

# Psychiatry and Primary Care: A Community Based Collaborative Effort

Center for Rural and Community Behavioral Health (CRCBH)

First Choice Community Healthcare (FCCH)

Jeremy Richards, MD; Santiago Macias, MD; Caroline Bonham, MD; Mario Cruz, MD;  
Helene Silverblatt, MD

## Setting



- First Choice Community Healthcare, Family Health Commons,
  - Federally Qualified Health Center (FQHC),
  - Located in the South Valley, Albuquerque, NM
  - Largely Hispanic community,
  - Treats a wide variety of patients,
  - Including indigent care.
  - Houses a variety of specialty services
- Expanding behavioral health services including:
  - Full time masters-level therapist
    - Substance abuse,
    - Motivational interviewing,
    - Problem solving therapy,
    - Cognitive behavioral therapy.
  - Suboxone administration and group education
  - Annual self-screening of all patients for
    - Depression
    - Anxiety
    - Substance abuse
- In process of hiring Nursing Case Manager who will manage chronic care needs.
- To increase integration of health care, in both providing service and in resident education, CRCBH is funding a rotation for 4<sup>th</sup> year psychiatry residents to provide in-house consultation
- Plan on hiring a full-time psychiatrist, and creating a long-term relationship between CRCBH and FCCH.

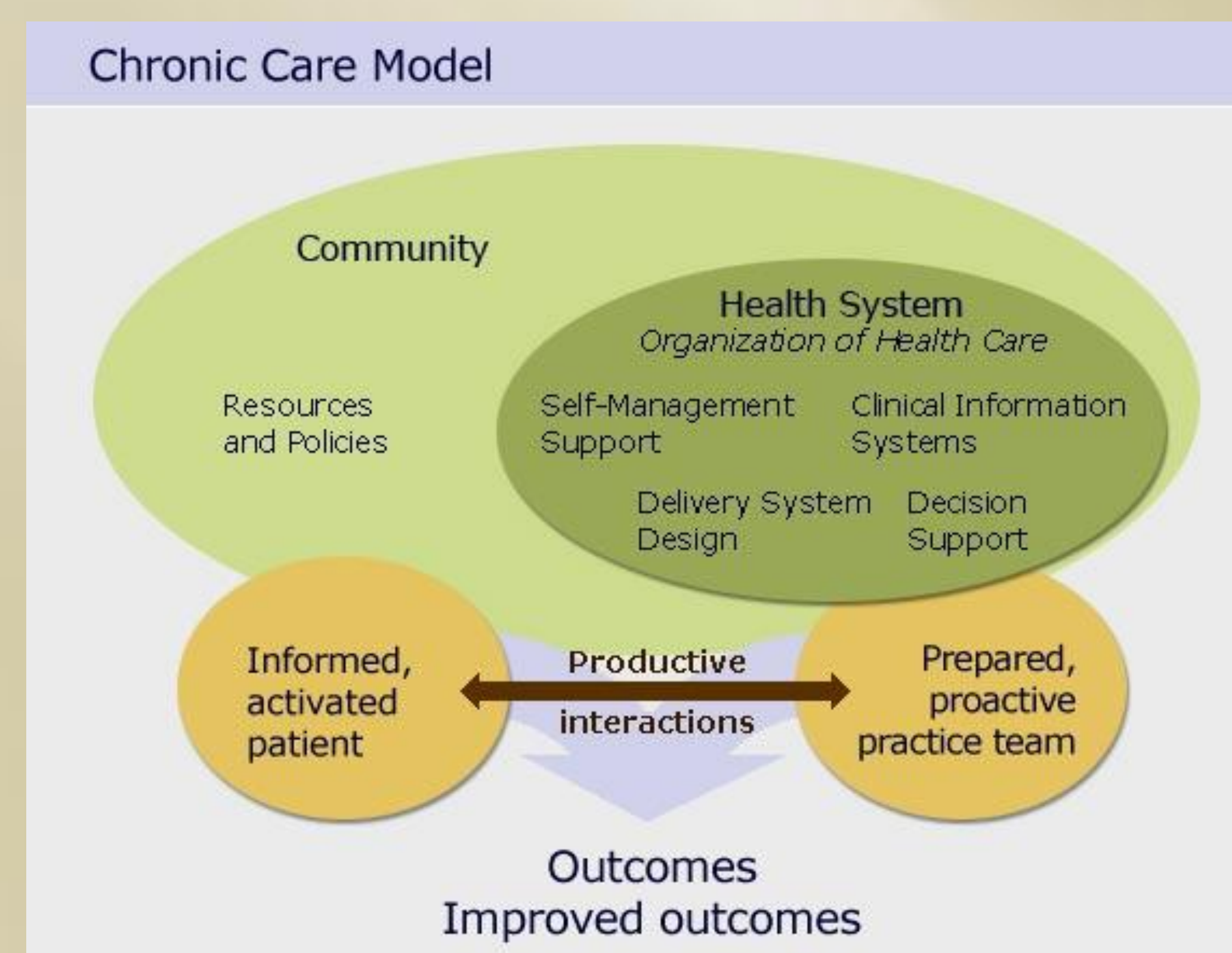
*“Tyranny of the Urgent”*

*“Frequently, the acute symptoms and concerns of the patient crowd out the less urgent need to bring chronic illness under optimal management.”*

Bodenheimer 2002

## Background

- Mental health problems carry a large burden of disease and represent leading causes of disability world wide (WHO 2001)
- A large proportion of mental health problems are treated in primary care setting (Gilbody 2006, Singleton 2001).
- Patients often receive inadequate treatment for mental health problems (Bodenheimer, 2002)
- Successful treatment of chronic diseases such as depression and other mental health disorders requires a coordinated multi-disciplinary care team effort (Wagner 2000).
- New models of chronic care, and collaborative care
  - reduce cost (Katon et al., 2006)
  - reduce use of health care services (Katon et al., 2006)
  - improve outcomes, (Katon et al., 2006; Samet et al., 2001)



- By focusing on:
  - Multidisciplinary team approach
  - Proactive stance towards chronic care
  - Defining complementary roles
  - Enhancing communication & information systems
  - Patient Education and Self Reliance(Bodenheimer 2002; Wagner 2000).

## Program Goals

- Expand mental health services;
  - Implement and sustain a multidisciplinary team consisting of Psychiatric provider, Nurse Care Manager, Therapist, Primary Care Specialist, and Support Staff.
- Define Complementary Roles and Care Needs
  - Nursing Care Manager:
    - Help create and maintain a patient registry to:
      - Integrate self-rating scales into patient care
      - Enhance surveillance of patient needs.
      - Enhance communication between providers
  - Notifying providers of specific care needs
  - Helping patients develop strategies to overcome Barriers to care and treatment
- Psychiatric provider
  - Advise primary care specialists on Pharmacologic, therapeutic and behavioral Treatment options through in-house consultation.
- Therapist
  - Continue to provide therapy and motivational interviewing.

## Conclusion

This program lays the groundwork for connecting university based psychiatric specialty care and community based medical care. It also helps to integrate educational goals by increasing proximity and collaboration between psychiatry and family practice training programs. Using state of the art organizational techniques, including Federally Qualified Health Center, Chronic Care, and collaborative care models to render specialty service to populations that may not otherwise have access to adequate mental health care. This extends the ability of psychiatric specialists to provide support and expands the comfort of primary care providers to manage chronic mental health needs.

## Sources

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