SYSTEMIC INTEGRATED CARE Responding to Our Biopsychosocial Healthcare Needs

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SYSTEMIC INTEGRATED CARE Responding to Our Biopsychosocial Healthcare Needs

- *University of Rochester's unique history
- *A common framework and language for systemic integrated biopsychosocial care
- *The application of this work on the ground, with its benefits and challenges
- *The importance of, and barriers to, collaboration across disciplines
- *Our need to take a population health approach, with its implications for education and training
- *The importance and science of team-based care
- *The critical need to focus on clinician well-being

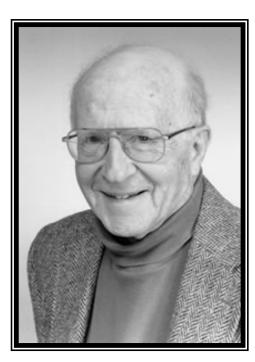


HEALTHCARE REFORM Increasing Access & Equity in the 21st century

- *Be Patient-centered & Population-focused
- *Provide Prevention & Early Intervention
- *Assess & Treat with approaches that integrate the physical, emotional, relational, & social determinants of health

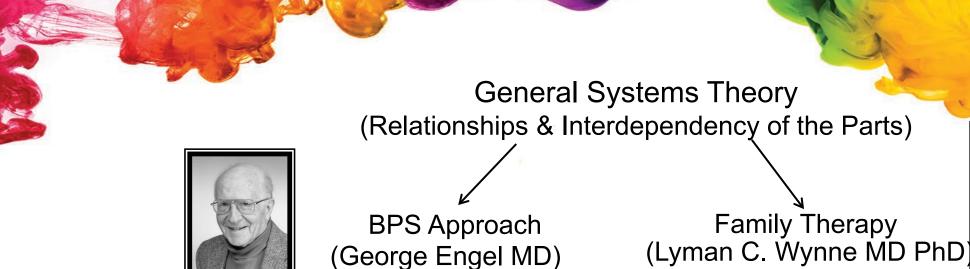


University of Rochester Medical Center



George Engel MD

Lyman C. Wynne MD PhD





Systemic, Family-oriented Biopsychosocial Healthcare (Susan McDaniel & colleagues)



The Beginnings of Integrated Primary Care in Rochester

Thomas L. Campbell, M.D. Typical Primary Care Session

- 56 yo diabetic with poor control
- 19 yo smoker
- 33 yo with multiple somatic complaints
- 10 yo w/otitis media
- 67 yo w/insomnia
- 70 yo w/sinusitis
- 52 yo hypertensive patient
- 45 yo w/tinnitus
- 37 yo w/acute asthma
- 29 yo w/chest pain & SOB

Typical Primary Care Session Mental Health Disorders

56 yo diabetic with poor control

19 yo smoker

33 yo with multiple somatic complaints

10 yo w/otitis media

67 yo w/insomnia

70 yo w/sinusitis

52 yo hypertensive patient

45 yo w/tinnitus

37 yo w/acute asthma

29 yo w/chest pain & SOB

DEPRESSION

ALCOHOL ABUSE

PANIC DISORDER

Typical Primary Care Session Subthreshold Disorders

56 yo diabetic with poor control

ANXIETY

19 yo smoker

33 yo with multiple somatic complaints

DEPRESSION

10 yo w/otitis media

67 yo w/insomnia

70 yo w/sinusitis

52 yo hypertensive patient

45 yo w/tinnitus

37 yo w/acute asthma

29 yo w/chest pain & SOB

ALCOHOL ABUSE

FAMILY VIOLENCE

HYPOCHONDRIASIS

PANIC DISORDER

Typical Primary Care Session

Behavioral Health Needs

56 yo diabetic with poor control

19 yo smoker

33 yo with multiple somatic complaints

10 yo w/otitis media

67 yo w/insomnia

70 yo w/sinusitis

52 yo hypertensive patient

45 yo w/tinnitus

37 yo w/acute asthma

29 yo w/chest pain & SOB

ANXIETY

SMOKING CESSATION

DEPRESSION

ALCOHOL ABUSE

FAMILY VIOLENCE

CARDIAC RISK FACTORS

HYPOCHONDRIASAS

MEDICATION COMPLIANCE

PANIC DISORDER



No Health without Mental Health!



