Transformation Transfer Initiative Grant Report Alabama's Department of Mental Health Roundtable Forums

Compared to the general population, persons with major mental illness typically lose more than 25 years of normal life span. Increased mortality in this population is not primarily due to suicide, but to chronic medical disorders, poor access to, and comprised quality of general health care.

Integration of primary care and mental health services is vital to proactively addressing early mortality and morbidity in people who have serious mental illness. The President's New Freedom Commission on Mental Health notes "while mental health and physical health are clearly connected, a chasm exists between the mental health care and general health care systems in financing and practice. Improving services for individuals with mental illnesses requires paying close attention to how mental health care and general medical care interact."

In an effort to address early mortality in the SMI population, the Department of Mental Health/Mental Retardation (DMH/MR) applied for and was awarded a Transformation Transfer Initiative (TTI) Grant through the National Association of State Mental Health Program Directors (NASMHPD) with funds from Center for Mental Health Services (CMHS) and Substance Abuse and Mental Health Services Administration (SAMHSA).

As a result of the grant, DMH was able to invite primary care providers to its annual Adult Psychiatric Institute which was held in April. Primary care practitioners and representatives of state partners were able to attend. As a result of having the Alabama Primary Health Care Association represented at the Adult Psychiatric Institute, their annual conference (September 17-19, 2008) will have a track devoted to integration of primary and mental health care. Dr. Joseph Parks will be the lead speaker and will discuss the national early mortality study and his experience with integration of primary and mental health care in Missouri. Dr. Richard Powers, Medical Director for DMH/MR, will discuss co-morbidity data from Alabama and the summary of the regional roundtables described below. The final panel will include participants in a Bristol-Myers-Squibb Foundation Grant who have been working at the local level to improve coordination between primary and mental health care. The lunch meeting will be structured to promote informal dialogue between mental health and primary care representatives.

In addition to the Institute, the Department was able to host ten (10) Round Table Forums throughout the state for local providers to get acquainted and to discuss how to improve local coordination and communication. Invited participants included Federally Qualified Health Centers, Rural Health Clinics, County Health Departments, rural hospitals, community mental health centers, and primary care participants in the Adult Psychiatric Institute.

Approximately 187 people attended the forums throughout the state. This total includes 27 physicians, 26 primary care providers, 56 community mental health center representatives, 25 representatives from advocate groups, and 10 consumers. The largest attendance was in Huntsville (39) and the next largest group was in Birmingham (33).

Representatives from the DMH that attended various meetings included Susan Chambers, MI Associate Commissioner, Dr. Richard Powers, Medical Director, Molly Brooms, Director of Community Services, Dr. Beverly Bell-Shambley, Director of MI Facilities, Mike Autrey, Director of Consumer Relations, Katrina Nettles, MI Executive Assistant, Jessica Hales, Coordinator of Adult Services and Facility Directors from North Alabama Regional Hospital, Mary Starke Harper Geriatric Psychiatry Center, Greil Memorial Psychiatric Hospital, and Searcy Hospital.

Medicaid agency representatives included Dr. Robert Moon, Medical Director, Karen Green, Nurse Analyst, and Kim Davis Allen, TFQ Coordinator. Other representation included the Alabama Hospital Association and Alabama Primary Health Care Association.

Each forum began with introductions, a brief presentation summarizing issues and challenges related to the topic and examples of effective service delivery strategies. Participants were provided information about the importance of local collaboration, an overview of public mental health services and early mortality/morbidity data.

Also during each session, a Medicaid representative shared information with the group regarding the Medicaid Together for Quality (TFQ) project. TFQ includes the QTool, a new web-based program that contains claims data and other pertinent consumer related information such as demographics, prescribed medications, and diagnoses. The agency has identified nine (9) counties to pilot the Qtool prior to statewide implementation. Discussions are underway relative to how to include mental health centers in the test phase. The inclusion of psychiatric diagnoses and services in the QTool database raises significant considerations about the relative importance of confidentiality and physician access to a complete medical history. Family members and consumers have been asked for their recommendations on this important policy issue.

