

# Treating Underserved Populations within Integrated Primary Care Behavioral Health Settings

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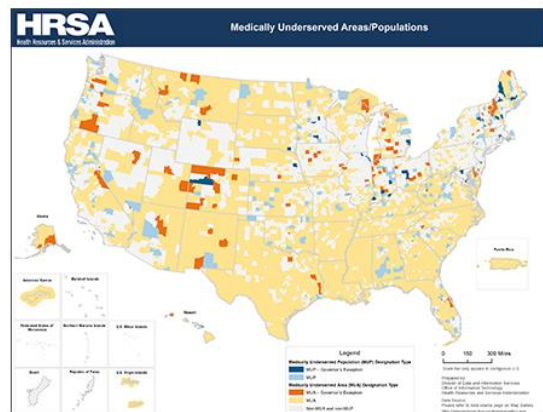
Disclosure:  
I have no financial interests or  
relationships to disclose.

## Objectives

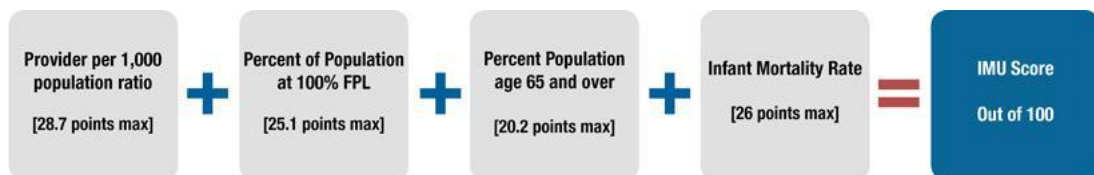
1. Describe the behavioral health needs of underserved populations;
2. Understand the importance of team-based care when caring for underserved populations; and
3. Identify at least one approach to improving behavioral health access in primary care settings

## Who Are the Underserved?

- Low-income
- Medicaid-eligible
- Groups with cultural or linguistic barriers
- Homeless
- Migrant farmworkers
- Refugees



## Index of the Medical Underservice (IMU)



## Types of HPSAs

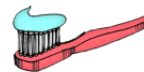
*A shortage of:*



Primary  
Care



Mental  
Health



Dental  
Health

*in a:*



Geographic Area



Population  
Group



Facility



	Primary Care	Mental Health	Dental Health
<b>Geographic</b>	3,500:1	6,000:1 & 20,000:1 CMH and Psychiatrists OR 9,000:1      30,000:1 CMH only      Psy only	5,000:1
<b>Population</b>	3,000:1	4,500:1 & 15,000:1 CMH and Psychiatrists OR 6,000:1      20,000:1 CMH only      Psy only	4,000:1
<b>Facility</b>	1,000:1	2,000:1	1,500:1
	<i>Min Pop 500</i>	<i>Min Inmate Pop 250</i>	<i>Min Pop 1,000</i>

## Low Income Populations

- Less likely to have health coverage
- Less likely to receive preventive care
- Twice as likely to have behavioral health problems compared to higher income populations
- Three times as likely to be socially isolated
- Ten times more likely to experience food insecurity

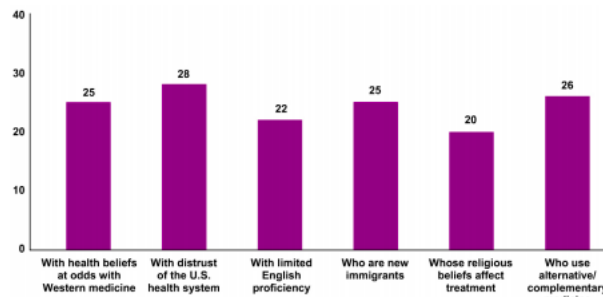


## Challenges in Caring for the Underserved

- Uncontrolled medical diseases
- Substance abuse
- Untreated or undertreated mental health conditions
- Less access to care
- Poor health literacy
- Lack of time
- Lack of money
- Family and social issues
- Cultural differences
- Lack of trust in the health care system

### At least one of five resident physicians are not prepared to deal with cross-cultural issues.

Percent of resident physicians very or somewhat unprepared to treat patients...



