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Abstract

Primary care physicians (PCPs) play an important role in identifying behavioral health (BH) conditions in their patient populations. Using a **public health detailing model**, the Staten Island Performing Provider System (SIPPS) and the Staten Island Partnership for Community Wellness (SIPCW) **visited 165 PCPs** with information on best practices for addressing BH in primary care, BH screening tools, local BH resources, and care coordination. Providers received two visits where pre and post surveys were conducted to assess for change. Increased BH screening efforts and referrals to care coordinator services were reported by the second visit.

Background

The purpose of the Delivery System Reform Incentive Program (DSRIP) is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary **goal of reducing avoidable hospital use by 25% over 5 years**.

- Chronic medical illness is consistently associated with an increased risk of depression. The **integration of physical and behavioral health services can help improve the overall quality of care for individuals with multiple health conditions** by treating the whole person in a more comprehensive manner
- Healthcare providers participating in key informant interviews and focus groups were unanimous in their outlook that **integration of care is the best approach for treating substance use disorders and mental health issues**. While co-locating services mental health and physical health services is ideal, it is not always practical, and instead, timely referrals and **effective care coordination** across services may be more appropriate for most providers in the community.
- Key informant interviews with local health care providers identified that **navigating the health care system was one of the top three barriers to care** for their patients (2016). **SI CARES** was designed to understand to help Medicaid patients better navigate the healthcare system through a **centralized care coordination approach** that would better assist with the holistic needs of the patient.

Methods

200 providers were targeted for detailing outreach efforts on Staten Island using information from Medicaid claims data. Representatives from a detailing company were trained by a Pharm D. from SIPCW staff on the content of the detailing material as well as the messaging of the campaign.

Three Messages

1. Universal screening for Depression
2. Increase referrals to BH resources in the community through toolkit distribution
3. Referral to care coordination for Medicaid patients

Increasing access to behavioral health providers on Staten Island

To provide a comprehensive all encompassing resource for the clinicians as well as the patients, a Behavioral Health Integration (BHI) toolkit containing latest guidelines and evidence based practices on addressing and screening for behavioral health in primary care was created.



In addition local as well as city and state resources were included for the provider as well as the community to help increase referrals to behavioral health sites on Staten Island.

