

COMPASS

integrated care

A TEAM APPROACH TO HEALING



by karin meyer

Mind. Body. Two words often used together, sometimes joined by a hyphen.

So in vogue is “mind-body” in today’s health-minded culture. Yet, traditional family doctors and mental health professionals have long recognized the connection between the two.

Treating body aches and pains is nothing new for physicians. But today, physical complaints in as many as two out of three patients who arrive on the doctor’s office doorstep stem from psychological issues, including depression, studies show.

“We heard from primary-care doctors in Fort Collins, and particularly those in clinics that serve low-income and uninsured residents, that there was a major need for assistance with meeting patients’ mental healthcare needs,” says Dr. Bruce Cooper, medical director of the Health District.

In response, the Health District partnered with Salud Family Health Center and Family Medicine Center to add more mental health staff to work alongside medical staff in treating patients. This approach, known as integrated care, was implemented this year at both clinics. (See story at right.)

Integrated care is of particular interest to both clinics



because they provide healthcare to low-income and uninsured residents, a group at greater risk for depression, anxiety and substance abuse issues.

A study at Grand Junction’s Marillac Clinic, which serves only low-income and uninsured patients, found that the percentage of Marillac patients with at least one psychiatric diagnosis was nearly double that of patients with higher incomes and insurance who go to their family doctor’s office.

“We attribute this to the cycle of poverty and financial distress,” says Dr. Steve Hurd, a psychologist and the

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2 local clinics put concept into practice

by richard cox

For some local residents, getting help for mental health or substance abuse problems is now as easy as visiting the family doctor.

The improved access to services is the result of a new Health District program that has increased the number of mental health professionals at two local clinics that see a large percentage of uninsured and low-income patients.

Medical providers and mental health specialists there work side-by-side, learning from each other as they seek the most effective and efficient treatment for their patients.

This groundbreaking effort is officially called the Integration of Mental Health and Substance Abuse Services into Primary Care

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New vaccines for children, adults
Whooping cough and meningitis make headlines each year. Now, there’s added immunity available in shots for adolescents and adults.

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clinic's executive director. "A lot of people we treat don't have hope about the future. They have chronic stress, are living from paycheck to paycheck. Frequently, they cope by resorting to alcohol or other substances."

In 2000, with the help of a Robert Wood Johnson Foundation grant, Marillac began offering integrated primary care and mental healthcare that today serves as a model for Fort Collins and others.

"Our medical providers at Marillac were overwhelmed with mental health and psychosocial crises – people come in with a sore throat and an eviction notice in their hand," Dr. Hurd recalls. "The medical provider would be treating a jammed finger and the patient would want to talk about everything else going on."

Private practices not immune

The trend is evident to providers in private practice, too.

"We've definitely seen an increase in the number of patients who come in with psychiatric symptoms," says Dr. John Bender, a Fort Collins physician with 14 years in practice.

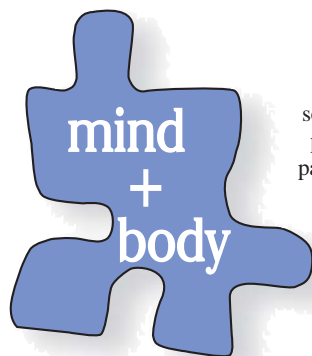
Contributing to the trend, he says, are reduced stigma about mental health issues, a greater awareness by patient and doctor of help available, and heightened anxiety

in patients living in a sometimes violent and unpredictable society.

Still, sorting out the root cause of physical symptoms is challenging.

"The symptoms do overlap. A person can feel fatigue because they're depressed, but fatigue can also be because of an internal illness," Dr. Bender says. "The patient can't always tell the difference."

Nor is it easy for doctors. A per-



son who complains of chest pain might be experiencing stress, a heart attack, or both, he says.

Once a diagnosis is made, treat-

ment for mind and body needs to occur simultaneously, providers agree.

"If I treat the physical disease – let's say cancer – and do all the right things but I don't recognize and treat the depression, we know that these people will live shorter lives," Dr. Bender says.

One-stop healthcare preferred

Primary-care physicians today as opposed to 10 years ago are better trained to recognize mental health problems like depression. Combine that with advances making medications more effective and with fewer side effects and the result is family doctors who are more comfortable and able to treat mental health,

says the Health District's Dr. Cooper. For patients, getting help for medical and mental health needs in one stop saves time and money.

"All these things put together make the primary-care doctor's office the first place people often go for treatment of mental health issues," Dr. Cooper says.

How integrated care works

"My definition of integrated care is that the providers use the same bathroom," says Dr. Hurd, who is serious about the value of close work quarters at the Grand Junction clinic. "Providers need to see one another in the hallway for spontaneous consultations."

What's more, providers share a patient's chart for recording physical and mental progress.

For Salud, integrated care will close the gap between when mental health services are offered to patients and when they're delivered, says Dr. Doug Whitman, a pediatrician and the clinic's medical director.

