



**Montana Primary Care Association**

# Integrated Behavioral Health

October 30, 2019

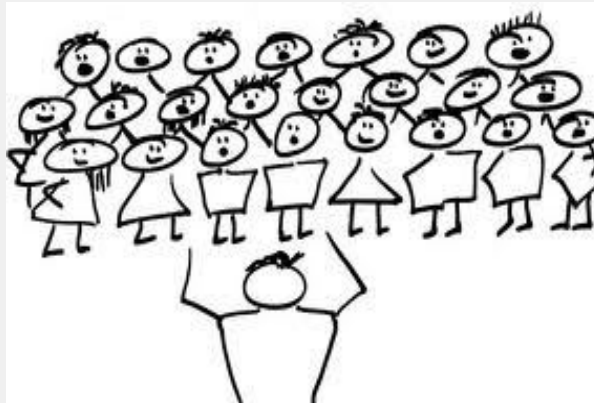
Presenter- Gina Pate-Terry, LCSW, LAC,

[gpate-terry@mtpca.org](mailto:gpate-terry@mtpca.org)



# Agenda

- Provide:
  - A brief history of the integration of behavioral health into primary care
  - Awareness of the need for integrated care
  - An increased understanding of what primary care and effective behavioral health integration looks like in practice
    - Hope for the future



# Montana Primary Care Association

- A Non-profit organization Incorporated in 1987
- **The Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.
- **The Vision** of MPCA is health equity for all Montanans.
- **The Values** of MPCA are collaboration, integrity and innovation



# Early History of Integration



- Practitioners naturally working together
- 1995 Katon, et al's JAMA article with evidence for integrated care for depression
- Collaborative Family Healthcare Association, the first organization made up of physicians and behavioral health folks focused on collaborative care [www.cfha.net](http://www.cfha.net).
- Steady Development....

# Why Behavioral Health in Primary Care?



- Primary care settings are the gateway to the behavioral health system.

# Why Do People Seek Behavioral Health Care in the Primary Care settings?

- Uninsured or underinsured
- Limited access to public mental health services
- Cultural beliefs and attitudes
- Little availability of MH services especially in Rural Health settings
  - [Integration.samhsa.gov](https://www.integration.samhsa.gov)

## ***Primary Care is Entry Point***



- ***67% of psychoactive agents are prescribed by PCP***
- ***80% of antidepressants are prescribed by PCP***
- ***92% of all elderly patients receive mental health care from their PCP***

