

ESUCP Stay Well Project

Presentation by:

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ESUCP Stay Well Project

Funded by Kate B. Reynolds in December 2010 for a two year cycle

- * **Goal:** Integrate primary care within behavioral health services to improve health outcomes for adults with significant mental health challenges
- * **Partners:** MCO/LME, NC Center for Excellence on Integrated Care, CCNC network, DMA, local DSS, health departments, and other social service agencies
- * **Initial target:** identified 425 individuals with SPMI with the highest risk of having or developing two or more physical health problems
- * **Model:** Integrate FNP with outside supervision from primary care physician within the behavioral health clinic to provide support to address complex medical and behavioral health needs, as well as direct care, preventative services, and collaboration and coordination with identified medical home



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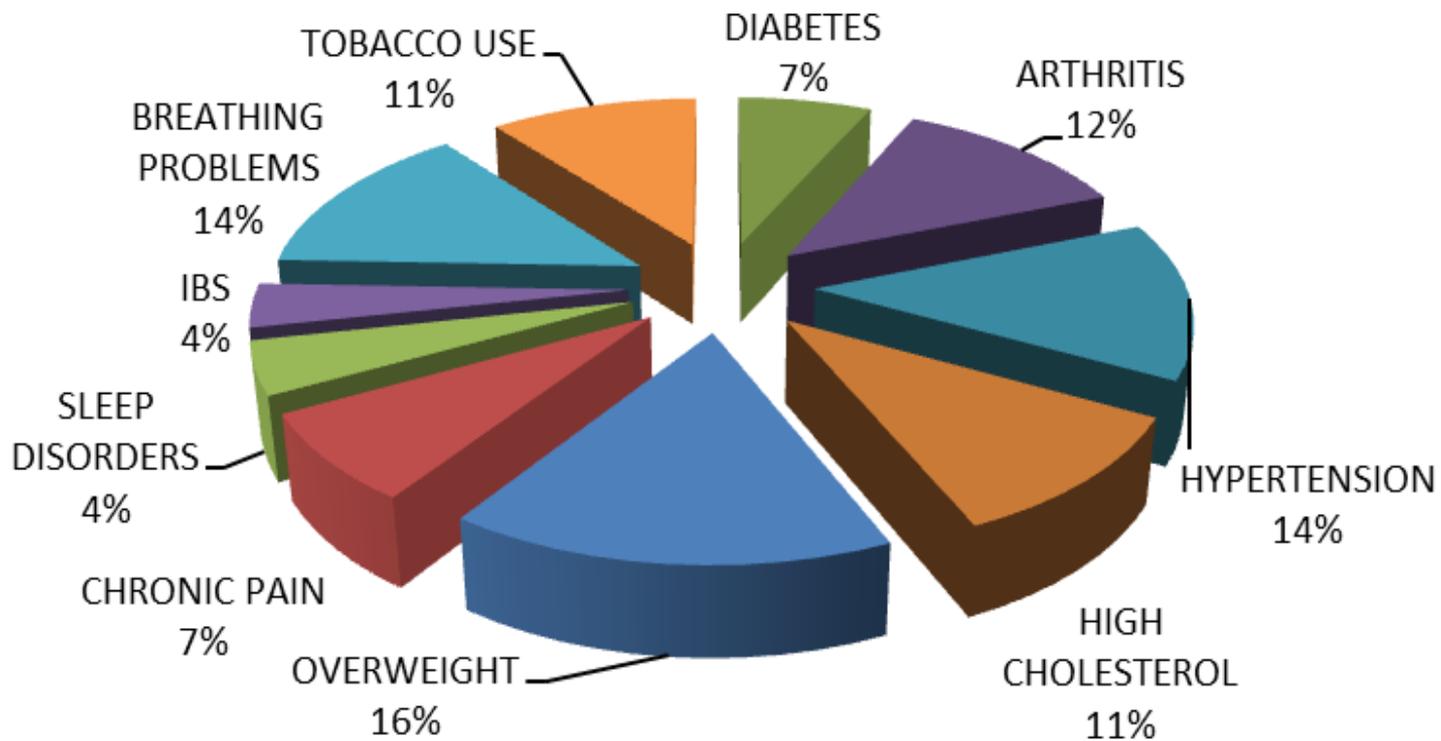
- * Grant targets:
 - * Increased access to and utilization of preventative and primary care
 - * Increase in medical home connections
 - * Improved physical and/or mental health status outcomes as demonstrated by metabolic health indicators
 - * Reduction in usage of emergency services
 - * Increase in adherence to behavioral health and primary care treatments and medication protocol
 - * Increased collaboration and coordination among behavioral health and primary care providers
 - * Increased report of patient satisfaction with primary care services
 - * Increased health literacy



