


Integrated Care: Transforming to Whole Person Care

Marilyn Pearson, MD
Johnston County Health Department
January 21, 2016
State Health Director's Conference



Caring for the mind is as important and crucial as caring for the body. In fact, one cannot be healthy without the other.

From the book “Approaching the Natural: A Health Manifesto”
by Sid Garza-Hillman

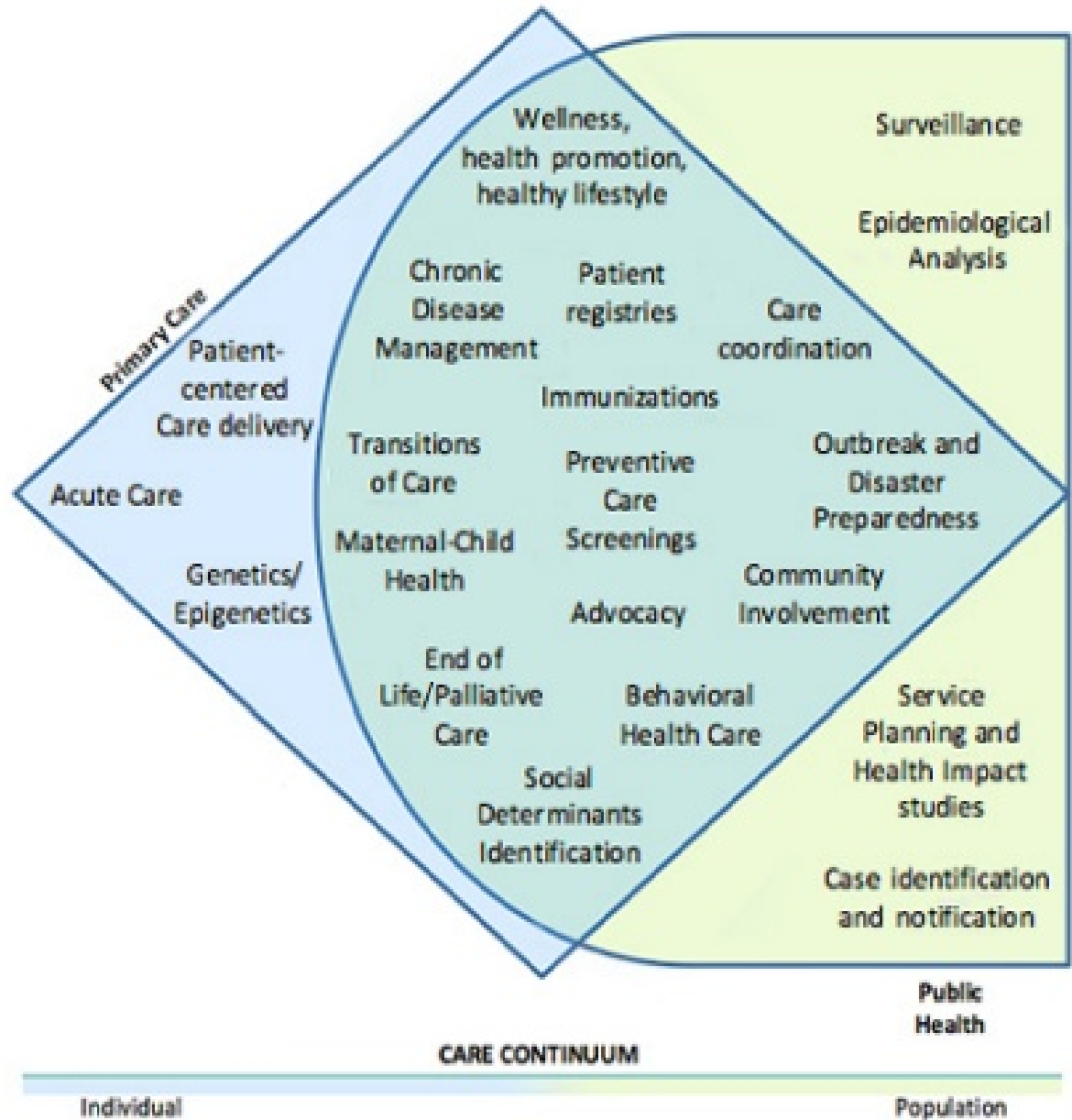



What is Integrated Care?