## Benefits of Working with the Underserved

- Service to humanity
- Pride in making a difference
- Being creative with limited resources
- Advocating for patients
- Camaraderie with others



## Importance of Integrated PCBH in Underserved Populations

- Accessibility
- Diagnosis and treatment
- Substance use disorders
- Mental health issues related to physical conditions
- Coordination of care



## State of Mental Health in America 2018 Report

Annual Household Income	Minimal Depression	Mild Depression	Moderate Depression	Moderately Severe Depression	Severe Depression	Grand Total
<b>Female</b>						
Less than \$20,000	2%	9%	22%	32%	36%	100%
\$20,000 - \$39,999	2%	11%	25%	32%	30%	100%
\$40,000 - \$59,999	3%	13%	26%	31%	27%	100%
\$60,000 - \$79,999	3%	13%	27%	31%	25%	100%
\$80,000 - \$99,999	4%	15%	28%	31%	23%	100%
\$100,000 - \$149,999	4%	16%	28%	30%	22%	100%
\$150,000+	4%	16%	28%	29%	23%	100%
<b>Female Total</b>	<b>3%</b>	<b>12%</b>	<b>25%</b>	<b>31%</b>	<b>29%</b>	<b>100%</b>
<b>Male</b>						
Less than \$20,000	4%	12%	24%	29%	31%	100%
\$20,000 - \$39,999	4%	14%	26%	31%	25%	100%
\$40,000 - \$59,999	5%	17%	27%	28%	22%	100%
\$60,000 - \$79,999	5%	17%	28%	29%	20%	100%
\$80,000 - \$99,999	6%	18%	30%	26%	19%	100%
\$100,000 - \$149,999	7%	20%	29%	26%	18%	100%
\$150,000+	8%	22%	29%	25%	16%	100%
<b>Male Total</b>	<b>5%</b>	<b>16%</b>	<b>27%</b>	<b>28%</b>	<b>23%</b>	<b>100%</b>
<b>Grand Total</b>	<b>3.48%</b>	<b>13.25%</b>	<b>25.88%</b>	<b>30.41%</b>	<b>26.98%</b>	<b>100.00%</b>

## Levels of Services Integration



# Family Health Center (FHC) University Health System San Antonio, Texas

## Role of Medical Assistants (MAs) in PCBH in the FHC

- On intake MAs screen patients for depression with two questions
- If positive or if any concerns for other behavioral health issues, MAs will notify primary care provider (NP, PA, resident, or faculty) as well as behavioral health team before the PCP sees the patient





## Role of PCP in PCBH

- Addresses patient concerns for that day's office visit
- Reviews positive depression screening questions with patient and investigates further
- Screens for other mental health issues as indicated
- Requests permission from patient to consult behavioral health team
- Prescribes medications and/or other treatments and sets follow up visit
- Notifies behavioral health team if patient has been seen by them previously and is there for follow up

## Role of Behavioral Health Consultant in PCBH

- Immediately accessible for same-day consults and warm handoffs
- Reviews the day's clinic patient list for potential follow up visits
- Sees patients for follow up visits either on same day as healthcare provider visit or on a different day (by appointment)
- Collaborates with patient schedule to minimize frequency of clinic visits
- Provides information about their discussion with the patient immediately afterward verbally and/or via a consult note sent by secure health message in the EMR

## Some Issues Addressed by PCBH

- Depression
- Anxiety
- Chronic pain
- Substance misuse
- Insomnia
- Obesity
- Chronic kidney disease
- Diabetes
- Hypertension
- Smoking cessation
- Erectile dysfunction



## Proven Benefits of PCBH

- Decreased health care costs for chronic conditions
- Decreased need of health care services
- Improved physical and social function in patients with depression
- Faster first contact with behavioral health specialist
- Improved patient satisfaction
- Improved provider satisfaction

## Challenges of PCBH in the FHC

- Patient compliance
- Patient reluctance
- Physician reluctance
- Time constraints
- Not enough behavioral health consultants



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