Behavioral Health & Primary Care Integration

Division of Behavioral Health

The Issue

- People with mental and substance abuse disorders experience **untreated** and **preventable** chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease
- These are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse
- 69% of adults with a mental disorder have at least one general medical disorder
- On average, individuals diagnosed with a SMI have lifespans 25 years shorter than the general population

Factors in Co-morbidity

- Exposure to early trauma and stress
- Socioeconomic factors such as low income and poor educational attainment
- Four modifiable health risk behaviors – tobacco use, excessive alcohol and illicit drug consumption, lack of physical activity, and poor nutrition

BH-PC Integration in Alaska

- 15 Grant funded Behavioral Health agencies with co-located Community Health Centers
- 2 agencies (Alaska Island Community and South Central Foundation) funded by federal Primary and Behavioral Health Care Integration grants
- Patient Centered Medical Homes (CHC's certified as PCMH) – Anchorage Neighborhood Health Clinic, Eastern Aleutian Tribes, South Central Foundation
- IMPACT projects

BH-PC Integration Survey

- Recent DBH survey of behavioral health providers – primarily CBHC's – 69 responses
- 24% indicated they were co-located with primary care
- 32% had a documented agreement with a primary care provider and some level of coordination
- 43% had no or minimal coordination
- 9% had a single plan of care

Barriers to Integration

- Lack of funding for integrated services
- Uninsured clients unable to access primary care
- Primary care providers sometimes unwilling to work with BH clients
- Limited time to build partnerships
- Confidentiality issues related to 42 CFR Part 2
- Significant obstacles integrating behavioral health EHR with primary care EHR.

Looking Ahead

- Initial Objectives:

  - Connect all behavioral health clients with a primary care provider

  - All grantees develop a working relationship with a primary care provider to collaborate on individual client care.

  - Collect and report Alaska data on medical co-morbidities and health outcomes

  - Modify CSR to include “Four Modifiable Risk Behaviors” and develop provider and statewide monitoring.