

GETTING RESULTS FOR CONSUMERS: THE HEALTH INTEGRATION PROJECT (HIP)



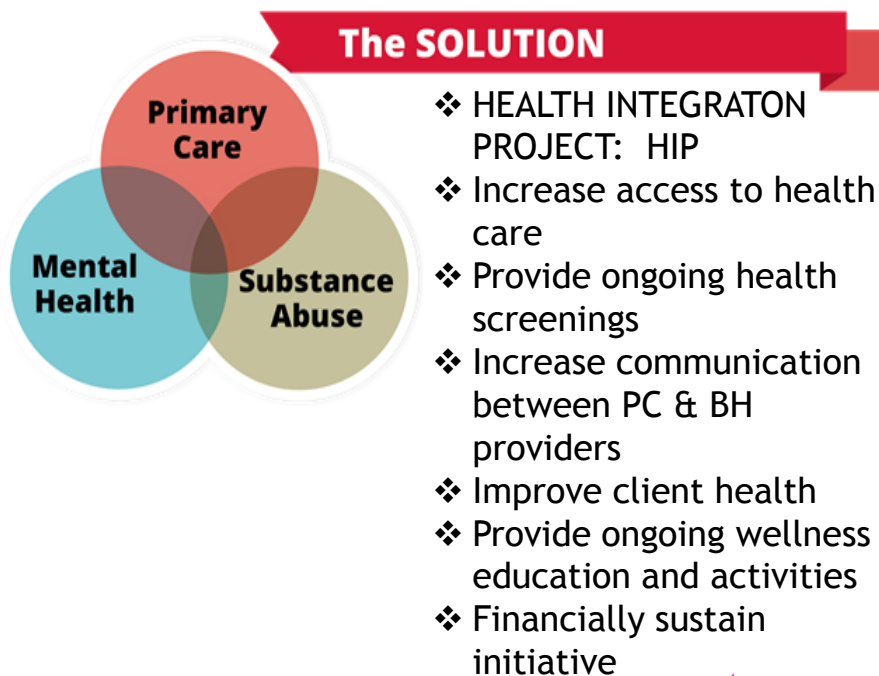
CAUSES OF EXCESS MORBIDITY & MORTALITY

- ◉ **Tobacco use**
 - ¾ of people with schizophrenia smoke; 20-24% of the general population smoke
 - 44% of all cigarettes smoked are smoked by people with mental illness
- ◉ **Alcohol use and misuse**
- ◉ **Obesity**
- ◉ **Poor nutrition**
- ◉ **Inactivity**
- ◉ **Polypharmacy**
- ◉ **Under diagnosis of medical conditions**
- ◉ **Inadequate treatment of medical conditions**

POOR ACCESS TO HEALTH CARE

- ◉ Lack of collaboration between mental health and primary care providers
- ◉ Poor relationships formed with health care providers due to negative experiences, stigma, lack of awareness or education of mental illness
- ◉ Overutilization of hospital emergency depts.
- ◉ Underutilization of routine preventative health care services
- ◉ Lower rates of cardiovascular and diabetes care

3



4

HIP SUCCESSES

- ◉ CCI, our FQHC partner, opened a primary care clinic at the FSI Outpatient Mental Health Center in December 2012.
- ◉ CCI will open a primary care clinic at Cornerstone Montgomery (our behavioral health partner) in Summer 2015.
- ◉ FSI partnered with Maryland Treatment Center to provide substance use services within the outpatient mental health center.

5

PARTICIPANT SUCCESS: REDUCED BLOOD PRESSURE

- For patients who were at risk for high blood pressure at baseline
 - Mean reduction of systolic at baseline: 142 at baseline, 132 at 18 months
 - Mean reduction of diastolic at baseline: 92 at baseline, 85 at 18 months

6

**PARTICIPANT SUCCESS:
REDUCED RISK FOR DIABETES
IMPROVED CHOLESTEROL LEVELS**

- ◉ Among patients with elevated HbA1C
 - At baseline 7.8
 - 12 month assessment: 7.4
 - Reduction of .4, a clinically significant improvement
- ◉ Among patients with high cholesterol levels
 - Total cholesterol: baseline 236, 12 month assessment 209
 - HDL levels: baseline 34, 12 month assessment 40
 - LDL levels: baseline 160, 12 month assessment 120

7

**PARTICIPANT SUCCESS:
IMPROVED EMOTIONAL FUNCTIONING**

- ◉ Depression
 - Baseline: 43% reported never feeling depressed
 - 24 month assessment: 70% reported never feeling depressed.
- ◉ Dealing with Crisis
 - Baseline: 53% reported having the ability to deal with crisis.
 - 24 month assessment: 79% reported having ability to deal with crisis.

8

WHY OUR CLIENTS LIKE INTEGRATED CARE

- ◉ Coordination among professionals working with clients
- ◉ “This is the first time I have ever had a team to work with...”
- ◉ “I don’t go to the hospital anymore and I used to go about every week.”
- ◉ “This is the first time that doctors have listened to me.”
- ◉ “The doctors are more responsive, they respect me.”

9

LESSONS LEARNED

- ◉ Don’t underestimate the cultural differences between Behavioral Health and Primary Care clinics
- ◉ Importance of training BH staff on health literacy; and primary care staff on mental illness
- ◉ Establish leadership within OMHC to fully embrace the integration
- ◉ Embedding a primary care clinic in the OMHC is crucial
- ◉ Community involvement - serving your clients by enhancing your network with local hospitals and other community resources
- ◉ Sustainability planning - systems to support integrated care and financial stability for long term.
 - Check with your state

10

SUSTAINABILITY: CONTINUE TO PROVIDE INTEGRATED HEALTH SERVICES

- ◉ Co-location of primary care and mental health clinics (and substance abuse services)
- ◉ Health Home—FSI currently has 158 clients; Cornerstone Montgomery has 128 clients.
- ◉ Partnering with Hospitals:
 - CCI has opened a primary care clinic on the site of Washington Adventist Hospitals
 - FSI is providing intensive, 30-day case management services for both medical and behavioral health clients to prevent unnecessary readmissions.
 - Over 2 years FSI's CareLink Transitions has been successful with 84% of the patients it has served.

11

HIP PARTNERS



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12