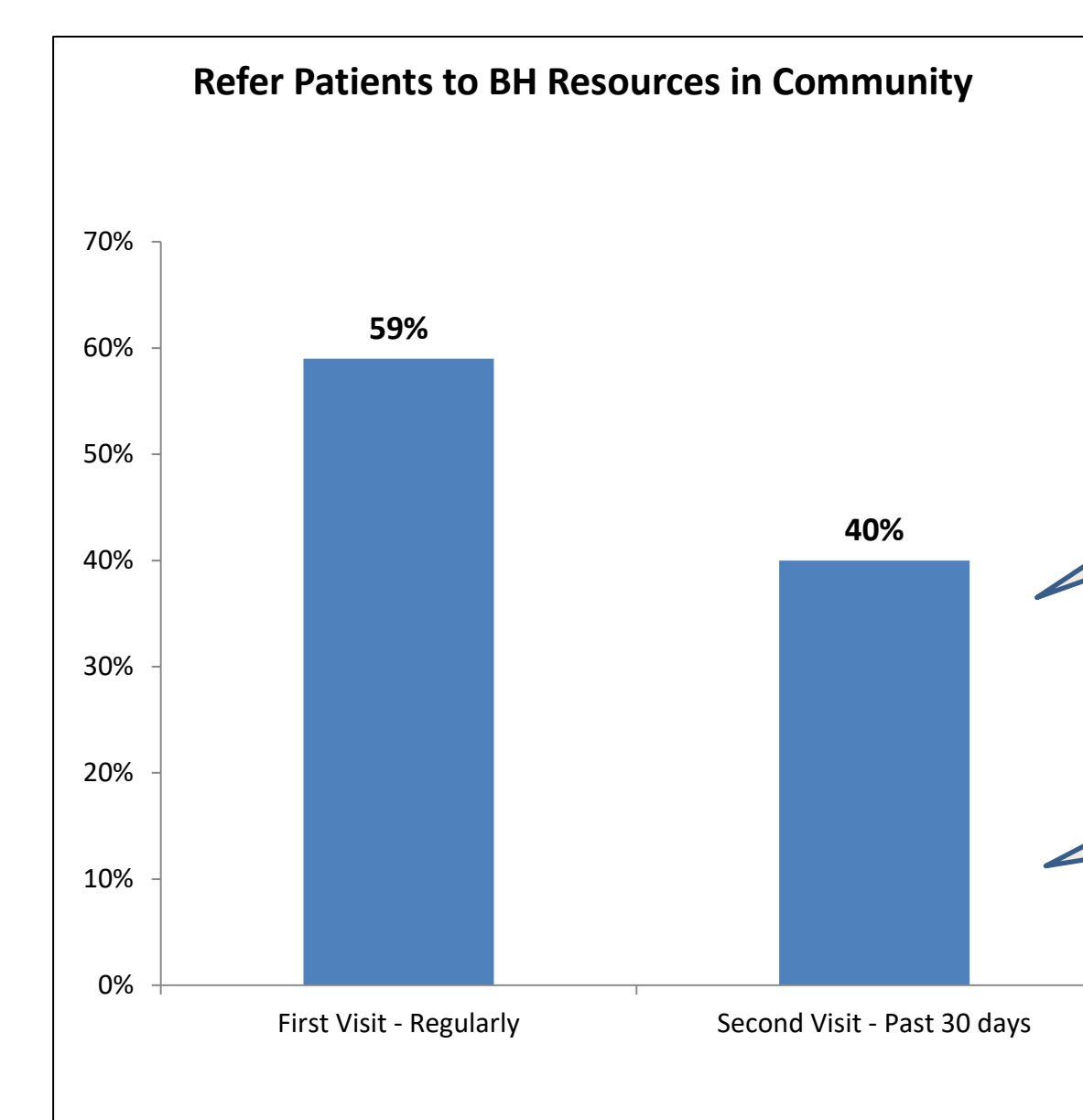
Detailing Visits

Each practice received up to three visits conducted by a detailing representative.

1. *Introduced campaign and a detailed survey assessing practice knowledge of evidence based screening tools and universal screening methods. Assessed knowledge of available behavioral health resources in the Staten Island community*
2. *Completed 4 weeks post visit 1 to assess for change. Toolkits were presented and providers that indicated the need for additional support were identified*
3. *SIPCW staff provided additional customized support based on each practice's needs.*