Roundtable participants were divided into smaller groups and asked to develop a set of recommendations for improving the quality of health care through integration in their region. Each group was advised to designate a person to record their discussion and a spokesperson to provide a summary of their recommendations at the end of the meeting. Notes from each meeting were transcribed and disseminated to participants for review and additional recommendations.

Participants indicated the meetings provided valuable feedback and afforded the opportunity to meet face to face with different providers. The meetings helped to develop collaborative networks and the possibility of developing lasting clinical relationships. Evaluation forms were sent out with the summaries of each meeting. The return rate was less than hoped. A summary of the responses is attached.

Barriers, challenges, and strategies for integrating primary care and mental health systems identified during the forums are as follows:

Integrated Service Delivery

Participants throughout the state agreed co-location would provide an avenue for collaboration and integration of services. Co-location, in which primary care providers and mental health providers are physically located in the same building or premises, offers the positive advantage of easier access to care. Several community mental health centers have already begun exploring this strategy with successful results. These centers indicated they are working to expand these relationships. Other suggestions are as follows:

- Co-location of services
    - Co-location of community mental health centers and federally qualified health center to improve provision of services and consultation. Clinicians could provide screening, assessment, treatment, referral and care coordination at one location
    - Primary care nurse on the outreach teams operated by mental health centers to assess physical indicators, help manage medication, and refer to the primary care physician when needed.
    - Co-location of services would reduce the number of trips that consumers and families need to make and would increase access to both primary and mental health care
    - Provisions to include completion of lab work. Clinic days could be designated for joint clients.
    - Co-location with the Health Department could provide consumers immunization and flu shots. There is a central registry for immunizations that can be accessed called IMPRINT.
    - Co-location could mean provision of services in a setting that is not stigmatizing
    - FQHC and centers can possibly share office space. In cases where neither have room, local hospitals should be approached to see if space is available there.

- Implemented Co-Locations
    - Cahaba and West Alabama Mental Health Centers shared the work they are already doing to integrate primary and mental health care through the Bristol-Myers-Squibb Foundation Grant. They are working primarily in Wilcox and Hale Counties coordinating outreach with primary care providers.
    - Whatley Health Center serves Walker, Bibb, Sumter, Greene, Hale, Tuscaloosa, and Lamar Counties. They contract with a private psychiatrist to be at their clinic in Tuscaloosa 1.5 days per week. They work closely with the mental health center and do not have problems with follow-up on referrals. Co-location of services with the mental health center might improve integration. They are purchasing a van to use in Hale County and

will be working with West Alabama MHC to coordinate scheduling with their van.

- East Central MHC has a number of efforts that integrate mental health and primary care. The center has a therapist every Saturday at a primary care site. The center children's services are located in a primary care site for children. A local physician comes to a residential site that has 48 beds to provide primary care.
- Co-location with Franklin Health Centers and the County Health Department already exists to a limited degree, but could be expanded significantly similar to what is being done with Moestellar Clinic.

Telemedicine

Telemedicine has become a significant part of the health care equation and can be used as a tool in developing integrated systems of health care and improving access to health services. Propelled by the information superhighway and the breadth of emerging computer and communication technologies, telemedicine will change the face of medicine and methods of interaction between providers and patients. Roundtable participants' comments regarding telemedicine are as follows:

- Tele-health
  - One area of potential intervention is to provide psychiatric intervention via telemetry for emergency departments to assist in appropriately triaging and placing individuals presenting with psychiatric symptoms,
  - Access to services via telemedicine would make the best use of scarce manpower.
  - The use of coordinated mobile outreach involving primary and mental health care should be pursued.
  - Patient First Program enrollees can be monitored for asthma, diabetes, COPD and hypertension via telemetry through County Health Departments
- Implemented Telemedicine Technology
  - Medicaid does cover telemetry monitoring for certain conditions upon order by the physician. In Tuscaloosa County, the Health Department is a TFQ partner and is monitoring diabetes and asthma conditions. The mental health center can refer individuals in their caseload who need this service.
  - Northwest MHC and Capstone Rural Health Clinic have partnered to use telemetry kiosks for monitoring of medical measurements for consumers in certain residential programs. The equipment and monitoring costs are supported by a grant funding to Capstone to train nursing students.

