



Mental Health integration in Pediatric Health Center

The Setting

- Three-site Federally Qualified Health Center in Central San Diego.
- One site offers pediatrics, OB, adult internal medicine
- Two other sites are divided based on age: Pediatric/Adult
- All sites have psychiatrists and psychologists working under the traditional model

The Setting: Before

- Pediatric clinic with 9 exam rooms
- 3 pediatricians
- Pediatric psychiatrist one day a week
- Psychologist 2 days a week
- Capacity limited by exam rooms, low productivity (1.25 pt/hr)
- "Intake" appointments 3-4 months wait
- Only the most severe disorders qualified for limited resource

Redesign

- Psychologist/LCSW integrated into primary care
- 70% unscheduled time
- 30% of time traditional model
- Behavioral health specialist screens patients in exam rooms before/after/during doctor visit
- Patients who need further counseling are scheduled to return for a "psy-med" visit with doctor/psychologist

Psych/Med Integrated Visits

- Medical provider sees patient briefly and hands him/her off to mental health specialist.
- Mental health visit is done in the same exam room and is brief.
- Emphasis is on short interventions, high impact role-modeling and parent education

Strengths of Integrated Model

- Wait times reduced by 90%
- Behavioral issues addressed well before they become problematic
- Compliance much improved
- Stigma of Mental Health abated
- Wider range of patients served
- Higher productivity of medical and mental health providers and increased revenue

Drawbacks of Integrated Model

- **Complex issues must be referred out**
- **Number of sessions limited**
- **Clinic tempo imposes time constraints on each session**
- **Frequent interruptions**

Measuring Productivity

- Mental health provider does not bill, so indirect measure of productivity needed.
- We devised a system of codes used internally to track the number of encounters (entered on super-bill)
 1. screening encounters
 2. "psy-med" --visits billed by doctor but actually driven by mental health specialist.
- Comparison of pre-integration visits per month vs. # of psy-med visits
 - 25% increase in the number of billed visits driven by mental health specialist
 - screening encounters not counted towards productivity but a clear additional benefit of the model
 - improved efficiency of MD not measured but assumed

Integration of Mental Health Services in Community/Free Clinics

Gabriel Rodarte MD
Behavioral Health Medical Director
Neighborhood Healthcare
Escondido, CA

Neighborhood Healthcare

- Private non-profit federally qualified health center
- Has 11 locations located in eastern San Diego and Riverside counties
- Provides outpatient medical, dental and behavioral health services to 65,000 people annually in more than 231,000 visits
- Ninety-eight percent of patients live below 200% the federal poverty level

Where we started

- Took over a Behavioral health center located adjacent to our largest primary care site in Escondido about 4 years ago.
- Issues
 - No communication
 - No integration
 - Different cultures

What we did

- Brought in combined trained physicians
- Re-trained therapists
- Put therapists in the primary care clinics
- Regular meetings
- Encouraged communication
- Try to find ways around financial barriers

IMPACT

- Originally developed as model for treating depression in elderly in primary care setting
- Project Dulce
- Through CCC contract with county
- Limitations of IMPACT

Behavioral Health Consultant

- Based on Patricia Robinson and Jeffery Reiter's book Behavioral Consultation and Primary Care
- Warm handoff
- Brief interventions
- Easily accessible
- Limited followup

