Building an Ark: Anticipating the Future of Healthcare

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Sometimes it is difficult to find the energy for change – especially when it doesn’t make sense in the current environment.

"Build an ark'? — Why do we always have to do everything the hard way?"
What is Interprofessional Education (IPE)?

“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.”

Background

• HRSA Pre-doctoral training grant in Primary Care (2011-2016)
  – Develop Interprofessional Teaching Clinic = IPTC
    • Track attitudes
    • Measure skills/behavior = iTOSCE
  – Develop a population management curriculum = Studio Pop
    • IP curricular activities
Interprofessional Teaching Clinic (IPTC)

• Currently, IPTC runs 6 half days a week.
  – Pharmacy and Medicine are together everyday.
  • Other professions include:
    – Nursing
    – Clinical Psychology
    – Occupational Therapy
    – Physical Therapy
    – Law
    – Health Information Management
# IPTC Schedule

<table>
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<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>8AM-12PM</td>
<td>M3/6P/Psy</td>
<td>M3/6P/N4/Psy</td>
<td>M3/6P/N4/Psy</td>
<td>M3/6P/Psy</td>
<td>M3/6P/PT</td>
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<tr>
<td>1PM-5PM</td>
<td>NO IPTC</td>
<td>Studio Pop</td>
<td>M3/6P/OT/Psy</td>
<td>NO IPTC</td>
<td>NO IPTC</td>
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START HERE

Form an IP team, and assign yourselves to a patient.

IP Team Huddle

IP Team Doc and Debrief

IP Patient Encounter

IP Team Huddle

Present to IP Preceptor(s)

IP Patient Encounter
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Communicate in a patient-centered manner as a team.

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Communicate in a patient-centered manner as a team.

Develop Assessment and Plan as a team.

Involve all professions in the presentation, if possible.
Form an IP team, and assign yourselves to a patient.


Communicate in a patient-centered manner as a team.

Develop Assessment and Plan as a team.

Involve all professions in the presentation, if possible.

Return to the patient’s room with team and preceptor(s).

START HERE
Form an IP team, and assign yourselves to a patient. Review chart TOGETHER. Document professions involved in care via Flowsheet. Determine roles/responsibilities.

Communicate in a patient-centered manner as a team. Develop Assessment and Plan as a team.

Involve all professions in the presentation, if possible.

Communicate in a patient-centered manner as a team.
Translational Challenges

• Moving Integration to the regular clinic
Clash of Cultures

• Giving ground - patient centered
• Interruptions, welcome what comes
• Shared Scheduling & Resources
• Brief therapy - referrals to specialty MH
• Progress Notes & privacy
• Communication & Collaboration
• Relationship – taking a different role
Dynamic Workflow

• ALWAYS Available – “Please Interrupt”
• Less control; Welcome what comes
• Quick initial communication
  – Physician presents in front of the patient
• Rapid feedback
• Same day appointments available
• Return appointments available
Time & Space

• In and out of clinic rooms – preserve workflow
• Behavioral Health space – central to clinic
• Space in schedule
  – referrals to specialty mental health
  – 30–minute visits, more focused goals
  – Same day appointments
Advantages – Savings & Teamwork

• Decrease in No-ShowS, better use of time
• Much evidence that higher MH burden leads to higher medical costs
• When health is an outcome, Behavioral Health will be essential
• Build now, before the rain starts
Co-Located Care & Baby Steps

Percent of patients attending a first visit with a behavioral health provider when scheduled at the physician visit.

Without Introduction

With Introduction

Apostoleris & Blount, in preparation. N = 80
Disclosed during Certificate Program for Primary Care Behavioral Health.
Top 10 Health Conditions by Annual Costs per 1000 FTEs

Health and Productivity as a Business Strategy: A Multiemployer Study by Loepke et al. JOEN, April 2009
Challenges & Growing Pains?
Snapshot of Integrated BH: A typical BH clinician’s day

- 3.5 Hours
  - 30-m initial visits (scheduled & unscheduled)
  - 15-m follow-up visits
  - 7.5-m consults to physicians
  - Unscheduled time (running around like crazy)

Robinson & Reiter, 2007. *Behavioral Health Consultation and Primary Care*
<table>
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<th>Time Interval</th>
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<th>Private Ins</th>
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<td>$64</td>
<td>$53</td>
<td>$34</td>
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<td>45 min</td>
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<td>$126</td>
<td>$85</td>
<td>$102</td>
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Schedules

• Suggested Schedules:
  – Scheduled appointments on the hour
  – Unscheduled appointments on the half hour

• Our transition:
  – Scheduled appointments on “clinic half-days”
  – Unscheduled appointments at useful & PREDICTABLE times every day (11-12 & 3-4)

• Working on a group: Coping with Chronic Illness
What would be useful to your organization?
How can we support change?

- **Formal Support:** Administration & Leadership
- **Formal Support:** Physician Advocate
- **Formal Support:** Data and QI
- **Informal Support:** Talking about each other and patients – creating a culture of respect
- **Informal Support:** Teams make complex patients easier – interpersonal support
- **SELF CARE**
- **Have faith in and contribute to the future:** Students
Mental Health Integration Within a Student Run Free Clinic

Teresa Y. Pan, M.A.
University of Kansas
Clinical Psychology Graduate Student

Erin Atwood
University of Kansas
School of Medicine – Class of 2017
Executive Co-Director – JayDoc Free Clinic
JayDoc Clinic

- Student-run free clinic
  - Non-emergency urgent and preventative care for uninsured and underinsured in Greater KC
  - Immigrants, non-English speaking patrons
  - General clinic on M and W evenings
  - Specialty clinics on Tu evenings
  - Clinic supported entirely by volunteers, donations, grants
JayDoc Clinic

• Specialty services offered:
  – Women’s health
  – Diabetes
  – Dental
  – Physical therapy
  – Occupational therapy
  – Radiology
  – Ophthalmology
  – Dietetics
  – Pharmacy

• Psychology services first implemented into clinic in August 2014 with doctoral level clinical psychology student
Assessment of Mental Health Need

• Embedding of psychology services as part of an integrative treatment team promotes mission of patient-centered medical home

• Current program development research involves:
  – Mental health questionnaire to evaluate:
    • What mental health concerns do patients have?
    • Do patient mention mental health concerns to providers?
    • PHQ-2 to assess for depression
    • Do patients want to meet with mental health professional?
    • Do patients know where to find mental health in their community?

• Questionnaire: https://docs.google.com/forms/d/1-26heNywIkN13woEBrug5Rxn-VBiADUKRLVWwAd4XtY/viewform
Preliminary Findings

• Patients endorsed that they struggle with anxiety/panic, depression, insomnia, desire to quit smoking, marital/parenting/family problems, and difficulty remembering to take medications

• Patients do not mention most of these concerns to their current providers

• Patient are “very interested” in visiting with a clinical psychologist or other mental health professional in general and at JayDoc

• No patients are aware of where they can find a clinical psychologist or mental health profession in their community

➔ There is a need for mental health in a free clinic
Resources

• Center for Integrated Primary Care
  http://www.umassmed.edu/cipc/

• Society of Teachers of Family Medicine
  https://www.stfm.org/CareerDevelopment/
  BehavioralScienceFamilySystemsEduFellowship/Fellows

• SAMSA-HRSA Center for Integrated Health Solutions

• Agency for Healthcare Research & Quality
  http://integrationacademy.ahrq.gov
Soon, our environment will change, our team will be more varied, and our investments will pay off.