

Implementing Person Centered Integrated Care

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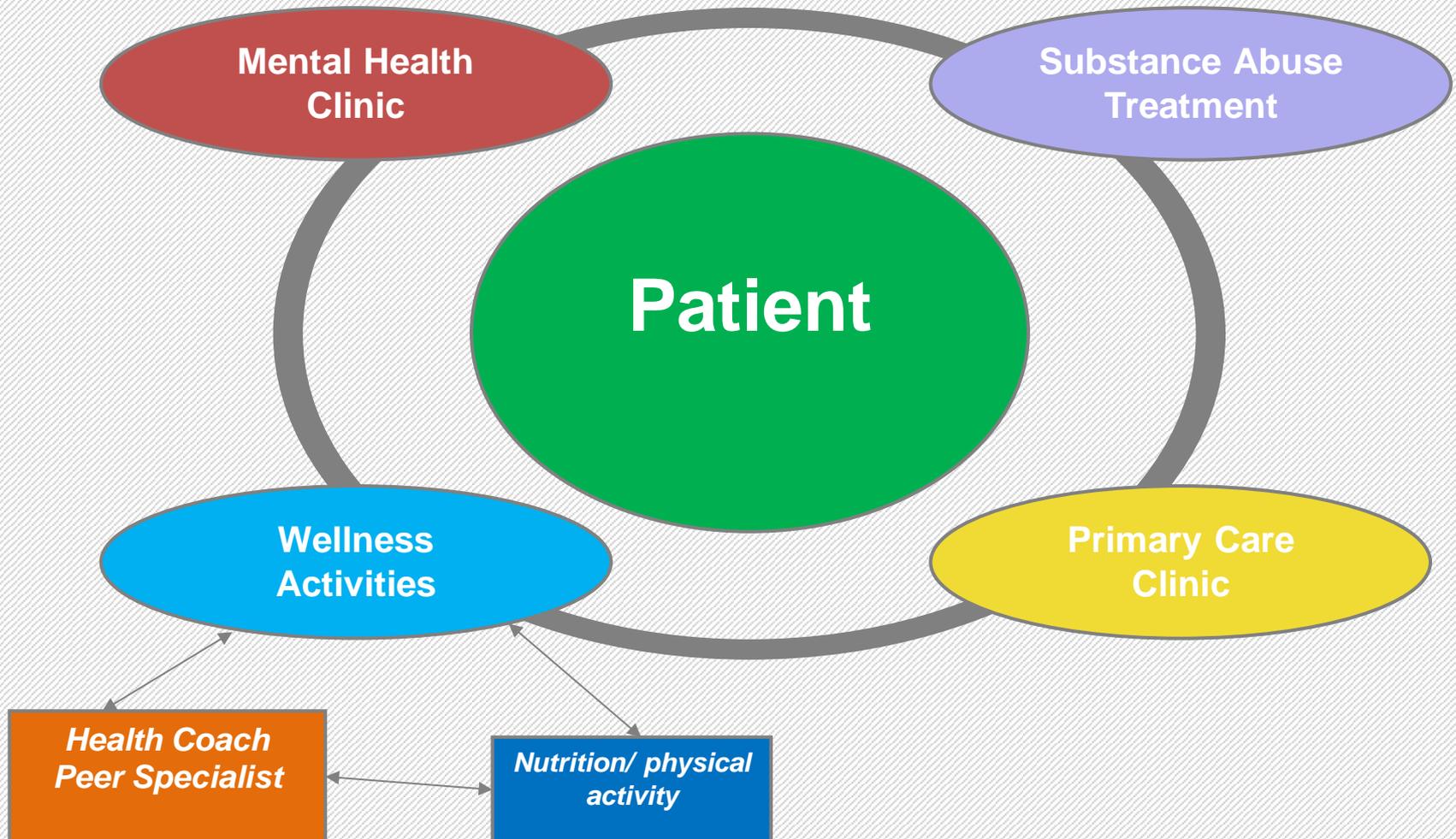
Overview

- Why am I talking with you today?
- A little background about the programs I have been closely associated with
- Others will talk about specific arrangements of integrated care, essential elements
- Essential elements regardless of type of care:
 - Trauma informed care
 - Motivational Interviewing

Integrated Care

- It is an approach in any setting that aims to address physical health, mental health, and freedom from addiction.
- It supports health promotion based on the goals of the person and family- in particular in the areas of nutrition, physical activity, substance use treatment (tobacco) and self care.