World Health Organization



In a study comparing anxiety and depression to obesity and smoking as predictors of major medical illness and somatic symptoms

with 15,418 participants from the US Health & Retirement study

Anxiety and Depression predicted *greater* incidence of nearly all medical illnesses and somatic symptoms.

--Niles & O'Donovan, J of Health Psychology, 2019



ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical



Mental Illness



Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



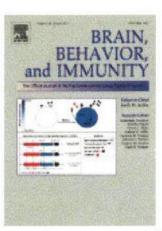
Sexual



Divorce

ADVERSE CHILDHOOD EXPERIENCES





Brain, Behavior, and Immunity

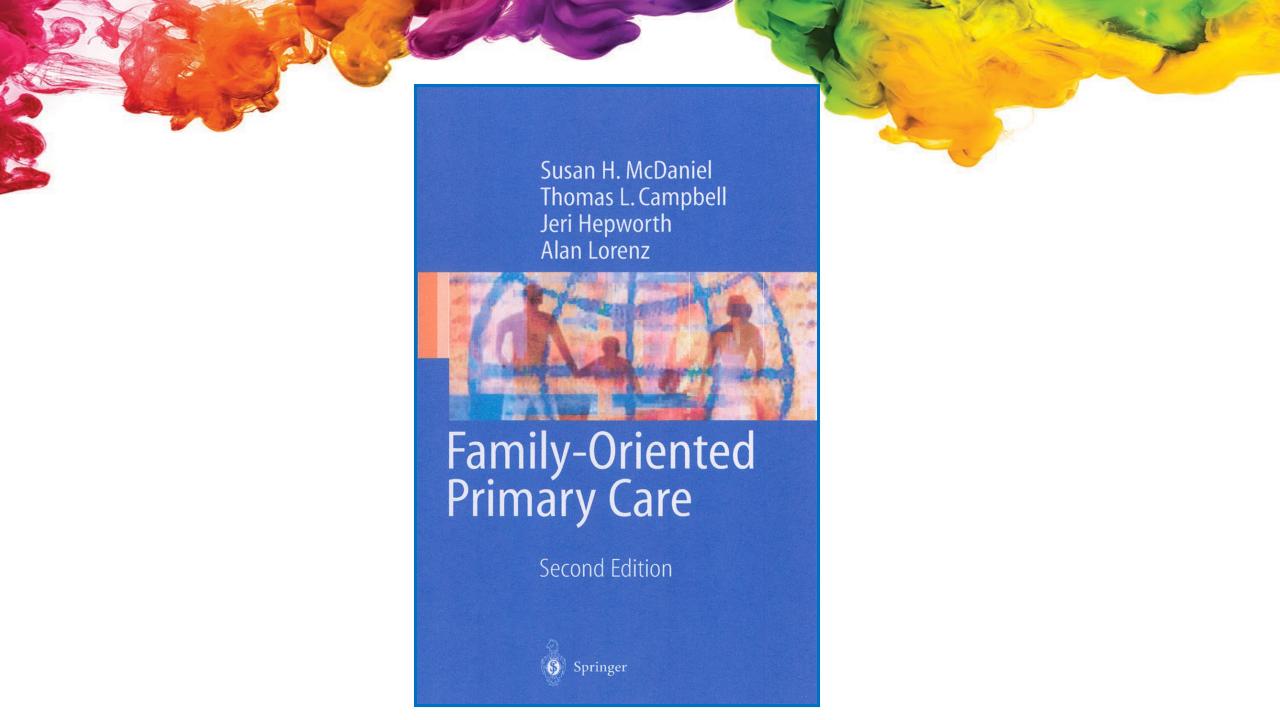
Volume 48, August 2015, Pages 265-273

Observed parent-child relationship quality predicts antibody response to vaccination in children

Thomas G.O'Connor^{ab} HongyueWang^c Jan A.Moynihan^b Peter A.Wyman^b JenniferCarnahan^c GerryLofthus^c Sally A.Quataert^c MelissaBowman^d Anne S.Burke^c Mary T.Caserta^d https://doi.org/10.1016/j.bbi.2015.04.002









*No Shared Mental Model—mental health professionals were psychosocial rather than biopsychosocial

*Tribal Stereotypes—primary care physicians are uncaring, too busy and don't respect mental health professionals in general

39 YEARS of INTEGRATED PRIMARY CARE



Health and mental health clinicians working as a team to provide coordinated services in a family medicine clinic.

