Eliminating Mental Health Disparities through Culturally and Linguistically Centered Integrated Health Care

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Conflict of Interest Declaration

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Learning Objectives

- Participants will:
  - **identify** at least three components of integrated health care,
  - **learn** innovative practice-based examples in the delivery of integrated health care to reduce/eliminate mental health disparities, and
  - **understand** the reasons to incorporate cultural and linguistic appropriate services in health, behavioral health and integrated health care.
Trends & Changes: Highly Significant for Primary and Mental Health

- By 2050, European-Americans will no longer be the majority
  - This will happen by 2030 among children under eighteen.
  - This is already true among children under eight.
  - The acceptability and use of mental health services are highly governed by cultural attitudes, beliefs, and practices.

- Since 2011 and for the next 17 years, on average 10,000 individuals each day are reaching the age of 65
  - By 2020, about 25% of the U.S. workforce will be composed of older workers (≥ age 55)

- Healthcare consumes nearly 18% of U.S. GDP
State of Mental Health in the United States

- One in four U.S. adults experiences a diagnosable mental illness annually; six percent have a serious mental illness. *
- One in five children in the U.S. has a diagnosable mental health disorder. *
- ½ of all lifetime cases begin by age 14 and ¾ have begun by age 24. #
- Untreated mental illness: 4-6x more likely to be incarcerated. **
- Untreated mental illness costs the U.S. approximately $105 billion in lost productivity annually. +

* Substance Abuse and Mental Health Services Administration
# National Institute of Mental Health
** National Council for Community Behavioral Health
+ Mental Health America
Crisis Point

- Suicide is the 10th leading cause of death
  - 2009: the number of deaths from suicide surpassed the number of deaths from motor vehicle crashes
- 2010: More than 38,000 suicides
  - 105 per day
- 2010: Veterans = 22 suicides daily
- 2012: 349 active-duty suicides
  - Exceeded troops killed in combat = 229

CDC
34 Million American Adults (17%)

Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001–2003

People with medical conditions: 58% of adult population

People with mental disorders: 25% of adult population

68% of adults with mental disorders have medical conditions

29% of adults with medical conditions have mental disorders

Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)
The Comorbidity of Mental and Medical Disorders is Complex and Bidirectional

Figure 3: Model of the interaction between mental disorders and medical illness

RISK FACTORS

Childhood Adversity
- Loss
- Abuse and neglect
- Household dysfunction

Stress
- Adverse life events
- Chronic stressors

SES
- Poverty
- Neighborhood
- Social support
- Isolation

Chronic Medical Disorders

Adverse Health Behaviors and Outcomes
- Obesity
- Sedentary lifestyle
- Smoking
- Self care
- Symptom burden
- Disability
- Quality of life

Mental Disorders

Source: Modified from Katon (80)
Excess Mortality in persons with mental disorders likely represents a common final pathway of socioeconomic disadvantage, poor quality of care, problems in treatment adherence and adverse health behaviors.

Figure 4. Relative risk of all-cause premature mortality associated with mental disorders compared with the general population

- Panic disorder: 1.9
- Major depressive disorder: 1.7
- Alcohol abuse/dependence: 2.0
- Personality disorders: 4.0
- Schizophrenia: 2.6
- Bipolar disorder: 2.6

Source: Eaton et al., 2008 (47)
The Reality of Care

- Most people seek help for behavioral health conditions in primary care
- About half of all care for common psychiatric conditions occurs in primary care
- Mild to moderate psychiatric conditions are common in primary care: anxiety, depression, substance use, ADHD, behavioral problems
- Populations of color are more likely to seek and receive services in primary care than behavioral health settings
Current FFS Scope of Care Coordination

- Primary care physicians are responsible for coordinating care that their patients receive from other physicians.

- Investigators analyzed survey data from 2284 primary care physicians and claims for the Medicare beneficiaries they cared for in 2005.

- For every 100 Medicare patients, a PCP potentially must interact with 99 other physicians in 53 different practices.

- In a single year, the typical PCP needs to coordinate care with 229 other physicians working in 117 different practices.

- Beneficiaries typically see 7 different physicians from 4 different practices in a given year.

  Pham, HH, et. al., Primary Care Physicians’ Links to Other Physicians Through Medicare Patients: The Scope of Care Coordination. Annals of Internal Medicine, 2009; 150: 236-242.
Systemic Lupus Erythematosus (SLE)

Symptoms of systemic lupus erythematosus may vary widely with the individual.

Butterfly rash

Pleural effusions

Heart problems

Lupus nephritis

Arthritis

Raynaud’s phenomenon
Systemic Lupus Erythematosus (SLE)

- Inflammatory autoimmune disorder that affects multiple organ systems, including the CNS.
- 80% - 90% of patients are women
- 1 in 1,000 white women
- 1 in 250 African American women
- Psychiatric symptoms occur in half of SLE patients before diagnosis of their disease.
  - Depression and cognitive dysfunction (impaired attention, memory deficit, and impaired executive function) are the most common symptoms
Socrates (469 BC – 399 BC)

“There is no illness of the body apart from the mind.”
What is Integrated Care?