Integrated Care Model



Person Centered vs. Illness Centered

Mark Ragins MD

Person Centered

- The relationship is the foundation
- Begin with welcoming-outreach and engagement
- Services are based on personal suffering and help needed
- Services work towards quality of life goals
- Personal recovery is central from beginning to end

Illness Centered

- The diagnosis is the foundation
- Begin with illness assessment
- Services are based on diagnosis and treatment needed
- Services work towards illness reduction goals
- Recovery from illness, then maybe rehab from disability

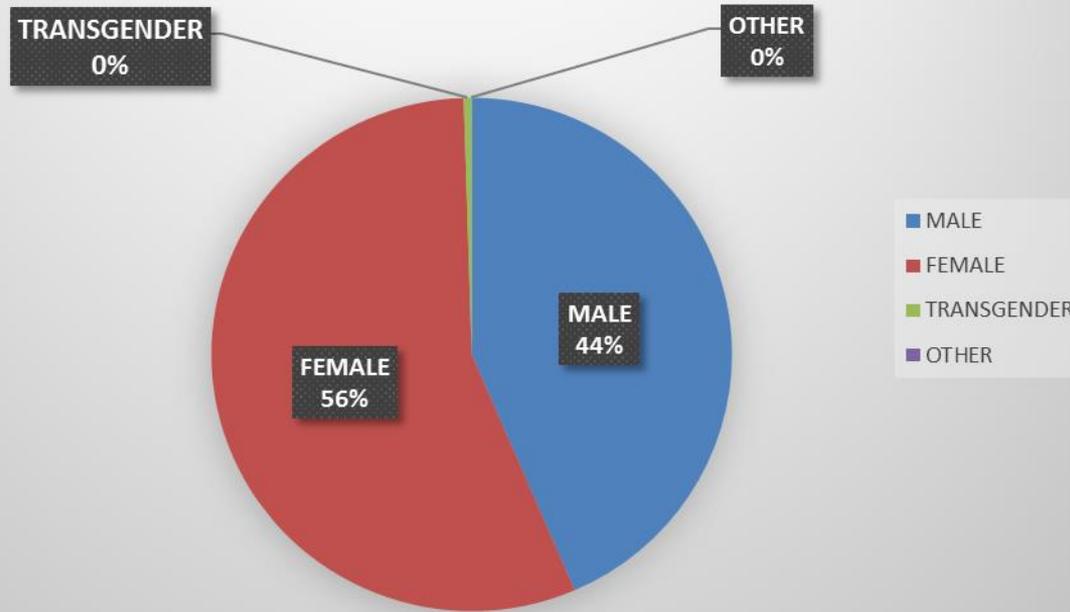
Primary and Behavioral Health Care Initiative- PBHCI

- Substance Abuse and Mental Health Services Administration funded since 2008. Around the country- data still being analyzed. Primary care embedded in Community Mental Health Centers- for adults with persistent mental illness.
- Community Healthlink Worcester- 2009-2013. Over 500 individuals enrolled, program continues
- Community Healthlink Leominster- have enrolled 600, data continues to be tracked.

