Treating Underserved Populations within Integrated Primary Care Behavioral Health Settings

Nida (Joy) Emko, MD, FAAFP
Department of Family and Community Medicine
UT Health San Antonio
June 30, 2018

Disclosure:
I have no financial interests or relationships to disclose.
Objectives

1. Describe the behavioral health needs of underserved populations;
2. Understand the importance of team-based care when caring for underserved populations; and
3. Identify at least one approach to improving behavioral health access in primary care settings

Who Are the Underserved?

• Low-income
• Medicaid-eligible
• Groups with cultural or linguistic barriers
• Homeless
• Migrant farmworkers
• Refugees
Index of the Medical Underservice (IMU)

Provider per 1,000 population ratio [28.7 points max]
+ Percent of Population at 100% FPL [25.1 points max]
+ Percent Population age 65 and over [30.2 points max]
+ Infant Mortality Rate [28 points max]
= IMU Score Out of 100

Types of HPSAs

A shortage of:

- Primary Care
- Mental Health
- Dental Health

in a:

- Geographic Area
- Population Group
- Facility
### Low Income Populations

- Less likely to have health coverage
- Less likely to receive preventive care
- Twice as likely to have behavioral health problems compared to higher income populations
- Three times as likely to be socially isolated
- Ten times more likely to experience food insecurity

<table>
<thead>
<tr>
<th></th>
<th>Primary Care</th>
<th>Mental Health</th>
<th>Dental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Geographic</strong></td>
<td>3,500:1</td>
<td>6,000:1 &amp; 20,000:1</td>
<td>5,000:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMH and Psychiatrists</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9,000:1</td>
<td>30,000:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMH only</td>
<td>Psy only</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>3,000:1</td>
<td>4,500:1 &amp; 15,000:1</td>
<td>4,000:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMH and Psychiatrists</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,000:1</td>
<td>20,000:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMH only</td>
<td>Psy only</td>
</tr>
<tr>
<td><strong>Facility</strong></td>
<td>1,000:1</td>
<td>2,000:1</td>
<td>1,500:1</td>
</tr>
<tr>
<td></td>
<td><em>Min Pop 500</em></td>
<td><em>Min Inmate Pop 250</em></td>
<td>1,500:1</td>
</tr>
</tbody>
</table>
Challenges in Caring for the Underserved

- Uncontrolled medical diseases
- Substance abuse
- Untreated or undertreated mental health conditions
- Less access to care
- Poor health literacy
- Lack of time
- Lack of money
- Family and social issues
- Cultural differences
- Lack of trust in the health care system

At least one of five resident physicians are not prepared to deal with cross-cultural issues.

Percent of resident physicians very or somewhat unprepared to treat patients:

- 25% with health beliefs of those with Western medicine
- 20% with distinct of the U.S. health system
- 22% with limited English proficiency
- 25% who are new immigrants
- 20% whose religious beliefs affect treatment
- 24% who use alternative/complementary medicine
Benefits of Working with the Underserved

• Service to humanity
• Pride in making a difference
• Being creative with limited resources
• Advocating for patients
• Camaraderie with others

Importance of Integrated PCBH in Underserved Populations

• Accessibility
• Diagnosis and treatment
• Substance use disorders
• Mental health issues related to physical conditions
• Coordination of care
## State of Mental Health in America 2018 Report

