

Integrating Primary Care and Wellness Into a Community Mental Health Clinic

Brett Williamson MSW, MBA

Lehigh Valley Health Network, Brett.Williamson@lvhn.org

Brenda Frutos MPH, CHES

Lehigh Valley Health Network, Brenda.Frutos@lvhn.org

Nyann Biery MS

Lehigh Valley Health Network, nyann.biery@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/family-medicine>

 Part of the [Family Medicine Commons](#), [Other Mental and Social Health Commons](#), and the [Psychology Commons](#)

Published In/Presented At

Williamson, B. Frutos, B. Biery, N. (2018, October 18-20). *Integrating Primary Care into a Community Mental Health Clinic*. Poster Presented at: The Collaborative Family Healthcare Association (CFHA) 2018 Conference, Rochester, NY

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Integrating Primary Care and Wellness Into a Community Mental Health Clinic

Brett Williamson, MSW, MBA, Brenda Frutos, MPH, and Nyann Biery, MS

Lehigh Valley Health Network, Allentown, Pa.

INTRODUCTION

- A hospital system co-located a family practice at a community mental health clinic to engage patients with serious mental illnesses (SMI) in primary care and wellness.
- Care team included psychiatrists, primary care clinicians, therapists, nurse care manager, peer wellness specialist, and other supports.
- The purpose of this evaluation is describe the progress and outcomes of the reverse integration of primary care into behavioral health.

RESULTS

PATIENT OUTCOMES

Physical health outcomes in patients who were enrolled in integrated care, 9/2018

Physical Health Indicator	n	At-Risk Baseline	At-Risk Most Recent	Outcomes Improved
Blood Pressure	313	43.1%	40.3%	18.2%
BMI	308	82.1%	81.2%	42.2%
Waist Circumference	99	71.7%	71.7%	37.4%
Breath CO	96	37.5%	36.5%	40.6%
Plasma Glucose	58	34.5%	32.8%	48.3%
HgA1c	17	88.2%	94.1%	64.7%
HDL Cholesterol	69	29.0%	29.0%	44.9%
LDL Cholesterol	63	25.4%	17.5%	47.6%
Triglycerides	69	52.2%	36.2%	50.7%

CONCLUSIONS

- Integration of primary care into behavioral health settings can increase patient engagement, care coordination, and interdisciplinary collaboration.
- Integrating primary care and wellness into behavioral health settings enables patients with SMI to engage in primary care and wellness, which can lead to better health outcomes.

METHODS

- The Vermont Integration Profile¹ was implemented in primary care and behavioral health clinicians and staff at baseline and 1-year follow-up.
- Semi-structured interviews were conducted with individual members of the care team (n = 10).
- Physical health outcomes were collected at intake and every 6 months in SMI patients.

VERMONT INTEGRATION PROFILE¹

In our practice, we provide coordination of care for patients with identified behavioral health issues.

Year	n	Never	Sometimes	Often	Frequently	Always
2016	15	0%	13%	27%	40%	20%
2017	16	0%	6%	19%	31%	44%

In our practice, we provide referral assistance to connect patients with medical needs to specialty providers.

Year	n	Never	Sometimes	Often	Frequently	Always
2016	15	13%	13%	13%	20%	40%
2017	16	0%	0%	0%	38%	63%

In our practice, behavioral health and medical clinicians regularly spend time together collaborating on patient care.

Year	n	Never	Sometimes	Often	Frequently	Always
2016	15	0%	40%	20%	7%	33%
2017	16	0%	0%	31%	44%	25%

SEMI-STRUCTURED INTERVIEWS

- Increased appointment compliance when medical and behavioral health appointments are scheduled back-to-back on the same day.
- Increased self-management of medical co-morbidities in patients with SMI.
- Patients are comfortable with reaching out to the care team for additional support with managing medical and social needs.

REFERENCES

1. Kessler, R. (2015). Evaluating the process of mental health and primary care integration: The Vermont Integration Profile. *Family Medicine and Community Health*, 3(1), 63-65. doi: 10.15212/FMCH.2015.0112.

ACKNOWLEDGMENTS AND DISCLAIMER

This demonstration project is funded by the Primary and Behavioral Health Care Integration grant awarded by the U.S. Department of Health and Human Services (USDHHS), Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of SAMHSA, or the USDHHS.

The evaluation was also supported by the work of Laura Bernstein as a research scholar, which was funded in part by the Dorothy Rider Pool Health Care Trust.