PBHCI

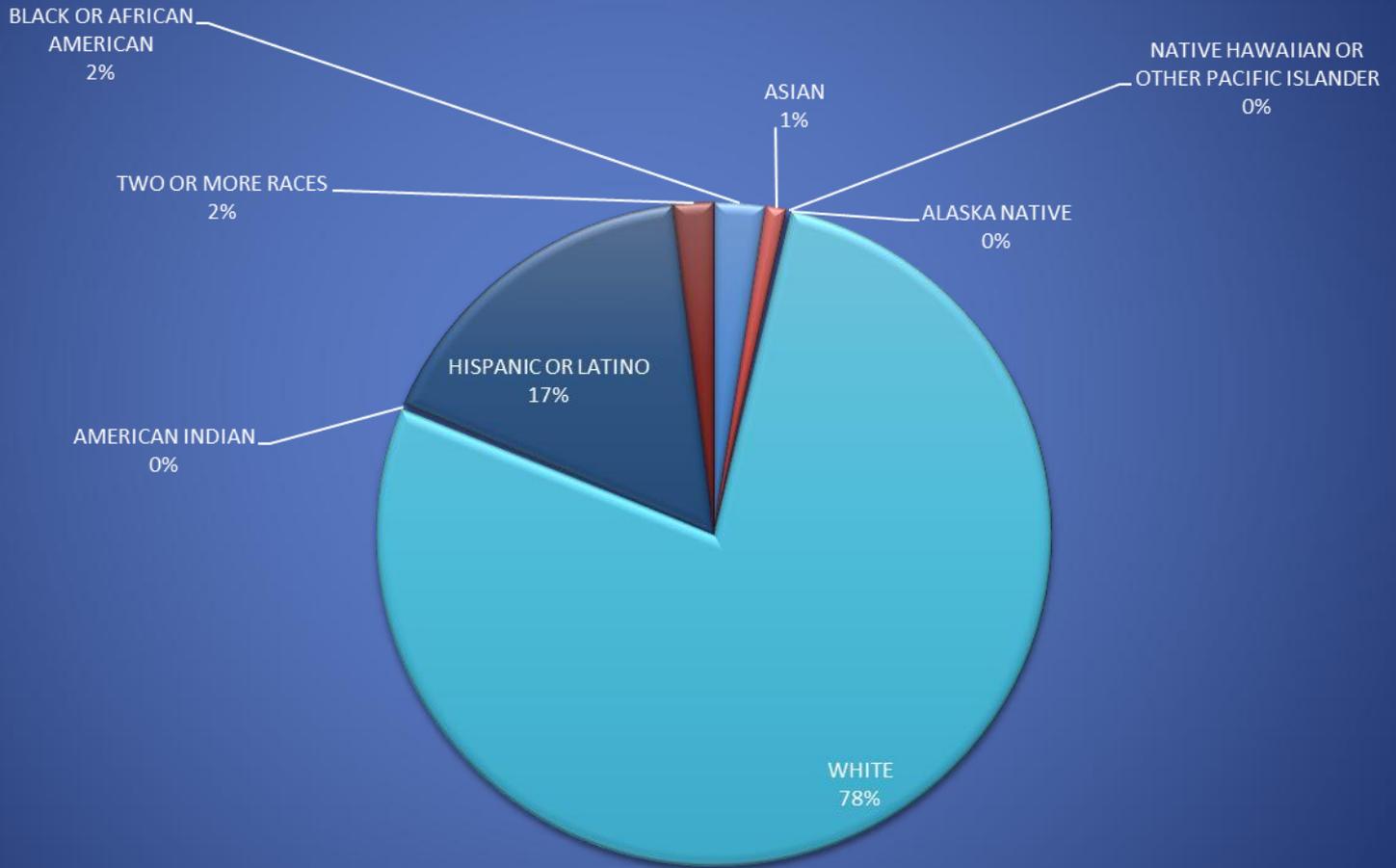
- Primary care providers embedded in the community mental health center
- Nurse care managers
- Wellness coaching
- Medical assistant
- Regular team meetings with behavioral health staff

