



Assessing Behavioral Health Resources at Hahnemann Family Health Center

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Introduction

Hahnemann Family Health Center

The Hahnemann Family Health Center (HFHC) provides care to the ethnically and socioeconomically diverse populations of the greater Worcester area. In particular, HFHC does treat a large number of patients with chronic mental health conditions.

The practice is currently in the process of converting to a Patient Centered Medical Home (PCMH) with a focus on improving efficiency in order to provide improved, holistic care. The PCMH movement emphasizes utilization of diverse providers, and delegation of medical care to ensure that the patient is connected to the resources essential to managing their health, using electronic medical records, patient-centered care, group visits, chronic care models, open access scheduling, and Integrative Behavior Health Services (BHS).

Goals

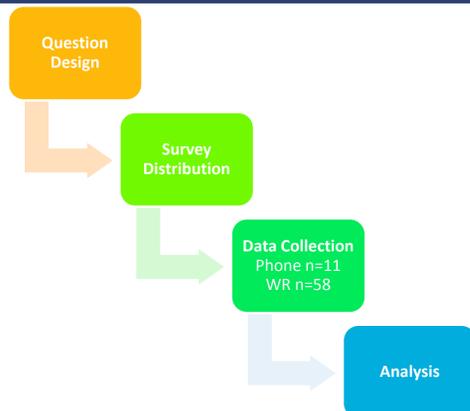
Survey patients at HFHC in order to evaluate transition to PCMH

Assess availability of BHS resources to patients

Characterize patient utilization and satisfaction with BHS service

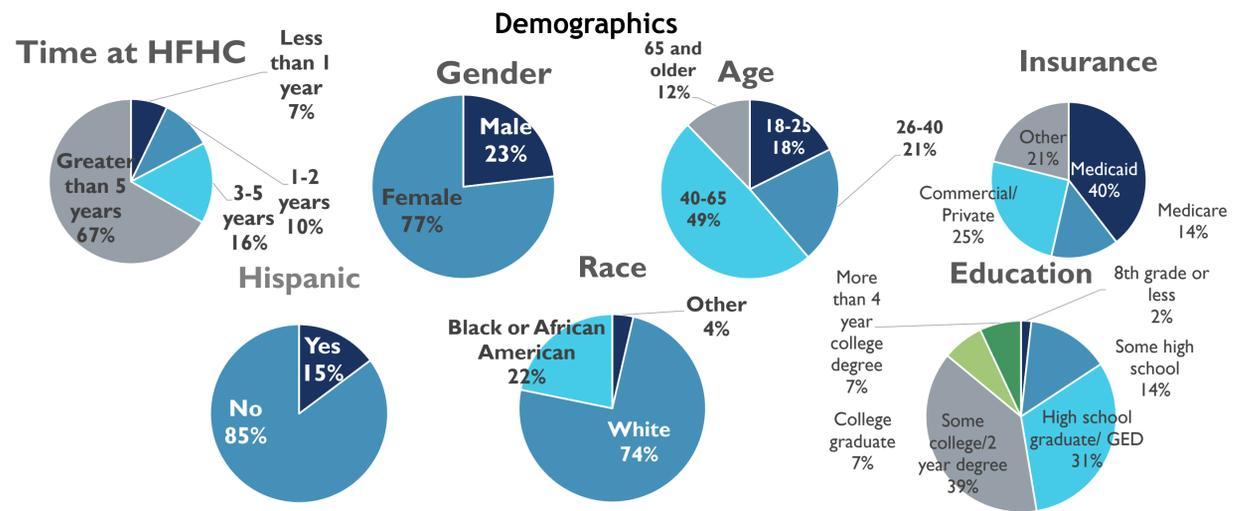
Identify barriers to behavioral health care

Methods

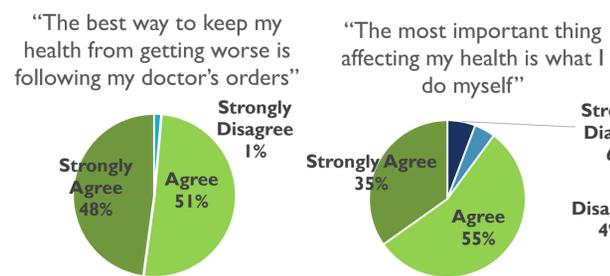


- Survey questions were designed by students based on the NCQA HEDIS & Quality Measurement Survey [1], and modified by HFHC
- Surveys were distributed in the HFHC waiting room and completed by phone with contacts from the high risk database between 10/15 and 10/18
- Data was entered via Survey Monkey
- Frequencies and cross tabulation completed by SPSS