INTEGRATION OF MENTAL HEALTH IN PRIMARY CARE BECAUSE OF:

- *the burden of mental, neurological, and substance use (MNS) disorders globally;
- *the lack of specialists to meet treatment needs, and
- *the fact that the majority of people seek care for mental and behavioral health problems from primary care clinicians.



PRIMARY CARE

allows us to see patients we wouldn't otherwise see.

Behavioral Health in Primary & Specialty HealthCare

- √ Health Behavior Problems
- √ Mental Health Diagnoses
- √ Substance Abuse



Healthy and Unhealthy Behaviors: activity, stress, diet, medication adherence, and more



Mental Health:

psychological distress, depression, and anxiety to severe and persistent mental illness



Substance Use and Abuse:

smoking, using drugs, alcohol dependence

A Systemic, Biopsychosocial Family Orientation Facilitates Comprehensive, Integrated Care



*team-based care

*a collaborative culture—
for family members and health professionals
*physician-patient communication.

*systemic and individually oriented approaches (eg, CBT, Acceptance/Commitment Therapy, PCBH & CoCM)



Most real-life integrated care practices use a combination of models, now called

The CROSS-FRAMEWORK MODEL of behavioral health integration

In order to serve the needs of all their patients

(Stephens et al, 2020)



HEALTH PROBLEMS

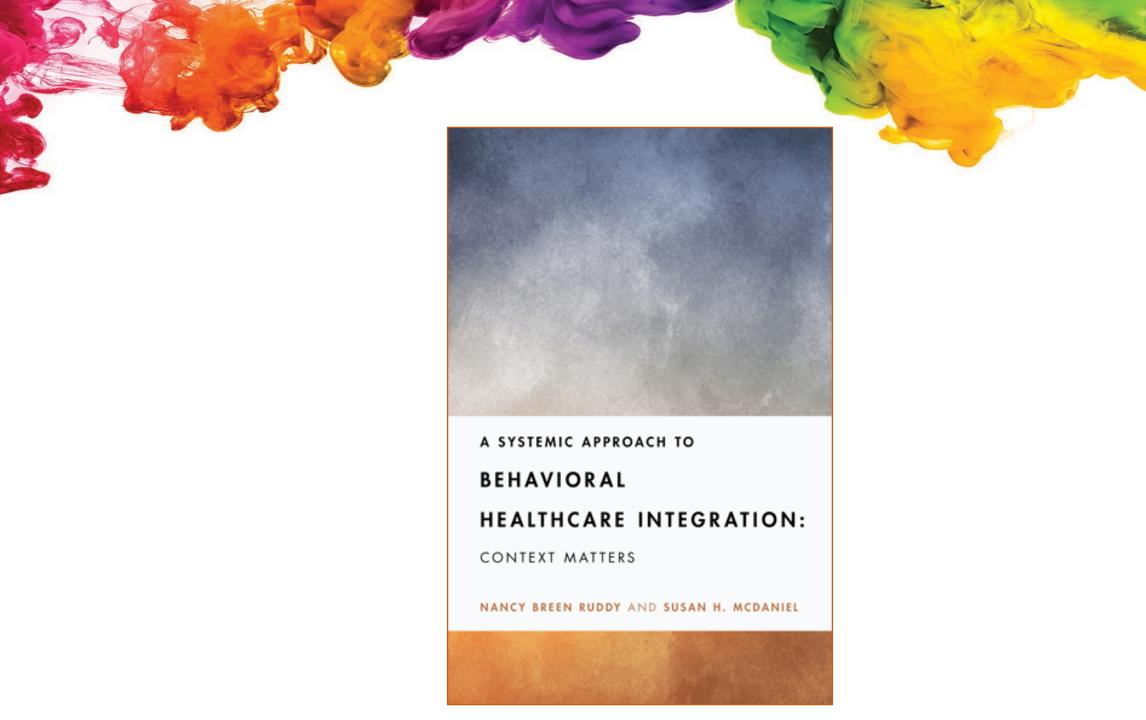
are a ticket to working on a range
of biopsychosocial problems