**(Kirk Strosahl, Mountain view Consulting, 2003)**

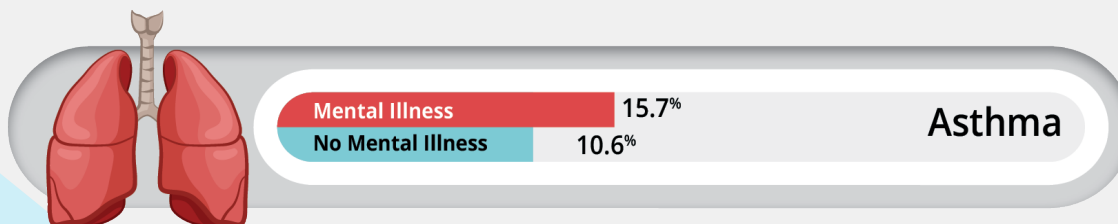
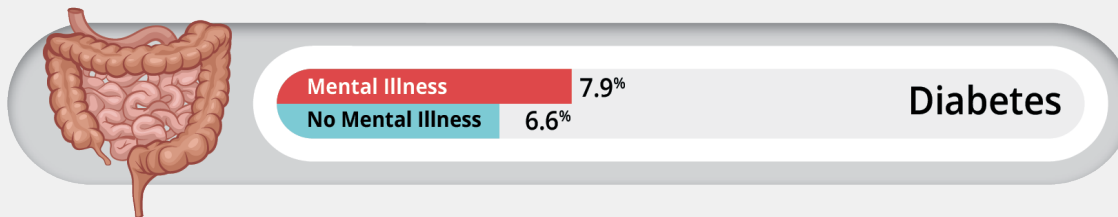
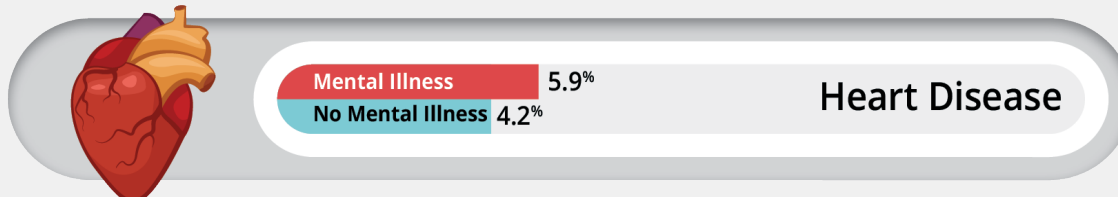
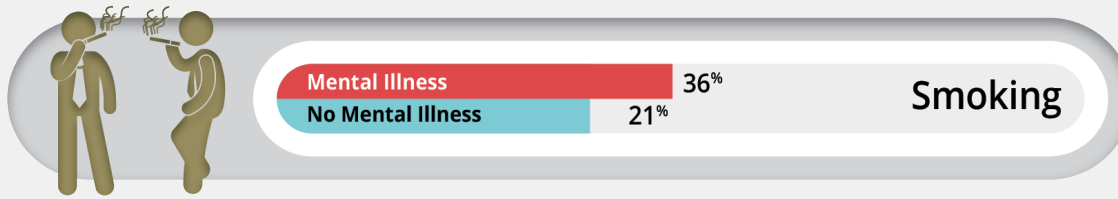
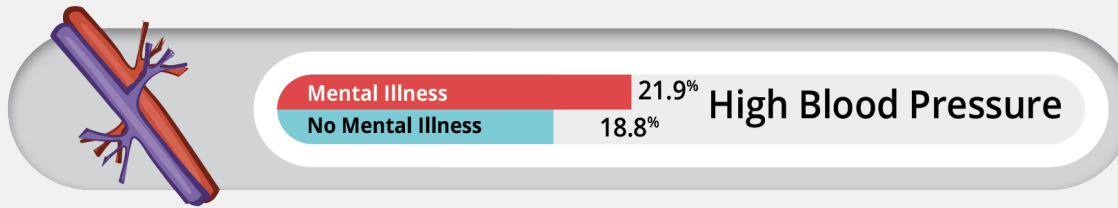
## Primary Care



- People with mental and substance use disorders may die decades earlier than the average person — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits and barriers to health care —.



## Co-occurrence between mental illness and other chronic health conditions:





- Challenges in navigating complex healthcare systems is a major obstacle to care

# Behavioral Health in Primary Care

- Population of US is 325.98 million (2018)
- Around 50% will experience a diagnosable disorder at some time in life (Kessler, Demlet, et al., 2005)
- Only 20% will receive care from specialty MH or substance use clinic
- 21% will be treated in PC
- 59% will receive no care
- Most people with problems do not seek help; few will ever see a therapist's couch