GENDER

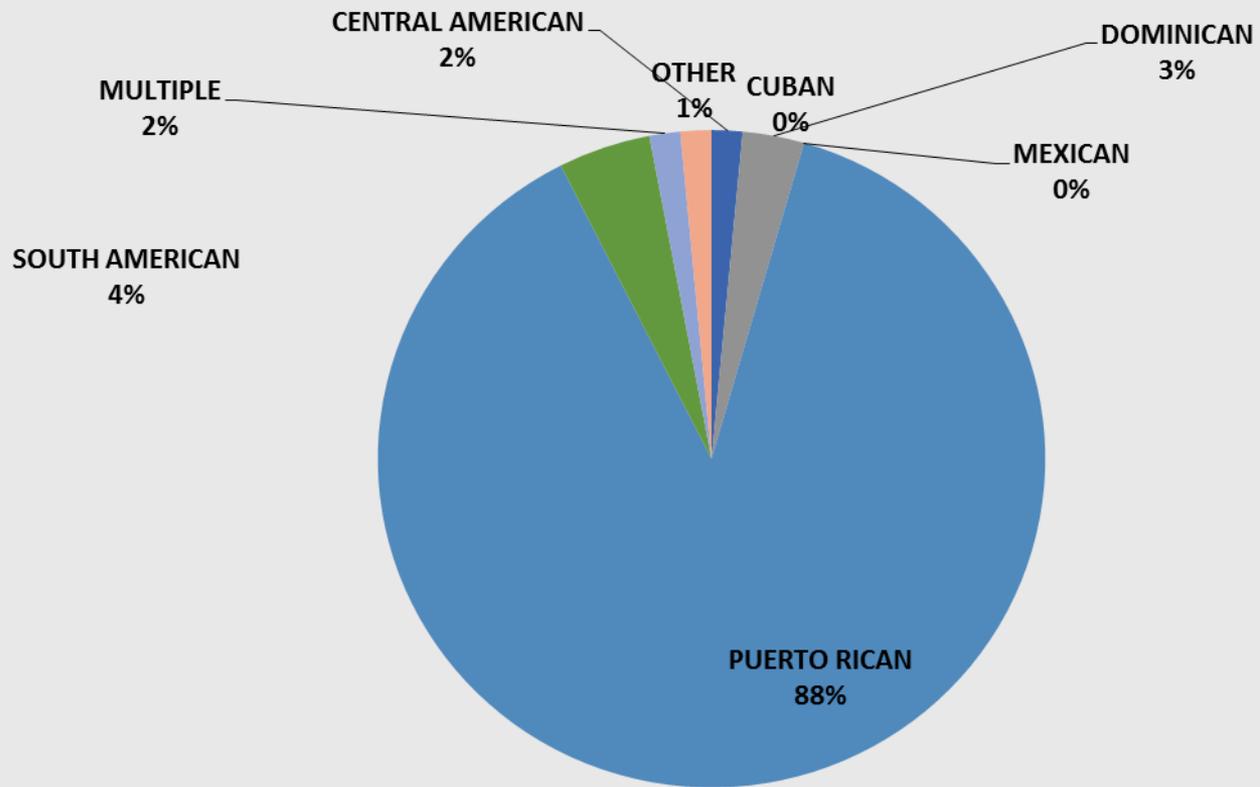


Gender	Total
MALE	178
FEMALE	232
TRANSGENDER	2
total	412

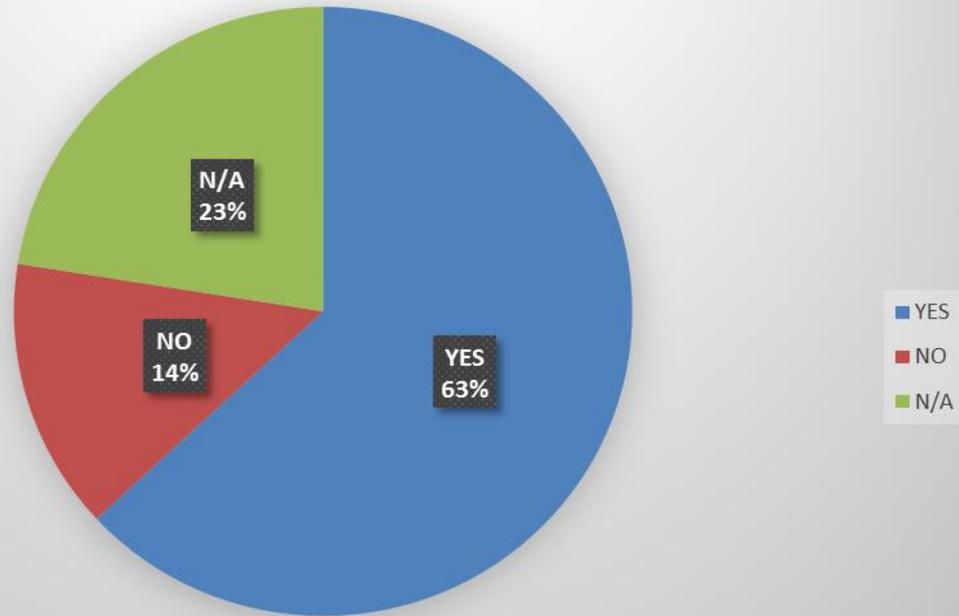
RACE AND ETHNICITY Leominster



ETHNICITY



VIOLENCE AND TRAUMA

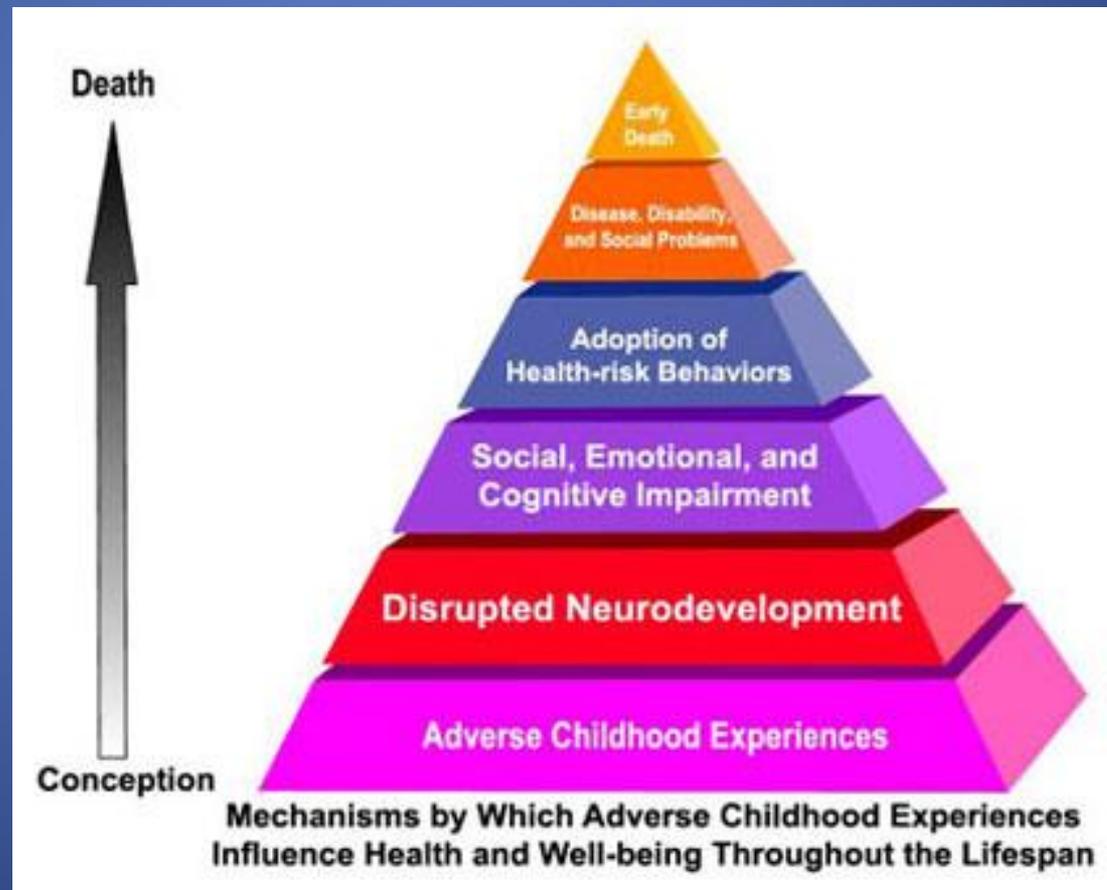


Past Experience	Total
YES	260
NO	60
N/A	92
	412

Traumatic Life Experiences