Medical Family Therapy and Integrated Care Second Edition

Susan H. McDaniel,

Jeri Hepworth

William J. Doherty, and



Desired State: Biopsychosocial Systemic Approach

Behavioral Health Care Clinician

- Considers the patient's context
- Comfort with medical illness
- Level of burnout

Health Care Team

- Parallel process w/ family system
- Understands what each other are good for
- Focuses on the science of effective teamwork

Health Care Practice

- Well-enough resourced
- Values and culture that supports patient-centered care
- Administrative Support and attention to clinician/ staff well-being

Health Care System

- Supportive-enough health policy
- Enough reimbursement & resources
- Professional and Interprofessional Training

Creating Synergy Between the Four Worlds of Integration

Operational Clinical Educational Financial



C.J. Peek, Ph.D.

Getting financing for a behavioral health professional's salary is NOT always "Step 1" If you can, great!

If you can't, explore alternative financial arrangements



Organizational Readiness to Change

- Organizational Readiness for Knowledge Translation (OR4KT)
- www.ljhpm.com



PRE-CONTEMPLATION

Change has not crossed mind - "I can't, I won't"



CONTEMPLATION

Change is on the mind - "I might, I'm thinking about"



PREPARATION

Getting ready for change - "I will"



ACTION

Beginning the change - "I am"



MAINTENANCE

In the midst of change - "I still am"



LAPSE

Burnt out - "I quit, I don't care, I'm overwhelmed"

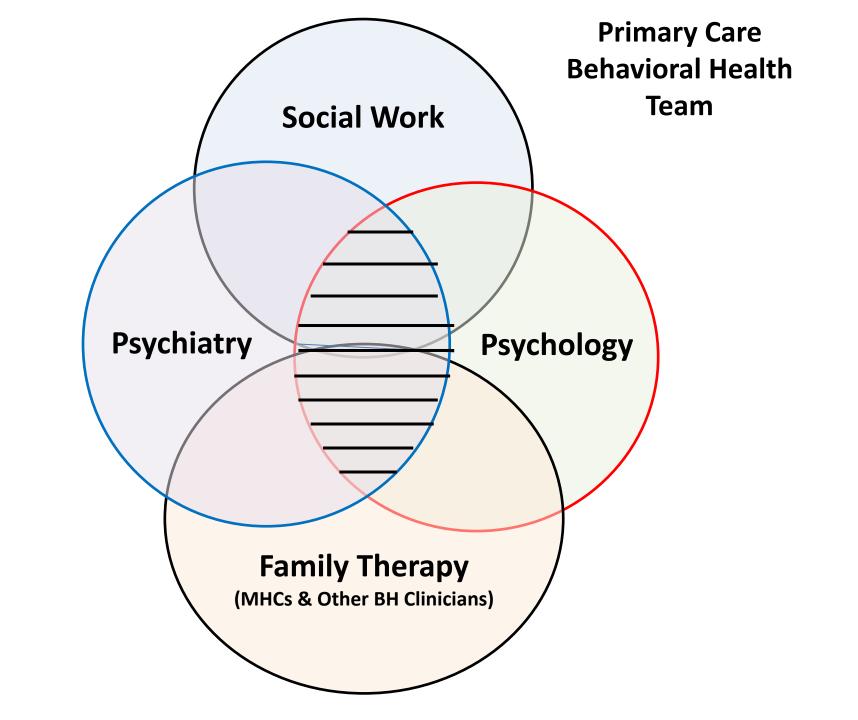


Traditional Mental Health Professionals

- *lack skills
- *don't know the culture

Criteria FOR BEHAVIORAL HEALTH PROFESSIONALS Working in Primary and Specialty Healthcare

