Meeting the Patient Where They Are: Expanding Possibilities for Integrated Care

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A growing trend in healthcare is the availability of multidisciplinary services within the medical setting. This is especially so with the Affordable Care Act and the Mental Health Parity and Addiction Equity Act. There now is a significant focus on integration of behavioral and physical health. (Croze, 2015).

As more patients present in primary care settings for mental health treatment, these settings are forced to confront the fact that they have become mental health providers. It is estimated that as much as 70% of primary care visits are related to psychosocial issues (Croze, 2015). There are a variety of integrated health models, and one size does not fit all (Croze, 2015). Models vary based on whether services are co-located, the extent of integration, and the compilation of administrative and clinical teams (Peek & the National Integration Academy Council, 2013). Depending on the setting and the available resources, services can range significantly.

The increasing severity of college student mental health concerns is well-documented. The National College Health Assessment reported that 12% of college students were diagnosed with depression during the past year, and 55% reported that they experienced an average to tremendous amount of stress (American College Health Association, 2014). The number of students seeking help increases year to year, as do the severity of their concerns (Hunt & Eisenberg, 2010; Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008). The National Research Consortium of Counseling Centers in Higher Education reported that over half of college students reported some type of lifetime suicidal thinking, 18% of report having seriously considered suicide at some point in their lives, and 6% had done so in the past 12 months (Drum, Brownson, Burton Denmark, & Smith, 2009).

The Integrated Health Program (IHP) at the University of Texas at Austin was founded in 2002 as a collaboration between the Counseling and Mental Health Center (CMHC) and University Health Services (UHS). It is a co-location model and began as a pilot program with two clinicians located in an office in one of the four general medicine clinics in UHS. In the first semester, the follow-through rates on referrals from the the pilot clinic
referring to the IHP were 82% higher than students referred from the other clinics in UHS to CMHC, even though CMHC is in the same building. Not only were the follow through rates higher, but the UHS providers were much more likely to make referrals for behavioral health conditions given that the clinicians were readily available and accessible. Due to its immediate success, two more positions were added and the model was integrated throughout the entire health center over the next year.

The IHP offers an array of services including acute crisis counseling and risk assessments, mental health assessments, psychoeducation, short-term counseling including psychological and behavioral interventions, and brief check-in and support sessions. In the Spring 2015 IHP Patient Satisfaction Survey, out of 55 students, 98% strongly agreed or agreed with the statement, “Counseling is helping me recognize the impact of my choices of my health and well-being” and 80% strongly agreed or agreed with the statement, "Counseling is helping me improve my physical health."

While many needs were fully addressed by this model, there was a growing number of patients who were seen as being able to benefit from emotional wellness tools/skills who either declined such a referral or did not reach the threshold to warrant a referral to the IHP. This introduced the need for creative alternatives to the typical counseling model.

In 2004 the IHP began holding classes based on the research by Jon Kabat-Zinn, Ph.D. at UMass Center for Mindfulness, Medicine, and Society showing that mindfulness practices could help patients learn new ways of being with their distressing symptoms and with this increased awareness see how the choices they made affected their health (Kabat-Zinn, 1991). As a result, two evidenced-based classes, Optimizing Your Potential: The MindBody Connection (OYP) and The Mindfulness-Based Cognitive Therapy for Depression (MBCT), were developed; these classes are offered each semester – 2 hours/week for 8 weeks. To date, the class evaluations have shown students reporting significant benefit from participation in these classes. In Spring 2015, 100% of the 16 OYP class participants agreed or strongly agreed that the class helped them develop new perspectives on responding to life’s challenges, what they learned in the class will help them be more successful academically and/or work toward completion of their degree, and that the class helped them better manage stress/anxiety. The IHP also offer a weekly meditation group that is available for students, faculty, and staff.

After identifying that there were patients who did not wish to engage with either a counselor or class, the IH program developed the MindBody Lab (MBL). The MBL is promoted as a self-paced environment for exploring resources to improve emotional and physical health. Most of the content in the MBL is experiential so that students can learn various skills through practice. The MBL also serves as an adjunctive intervention as clinicians can refer patients to the lab to practice interventions they were introduced
to in their counseling sessions. The MBL itself is a quiet environment where students are able to privately engage with biofeedback devices and iPods featuring audio and video content on topics such as breathing exercises, insomnia, and migraine management. Students are able to access the MBL on a drop-in basis daily from 8am-4pm, making it a very flexible resource. Usage of the MBL has risen steadily each year and had 1,223 visits for the 2014-2015 academic year.

The use of technology for accessing information about wellness has drastically increased in the past few years. According to the Pew Research Center (2012), 72% of internet users looked online for health information and 52% of smartphone owners gathered health information on their phones. According to a 2015 NYU Medical Center study, 58% of smartphone users have downloaded a health-related app. Given the significant use and reliance that the young adult population has on their smartphones, it became clear that our next innovation needed to be a mobile application.

After receiving a grant from the Longhorn Innovation Fund for Technology in 2014, we developed Thrive at UT, a free iPhone app meant to increase student well-being. While this app is intended for any UT student, it complements the offerings of our integrated health program by establishing a mobile platform for students to learn about topics such as mindfulness, mood regulation and gratitude. Most of the topics covered in Thrive at UT support both psychological wellbeing and physical health. In a study by Dr. Robert A. Emmons of the University of California, Davis, and Dr. Michael E. McCullough of the University of Miami (2003), students who engaged in a simple 10-week gratitude exercise not only exercised more but also had fewer medical visits than the control group. The app provides brief psycho-education about each topic and then allows users to sign up for daily notifications that will help them develop these skills. Thrive at UT is intended to help users make small, consistent behavioral changes that can have a dramatic impact on their health and overall well-being. The app is scheduled to launch on February 1, 2016.

While one could argue that the variety of services offered by our IHP seem uniquely ideal for a college campus, we maintain that need for flexibility and creativity in meeting the needs of patients is important in all health care settings.

Today’s healthcare models must acknowledge the following trends:

- Research continues to show that resilience in social-emotional domains such as stress-management and social connections correlate with better medical outcomes (Walton & Cohen, 2011).

- The barriers of cost, accessibility, and stigma present unique challenges. As such, there is a growing need for mental health services to be deployed in ways that are both flexible and cost-effective.
Patients have differing levels of comfort in the way they wish to seek health information and support.

Technology is playing a larger role in the way that patients communicate and receive health information.

Today’s consumers are accustomed to a greater level of flexibility in and immediacy of services than they have in the past.

This presentation assumes an underlying understanding of the benefits of integration in healthcare and focuses on exciting possibilities for how healthcare settings can better meet the needs of their patients. We hope to present how our integrated health program at University Health Services at UT Austin has been innovative in responding to the needs of our patient population. At the same time, we hope to provide insights that will encourage other healthcare professionals to find ways in which they can begin to do the same for the patients that they serve.

Sources:


Croze, C., Healthcare Integration in the Era of The Affordable Care Act, Association for Behavioral Health and Wellness, July 2015


