade. Psychologists, clinical social workers, case managers and psychiatrists are also on site to provide more intensive specialty behavioral services as necessary. Patients arrive at our doorstep presenting a spectrum of medical, social, and behavioral concerns. The clinical response requires that the “whole person” to be treated. Our path to integration was marked clearly before us— our patients showed us the way.

THE INTEGRATED PRIMARY CARE TEAM

For successful integration of primary and behavioral care services, the entire organization, including front desk staff, clinical support staff, providers and upper level management need to be committed to an integrated delivery system. Finding the right behaviorist for the primary care team is critical to making integrated care work. Primary care psychologists have the necessary skill sets for more complex primary care behavioral practice. As members of an interdisciplinary primary care team, primary care psychologists are involved in on site and timely assessment, brief intervention, consultation, and consultative case management with primary care patients. Psychologists also provide a range of health psychology services to patients and medical providers, including psycho-education, management of behavioral factors in illness and health, and implementation of evidence-based treatment protocols for mental health disorders. For example, psychologists are called in to assess and treat patients presenting with behavioral concerns during a primary care visit, provide regular feedback to medical providers regarding specific referral questions, and follow-up with medical patients with psychological issues. Psychologists also provide education to providers and patients about behavioral health issues.

FROM VISION TO PRACTICE

Successful integration of behavioral services into primary care requires radical changes in system design as well as training of health care providers. Specifically, integrated behavioral primary care involves a seamless coordination of structural, clinical, and operational systems that is geared toward population based management of health care. Financing integrated care has posed its own challenge. However, hope is on the horizon. The new health and behavior CPT codes (96150-96155) reflect primary behavioral care services and are gaining recognition and reimbursement. Medical cost offsets have also been cited as an additional financial support for integration. Building a workforce, particularly behaviorists well matched for primary care practice, is another hurdle that can be overcome by training. In fact, community health centers are outstanding training environments for future primary care psychologists. Trainees can provide valuable clinical services, enrich professional practice, and improve recruitment and retention of qualified staff. In 2003, Cherokee Health Systems began a Predoctoral Psychology Internship program with a focus on primary care psychology. Our internship program is now accredited by the American Psychological Association and attracts highly skilled psychology graduate students from across the country. Training tomorrow's health professionals energizes our staff, keeps us “on our toes” with current clinical practices, and expands the services we provide to our patients.

INTEGRATION: A CARE MODEL

“This is the greatest error of our day in the human body, that physicians separate the soul from the body.” Little has changed since Hippocrates uttered these words. Integrating behavioral care into primary care reunifies the body and mind by treating the whole person. It is true that effective integration of primary care and behavioral health will demand revised clinical skills, new service delivery models and, possibly, even organizational restructuring. But the benefits far outweigh effort required. Patients prefer, and thrive, in integrated health care models. Our mission at Cherokee Health Systems has always been to enhance quality of life through a comprehensive service delivery system that promotes mind and body wellness. If we want to optimize our ability to provide quality care to an underserved population, integration is a clinical imperative.