

Taking Care to a Higher Level: Integration of Behavioral Health

By Claire Hutkins Seda, Writer, Migrant Clinicians Network, Editor, *Streamline*

Not long ago, Scott Needle, MD, a pediatrician and the Chief Medical Officer at Healthcare Network of Southwest Florida, was doing a routine checkup on a teenager. “Things were good—it looked like he had a good relationship with the mother, he was doing okay in school,” and the teen appeared in good health, he noted. When the parent stepped out of the room for the physical exam, and the doctor and teen were alone, the teen asked, “Hey doc—did you get a chance to look at the questionnaire I filled out?”

Several years ago, Healthcare Network, headquartered in Immokalee, Florida introduced integrated care into their model. They decided to implement routine depression screening—which included that teen’s questionnaire. They also brought psychologists into the health clinic as part of the care team. Both changes were sought to better serve patients through more comprehensive care—and resulted in this teen’s appointment changing into something far from routine. When Dr. Needle reviewed the teen’s questionnaire, he found that “all of his responses were in the moderate to severe categories. [The questionnaire] asks things like, have you been feeling down? Have you been having trouble concentrating? Have you had trouble with sleep? And suicidal ideations as well,” Dr. Needle said. “Looking at him, talking with him—you would have never suspected.... We asked it, and that gave him permission to discuss something that may normally be considered ‘off limits.’”

At the conclusion of the physical, “we had him see the psychologist that day, right then and there, and we started a plan,” Dr. Needle continued. As part of the behavioral health revamp, psychologists are available in the health clinic for any patient who a provider feels could benefit from psychological care. Often, the provider can walk the patient right to the psychologist’s office for a “warm handoff.” The program identifies many children like the teen patient who need behavioral health care, and gets them into care, quickly: “If we hadn’t asked, we always wonder—what would have happened?”

Origins in academia, growth through community

Just five years ago, Healthcare Network’s behavioral health team was limited to one psychologist, Javier Rosado, PhD, from Florida State University, who focused specifically on



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the migratory agricultural worker population. (About 22 percent of Healthcare Network’s patients are migrants.) “As the community became aware of the service and the need grew, clinic administrators realized the need for a chief psychologist to expand the program,” explained Emily Ptaszek, PsyD, ABPP, Healthcare Network’s Vice President of Operations and Director of Behavioral Health. Dr. Ptaszek initially took that role. Shortly thereafter, Healthcare Network was one of several partners in their community to share a three-year, three-million-dollar grant entitled the Beautiful Minds Initiative, aiming to increase access to mental health services for children in their community. The Naples Children and Education Foundation (NCEF) had recognized a dearth in behavioral health care for children in the community and sought to address it through the initiative. “Their funding has allowed us [the] several years that we have needed to figure out if

and how we can bill for services, [and] to get people on staff that can help us figure that out,” Dr. Ptaszek iterated. The goal isn’t focused on recouping expenses through billing, she said, but “to show sustainability via improved health outcomes, improved provider and patient satisfaction, and increased overall efficiency.” The funding focused on pediatrics, fitting with NCEF’s mission. In that first year, Healthcare Network also received a grant for integrated care expansion from Health Resources and Services Administration (HRSA).

Strong administrative support for the program complemented academia’s initial groundwork and NCEF’s and HRSA’s substantial injections of funds. Now, FSU runs the postdoctoral fellowship program; the fellows provide needed care to Healthcare Network patients, and are now also joined by five full time staff psychologists employed by Healthcare Network, said Ptaszek, adding that “they serve patients across Healthcare Network’s 19 sites and the program is fully supported and championed by the entire administrative team at Healthcare Network, which is so critical to its success.” The next step is determining how to make the program sustainable in the long run, when community funding ends. As Dr. Needle pointed out, “it’s constantly evolving.”

Integration at work in the clinic

Both Dr. Ptaszek and Dr. Needle happily report that the transition was virtually seamless, because staff recognized the import of the integration. “There were some growing pains—people are always being asked to do more with less—but it has been so glaringly apparent that this has been needed and is effective, that there really has been no push-back,” Dr. Ptaszek affirmed.