- Physical, emotional and/or sexual abuse in childhood or adulthood
- Neglect or abandonment (food insufficiency, poverty, homelessness)
- Death of a parent
- Divorce
- Family life that includes drug addiction, alcoholism, parental incarceration
- Combat, war, violent environment
- Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)

Consequences of Adverse Childhood Experiences



Adverse Childhood Experiences and Current Smoking, Alcohol Abuse, Chronic Depression

- 20% smoke tobacco with ACE of 4 or more
- 5% with ACE of 0

- 16% with alcohol abuse ACE of 4 or more
- 2% with 0

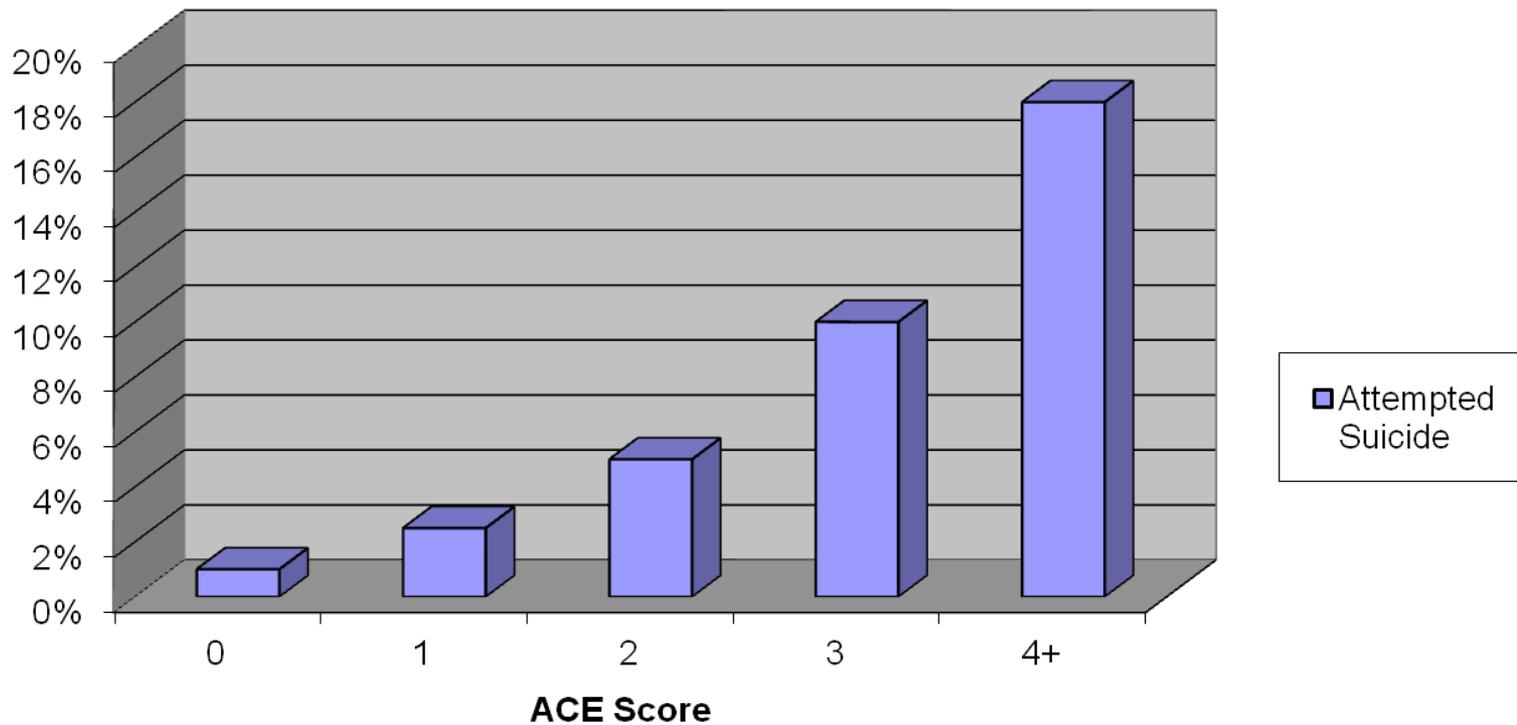
- 60% of women and 40% of men with ACE 4 or more with lifetime depression

