



## Whole Health Partnership Providence, RI Cohort 2

*"If I Knew Then What I Know Now..."*



## Overview

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- Individualized, culturally appropriate screening, integrated health referral, and health care for 732 people with SMI, physical health risks or co-occurring SMI, SUD and physical health risks.
  - Wellness services offered through **In SHAPE**, a program that creates a 1:1 health mentor to work with clients for 1 year addressing specific weight loss and nutritional needs.
  - 2 embedded medical nurse care managers in Health Home SPMI Teams within CMHC, 3 health mentors, 1 NOMS Interviewer, 1 Project Director
  - Evaluation completed by Health Services Researcher at The Geisel School of Medicine at Dartmouth
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## Accomplishments & Successes

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- Drove culture change that embraced integrated care within the primary care setting, hospital setting and behavioral health setting
- Health Home
  - RI one of first States to get funding in 2011
  - Embedded health home team at FQHC
- Tobacco Training, Policy Change and Planning
  - new tobacco policy created, nearly 100 staff trained in tobacco treatment, work group created to oversee tobacco issues
- Health Literacy
  - a required form used to educate clients about chronic physical health illnesses
- First behavioral health center to share health records with regional collaborative

## Physical Health Measures Success

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- Statistically significant improvements over the course of one year based on baseline out of range criteria established by SAMHSA
- Drawbacks: lab data difficult to obtain and as a result *n* quite small

Health Indicator	Baseline	6-Month	12-Month	p-value
HgA1c	9.4 n=35	8.7 n=13	7.6 n=14	p=.032
Total Cholesterol	231 n=78	205 n=26	199 n=23	p<.001
LDL	154 n=58	123 n=18	128 n=18	p<.001
Triglycerides	300 n=56	306 n=21	248 n=26	p=.017
BP Systolic	126.55 n=56	123.32 n=41	124.30 n=47	p<.001
BP Diastolic	80.5 n=56	78.0 n=41	79.4 n=47	p<.001
Waist Circumference	116 n=249	114 n=163	113 n=193	p<.001

## Hospital Utilization Success

- Psych hospitalization and psych ER use significantly decreased
- Medical hospitalizations and medical ER visits increased.
- All types of hospitalizations showed a net decrease (156 days less net)

	Baseline	12-Month	p-value
Hospitalizations (n=132)	Total Days	Total Days	
Psychiatric	428	256	p=.003
Medical	105	146	p=.897
Substance Abuse	49	24	p=.443
Emergency Room Visits (n=134)	Total Visits	Total Visits	
Psychiatric	72	33	p<.001
Medical	135	196	p=.660
Substance Abuse	14	3	p=.163

## Challenges & Outcomes

- Communication with primary medical providers when EHRs don't communicate
- Recruiting physicians onsite medical clinic at CMHC who have interest and/or experience working with SMI population
- Lab value collection
- Tobacco treatment
- Sustainability

## Moving Forward

- **Integration efforts widespread**
  - Providence Center Health Home team onsite at FQHC
  - ACT based service delivery approach transformed into health home teams for people with SMI
  - TPC Integrated Care Coordinator embedded within onsite medical clinic
  - Tobacco Treatment continues to need champions
  - Partnering with hospital system as its community-based behavioral health arm
  - Nursing department undergoing critical reorganization to include more systematic screening and coordination of care with physical health

### **Words of Wisdom: Don't Do What We Did/or What I Wish We'd Done Differently**

- 1) **Need for more education for behavioral health staff about standards and practices of the medical clinic to create more collaboration with fewer growing pains**
- 2) **Have nurses ask sooner and more frequently about ER use to train clients on interpretation and correct attribution of the body and mind's signals in perceived emergencies.**
- 3) **Start tobacco treatment services immediately and infuse them into the culture of the organization.**
- 4) **Many clients need more than one year in the program given the time it takes to make significant behavior changes.**

## **Words of Wisdom: Tips for Success**

- Integrated care must be infused into the core mission, values and commitment of an organization to be successful.
- Top/down & bottom/up staff engagement
- Educate, educate, educate
  - Ongoing clinical education for behavioral health staff about interaction between physical and mental health
  - Ongoing clinical education for medical staff about interaction between mental and physical health
- Start plan for sustainability in first year
- There is no right way to integrate!