Dr. Needle contends that the model breaks the traditional mold of psychological care—for the benefit of the patient. Historically, a pediatrician may refer a young patient to a psychologist outside of the office, but not receive word on the patient’s progress. Did the patient end up taking the referral? How is the patient responding to treatment? Now, all questions are answered. “We can follow through. We routinely bounce things off of each other, and give each other new possibilities for care, particularly if things aren’t moving in the right direction for that child,” Dr. Needle

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explained. He may have insight into other medical conditions the child is struggling with, or the psychologist may have more information on the child's sleep habits. "That's the best part about this, that it really takes the care to a higher level than from two separate providers [who] weren't communicating," Dr. Needle enthusiastically concluded.

The program's attempt to integrate behavioral health into all areas of the clinic is unique—and critical, says Dr. Ptaszek. "None of us can do our job completely unless we're looking at the whole of the patient," admitted Dr. Needle. "If you're physically ill, it's going to impact your emotional state, and if you're having emotional distress, that's going to have physical effects on you. The two are intimately tied." But health care has traditionally split the two. With the integration, Dr. Needle finds that "we start to apply behavioral health to all aspects of care," going beyond the basic diagnosis and into "aspects of coping, stress, and outlook on life"—a more holistic approach. Dr. Ptaszek added that such an approach "seeks to focus on prevention with culturally appropriate intervention and education. FSU's research has been key, because it immediately translates into practice."

Dr. Needle pointed to Healthcare Network's behavioral health efforts for dentists. While outsiders might find the connection strange, dentists "might notice signs of abuse, or eating disorders, and they might not know what do with [certain informa-



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tion], who to go to," noted Dr. Ptaszek. In addition to acting as an ongoing resource, behavioral health staff provided training to the dental providers on motivational interviewing, which was well received, she said.

Health benefits for patients and community

The benefits of greater integration, prevention, and early intervention are well documented, say both doctors. "Symptoms can cause biological changes, increasing subsequent risk," Dr. Ptaszek said. "But prevention does not just refer to prevention of subsequent episodes of an illness due to early identification and treatment; it also refers to identification of biopsychosocial factors that put that person, that community, that entire group of people at increased risk of poor health outcomes,

not just mental health outcomes."

From a public health perspective, "you are communicating to a population of people that these are the things we care about at this health care center, and it's safe to come and to expect all of these needs to be addressed," Dr. Ptaszek noted. "This prevention—it's not just lip service; it's key." ■

RESOURCES

Visit Healthcare Network of Southwest Florida's website at <http://www.healthcareswfl.org>.

Watch MCN's archived webinar, Trauma-Informed Care: Behavioral Health in the Primary Care Setting, and access further resources at <http://goo.gl/8CeDJV>.

Learn more about Naples Children and Education Fund's mission and model at <http://www.napleswinefestival.com>.

View health integration resources at the SAMHSA-HRSA Center for Integrated Health Solutions: <http://www.integration.samhsa.gov/>

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portability. Few health insurance plans have in-network providers across state lines. Even within a state, the health insurance network may only be limited to a certain area or county. Anecdotally, few workers disenroll and reenroll in health insurance as they migrate with the harvest.

Looking ahead, these challenges may take years to resolve and new challenges will likely arise, especially with full implementation of the employer mandate in 2016. Fortunately, the dedication of health centers and community organizations to educate and enroll agricultural workers and their families remains strong. To support their efforts, Farmworker Justice developed materials including fact sheets for workers and service providers on the ACA, available in Spanish, English, and Haitian Creole. We also continue to work with agencies at the federal level to better facilitate agricultural worker access to health insurance and health care. The link to Farmworker Justice's fact sheets as well as other national resources can be

found below. For more information, contact Alexis Guild at aguild@farmworkerjustice.org.

Resources

Federal Health Insurance Marketplace: www.healthcare.gov. Resources can be found at marketplace.cms.gov.

Enroll America: www.enrollamerica.org

Get Covered America: www.getcoveredamerica.org

Center on Budget and Policy Priorities' Health Reform: Beyond the Basics: www.healthreformbeyondthebasics.org

Farmworker Justice: <http://farmworkerjustice.org/content/access-healthcare-0> ■

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