

Lessons Learned from the Field: Key Components to Building an Integrated Health Program

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School of Social Work

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GRHOP & MIHDP

- Gulf Region Health Outreach Program (GRHOP) established as the medical settlement with \$105 million from the BP/Deep Water Horizon Disaster.
- Mississippi Integrated Health and Disaster Program (MIHDP) is part of the Mental and Behavioral Health Capacity Project.
- MIHDP functions as full fledged agency within an FQHC and nested within a school of social work

CY 2013

3 Primary Care (PC) Clinics

1 Program Director
1 Training Specialist
3 licensed social workers (direct services)
1 Computer Programmer

Average Patient Contacts per month:
165 per month

Feb 2017 – Feb 2018

8 Primary Care (PC) Clinics Staff

1 Program Director
1 Clinical Director
1 Coordinator of Clinical Programs and Training
7 licensed social workers (direct services)
1 Registered Dietitian
1 Computer Programmer
1 Research Assistant

Average Patient Contacts per month:
350 - 400 per month

Goals

- To coordinate services that empower patients to effectively manage their mental health and medical condition.
- To incorporate a social work perspective in treating patients with chronic medical conditions.
- To change patient behavior and provide support to make necessary lifestyle changes for improved overall health and wellness.

Create seamless integration that changes treatment culture to improve pt health.

Training

Social Workers, PCP's,
Administration, Front Desk, Nursing

Clinic Change

Marketing, PR, Engagement, Protocol
Workflow, Space

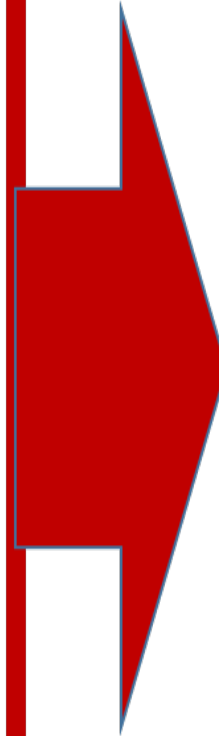
Intervention

Psychosocial, Holistic, Supportive, Crisis,
Motivational, Behavioral, Psycho-ed.,
Person-Centered, Nutrition

**Administrative
Change**

Admin team, Protocol, Agency
Policy, Billing, Identity, Linkage,
Equal Voice, Data

**Integrated System of
Care**



**Evaluation
Outcomes**

Symptoms,
Integration,
Cost benefit
Utilization

Training - Hiring

- Limited number of professionals with knowledge and experience in integrated care
- Focus on hiring professionals with traditional mental health experience
- Considering clinic-specific culture and fit with other team members
- Difficulty finding staff with the ability to adapt to a new fast paced PC practice setting and different style of communication

Training

Social Workers, PCP's,
Administration, Front Desk, Nursing

Training Behavioral Health

Challenges

- Limited knowledge of necessary training for integrated care
- Training that does not apply to integrated health
- Limited initial training and no follow-up training
- Utilizing trainers with limited knowledge and experience in integrated care

Training

Social Workers, PCP's,
Administration, Front Desk, Nursing

Solution

- Develop a unique training plan that fit the FQHC
- Provide initial and ongoing follow-up training
- Adjustments based on feedback from medical and behavioral health providers.

Training Medical

Challenges

- Assumption that no training needed
- Time
Provider productivity vs Training
- Identifying most important training need.

Clinic Change

Engage providers and support staff

- Social workers must engage PCPs.
- Need to “sell” their value to primary care staff
- Work with medical providers to modify protocols to include BH.
- Office location is **critical**

Clinic Change

Marketing, PR, Engagement, Protocol
Workflow, Space

Decision: Who is the target patient

- Depression
- Anxiety
- Situational life events
- Chronic medical issues with underlying emotional health

concerns

Intervention

Psychosocial, Holistic, Supportive, Crisis,
Motivational, Behavioral, Psycho-ed.,
Person-Centered, Nutrition

Decision: Services to support target pt

- Chronic disease management and support
- Care coordination
- Behavioral health treatment
- Crisis intervention (acute and short term)
- Support and assistance re-engaging patients with severe mental illness (SMI) with appropriate level of care

Intervention

Psychosocial, Holistic, Supportive, Crisis,
Motivational, Behavioral, Psycho-ed.,
Person-Centered, Nutrition

Administrative Change

Commitment from agency leadership

- Instrumental in building an infrastructure that supports the integrated care model
- System-level change

Incompatible Electronic Health Records

- Created a secure database to supports rapid assessment and collection of research data.