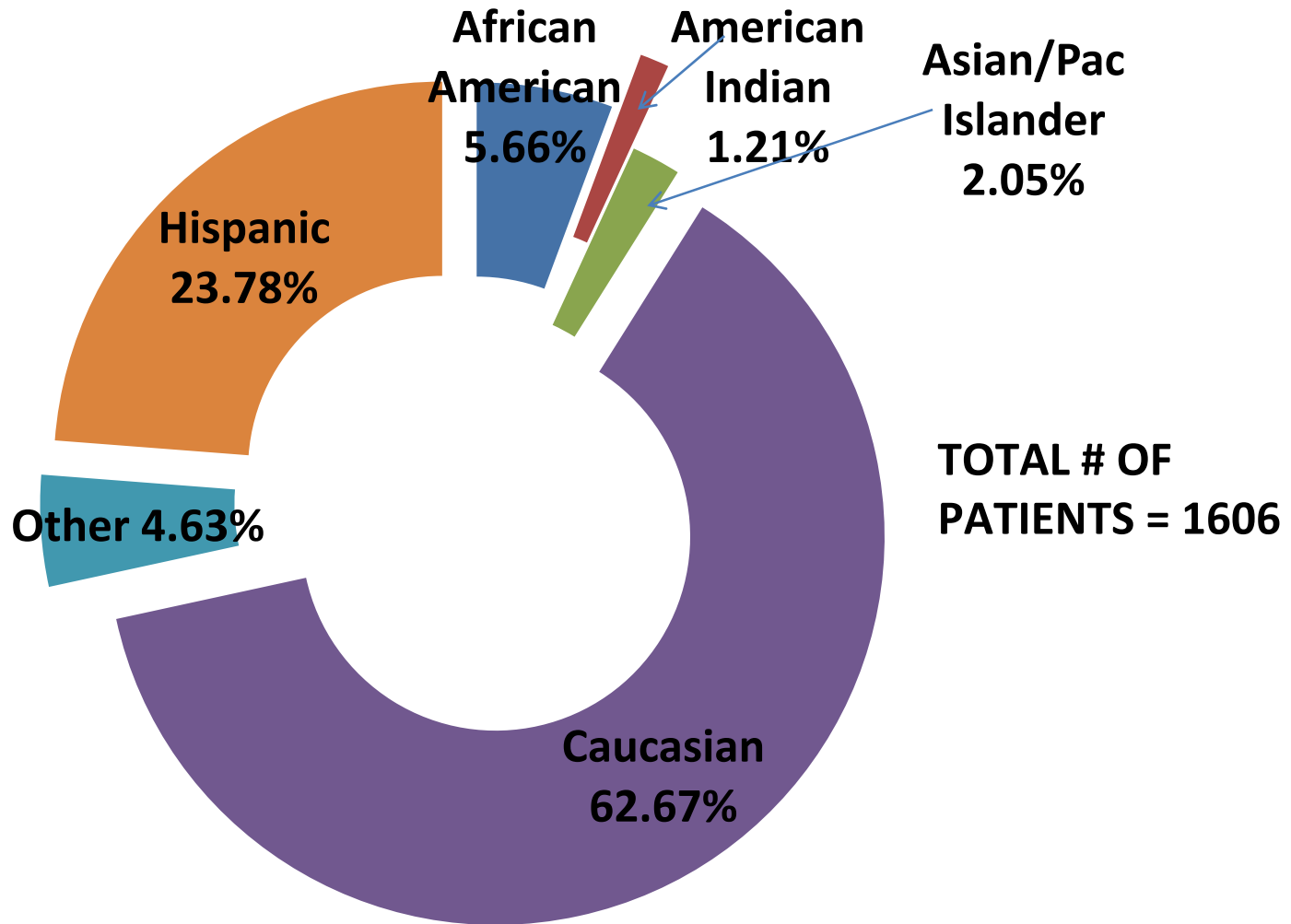
Primary Care in Mental Health

- See severely mentally ill on site for primary care
- Separate visits
- Exam room
- Medical Assistant
- Blood Draws, EKG, in house tests
- Training staff
- Ethical issues