- The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care.

- Addresses mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

Key Components of an IHC Model

- **Interdisciplinary Team Approach**
  - Real team collaboration: not just co-location
  - Team building and implementation support
  - Provider training and ongoing support

- **Patient-centered**
  - Patient and family education
  - Self-management support
  - Patient preferences, needs and strengths are incorporated

- **Population-focused**
  - Registry to make sure patients don’t fall through the cracks
Key Components of an IHC Model

- **Stepped Care**
  - Individual and caseload summaries facilitate measurement-based practice/treatment to target

- **Care Management Functions**
  - Systematic Outreach
  - Structured templates facilitate efficient/effective clinical encounters
  - Close follow-up and monitoring to prevent relapse

- **Outcomes-based Feedback and Quality Improvement**
  - Provider accountability
  - Reinforced cultural and linguistic skills
Health Disparities Still Exist! Factors Affecting Access for R/E Minority Populations

- Stigma
- Geographic inaccessibility
- Built environment
- Provider shortages/Network insufficiency
- Lack of provider language capacity; inappropriate use of interpreter services
- Lack of culturally relevant/meaningful/competent services
- Poor doctor patient communication (DPC); poor treatment engagement
- MH/BH clinics do not have expertise in providing primary care; Primary care does not have expertise in providing robust MH/BH services
Eliminating Racial and Ethnic Disparities through Integrated Health Care

- Literature review
- Consensus Meeting
- Consensus Statements
- Recommendations
- Innovations from the field

http://www.hogg.utexas.edu/

Enhancing the Delivery of Health Care: Eliminating Health Disparities through a Culturally & Linguistically Centered Integrated Health Care Approach

Consensus Statements and Recommendations

June 2012
Enhancing the Delivery of Health Care: Eliminating Health Disparities through a Culturally & Linguistically Centered Integrated Health Care Approach

Hogg Foundation/OMH; June 2012
Sustainability

- How does one ensure culturally competent integrated primary, mental health, and substance use health care services continue?

- A solid sustainability plan must address
  - Administrative components
  - Clinical components
  - Financial components
  - Environmental components
  - Social components

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)
Shifting the Paradigm

- Leadership & Mission: embed culturally competent integrated care delivery into the mission and vision
  - Every employee understands the importance of culturally competent integrated services and operates with the expectation that all consumers receive this care.
    - Part of orientation for all new staff
    - Administrative policies, job descriptions, performance reviews, confidentiality agreements, and care coordination practices should all reflect a culturally competent integrated practice
    - All supervisors should be reviewing physical health and behavioral health goals during team meetings

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)
Relational Coordination Theory
(Gittell, Jody H., An Overview of Relational Coordination, 2013)

- Key attributes of relationships that support the highest levels of coordination and performance:
  - Shared Goals: increases motivation to engage
  - Shared Knowledge: enables participants to see how their specific tasks interrelate with the whole process
  - Mutual Respect: enables participants to overcome the status barriers

- Reinforced by specific dimensions of communication:
  - Frequency
  - Timeliness
  - Accuracy
  - Focus on problem-solving

- Outcome = Coordinated Collective Action
Example: Nuka System of Care

- Anchorage’s Southcentral Foundation's "Nuka System of Care" is a name given to the whole health care system created, managed, and owned by Alaska Native people to achieve physical, mental, emotional and spiritual wellness.
  - Nuka is an Alaska Native word used for strong, giant structures and living things.

- The relationship-based Nuka System of Care is comprised of organizational strategies and processes; medical, behavioral, dental and traditional practices; and supporting infrastructure that work together - in relationship - to support wellness.

- Patients are known as ‘customer owners’ because Southcentral works exclusively for Alaska Natives, who provide extensive advisory roles in the hospital and clinic’s management and policies. The Southcentral Foundation assumed the clinical responsibilities of the Indian Health Service under the Indian Self-determination Act about three decades ago.
Example: Nuka System of Care

- Routine clinic appointment: One meets a team of four persons who sit together in an open area. There are no physician’s offices, no nurse’s stations in the clinic. The team includes a primary care physician, a doctor’s assistant, a nurse, and an individual who helps one coordinate future appointments and navigate through the medical center.

- Clinical options include Native Alaskan traditional healing, which is available at a person’s request and encouraged as a compliment to western medical treatment.

- Nuka and Southcentral perceive wellness as individual, family, and community-based.