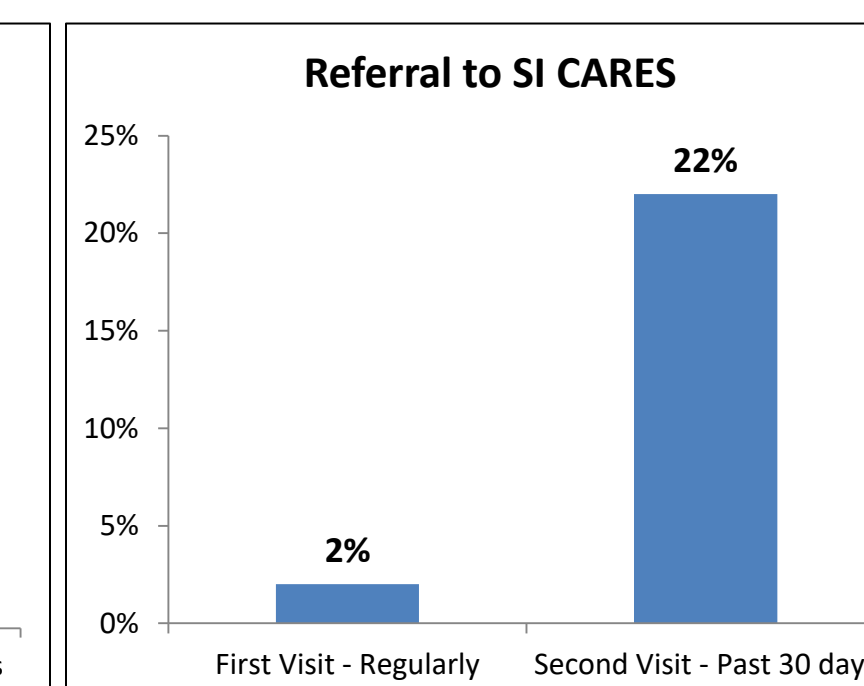
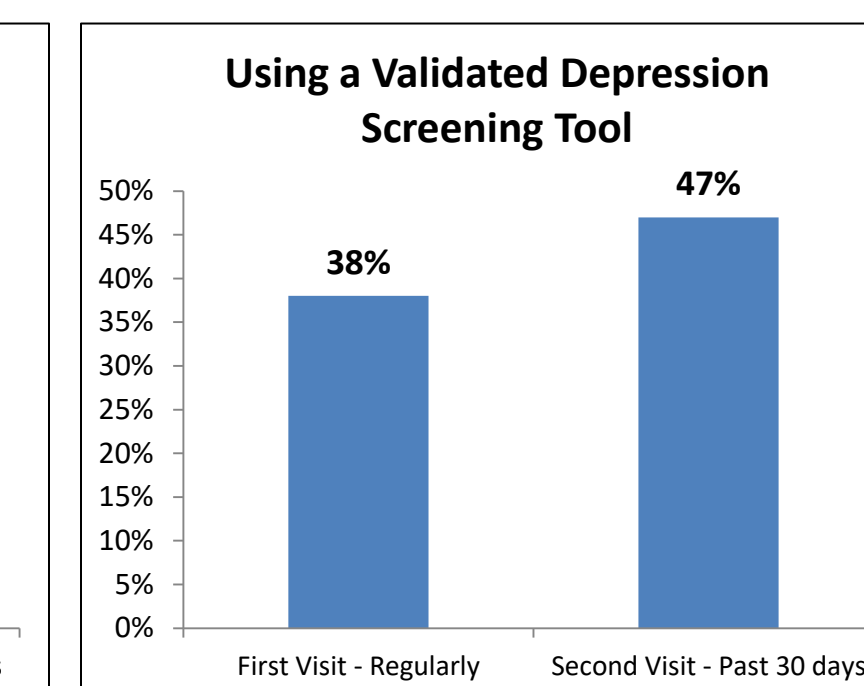
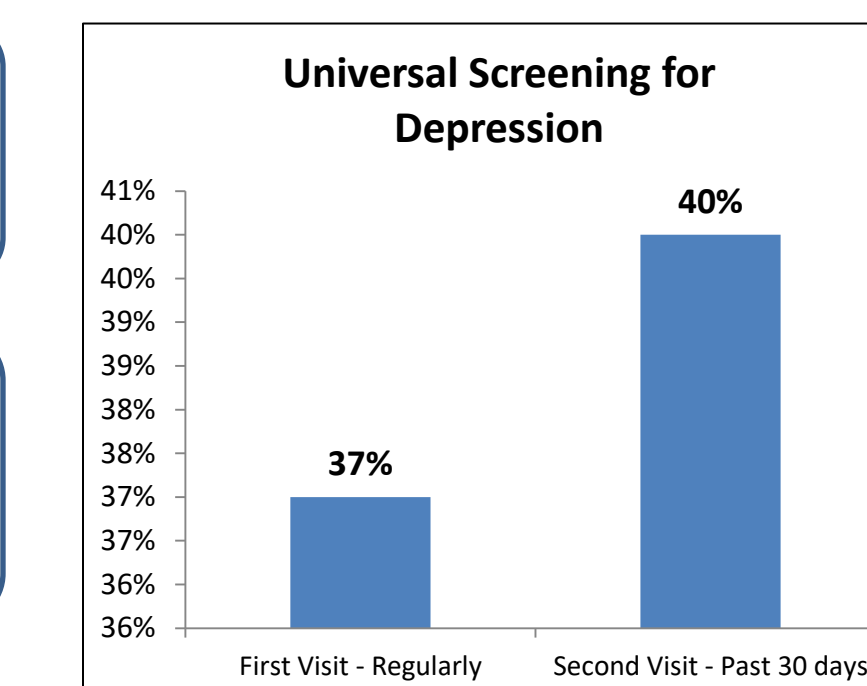
Results

- 165 PCPs reached for detailing efforts
- 96% reported having Medicaid patients
- 85% providers found BHI toolkit helpful
- 74% implemented the resources into their practice
- On the first visit, 37% reported use of universal screening and on second visit (30 days later), 40% reported universal screening practices
- On the first visit, 38% reported using a validated depression screening and that number increased to 47% on the second visit.
- Referral to care coordination services (SI CARES) was reported at 2% during first visit and by the second visit, 22% reported referring to SI CARES for care coordination services.



85% (92 of 108) of providers reported finding this BH toolkit helpful

74% (79 of 107) of providers reported that they will use the resources in the toolkit



Lessons learned

- ❖ The public health detailing campaign is an effective model to engage primary care practices to expand behavioral health integration
- ❖ A local behavioral health integration (BHI) toolkit is a beneficial resource for primary care practices
- ❖ The campaign model and success is scalable for other providers to integrate behavioral health
 - Building on the campaign success, OBGYNs were targeted for specific outreach with insights from the first BHI campaign
 - A second toolkit including resources and best practices was developed for pre and post-natal women.

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