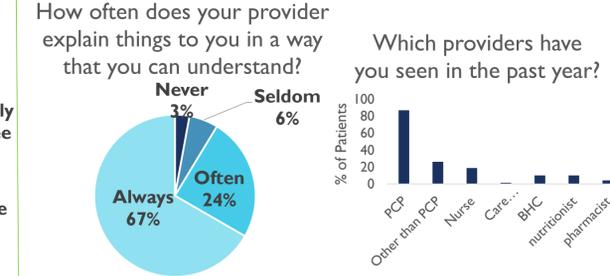
Results



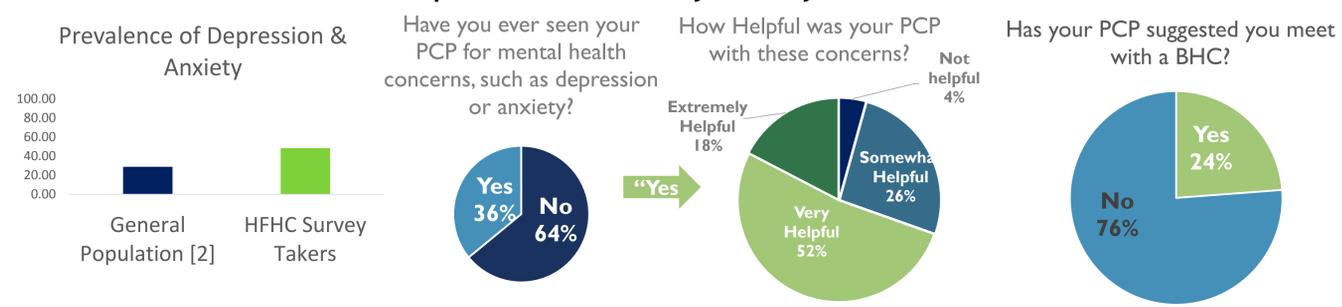
Patient Self- Efficacy



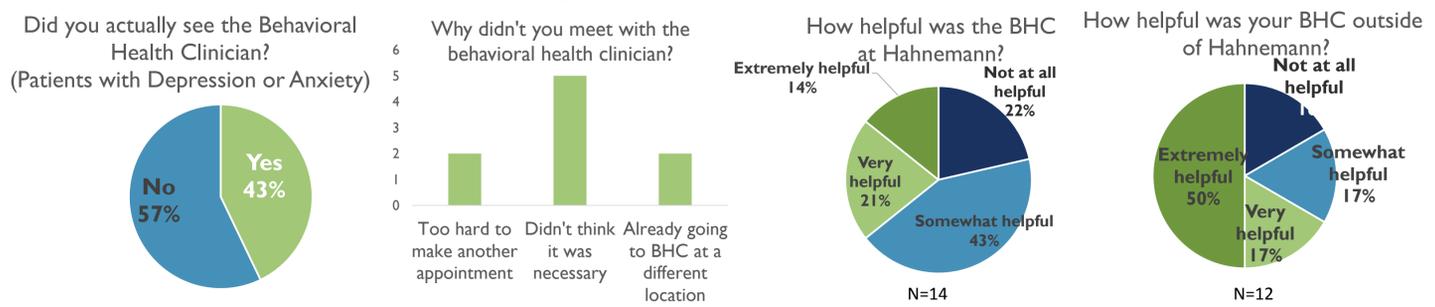
Patient Provider Interactions



Depression and Anxiety Care by PCPs



Efficacy of Behavioral Health Services



Conclusions

Patients are satisfied with their PCPs

- Patients **believe in following doctors' orders**
- Patients find that PCPs explain things in way that is **understandable** to them.

Patients believe their PCP is responsive to behavioral health needs

- **70%** of patients who saw their PCP for concerns of depression or anxiety had a satisfaction level of **very satisfied or higher**
- **12/13** patients who admitted to having a diagnosis of depression/anxiety are **receiving medication**

Further study of behavioral health services at HFHC is important to improving integrative care

- For n=14, **65%** found BHS to be somewhat helpful or less (however, small sample could contribute to sampling bias)
- **4/9** patients who declined BHS care reported that they **“did not feel it was necessary,”** perhaps reflecting social stigma

Patients with depression and anxiety rate their overall health as relatively high

- **61.5%** of patients with depression/anxiety rate their overall health level at **good or better**
- **60%** of people overall rate their health as **good as better**

Future Directions

How can we improve BHS at Hahnemann?

- Understanding determinants of patient satisfaction
- Observing novel, integrative models for behavioral health care

What is influencing patient perception of health?

- Stigmatization of mental health conditions as not “real”
- Education regarding the importance of behavioral health care

What influences patient decisions to seek care?

- Examination of how mental health issues affect quality of life
- Assess patient expectations for behavioral health clinicians

Acknowledgements

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- Special Thanks to **Dr. Ronald Adler** and **Dr. David Gilchrist** for their guidance and support.

References:
 1.) "HEDIS & Performance Measurement." *NCQA HEDIS & Quality Measurement*. National Committee for Quality Assurance, n.d. Web. 29 Oct. 2013
 2.) Reeves WC, Strine TW, Pratt LA, et al. Mental illness surveillance among adults in the United States. *MMWR Surveill Summ* 2011;**60(Suppl. 3)**:1-29