INTEGRATED CARE – A Transformational Direction

There are big changes coming to Southwest Colorado Mental Health Center under the heading of integrated care. These changes are coming both to the Center's internal operation and with a new initiative to integrate our resources with primary care in the community.

Internal Operations. Integration of internal operation will focus on reducing separations between our existing service programs. This means that we will be establishing a centralized intake and scheduling system that will do away with multiple and separate intake evaluations for each service. It will give us a broader view of the client needs and get clients into treatment quicker. This will help reduce the cancellations and no shows that are so costly and will lead to shorter, more effective treatment.

These integration efforts will also lead to a great deal more cross-training of mental health, substance abuse, and vocational staff to better meet client needs. We are developing more programs that cross traditional service lines. In addition to the very successful SUCCESS Program (combining vocational, substance abuse and mental health), we are establishing an Integrated Dual Diagnosis Treatment (IDDT) program beginning in July 2007. This is a State defined Evidence Based Best Practice that will serve, in an integrated manner, clients with both mental health and substance abuse problems. Research has shown that up to 60% of persons with a mental health diagnosis have a co-occurring substance abuse concern, and vice versa.

Primary Care. Integration of behavioral health with primary care is a major initiative not just in terms of its application across our five counties in Southwest Colorado, but also in terms of its transformation of how the Center will serve our communities and do so much more effectively. Though we are among the leading Centers on integration in Colorado, this concept has proved effective and is gaining momentum across the country.

This next year will see us partnering with primary care operations in some areas and could, but not necessarily, lead to us becoming a primary care resource in others – all with the vision of an integrated health care system, a medical home where medical and behavioral health (mental health and substance abuse) integrates with public health (prevention and healthy lifestyles) and other resources (e.g., adult and child protective services) for better health outcomes and greater access to quality of life.

Why is this needed? Integrated primary care with behavioral health and public health is needed because it makes great conceptual sense, and mostly because it has been shown to significantly improve health outcomes for those presenting with a medical problem, for those presenting with a mental health concern, *and* for those presenting with both.

David Satcher, MD, Ph.D., the 16th Surgeon General of the United States, has stated and repeated emphatically that, "*Mental health is fundamental to overall health and well being - that mental disorders are physical disorders and are real.*" He also references the following quote, "*The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated*" – Plato. You would think we would have learned this by now.

Here are some facts to consider:

- Well over 60% of mental health services nationwide are provided in a primary care setting;
- Referrals from primary care to mental health specialists are rarely followed through on;
- Just under half of the persons presenting with a physical health complaint in a primary care setting have a co-occurring mental health issue;
- Depression is associated with risk-taking behaviors such as smoking, substance use, unsafe sex, and not following medical regimens;
- Rates of depression are higher in people with chronic disease (e.g., diabetes, arthritis, asthma, cardiovascular disorders, cancer), as are rates of suicide;
- Major depression can precipitate chronic disease or be exacerbated by it;
- Individuals with depression are at greater risk for developing cancer or cardiovascular disease;
- When behavioral health is addressed in a primary care setting, healthcare costs are reduced two- to threefold;
- A recent study found the average life expectancy of someone with a significant mental illness to be as much as 25 years shorter, in large measure because of poor health practices and primary care access; and
- Less than 2/3 of healthcare needs are addressed in the typical primary care visit.

An integrated health care system would not only address the issues above, it also has a significant economic return on investment. For about 1 in 5 Americans, adulthood is interrupted by mental illness. Left untreated the result is lost productivity (including job loss), unsuccessful relationships (also contributing to lost productivity as well as workplace problems), significant distress and dysfunction and adverse impacts in caring for children. Economics also enter the picture when you recognize that:

- Mental or emotional problems are the 6th leading cause in the US of disability among persons aged 15 years or older;
- Among non-fatal diseases, depression is the leading cause of years of life lived with disability in the world;
- Globally, 5 of the 10 leading causes of disability are mental disorders;
- 80-90% of mental disorders are treatable using medication and other therapies;
- Yet (primarily due to stigma) it takes on average just under 10 years from initial identification of a major disorder for persons to seek treatment; and
- Fewer than half of the adults get help and only 1/3 of children actually seek help.

Outcome studies from the integrated Washtenaw Model established in Washtenaw County, Michigan showed significant health improvements with persons presenting with either or both physical and mental health concerns.

What will a transformed system look like? Across our entire southwest Colorado region we have primary care challenges which offer all of us an opportunity to build a much better system. In Montezuma/Dolores Counties, a survey found that there was a primary care shortage of five FTE providers (MDs and/or mid-levels). With the departure of Valley-Wide, La Plata/San Juan Counties had a shortage of between five and eight primary care providers. In Archuleta County no studies have been done on primary care provider shortages that I am aware of, but the rapidly growing and senior populations are putting pressure on the primary care providers and on emergency needs. A transformed system would look different in each of these regions.

Montezuma/Dolores. **Chuck Bill**, CEO of Southwest Memorial Hospital, is leading an effort to establish a provider (hospital) based Rural Health Clinic. A start has already been made with the hiring of **Diana Fury, MD,** and the start of the clinic. Our Center will be contributing a half-time staff member to the clinic in June and we will have a full time staff member in January when the clinic hopes to obtain Rural Health Clinic status. We will contract with Southwest Memorial's clinic to be part of an integrated care system, providing both primary care and mental health services. In Dove Creek we are co-located with the Health Center and staff are present one to one and a half days per week. Here we coordinate, but services are not yet as integrated as they could be.

La Plata/San Juan. **Kirk Dignum**, CEO of Mercy Medical Center, has established the Health Services Clinic, a stop-gap clinic designed to help protect chronic patients who lost their medical home with Valley-Wide's departure. This is a short-term, stop-gap measure only. It is not a primary care clinic nor is it exactly an urgent care facility, but a hybrid of both. At the clinic our staff are present two to three hours a day. **Vanessa Feliciano, MD,** and two mid-level practitioners are working with our staff in a truly integrated fashion. Kudos to both **Lynn Westberg** (Health Department Director) and to **Lezlie Mayer** (Director of La Plata DHS) for their partnership in this vision as well as contribution of staff. Both patient and staff satisfaction are very high so far. While this clinic is operating, a consultant is preparing to make a recommendation for a primary care solution or solutions in La Plata County. Their report is scheduled for release in the third week of August.

If the report recommends that an additional primary care group be established to focus on the unserved population in La Plata County (primarily Medicaid, Medicare and indigent clients), the Board of Directors of Southwest Colorado Mental Health Center has authorized me to explore the possibility of the Center transforming into a Health System that integrates primary care with behavioral health, public health and other human service resources. This would ***not*** be a mental health center running

primary care as one of its programs. It would be a fully transformed non-profit integrating services to the advantage of all in the community.

In Durango there is a second and smaller scale primary care initiative of which we will be a part – the planned Durango High School Based Health Center scheduled to open in October 2007 with the start of the new school year. This effort, led by **Jaynee Fontecchio-Spradling, RN**, and **Sherrod Beall, NP**, will serve as a regional pilot. If successful, and we are confident that it will be successful, the hope would be to extend this model to the Middle Schools and to both Bayfield and Ignacio.

Archuleta. A new 10-bed Critical Access Hospital is being constructed on the Mary Fisher Clinic grounds. It is our desire, if the community supports it, to move our operation to the campus. This would allow us, at very least, to co-locate with primary care and begin to build a collaborative/integrated relationship.

When the next *Community Update* newsletter comes out we will update you on this transformation, which we are confident will result in better health outcomes, longer lives, and less reliance on emergency care.

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