- Every Southcentral employee is trained on how to communicate well with others and how to share stories about one’s personal character and life journey. One of Nuka’s core discoveries is staff members who know each other well function optimally — and understand the importance (and will take the time) to try to know their customer/owners.
Shifting the Paradigm

- Establish a “change team” to influence culturally competent integration
  - Consider a team composed of senior leaders, program directors, and consumers from all of your organization’s service areas
  - Have them develop the organizational expectations, workflows, job descriptions, performance review language, and quality improvement benchmarks

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)
Shifting the Paradigm

- Ensure the collection of race, ethnicity and language preference (REAL) data
  - Determine the appropriate data categories
  - Develop a methodology for data collection
  - Train staff members on methodology for data collection
  - Assign accountability and monitor progress of data collection efforts

- Use REAL data to assess variation in quality and health outcomes
  - American Hospital Association, 2013; IOM, 2009

- Assess the impact of environmental factors on functioning and disability
  - Philadelphia neighborhoods in which adults with SMI resided had higher levels of physical and structural inadequacy, drug-related activity, and crime than comparison neighborhoods → social instability and social isolation
Shifting the Paradigm

- **Strategy**: organization's strategic and business plans must reflect culturally competent integrated health care goals as a priority

- **Technology**: sharing information between primary care and behavioral health providers is a core component to providing culturally competent integrated health care services

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)
Shifting the Paradigm

- **Clinical Workflows:** must be clear and consistent
  - Ex: Are you monitoring to ensure that your primary care and behavioral health staff create person-centered culturally competent integrated health care plans for each person served that includes all of the person’s behavioral health and primary health goals?

- **Quality Improvement:** CQI is a valuable way to make sure one is meeting culturally competent integrated health care goals which improve the overall health status of your clients.

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)
Example: Connecticut Latino Behavioral Health System

- The Connecticut Latino Behavioral Health System: a collaborative of over a dozen organizations who have joined with the Yale University School of Medicine/Department of Psychiatry and the Connecticut Mental Health Center to build a comprehensive system of care that integrates components of behavioral health and primary care for the Latino population.

- CLBHS has a qualitative and quantitative evaluation process designed to assess the program at three levels: organizational, staff and patient/consumer.
  - The Cultural Competency Index: The instrument was designed to evaluate culturally responsive clinical services and is being measured at three time points. Evaluation at the staff level includes pre- and post-training evaluations, satisfaction with trainings, and random tape ratings to assess for language fluency and the integration of Latino cultural values in treatment.

- Strategies to successfully recruit and retain bilingual/bicultural professionals and provide ongoing training and consultation on topics related to Latino mental health, addictions and co-occurring conditions include a training academy to enhance the knowledge base, skill set and attitudes of the behavioral health workforce at all levels of the organizational spectrum (administrative, management, and clinical). Training topics have included current issues in Latino behavioral health including engagement strategies, clinical interviewing and assessment, Latino cultural values, and the impact of immigration and acculturation.
Study explored whether IBHC service referrals, utilization, and outcomes were comparable for Latinos and non-Latino White primary care patients in Arkansas.

- 793 patients seen for behavioral health services in 2 primary care clinics during a 10.5 month period
- Most common presentations: depression (22%), anxiety (19%), and adjustment disorder (13%)

Results: Both groups had comparable utilization rates, comparable and clinically significant improvements in symptoms, and expressed high satisfaction with integrated behavioral services.
Unemployment Rate = 78%
  - Only 12% work full-time, but more than two-thirds want to work

Employment is recognized as a fundamental part of recovery and of community integration for individuals with serious mental illness.

Mental health system policies continue to operate as if individuals with serious mental illness cannot work.
  - Only 1.7% of individuals served by state mental health authorities receive supported employment services (2012)

Individual Placement and Support (IPS) is an evidence-based practice that helps people with mental illness work in jobs that pay competitive wages in integrated settings in the community.
  - Coordinated with rehabilitation and clinical treatment
  - Vocational outcomes: 60% for IPS vs 23% for traditional services
Supported employment is cost effective:

- Estimated savings range from $368 to $550 million annually
- Savings come from reduced inpatient hospital use, reduced psychiatric crisis visits, and reduced overall health care spending

Supported employment plays a critical role in promoting recovery and wellness:

- Promotes social acceptance
- Gives individuals a sense of purpose, self-esteem, and self-worth
- Helps reduce poverty and dependence
- Improves clinical outcomes
Integrating Medical and Behavioral Care Could Save $26-48 billion annually in Health Care Costs


- Drawing from commercial health insurance and Medicare and Medicaid data, Milliman included records of more than 20 million individuals in its analysis of patients’ health care utilization and costs from 2009 through 2010.

- Most of the projected reduced spending is associated with facility and emergency room expenditures in hospital facilities.
Reasons to Incorporate Cultural and Linguistic Appropriate Services in Health, Behavioral Health, and Integrated Health Care

- Respond to current and projected demographic needs.
- Eliminate long standing disparities in health status for people from diverse racial, ethnic and cultural backgrounds.
- Help achieve the Triple Aim:
  - Improve quality of services and outcomes, enhance the patient experience of care, and decrease cost.
- Eliminate the stigma associated with mental illness.

Culturally and Linguistically Centered Integration: The Future of Health Care in America

- Respects the whole person across their lifespan
- Includes prevention and early intervention methods
- Strength based
- Trauma informed
- Recovery focused
- Achieves Health Equity

In Essence: Person, Family and Community Centered