# Integrated Model



- ...Steady Development

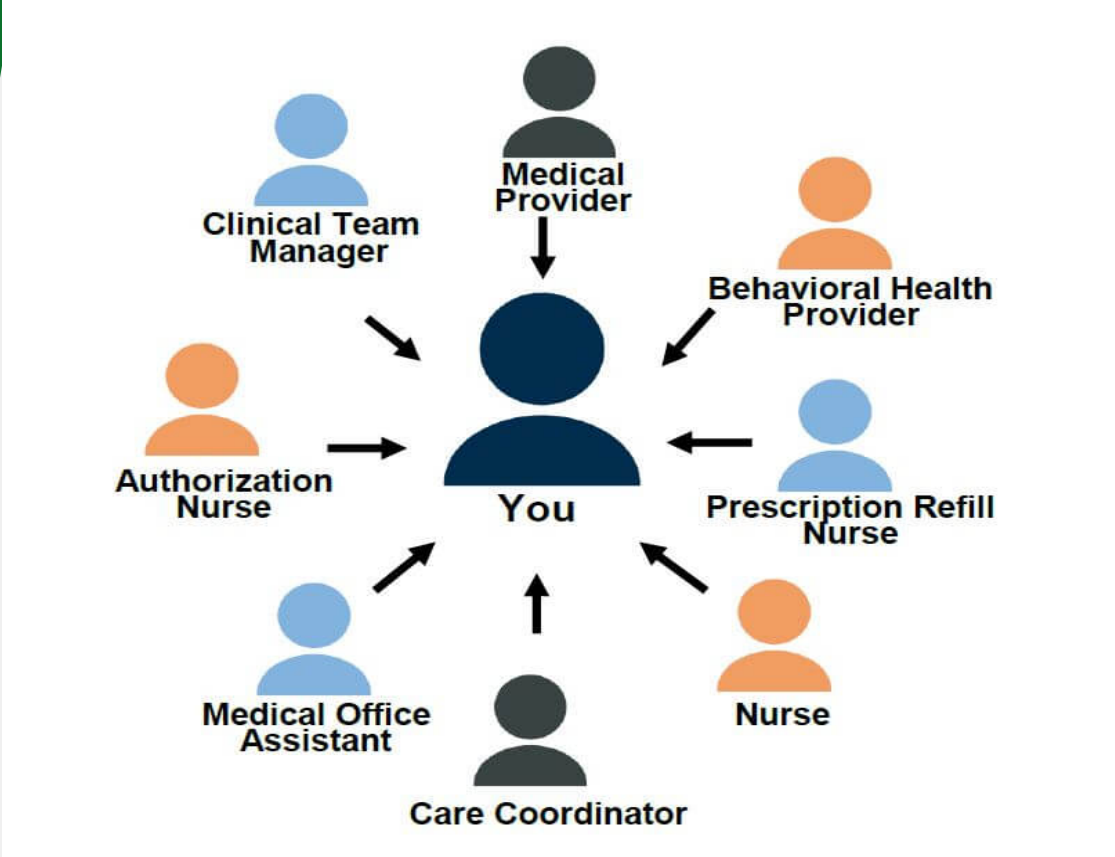
# Affordable Care Act



March 23, 2010 – President Obama signed

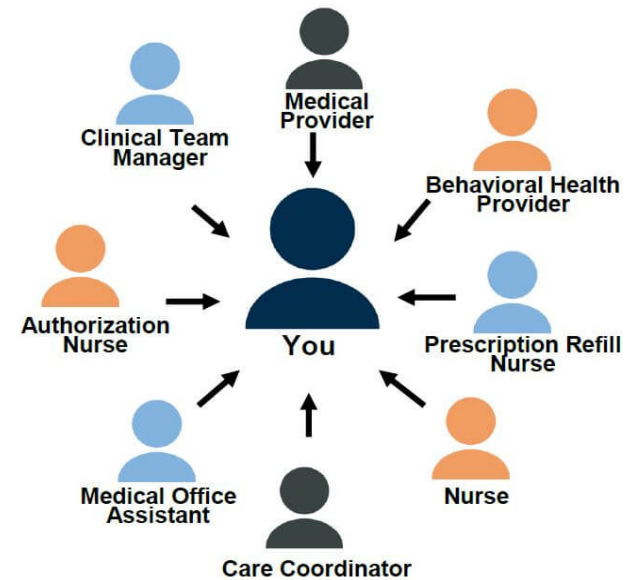
# 10 Categories of Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- **Mental health and *substance use disorder services, including behavioral health treatment***
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management, and
- Pediatric services, including oral and vision care



# The Integrated Model

# The Integrated Model ...The Basics



- The Ownership of Care in this model belongs to the PCP –
- Therapist is a specialist/consultant and joins the PCP in managing the behavioral health needs of the patient
- Requires a great deal of communication and collaboration