Administrative
Change

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Sustainability

Adding components to program that will support quality initiatives of the primary care clinic.

- Screenings (UDS, HEDIS)
- Assisting with patient care plans

Finding opportunities for direct billing

Advocacy with state systems and insurance companies

Administrative
Change

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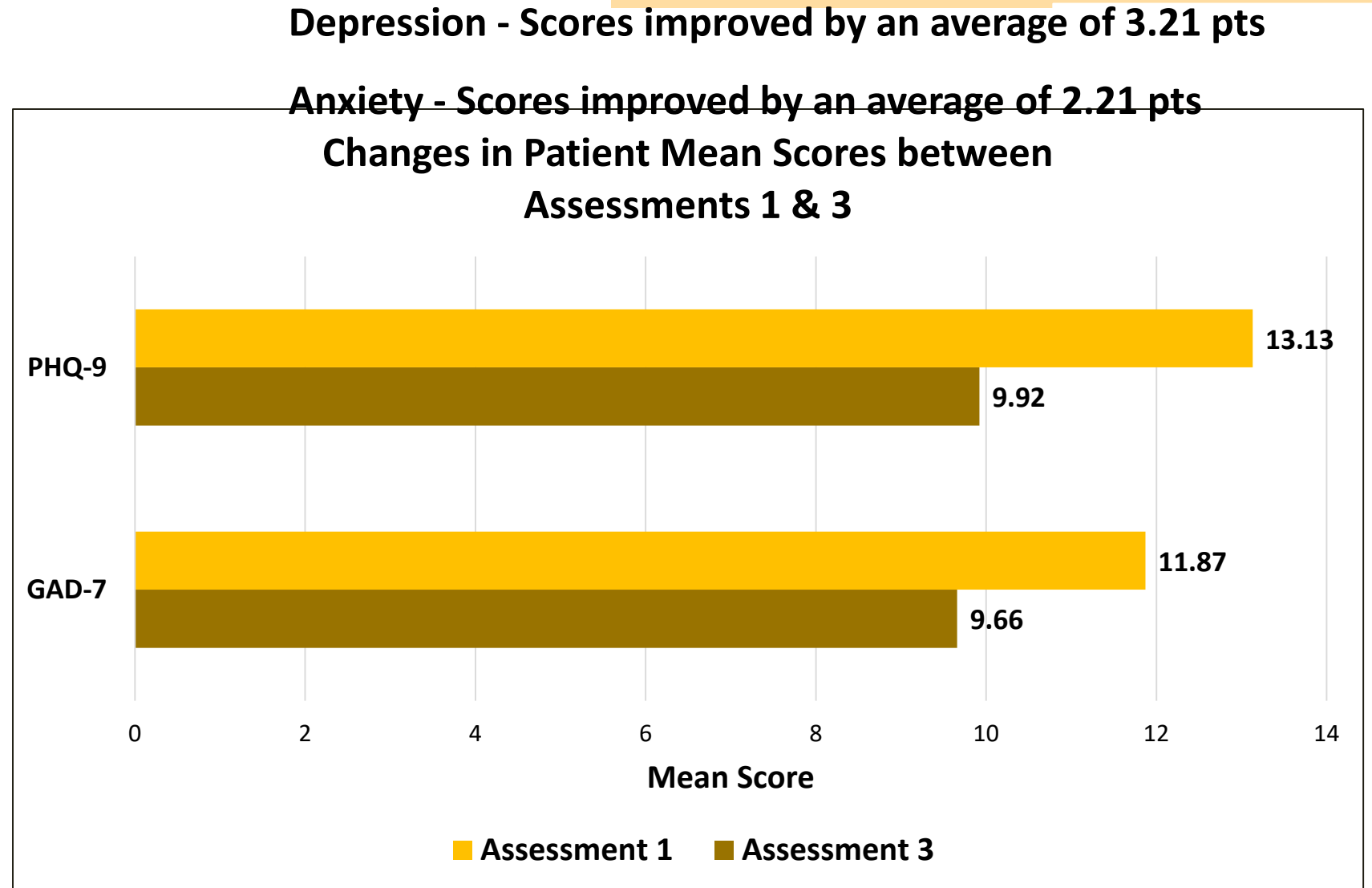
Outcomes