Healthcare conditions often associated with a history of adverse childhood experiences:

- Diabetes
- COPD 2.6 times greater with an ACE of 4
- Heart Disease
- High Blood Pressure
- Obesity
- Headache
- Cancer = 3X rate with ACE 6
- Liver Disease
- Gynecologic Disorders
- Sexually Transmitted Diseases
- Unintended Pregnancies
- *“The Hidden Impact of Early Life Trauma On Health and Disease. Chapter 8. in Lanius,. By Felitti and Anda, 2010.”*

ACE and risk of suicide attempt

ACE Score Predicts People who Attempt Suicide



“Universal Precautions”

- We need to presume those we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*.
- (*Hodas, 2005*)
- *Someone finally asked “What happened to you?” instead of “What is wrong with you?”*

Trauma Informed Care: Practical Tips

- Engage person, develop rapport and build trust over time
- Provide calm and soothing office environment
- Give relaxed, unhurried attention- eye contact
- Talk about concerns and procedures before doing anything (ex. asking patient to disrobe)
- Give as much control and choice as possible
- Validate any concerns as understandable and normal
- Allow a support person or female staff person to be present in the room
- Explain thoroughly each procedure and get consent

Addiction Treatment is Crucial

Where there is trauma- addiction follows

Access to Medication Assisted Treatment

Chantix, nicotine replacement

buprenorphine

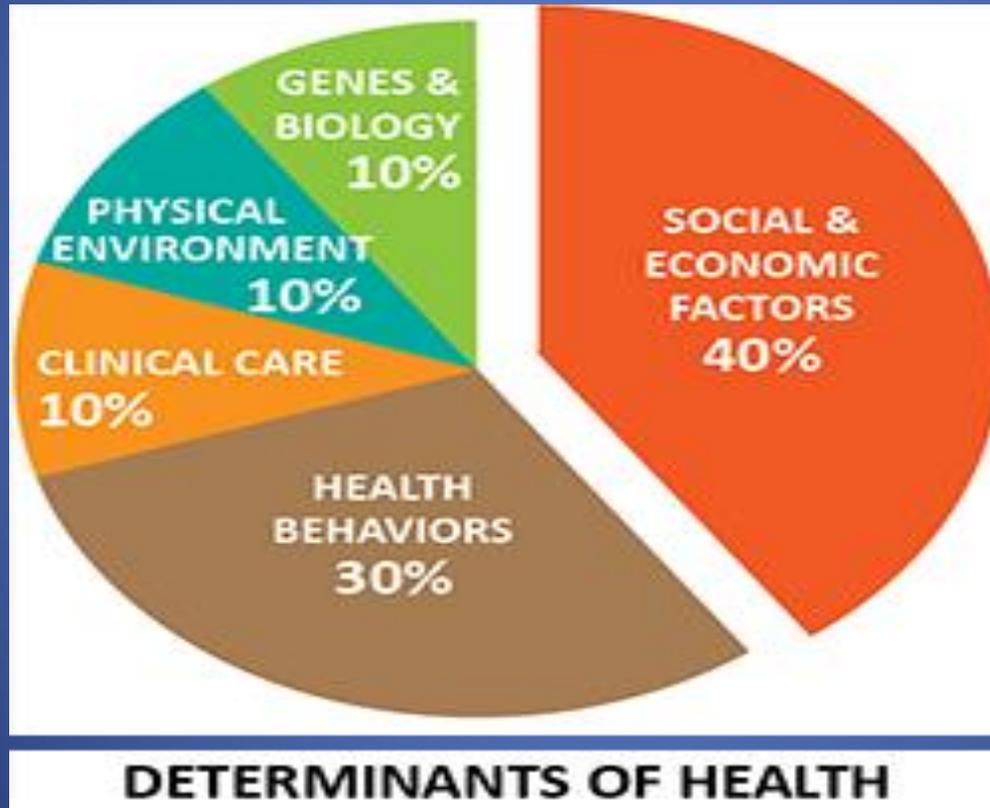
methadone

injectable naltrexone

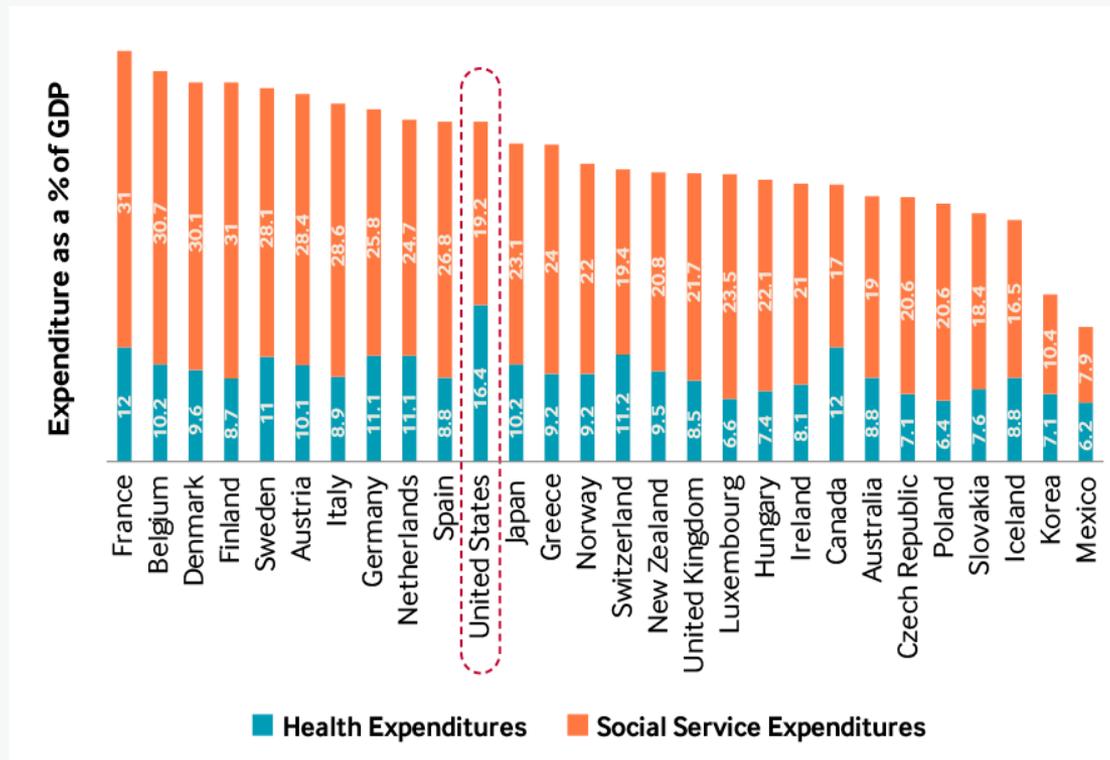
Counseling, self help with AA or other supports

Non judgmental, accepting the person as they are,
recognizing the waxing and waning nature of addiction

