

**Robert Lee Sutherland Seminar XV
Hogg Foundation for Mental Health**

Concurrent Session II: Bridging the Cultures
Summary Notes

Dan Shuman

- Family physician
- Build off of common themes while recognizing how physical health and mental health may be different
 - How we might be different: definition of disease, goals of treatment, tools to achieving treatment goals, episodes of care
 - How we might be the same: share goal of improving the welfare of the patient, benefit from sharing resources, we need each other
- Building on our common goals
 - Marrying attitudes and process (attitudes: understanding what each other does)
 - Education: primary care's increasing knowledge base of mental health diseases
 - Proximity: co-locating services
 - Sharing: co-managing patients
 - All of these factors contribute to building trust between physical and mental health providers
- Molokai Community Health Center Background
 - New FQHC (federally qualified health center) started in 2004
 - 2 Family Practitioners by September 2005
 - Hired a Clinical Psychologist by 2006
 - Small but highly motivated staff
 - No choice – we had to integrate
 - Psychologist and physician shared a room
 - Recruit the right people – psychologist had graduated from a program which focused on integrated care
- Molokai Community Health Center Results
 - Worked very well, highly productive
 - Shared patients through consultation and joint visits
 - Weekly case review for shared patients
 - Anecdotal evidence that patients appreciated the model
- Lone Star Circle of Care Background
 - New FQHC started in 2003
 - Primary care growth from 2 to 21 providers
 - Mental health professionals grew from 1 in 2005 to 7 currently
 - Larger, multi-site organization
 - Space is an issue
- Lone Star Circle of Care Results
 - Works best in locations in which geographical integration is present
 - Shared patients through side bar consultation, formal referral and co-management
 - >12 months of data to indicate improvement in patient outcomes
- Keys to success

- Recruit motivated primary care and mental health staff
- Educate existing staff
- Geographic co-location
- High level of availability to colleagues
- Interdisciplinary team meetings – case review
- Pro-active care coordination with qualified support staff
- Data demonstrated a significant drop in depression – successful model

Andres Guariguata

- Clinical social worker
- Started with two full-time therapists and a program director
- Needed to integrate behavioral health and primary health care due to parallel play
- Established a goal of having behavioral health in a primary care clinic
 - This would enable staff to assist clients in health improvement by addressing behavioral health issues
 - It is essential to know how to assist primary care providers
 - Evolution into co-managing care
 - Have added psychiatric services
 - Had to work as a team
 - Work comes back to primary care physician for management
 - Create a common language
- PHQ-9 and Mood Disorder Questionnaire for those who may present with Bipolar Disorder
 - Use an anxiety measure also
- Protocol around pain management with psychosocial evaluations

Gary Souffrant

- Medical Director of Su Clinica Familiar and Professor at UT Health Sciences Center San Antonio
- There is a cultural gap between physical and mental health
- Patients feel burdened by a mental health (diagnostic) label
 - Patients have difficulty accepting diagnosis
 - Use other terminology when possible
- Physicians don't have proper education to deal with mental health
- Physicians need to attend to the priorities of the consumer (they may differ from the priorities of the physician)

Megan Zesati

- Adjusting to the new model has been an evolution
- When trained in traditional mental health, have to figure out how to bring your heart into the new format
- It may seem like cookie cutter work, but there's room for heart and art in integrated approach

Lynda Williams

- Consumer of services at People’s Community Clinic
- Caring for sick mother and father (mother in early stages of Alzheimer’s and father experiencing dementia)
- “A year ago I hit rock bottom”
- At a true time of confusion had a medical appointment at the clinic and broke down in front of the physician
- She was asked to complete the PHQ-9 and Mood Disorder Questionnaire (in addition to others)
- Her issues were addressed immediately as it was arranged for a social worker to contact her via phone the next day
- She had a meeting with the social worker and has been in therapy since that time
- The key in treatment was receiving immediate help in the primary care setting
 - This enabled her to receive mental health care in the same setting
 - Physical and mental health care were both immediately accessible

Questions and Answers

- What is the psychiatrist’s role in the integrated system?
 - Consultation by phone to talk about cases
 - Using a team approach – having a discussion with the psychiatrist
 - The majority of patients are managed by their primary care provider and the psychiatrist is there in order to assist in the management of the more complicated cases or adults seeking stimulant medications
 - Psychiatrists conduct follow-along consultations and have appointments with patients however they see fit and then send them back to the primary care physicians
 - Psychiatrists also educate family physicians

- What do we do about the need to educate primary care physicians regarding mental health? Could we prompt medical schools to provide better training for physicians?
 - Mental health providers also need to learn more about medical conditions (such as comorbid diabetes and depression)
 - Attitude and orientation are important (a cooperative attitude is required)
 - Medical schools are looking for rotations and programs can approach medical schools and sell the program they have created
 - The Texas Department of State Health Services has an interest in how people are trained

- How can primary care physicians speak intelligently about both physical and mental health?
 - Can learn things over time
 - Developing curriculum for physicians takes time (try to look at things in term of curriculum development)
 - People referred to behavioral health services without a diagnosis focus on patient’s health management

- Comment made regarding a binational health conference in Austin in October (Ventanilla de Salud is the name of the program)
- Comment made regarding struggles in bridging the gap in primary care settings: when new physicians come in they should be introduced to the behavioral health staff, reinforce physicians' work and use tools to help patients become better
- What helps you move past the culture gap?
 - Change emphasis from diagnosis to what the patient's needs are and look at their outcomes
 - Take time to build relationships with patients and see their successes
 - Look at where patients go to receive their services and adjust to it
 - May need to learn the medical system
 - Once you show the clinical value to patients they tend to respond well
- Does Lynda feel comfortable talking to the social worker and primary care physician?
 - Yes, because they both have access to my records
 - The key is being able to go to the same place for both services
 - She didn't want to go to different places because she would be branded
- Does the culture change as physicians and mental health are integrated or are mental health providers just adapting to the physical health setting?
 - Focus on person's overall functioning
 - There is a variety of ways for a consumer to have his/her needs addressed
 - From a primary care provider's perspective you need to understand that this should change the way you practice
 - Healthcare is complex and it is difficult for a physician to cope with a person's many issues
 - The more resources you have, the easier it is to deliver healthcare
 - Physicians like having others in their clinics to deal with the complexity of healthcare
- Comment and question: Research that my clinic has conducted seeks to discover how well mental health professionals will accept adapting to the medical model and how they will use tools such as building rapport and strengths-based thinking into the model. How do you think mental health providers will react?
 - These factors are the bones of the program but I haven't felt restricted by the medical setting
 - Some individuals may be more inclined to visit their physician's clinic more than others and these individuals could possibly be given more time and attention