- WHO:
- The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.

AAFP Integration of Primary Care and Public Health Position Paper

December 2014





Johnston
County's
Story
Co-location
&
Collaborative Systems of Care

History of Primary Care/Integration

- 1998 Added Adult Primary Care Clinic to public health services/Hired full time physician
- 2000's Initiated Electronic Medical Records/Expanded provider staffing
- 2010 Partnered with JC LME on co-location project
- 2013 Formed Johnston County Health Department Behavioral Health Division

Our Motivation

- Helped fill gap-- shortage of primary care physicians
- (JC 3,403:1 vs. NC 1,448:1) and psychiatric services in the county (JC 1,922:1 vs. NC 696:1)
- High number of consumers in need of special consideration
- Provided continuity of care
- Increased accessibility
- Improved outcomes
- Increased communication b/n medical and behavioral health providers

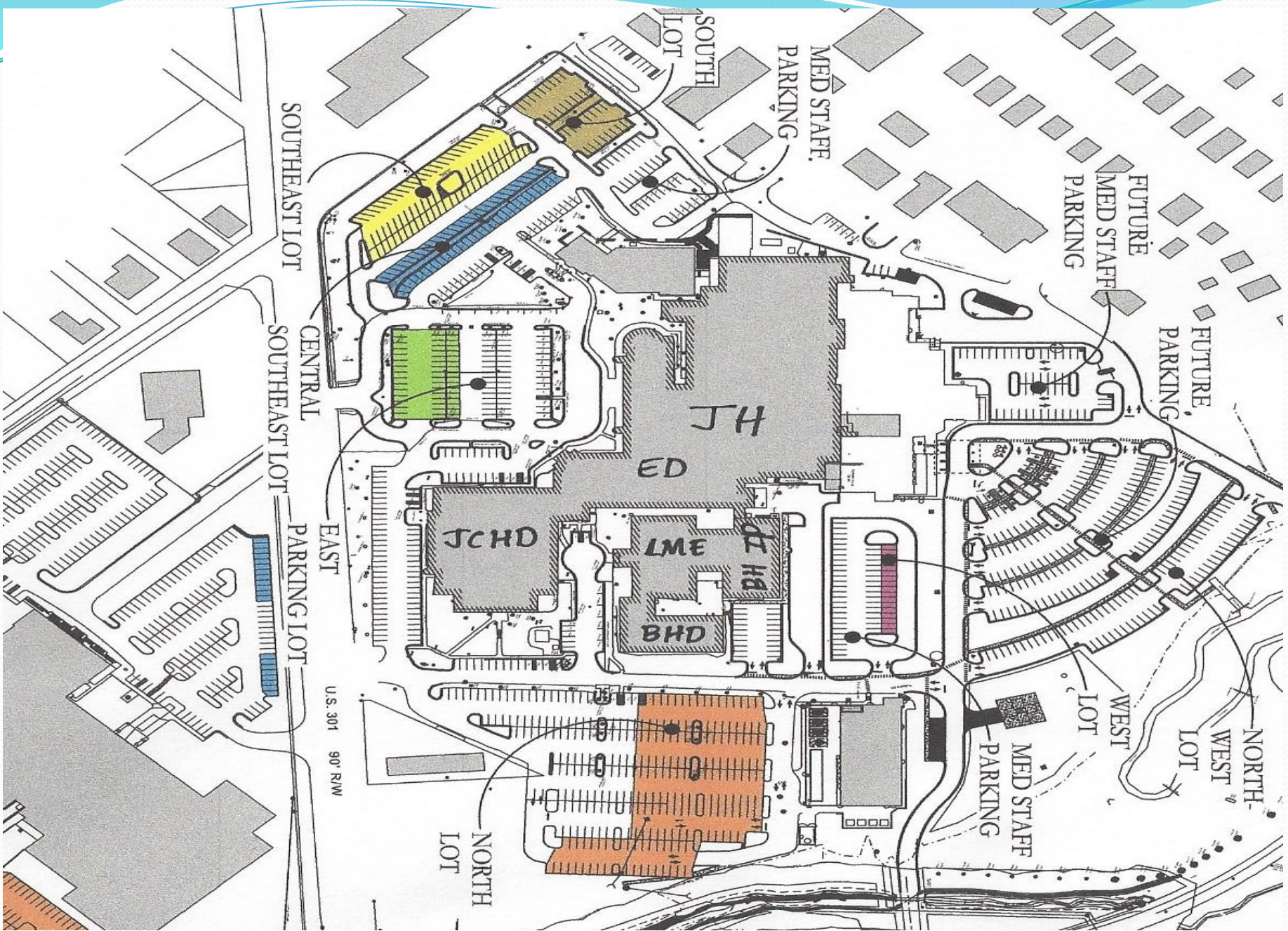
Core Stakeholders

Johnston County Board of Commissioners

- Johnston County Board of Health/Health Department
- Health Department Staff
- Johnston County Local Management Entity
- Johnston Health
- Community Care of Wake and Johnston Counties
- North Carolina Center of Excellence for Integrated Care
- Health Department Patients/Consumers

Leveraging Existing Strengths

- Collaborative relationship with LME, local hospital, CCWJC
- Utilization of established clinics in health department
- Sharing of EHR and data sources
- Shared administrative staff between divisions
- County leadership support for public health and behavioral health
- Physical proximity of agencies



SOUTH LOT

MED STAFF PARKING

FUTURE MED STAFF PARKING

FUTURE PARKING

SOUTHEAST LOT

CENTRAL SOUTHEAST LOT

EAST

PARKING LOT

U.S. 301 90' RW

NORTH LOT

JH

ED

JCHD

LME

BH

BHD

MED STAFF PARKING

WEST LOT

NORTH-WEST LOT

Johnston County Public Health Department

- Population Served: >180,000
- Services Provided: Adult PC, BH, Epi, FP, Health Ed, Labs, MH, Peds, WIC