The development of a community based integrated health care system requires a commitment to education and development of practitioners who are qualified to deliver quality, coordinated and competent care. Roundtable participants discussed the need for additional education for providers, consumers and family members.

Training & Technical Assistance

- Workforce Development
  - Primary care physicians need more education to increase their confidence to treat psychiatric disorders, education on treatment of psychiatric diagnoses and when to make referrals to a psychiatrist. Development of resource manual would be helpful.
  - Training of primary care physicians during residency should be improved related to treatment of psychiatric conditions.
  - Academic preparation of physicians should include more psychiatry for family practitioners and more internal medicine for psychiatrists.
  - Psychiatrists and other health care providers need to develop referral relationships. Having "Lunch and Learn" local training sessions to promote development of local physician relationships and interaction with public mental health centers.
  - Local education efforts for physicians, judges and hospitals regarding court-ordered consumers would be useful.
  - The Alabama Quality Assurance Foundation also provides education material and programs for hospitals which might be available to centers, if requested. There are also chronic disease management and wellness programs that can be used.
  - Both primary care and mental health should increase public education regarding their resources. Federally Qualified Health Centers are not well-known. There are 16 agencies and more than 100 service sites.
  - Emergency room physicians need further education on assessing medical conditions when it appears that the primary presenting complaint is psychiatric. There is a free website for physician education supported by Harvard among others called Prime Media. It may offer assistance in continued education for emergency room physicians.
  - NAMI needs to be involved in education of primary care providers.
  - Crisis Intervention Training is needed for law enforcement officers.
  - Physician to physician CME qualified educational programs are needed. Perhaps psychiatrists could present to county medical society meetings.

Check out the web site

- Consumer & Family Development
  - There is a need for more family education related to both psychiatric and medical illnesses.
  - Health Department can also provide health education for smoking cessation, family planning, HIV, and STDs for residential and day treatment consumers.
  - The Department of Public Health can provide valuable education and prevention services to mental health consumers including: flu shots, immunizations, Quit Line free nicotine patches, smoking cessation, and other education services.
  - NAMI offers educational classes for families and is always looking for referrals.

Information is power is an old adage, but one that rings true in every situation. Informed decisions can not be made if the appropriate information is not available. Roundtable participants discussed various information needs that would impact services.

Information Development & Dissemination

- Additional information on primary care referral sources needs to be available and/or services advertised so that psychiatrists know where they can refer for primary care if a patient does not already receive routine primary care.
- Information between both systems needs to flow better. Use of electronic health records similar to that of the Veterans Administration may assist with this effort.
- The mental health centers should routinely get releases of information for primary care physicians and notify them that the consumer is receiving services at the mental health center and what medication, if any, the person is taking.
- The mental health centers that have a grant for installation of fiber optic cable should pursue ways to share the bandwidth with primary care partners, particularly FQHCs that are pursuing implementation of an electronic health record.
- The Alabama Hospital Association has a medication checklist available on their website (alaha.org) which people should be encouraged to use.
- A public education campaign related to early mortality should be developed. This suggestion will be forwarded to the Department's Public Information Office which has a public education campaign every year.

Lines of communication between people and groups often break down in the healthcare setting. The result is often a decrease in quality of services for consumers and family members. Communication is pivotal in providing quality services and is one very important step to integrating healthcare services. A number of strategies were identified to improve communication between providers, consumers:

Communication

- Due to stigma, people with mental illness are not always listened to in the same manner as other patients in the primary care setting.
- Formal means of communication need to be improved. For example, the mental health center should routinely ask for a release of information to communicate with the primary care provider as they do with other agencies. Procedures should be jointly developed and proactively followed.
- It is important to develop personal relationships between physicians and others in the referral network. In this manner, physicians are more likely to call each other and to consult.

Participants discussed a variety of barriers that would impede the development of integrating primary care and mental health services. Financing and reimbursement were identified as a significant barrier as well as retention of medical personnel. Other barriers are listed below.

