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Impact of Integrated Care Model and Community Health

Angela M. Reda, RN
Multi-site Clinic Manager
Providence Community Health Centers
North Main Street Health Center

Objectives



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- What happens in community health?
- How are women's care issues addressed in community health?
- What is integrated care?
- How is PCHC addressing integrated care?



What Happens in Community Health?



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- Community Health Centers (CHC) attend to underserved populations, including uninsured and underinsured individuals.
- Providence Community Health Centers serves 40,000 patients in Providence and the surrounding communities.
- Patients get high quality, affordable care in the neighborhoods where they live.
- Special initiatives help patients who do not have insurance and may not be able to afford care otherwise, some of these include Title X, Women's Cancer Screening Program and homeless care grants.



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Why Integrate Physical & Mental Health Care?

- Research documents that persons with serious mental illnesses and substance use disorders die **25 years younger** than the general population
- Why?
 - Preventable risk factors (e.g., smoking, obesity) and co-morbid conditions (e.g., cardiovascular disease, diabetes and cancer).

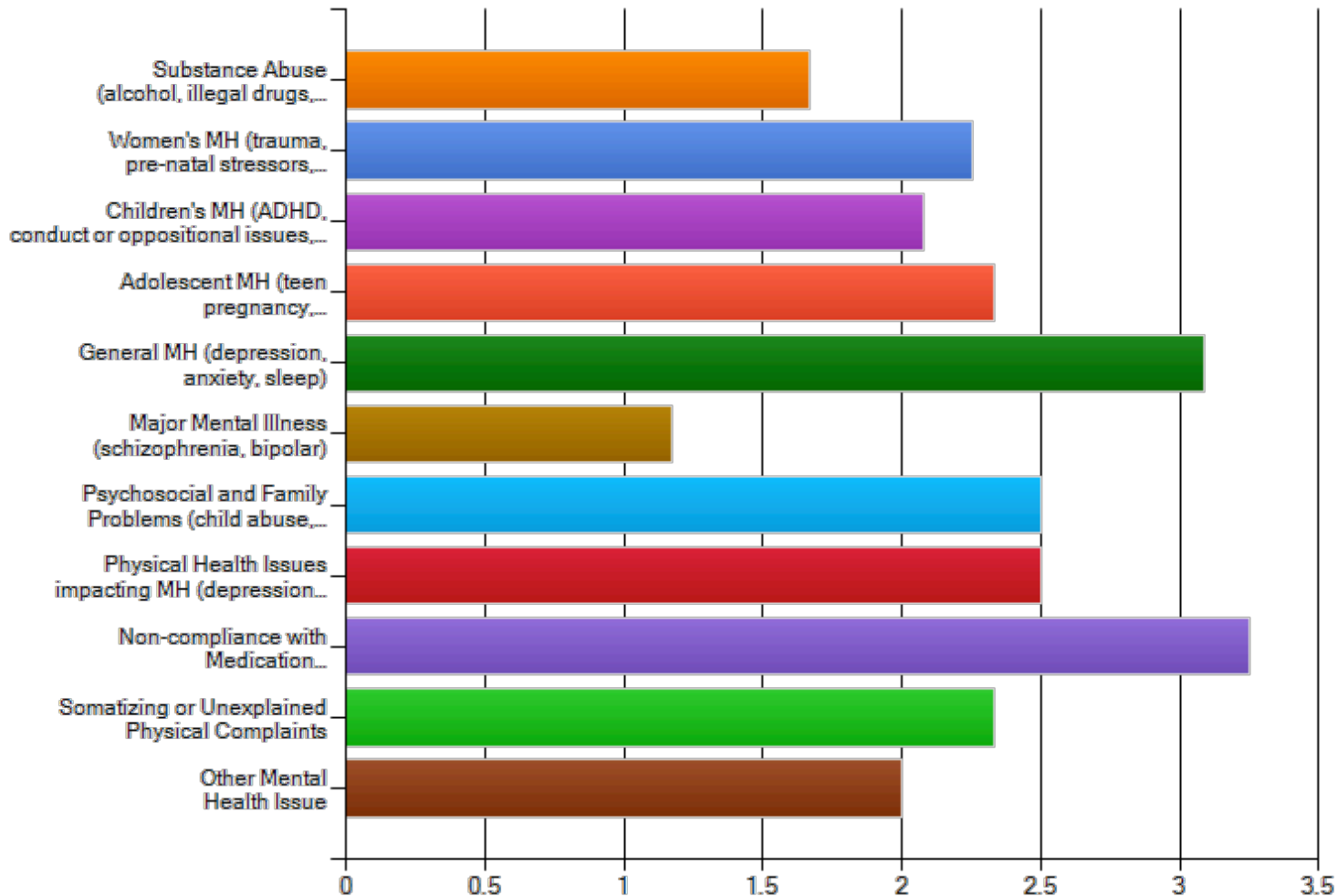
Taken from, "Behavioral Health Homes for People with Mental Health and Substance Use Conditions: The Core Clinical Features." SAMHSA-HRSA Center for Integrated Care Solutions, May 2012.