Psychological Distress

Randomly selected samples, 2014-2018

PHQ-9: Depression, n=79
Statistically significant difference:
 $t(78) = 4.644, p < .001$

GAD-7: Anxiety, n=76
Statistically significant difference:
 $t(75) = 3.019, p = .003$



Depression - Scores improved by an average of 3.21 pts

Anxiety - Scores improved by an average of 2.21 pts

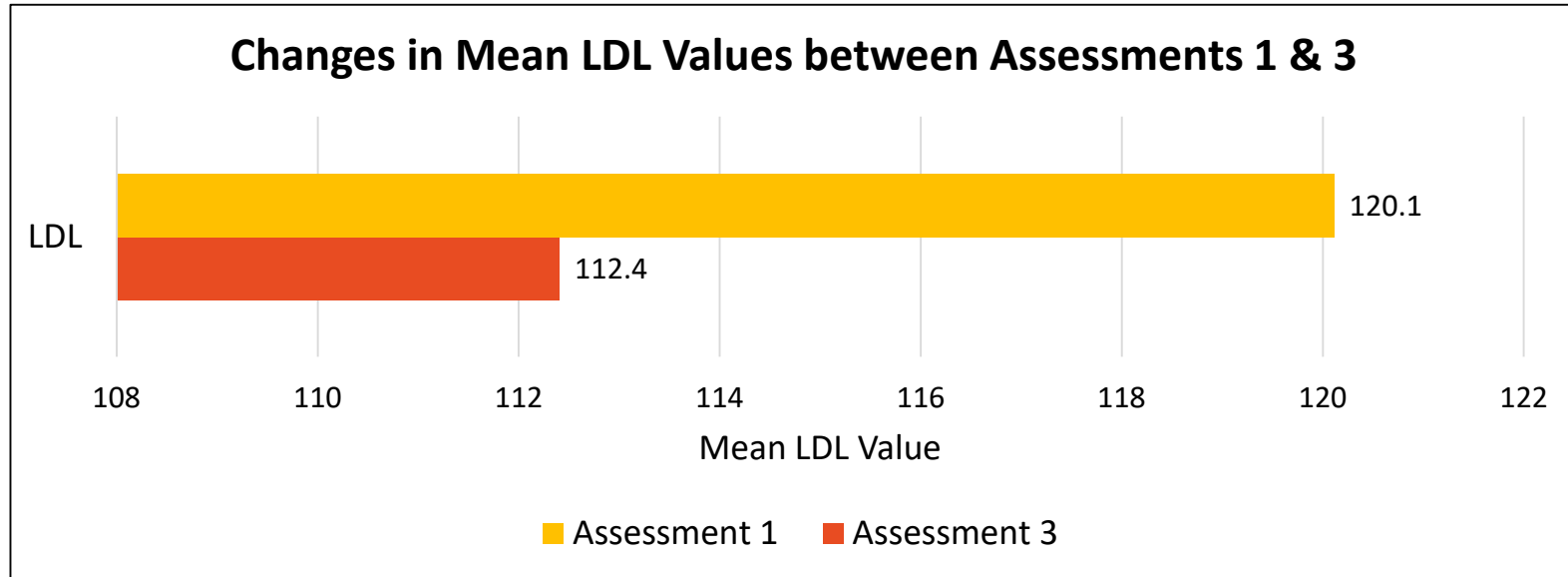
Medical Health