- *Consultation and mentoring
- *Like interdisciplinary work
- *Tolerate ambiguity
- *Regularly handle novel presentations



Overcoming Stereotypes & Disciplinary Tribalism

- *Professional training to develop a strong identity in the discipline
- *Interprofessional training to collaborate
 - --learning the science and principles of effective teamwork
 - --learning what each discipline is good for
 - --developing respectful, personal relationships across disciplines

Antioch U Psychology Strategies to Raise Student Awareness of Primary Care

- *Emphasize future of IPC: shifting role of psychologists, social justice mission, expanded impact of team care, population health
- *See it to believe it: connect students with primary care psychologists interview, shadow, experience IPC first hand
- *Normalize: Ensure IPC and biopsychosocial content (esp case materials) integrated into required coursework
- *Address limitations of current schema: Exactly how many people can you help one 50 minute hour at a time?
- *Emphasize future training opportunities: Highlight how IPC training enhances internship applications (esp to VA)



We need new Interprofessional Educational Training models in degree programs

*<u>Website</u>: McDaniel SH et al (2017) A curriculum for an interprofessional seminar on integrated primary care: Developing competencies for interprofessional collaborative practice. https://psycnet.apa.org/record/2019-02871-001

<u>Publication</u>: Rozensky, R.H., Grus, C.L., Goodie, J. L., Bonin, L., Carpenter, B.D., Miller, B.F., Ross, K.M., Rybarczyk, B.D., Stewart, A., & McDaniel, S.H. (2018) A Curriculum for an Interprofessional Seminar on Integrated Primary Care: Developing Competencies for Interprofessional Collaborative Practice. *Journal of Allied Health*, 47, 61-66.



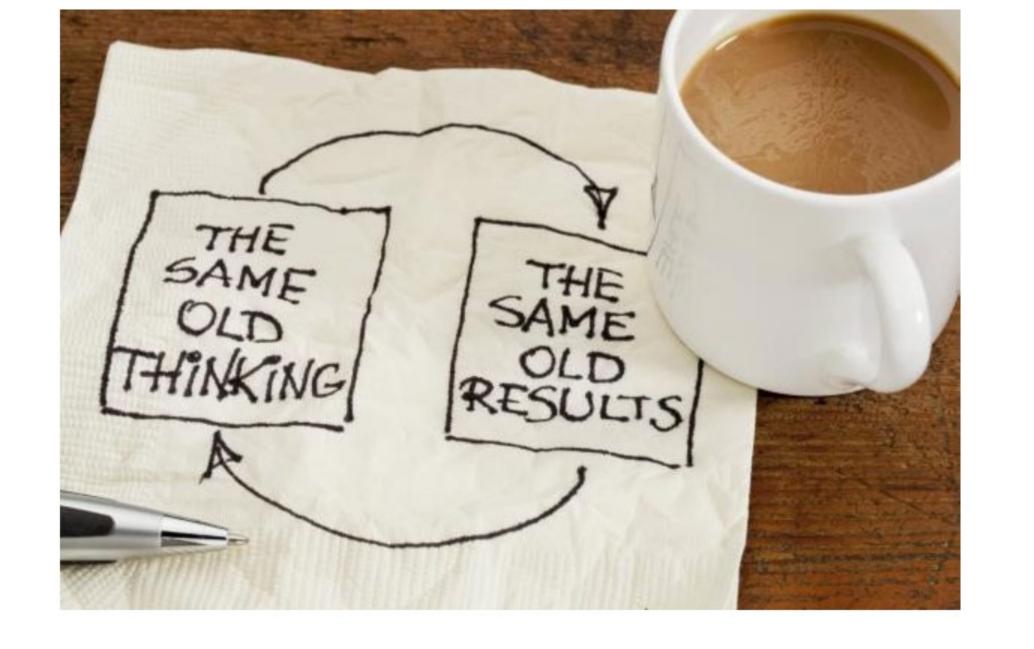
GOOD POST-DEGREE TRAINING IN INTEGRATED CARE