<table>
<thead>
<tr>
<th>Anniversary Household Income</th>
<th>Minimal Depression</th>
<th>Mild Depression</th>
<th>Moderate Depression</th>
<th>Moderately Severe Depression</th>
<th>Severe Depression</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>2%</td>
<td>9%</td>
<td>22%</td>
<td>32%</td>
<td>36%</td>
<td>100%</td>
</tr>
<tr>
<td>$20,000-$39,999</td>
<td>2%</td>
<td>11%</td>
<td>25%</td>
<td>32%</td>
<td>30%</td>
<td>100%</td>
</tr>
<tr>
<td>$40,000-$59,999</td>
<td>3%</td>
<td>13%</td>
<td>26%</td>
<td>31%</td>
<td>27%</td>
<td>100%</td>
</tr>
<tr>
<td>$60,000-$79,999</td>
<td>3%</td>
<td>13%</td>
<td>27%</td>
<td>31%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>$80,000-$99,999</td>
<td>4%</td>
<td>15%</td>
<td>28%</td>
<td>31%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>$100,000-$149,999</td>
<td>4%</td>
<td>16%</td>
<td>28%</td>
<td>30%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>$150,000+</td>
<td>4%</td>
<td>16%</td>
<td>28%</td>
<td>29%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>Female Total</td>
<td>3%</td>
<td>12%</td>
<td>25%</td>
<td>31%</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>4%</td>
<td>12%</td>
<td>24%</td>
<td>29%</td>
<td>31%</td>
<td>100%</td>
</tr>
<tr>
<td>$20,000-$39,999</td>
<td>4%</td>
<td>14%</td>
<td>26%</td>
<td>31%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>$40,000-$59,999</td>
<td>5%</td>
<td>17%</td>
<td>27%</td>
<td>28%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>$60,000-$79,999</td>
<td>5%</td>
<td>17%</td>
<td>28%</td>
<td>29%</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>$80,000-$99,999</td>
<td>6%</td>
<td>18%</td>
<td>30%</td>
<td>26%</td>
<td>19%</td>
<td>100%</td>
</tr>
<tr>
<td>$100,000-$149,999</td>
<td>7%</td>
<td>20%</td>
<td>29%</td>
<td>26%</td>
<td>18%</td>
<td>100%</td>
</tr>
<tr>
<td>$150,000+</td>
<td>8%</td>
<td>22%</td>
<td>29%</td>
<td>25%</td>
<td>16%</td>
<td>100%</td>
</tr>
<tr>
<td>Male Total</td>
<td>5%</td>
<td>16%</td>
<td>27%</td>
<td>28%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>3.48%</td>
<td>13.25%</td>
<td>25.88%</td>
<td>30.41%</td>
<td>26.98%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

## Levels of Services Integration

- **Coordinated Care**
- **Co-located Care**
- **Integrated Care**
Role of Medical Assistants (MAs) in PCBH in the FHC

• On intake MAs screen patients for depression with two questions

• If positive or if any concerns for other behavioral health issues, MAs will notify primary care provider (NP, PA, resident, or faculty) as well as behavioral health team before the PCP sees the patient
Role of PCP in PCBH

• Addresses patient concerns for that day’s office visit
• Reviews positive depression screening questions with patient and investigates further
• Screens for other mental health issues as indicated
• Requests permission from patient to consult behavioral health team
• Prescribes medications and/or other treatments and sets follow up visit
• Notifies behavioral health team if patient has been seen by them previously and is there for follow up

Role of Behavioral Health Consultant in PCBH

• Immediately accessible for same-day consults and warm handoffs
• Reviews the day’s clinic patient list for potential follow up visits
• Sees patients for follow up visits either on same day as healthcare provider visit or on a different day (by appointment)
• Collaborates with patient schedule to minimize frequency of clinic visits
• Provides information about their discussion with the patient immediately afterward verbally and/or via a consult note sent by secure health message in the EMR
Some Issues Addressed by PCBH

- Depression
- Anxiety
- Chronic pain
- Substance misuse
- Insomnia
- Obesity
- Chronic kidney disease
- Diabetes
- Hypertension
- Smoking cessation
- Erectile dysfunction

Proven Benefits of PCBH

- Decreased health care costs for chronic conditions
- Decreased need of health care services
- Improved physical and social function in patients with depression
- Faster first contact with behavioral health specialist
- Improved patient satisfaction
- Improved provider satisfaction
Challenges of PCBH in the FHC

- Patient compliance
- Patient reluctance
- Physician reluctance
- Time constraints
- Not enough behavioral health consultants

Objectives

1. Describe the behavioral health needs of underserved populations;
2. Understand the importance of team-based care when caring for underserved populations; and
3. Identify at least one approach to improving behavioral health access in primary care settings
References


References