Cholesterol

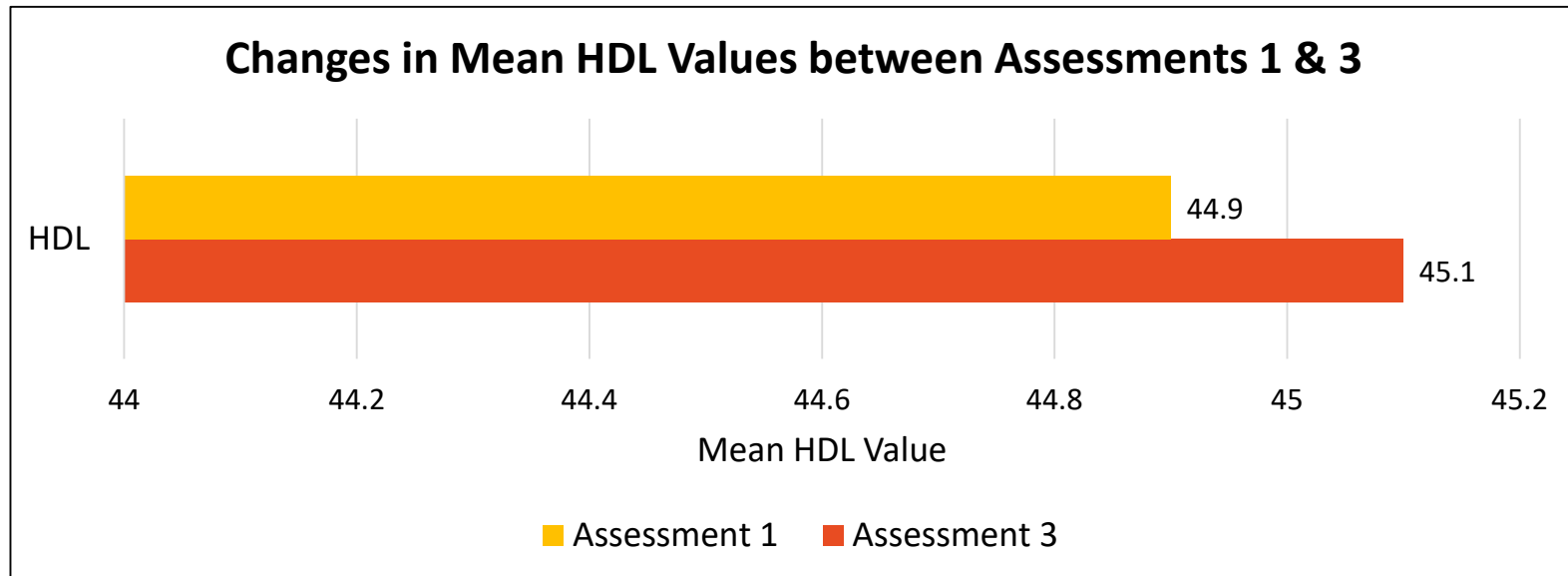
Randomly selected samples, 2014-2018

LDL value , n=55
Significant difference:
 $t(54) = 2.427, p = .019$

HDL value , n=57
Non-significant difference:
 $t(56) = -.419, p = .677$



LDL scores improved by an average of 7.7 pts



HDL scores improved by an average of 0.2 pts

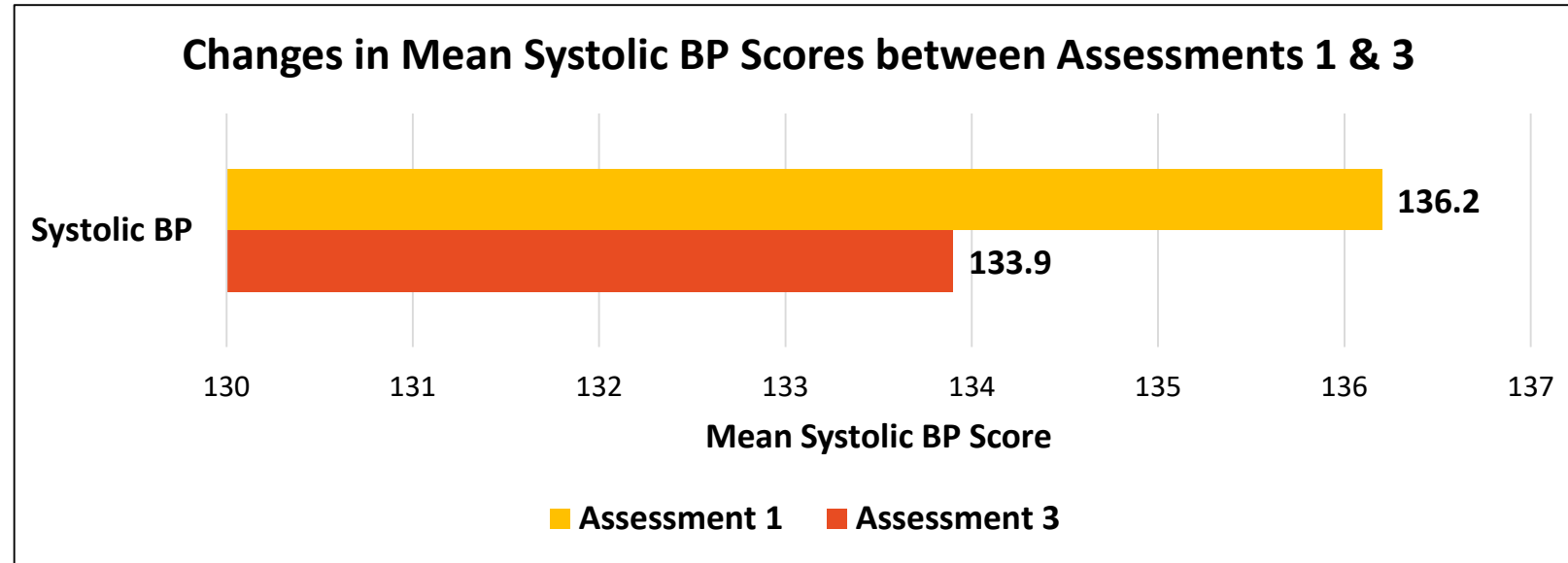
Medical Health

Blood Pressure