Needs Assessment



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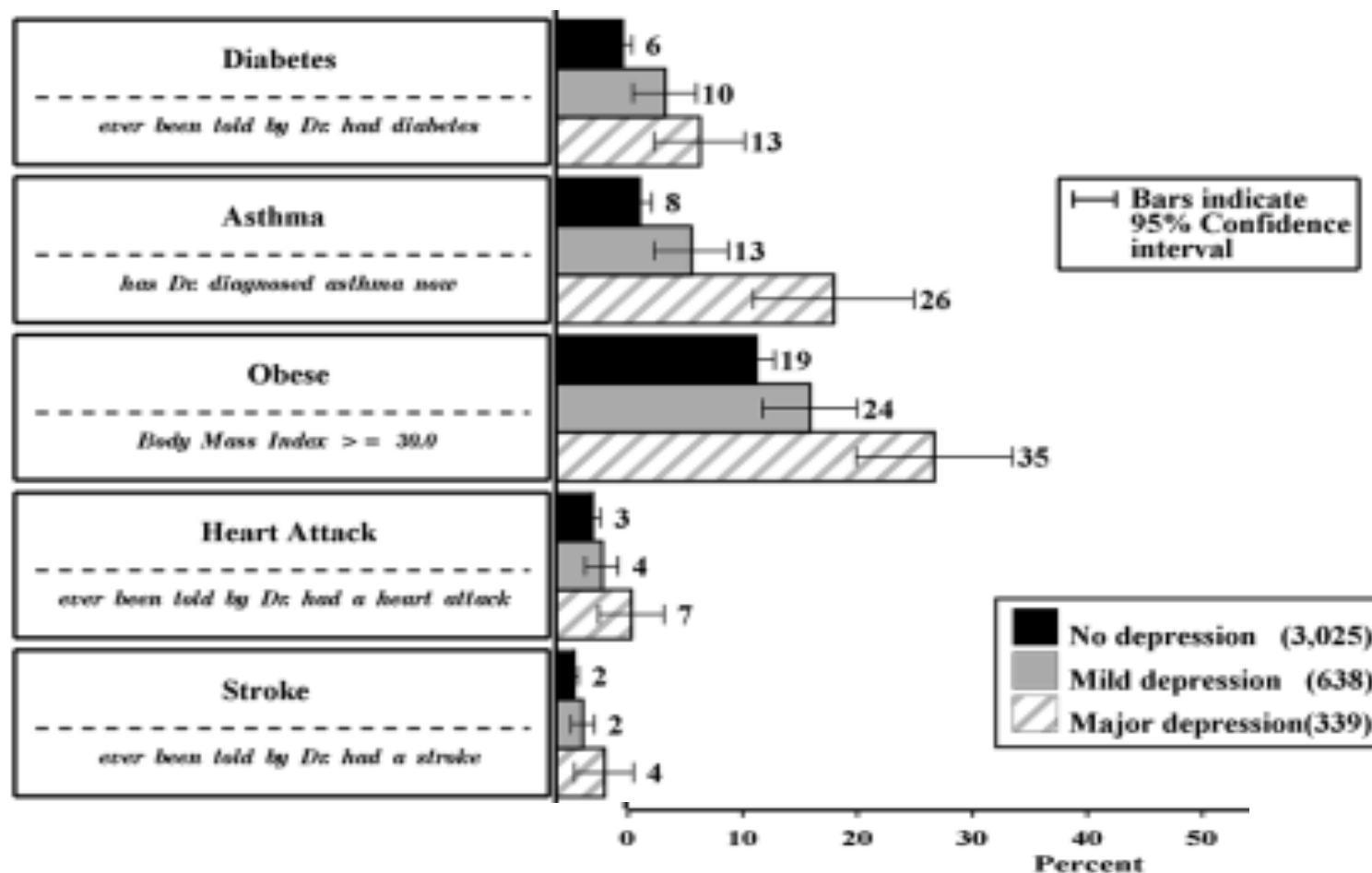
Clinical Role of Behavioral Health How much do you believe the following diagnostic categories are represented in your panel currently?