Health Behavior and Social/ Economic Factors



Health Care Compensates for a Lack of Social Services Spending in US

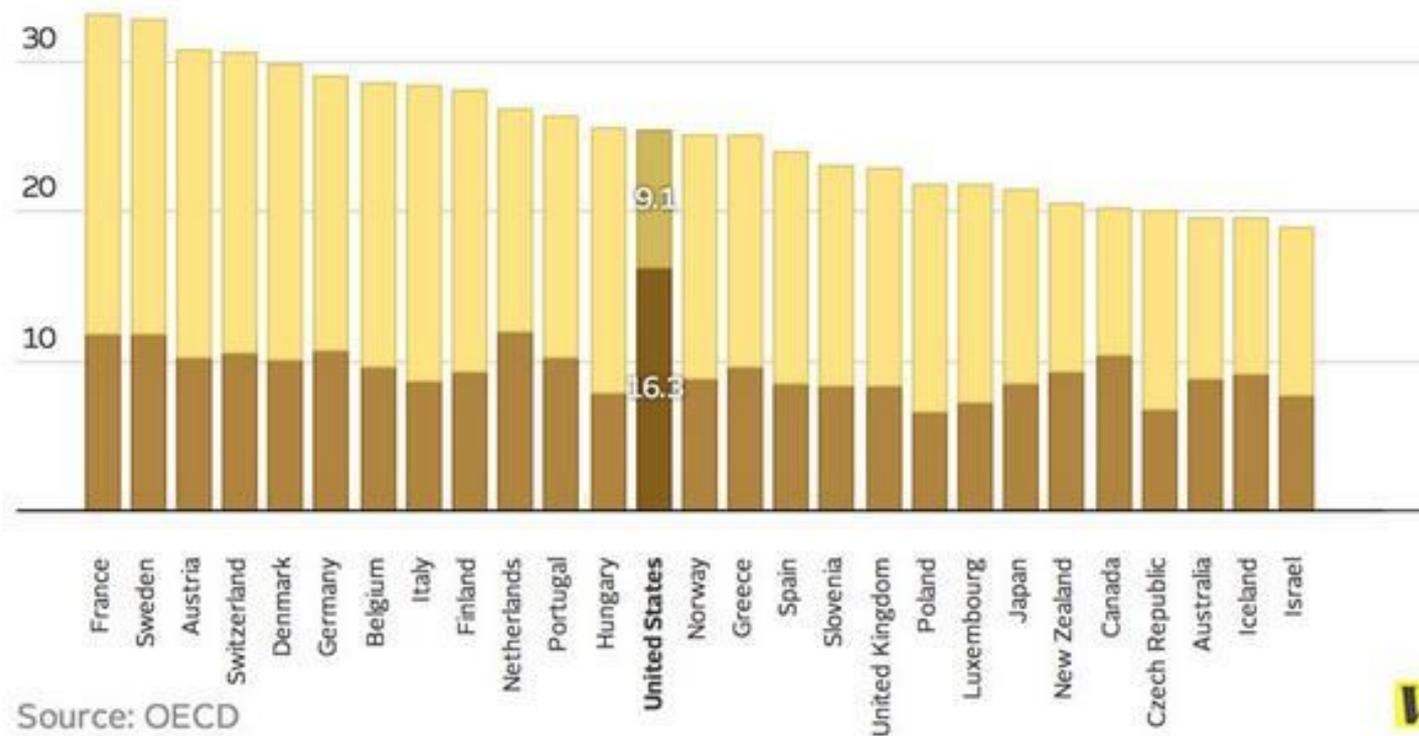


Source: Bradley E, et al. Health and social services expenditures: associations with health outcomes. *BMJ Quality & Safety*, 2011 March 29.

Updated using OECD Health Data 2014; OECD Social Expenditure Dataset 2014.

The U.S. is an anomaly in health and social spending patterns

■ Health expenditures as % of GDP ■ Social service expenditures as % of GDP



Source: OECD



Health Behavior Change

- Motivational Interviewing
- Developed in the 1980's, poor outcomes in substance use treatment. Used now routinely in addiction, primary care
- Based on Person Centered care, shared decision making
- Deeply respectful of the person, non judgmental

Motivational Interviewing

- PACE
- Partnership
- Acceptance, (Autonomy, Affirmation, Respect)
- Compassion
- Evocation
- Listen with eyes, ears and heart

Motivational Interviewing

- OARS
- Open ended questions
- Affirming statements
- Reflecting statements
- Summarizing statement
- Why is helpful for the future?

Motivational Interviewing

- Change talk is any self-expressed language that is an argument for change
- Sustain talk is the person's own motivations and verbalizations favoring the status quo
- Sympathy is to feel, Empathy is to understand
- Understand the patient's situation, perspective and feelings
- Communicate that understanding and to check accuracy
- Respect Ambivalence

What system changes would help?

- Review of clinic licensing regulations that inhibit collaboration
- Parity with regard to billing- in behavioral health settings vs. primary care
- Universal health care for all

- Workforce training in integrated care- new skill sets needed for collaboration, understanding the role of physical health in behavioral health conditions and behavioral health in physical health conditions. Care plans that are integrated and practical.

- Ability to fund peer supports and other wellness services in outpatient settings to reach more individuals. Health behavior change in addition to social determinants of health make the biggest difference in health outcomes.

- True health information exchange from different electronic medical records.

References/ Resources

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- Linda Weinreb MD, et al; Screening for Childhood Trauma in Adult Primary Care Patients: A Cross Sectional Survey. Primary Care Companion J of Clin Psychiatry 2010; 12(6): e1-e10
- SAMHSA (Substance Abuse and Mental Health Services Administration) Center on Trauma Informed Care in collaboration with the National Council on Behavioral Health: <http://www.samhsa.gov/nctic/trauma.asp>
- Miller and Rollnick, Motivational Interviewing- Helping People Change 3rd Edition, 2013, The Guilford Press
- SAMHSA- HRSA Center for Integrated Health Solutions: <https://www.integration.samhsa.gov/>