Discipline-specific Training

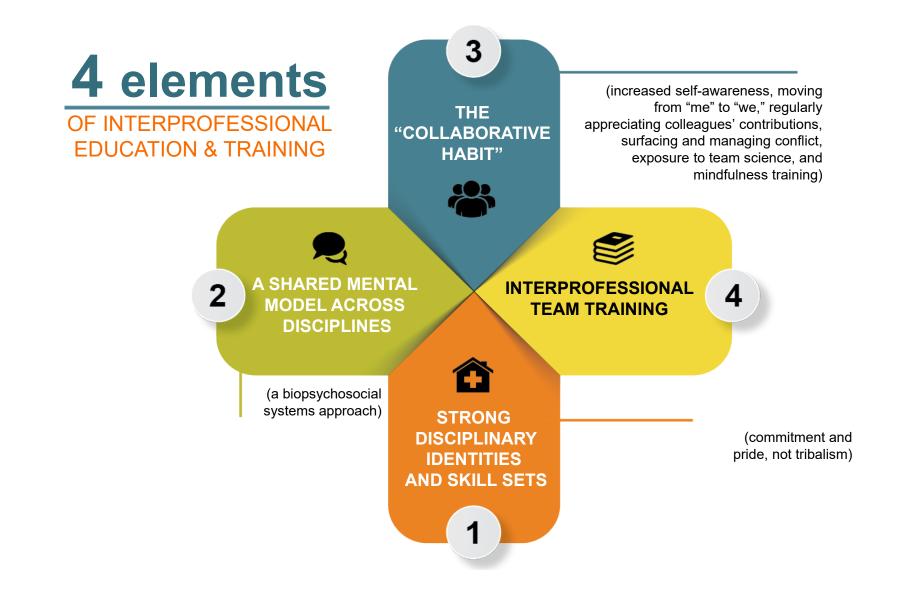
- *Post-doctoral fellowships
- *Trainings at professional association meetings

Interprofessional Training

- *5-day Intensive in Integrated Care at U of Rochester (June)
- *On-line Training Programs
- *Collaborative Family Healthcare Association annual meeting (October)



UNIVERSITY OF ROCHESTER MEDICAL CENTER





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Special Issue: The Science of Teamwork



Nashville Roller Derby Justin Hamel

126th Annual Convention, August 9–12, 2018 San Francisco, California



A family is to an individual

as

a team is to a clinician



Teams Outperform Individuals

- *Less burnout
- *Better outcomes
- *More joy of practice



What predicts effective team functioning?

*Task interdependency, and

*The ability to reflect and improve from feedback (huddles and debriefs)

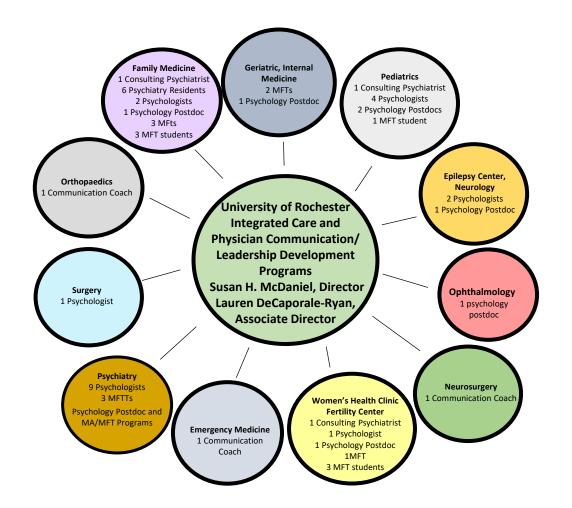
*Team-building improves relationships but only teamtraining improves performance



BEHAVIORAL HEALTH & ALL HEALTH PROFESSIONAL APPLICANTS Select for Interprofessionalism

*Mission-centric, team-ready, and emotionally intelligent with

*Strong professional identities AND strong collaborative skills





Cuban Clinician Wellness Program