Barriers

- Reciprocity in licensing with other states would improve ability to attract and retain psychiatrists to practice in Alabama.
- There is a significant shortage of both psychiatrists and primary care providers. There are significant access issues for both systems. Both systems are working at or above capacity so that time to work on coordination is at a premium. Increased training and retention of physicians is needed. Use of nurse practitioners and physician's assistants should be increased.
- There are shortages of nurses, nurse practitioners, and physicians. There are inequities in the pay for nurses between primary care and mental health that present barriers to employment of nurses in the public mental health system.
- Psychiatrists should be covered for more pre-diagnostic tests to promote early detection of medical conditions and referral for primary care.
- The lack of insurance coverage to support physician to physician consultation is a barrier.
- Insurance coverage for lab work
- Be creative in thinking about how public funds could be used to create a financial incentive for private psychiatrists to see uninsured, Medicaid, and Medicare individuals – perhaps help pay malpractice insurance premiums.
- Transportation is a major issue that impedes access to both primary and mental health care. Co-location offers the obvious advantage of reducing the trips that a person has to make to receive care.
- An issue that arises when providing services to an uninsured population is the difficulty in creating referral networks to specialty care because many other primary care providers will not accept referral of non-insured individuals.
- More social work and nursing staff are needed
- While confidentiality of psychiatric and substance information is very important, it is sometimes a barrier to providing adequate care across systems. The Together for Quality initiative will provide a forum to test ideas about how to address confidentiality issues.
- Emergency Department physicians need more support from the mental health center in rural areas. It was acknowledged that psychiatric coverage in rural areas is much worse than in urban areas, and it is unlikely that rural emergency rooms will be able to access a psychiatrist in the middle of the night. However, they can work closely with the mental health center to get assistance with assessment of those presenting in psychiatric emergency.
- Access to dental care is a major problem.
- Lack of vision and hearing assessments and assistance are also gaps in the service delivery system.

Other Issues

During one particular forum, Veteran Administration shared their efforts toward integration of primary and mental health care. They have created a coordinated team

where psychologists, nurses, social workers are assigned to primary care clinics. The mental health team members assess and provide short-term intervention for those who need it. They also refer to the psychiatrist and expedite appointments. Other projects include:

- A recently funded initiative for the VA Medical Center involves outreach to engage veterans who are either not enrolled in services or who have enrolled but have not used services. Most veterans in Alabama are in the National Guard or Reserves, and they return to their homes instead of a military base. They are using an enhanced engagement process and plan to partner with additional community resources to assist families of veterans who are not eligible for VA benefits. They will have services in Birmingham, Tuscaloosa, and Montgomery.
- The VA Medical Center has also undertaken a rural mental health initiative with proposed outpatient clinics in Selma and maybe Demopolis. They are hoping to partner with local resources to address the needs of veterans and their families.
- The VA Medical Center also offers open access clinics for women so that they can see the doctor, get a mammogram, and a PAP smear in one visit. Primary care and mental health clinics should consider open access scheduling.

Could they help in affiliate development?

really!

Next Steps

This summary will be shared with all participants. State partners will be convened to review the summary, identify priority areas for action, and strategies for addressing the priority areas. The Department will work with is partners to identify resources to support next steps.

RECOMMENDATIONS/RESOURCES:

The Alabama Quality Assurance Foundation also provides education material and programs for hospitals which might be available to centers, if requested. There are also chronic disease management and wellness programs that can be used.

There is a free website for physician education supported by Harvard among others called Prime Media. It may offer assistance in continued education for emergency room physicians.

Health Department can also provide health education for smoking cessation, family planning, HIV, and STDs for residential and day treatment consumers.

The Department of Public Health can provide valuable education and prevention services to mental health consumers including: flu shots, immunizations, Quit Line free nicotine patches, smoking cessation, and other education services.

The Alabama Hospital Association has a medication checklist available on their website (alaha.org) which people should be encouraged to use.

A public education campaign related to early mortality should be developed. This suggestion will be forwarded to the Department's Public Information Office which has a public education campaign every year.

Medicaid place a link to Alabama Council of Community Mental Health Boards on their website

NAMI undertake a public education campaign relative to the early mortality findings (similar to the mental health stigma commercials)

Should NAMI link ACCMHB to our website?

Make people aware of the Kid Check screenings in local schools and add a mental health screening component.

Address reciprocity in licensing with other states

Address the lack of insurance coverage to support physician to physician consultation