Depression and Co-morbid Conditions



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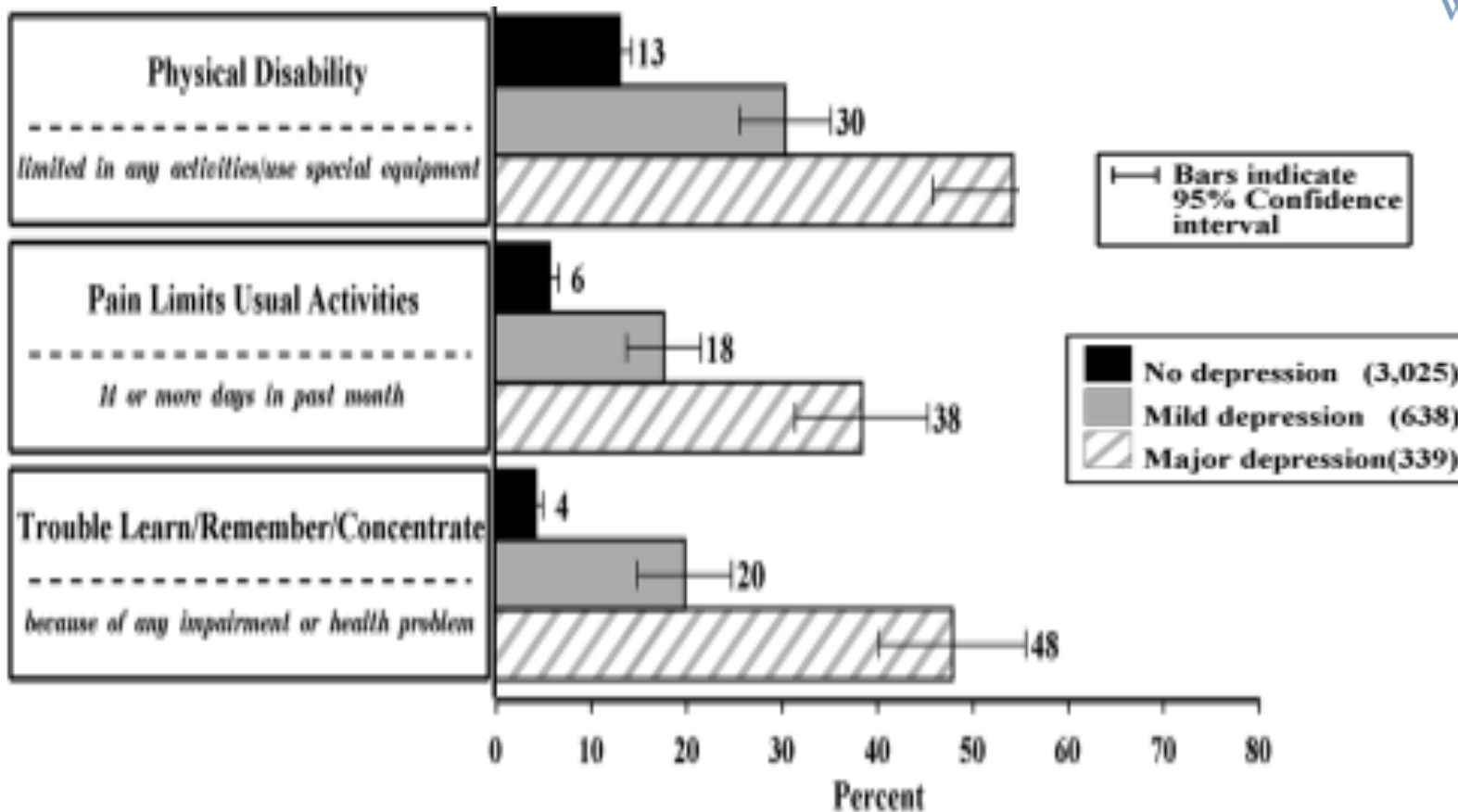


Reference: Hesser, J.(2008). Depression and associated health risks and conditions among Rhode Island adults in 2006. Health By Numbers, RIDOH

Depression and Co-morbid Conditions



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How Does This Impact Women?



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Top 10 Causes of Death in Women All Females, All Ages (2007)

1. Heart Disease 25.1%
2. Cancer 22.1 %
3. Stroke 6.7
4. Chronic lower respiratory diseases 5.5%
5. Alzheimer's disease 4.3
6. Unintentional Injuries 3.6%
7. Diabetes 2.9%
8. Influenza and pneumonia 2.3
8. Kidney disease 2.0%
10. Septicemia 1.6%

- PCHC top diagnoses October 2011-October 2012, 1. HTN, 2. Diabetes, 3. Asthma, 4. Hyperlipidemia,
- Depression and Anxiety #1 and #2 behavioral health diagnoses.
- PCHC behavioral health department saw 676 female patients over the last 12 months.
- Integrated care at PCHC's North Main Street site saw 930 unique patients over last 12 months, 39% women.

• Table from: <http://www.cdc.gov/women/lcod/index.htm>

Socioeconomic Barriers PCHC Population



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- Insurance status
- Low Health Literacy
- Ethnicity/Cultural understanding
- Education
- Transportation
- History of Abuse, Trauma or Violence
- Stress
- Stigma of mental health issues



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Integrated Care Goals

Primary care within Mental Health Setting

- Decrease barriers in access to physical health care for consumers with behavioral health issues
- Improve morbidity and mortality of consumers with mental illness and addictions



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Integrated Care Goals

Behavioral Health within Primary Care Setting

- Increase awareness of behavioral health care issues
- Increase access to behavioral health screening and intervention
- Improve chronic disease management



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Workflow

- PCP identifies potential mental health or chronic disease management issue
- Electronic referral made to LICSW; Social Worker, with specialty training in integrated care
- Open access appointment can be scheduled same day to same week



Workflow



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- Patient assessment and education, interventions based on need for the patient.
- Feedback with specific interventions communicated electronically to PCP
- LICSW can meet with pt for 3-6 visits on average or refer to community mental health if more intensive services needed
- Addition of further screening tools in the future to identify possible need for referral to behavioral health