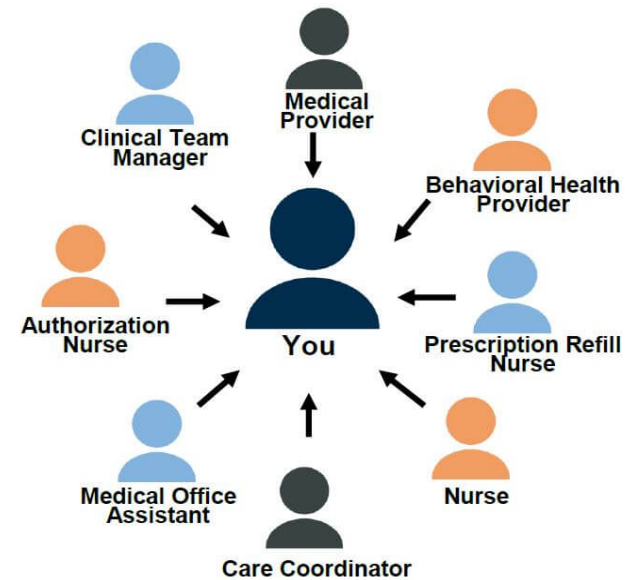


[www.harrybliss.com](http://www.harrybliss.com)

*HP/06*

"Delia, I'd like you to meet one of  
my oldest and dearest friends."

# The Integrated Model ...The Basics



- Must subtract from, not add to, the workload of the PCP
- Utilizes EBP for screening, treatment, outcome measures
- Focus on function and skill building
- Utilizes brief therapies.
- Behavior changes in a large number of patients

# The Integrated Model of Care

- The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.



# Behavioral Health Treatment Works in Primary Care

- Greater improvement in anxiety, depression, and quality of life (Bradford, et al., 2011; Roy-Byrne, et al., 2010;
- Reduction of panic attacks in COPD patients (Livermore, Sharpe, & McKenzie, 2010)
- Improving treatment access for patients with PTSD (Possemato, 2011)
- Reduction in symptoms of insomnia (Buysse, et al., 2011)
- Improving treatment adherence for patients with comorbid diabetes and depression (Lamers, Jonkers, Bosma, Knottnerus, & Van Eijk, 2011; Osborn, et al., 2010)©



# Behavioral Health Treatment Works in Primary Care

- Increased self-management skills (Battersby, et al., 2010; Damush et al., 2008; Kroenke et al., 2009)
- Improved quality of life for patients with chronic cardiopulmonary conditions (Cully, et al., 2010).
- Earlier of identification and intervention for pediatric behavior problems (Berkovits, O'Brien, Carter, & Eyberg, 2010; Laukkanen et al., 2010)
- Reduction of substance abuse (Whitlock, et al., 2004)



## Integrated Care Helps



- Improve identification of undiagnosed problems
- Decrease the medication culture
- Improve care outcomes
- Increase accessibility to care
- Normalize care for mental health

## Without Integration



- Illness goes undetected and untreated
- The PCP tends to under treat

# Integrated Model



- ...Steady Development



# What is SBIRT?

**Screening** to identify patients at-risk for developing substance use disorders.

**Brief Intervention** to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

**Referral to Treatment** to facilitate access to specialized treatment services and coordinate care between systems for patients with higher risk and/or dependence.



- Rooted in the knowledge that addiction:
  - Is a chronic disease of the brain
  - Can be treated, recovered from, **and most importantly...prevented**
- Addressing substance use must be an integrated, accessible, part of mainstream healthcare
- Implement prevention, treatment and recovery services into health care systems.

# Integrated Model



- ...Steady Development



# Office Based Addiction Treatment





## Brief Therapy and OUD treatment

- Problem focused or solution focused (i.e., target the symptom, not its causes)
- Goals related to specific change or behavior
- Rapid establishment of a strong working relationship between patient and clinician
- Highly active, empathic, and sometimes directive
- Patient responsible for change
- Enhancement of self-efficacy, change is possible
- Measurable outcomes