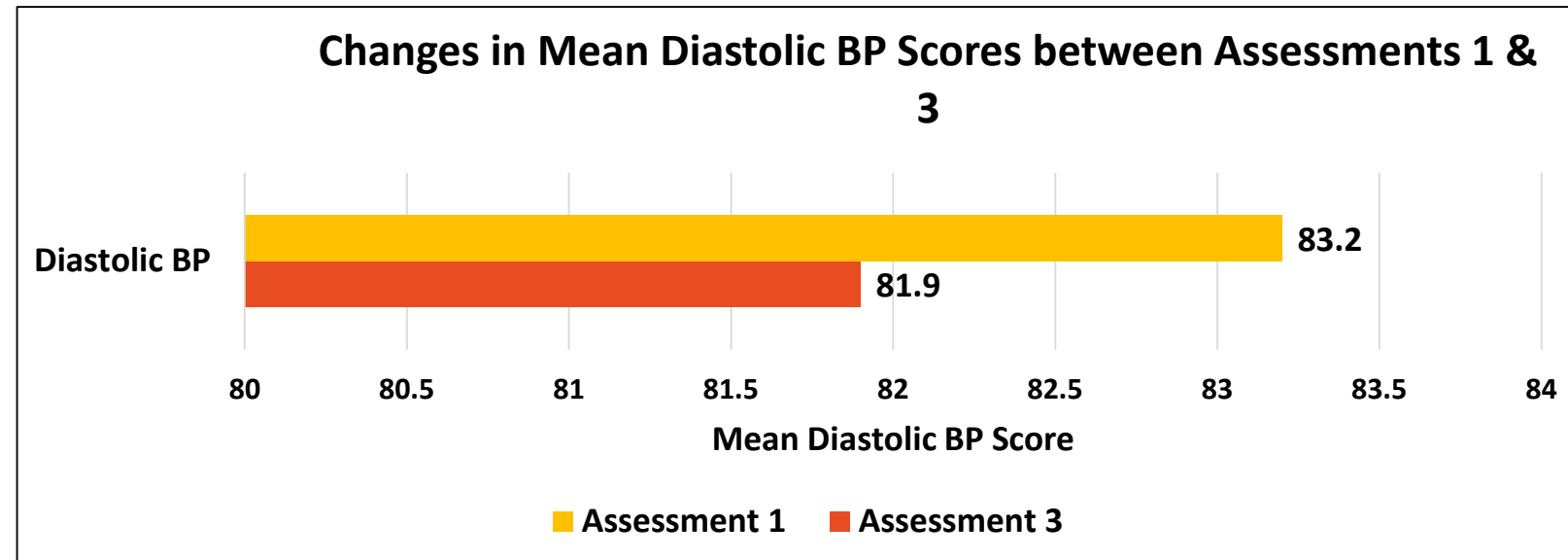
Randomly selected samples,
2014-2018

Systolic BP value , n=129
Non-significant difference:
 $t(128) = 1.443, p = .151$

Diastolic BP value , n=129
Non-significant difference:
 $t(128) = 1.639, p = .104$



Systolic BP improved by an average of 2.3 pts



Diastolic BP improved by an average of 1.3 pts

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