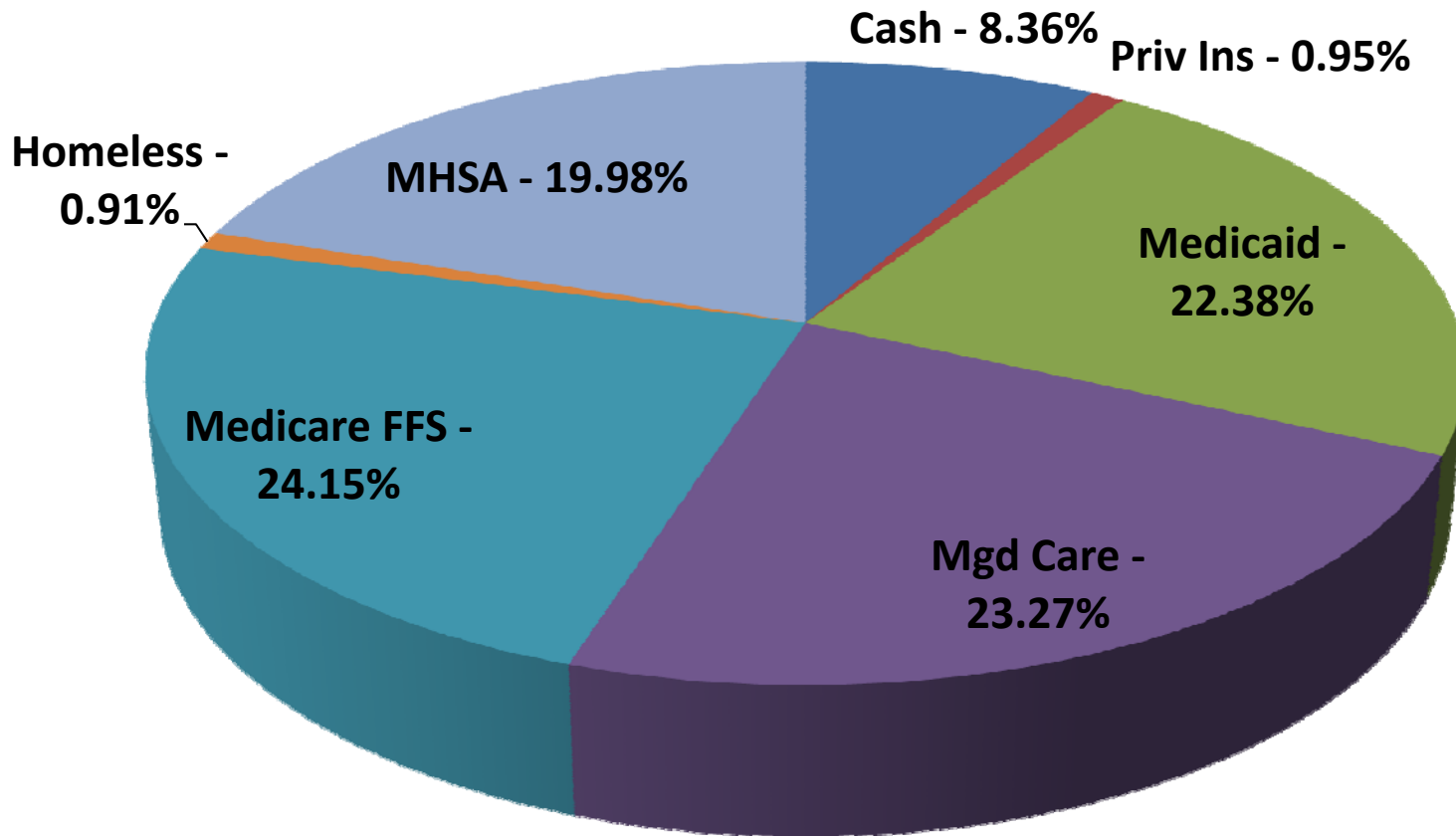
Financial Issues

- Same day Medi-Cal
- Initial loss with BHC while building program
- Does BHC improve productivity?
- Uninsured clients
- Psychiatrist doing primary care

Percent of Patients by Ethnicity



Percent of Visits by Payor Type



TOTAL VISITS = 10,478

Current Status/New Directions

- Primary Care in Mental Health
 - Currently one provider doing 4 medical visit/d
 - Bring in NP/PA
 - Screening of clients
- Behavioral Health in Primary care
 - BHC at El Cajon site
 - IMPACT DCM at Escondido site
 - Tele-Psychiatry for Temecula site
 - Want BHC at all sites, tele-psychiatry for El Cajon

Future

- Collaborate with county mental health to get funds to provide support for primary care providers.
- Develop system to send psychiatric patients to primary care for management once stable, with support.
- Recovery Homes, Group Homes