# Integrated Model



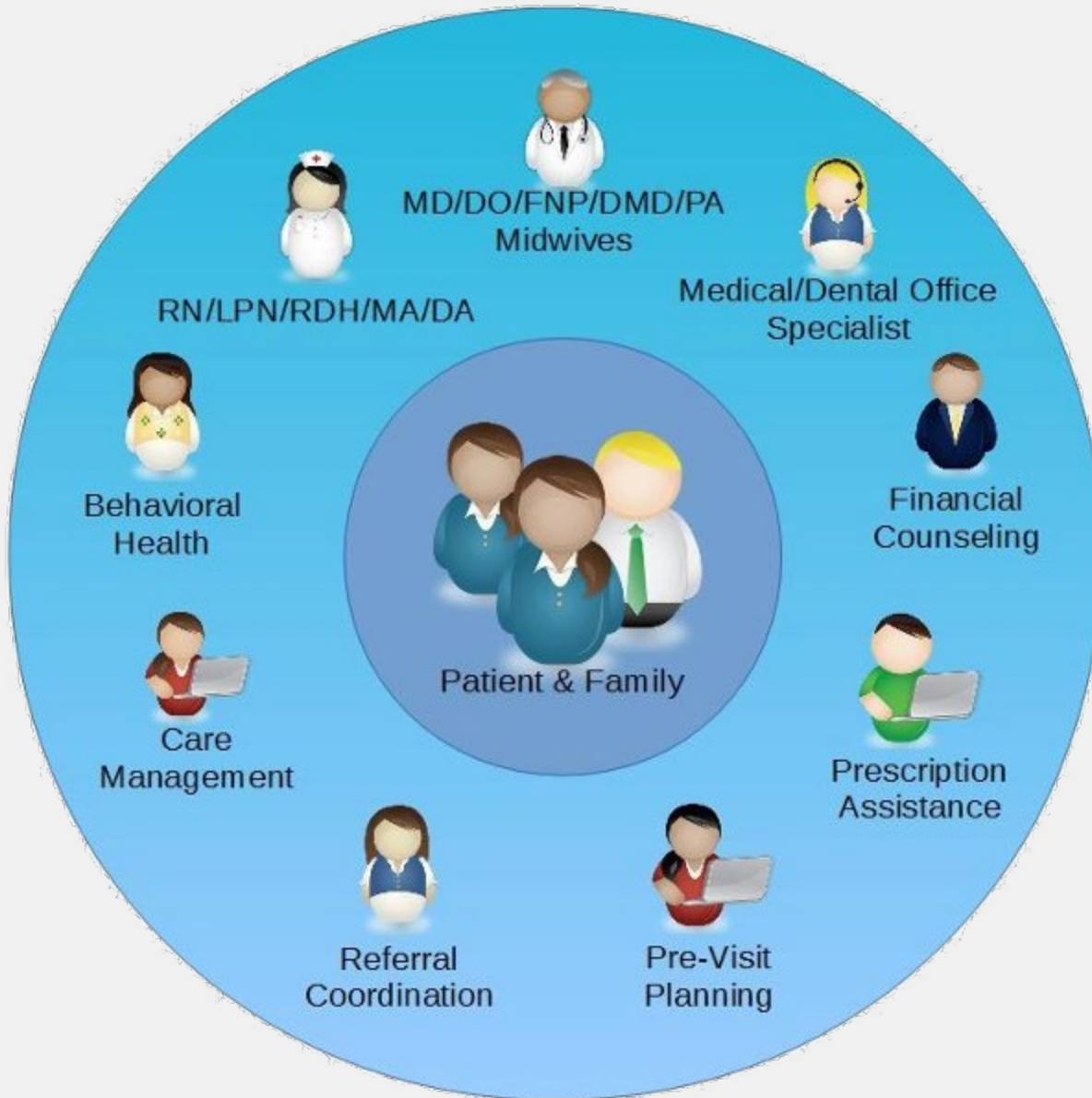
- ...Steady Development



# Social Determinants of Health







# Resources

- Strosahl, Robinson & Gustavsson. (2012) Brief Interventions for Radical Change: Principles & Practice of Focused Acceptance & Commitment Therapy. New Harbinger Publications, Inc.
- Robinson & Y Reiter. (2016) Behavioral Consultation and Primary Care: A Guide to Integrating Services. Springer International Publishing
- <https://jamanetwork.com/journals/jama/fullarticle/38774>
- [Wayne Katon, MD](#); [Michael Von Korff, ScD](#); [Elizabeth Lin, MD, MPH](#); et al
- <https://www.samhsa.gov/>
- <https://www.hrsa.gov/>
- <https://nhsc.hrsa.gov/>



# Thank You!

Contact Information

[gpate-terry@mtpca.org](mailto:gpate-terry@mtpca.org)

406-491-1418