"Now, by having mental health workers in our own building or

available by cell phone, we don't lose people in-between," he says. "We get people the help they need on the spot."

Family Medicine Center gains access to a psychiatrist, two case managers and a substance abuse counselor who will enhance the collaborative care the clinic has offered since the 1980s, says Dr. Carol Pfaffly, director of behavioral medicine.

"The patients that we involve in this team approach report higher satisfaction with their healthcare," says Dr. Pfaffly, a licensed marriage and family therapist who sees patients at FMC. "They feel cared for, understood, and they see us as a part of their social network."

Value to the community

A team approach to treating the whole person — mind and body — promises immediate and long-term benefits, says the Health District's Dr. Cooper.

"Patients will experience less distress, they'll function better in their daily lives and will be more productive," he says.

Once mental health and substance abuse issues are identified and treated, patients potentially may make fewer trips to the doctor for physical symptoms. This, in turn, can reduce healthcare costs, studies have shown.

In the case of Grand Junction's clinic, reducing mental health-related visits to the ER saved the community an estimated \$1 million in one year, Marillac's director says.



Dr. Doug Whitman, a pediatrician at Salud Family Health Center, confers with Dr. Richard Oddy, right, a psychiatrist with the new Integrated Care team at Salud.

ing up at the two clinics in increasing numbers.

"We're seeing more and more severe mental health issues in patients, including those who've had psychiatric care and were cut off from services," says Dr. Carol Pfaffly, director of behavioral medicine at Family Medicine Center.

Potential problems sometimes are identified through a written survey filled out by patients before their healthcare provider sees them. Or providers may suspect mental health or substance abuse issues are involved and call for a consultation by the team's psychiatrist, Dr. Richard Oddy.

Subsequent treatment options vary, but could range from intensive ongoing care by Dr. Oddy, to a one-time counseling session with one of the therapist/case managers. Most important, say all involved, is that patients have the opportunity to begin their road to recovery immediately, without needless delays or additional barriers to care.

"It is so much more effective for patients to have both their physical and emotional needs addressed quickly and efficiently in one place," Schwartz says, and in a place where they are most comfortable seeking care — their doctor's office.

Although medical and mental health teams meet weekly to discuss cases in detail, having both groups of providers working together under one roof also makes it easier for "hallway consultation," says Dr. Oddy. In fact, this close working arrangement benefits primary care providers as well as their patients.

"Providers become more confident and skilled at managing mental illness and substance abuse in their practice and better at referring patients for appropriate treatment," Dr. Oddy says.

These educational benefits assume even more significance at Family Medicine Center, a clinic operated by Poudre Valley Health System that provides experience to family practice residents. As a result of the new partnership, Dr. Pfaffly says, a new generation of physicians is developing new skills for improving the doctor-patient relationship.

And that's good news for the next generation of patients who may find that both physical and emotional healing can begin with a visit to their primary care provider.

local clinics —

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Program, but is often known simply as the Integrated Care Program. Its centerpiece is a team consisting of a psychiatrist and four therapist/case managers, two of whom have specialized training and certification in treating people with drug or alcohol problems. Rounding out the team is an administrative assistant, with a psychologist soon to be hired.

Team members divide their time between Salud Family Health Center and Family Medicine Center, seeing patients whose initial complaints may be physical in nature, but who often have mental health problems — like mild depression or anxiety.

Frequently, a patient's situation is complicated by alcohol or drug use or by chronic illnesses like diabetes or heart disease.

"The people we are seeing have incredibly complex psychosocial issues in their lives — divorce, abuse, homelessness, substance use," says Laura Schwartz, one of the therapist/case managers with the new program.

One thing they usually don't have is insurance coverage for mental healthcare or easy access to services. That's especially true of people with severe mental health problems — like bipolar disorder or schizophrenia — who are show-

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— Laura Schwartz therapist and case manager with the Integrated Care team



With integrated care, patients will experience less distress, they'll function better in their daily lives and will be more productive.

— Dr. Bruce Cooper Health District medical director



our mental health

23

Percentage of adults in the Health District who reported in 2004 that they have been diagnosed with depression, up from 20% in 2001.

6

Percentage of Health District residents who reported in 2004 that they have been diagnosed with mental health problems other than depression, up from 3% in 2001.

50

Percentage of mental health conditions such as depression that are not recognized in primary-care settings nationally.

29

Percentage of visits nationally to the primary-care doctor that involve treatment of mood disorders.

16

Percentage of adults in the Health District who in 2004 say they put off seeing a mental healthcare provider due to cost, up from 14% in 2001.

31,432 to 1

The ratio of the number of Health District residents who have low incomes to the number of local psychiatrists in 2003 who were accepting clients with Medicaid or providing services on a sliding-fee scale.

Sources: "The Impact of Mental Health on Health Status and its Relationship to Primary Care" report; 2004 Community Health Survey