- Total PH Enc (2014-15): >23,000
- Total BH Enc (2014-15): >22,000

Encounters for Shared PH/BH Patients 5614 (464)

- Co-morbidities

- Diabetes
- Hypertension
- COPD
- Joint disease

- Other diagnoses

- Depression
- Anxiety
- Mood disorder
- Bipolar disorder
- Substance abuse

Working Across Functional Lines

- What is a Cross Functional Team?
- Group of people with different functional expertise working toward a common goal
 - Improves coordination and integration
 - Improves problem solving
 - More thorough decision making
 - Fosters spirit of cooperation
 - Promotes continuous communication and dissemination of knowledge

JC Continuum of Care

Cross Functional Team Approach

- Adult and pediatric primary care, women's health and epi services (**JCHD PHD**)
- Embedded care manager in PH utilized for those at high risk (**CCWJC**)
- Co-located BH clinician in health department and crisis services accessed as needed (**JCHD BHD**)
- Case manager/navigator in ED connects patients to resources/assists with transitions for medical and BH needs (**JC LME/MCO and CCWJC**)
- Community Paramedics Program –additional community resource for PH/BH (**JH and JC EMS**)

Successes

- Shared goals as result of partnerships
- Shared medical records between PH and BH with shared access to partners medical records (local hospital, CCWJC)
- Coordination of appointments
- Staff collaboration and continuity of care
- Shared pharmacy support
- Shared data for analysis

Opportunities

- Transportation
- Provider shortages/recruiting
- Resources for the uninsured/underinsured
- Billing of MH/PH services concurrently
- Community awareness of existing services

Lessons Learned

- Engage all partners early in the process
- Determine goals for collaboration and each organization
- Solicit staff input throughout the process
- Meet regularly to review the process and to share information and stories
- Utilize all available resources
- Develop system to analyze data
- Be adaptable
- **Remind yourself of the impact of your work.**