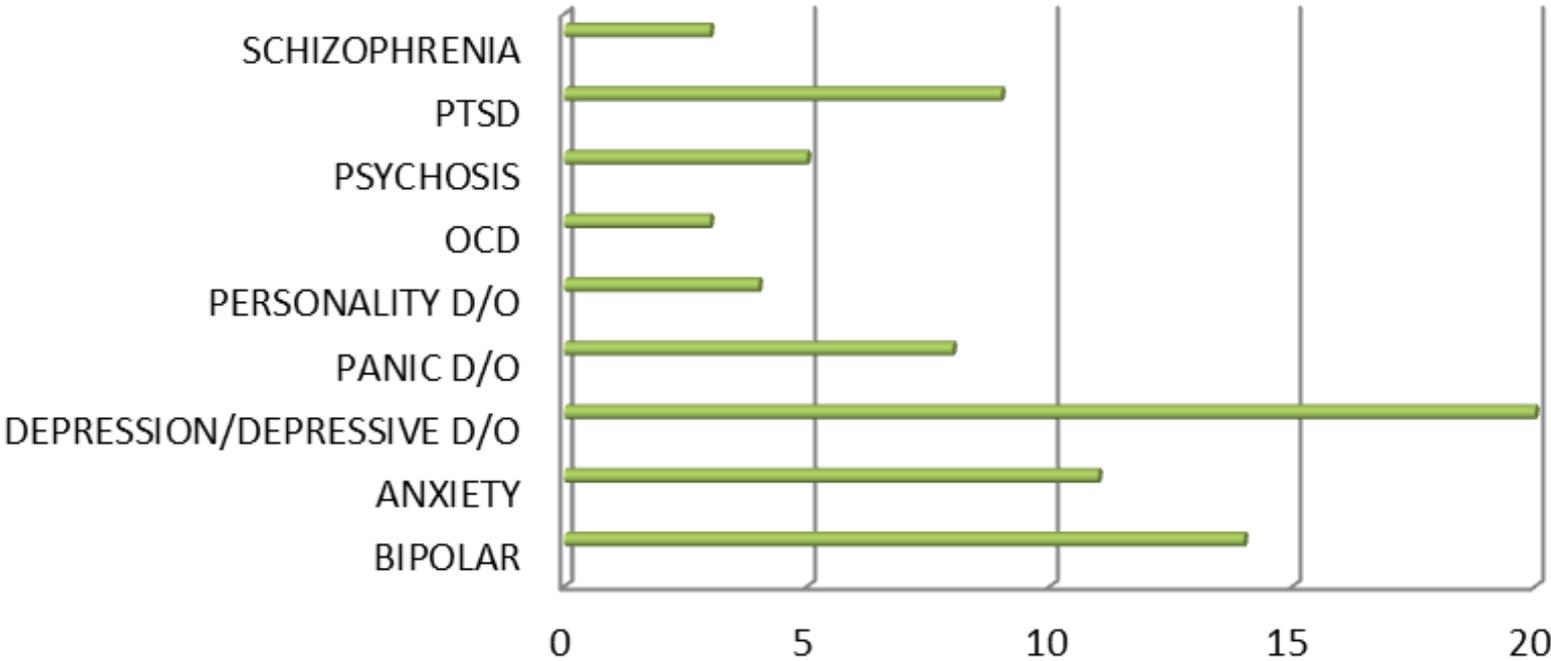
Where are we?

- * Patients: 61 female, 33 male
- * Average age: 47 (range 27 – 74)
- * Types of Services: physicals, labs, sick visits, diabetes education, hypertension education, vaccines, ear irrigation
- * Clinical Days: Currently 1 day per week at each clinic

SOME OF THE MOST COMMON MEDICAL DX OF OUR STAY WELL PATIENTS



SOME OF THE MOST COMMON PSYC DX OF OUR STAY WELL PATIENTS



What Have We Learned?

- * High no show – target group is highest “no show” of traditionally high no-show population.
- * Need less days than anticipated
- * High degree of coordination needed in scheduling to pair physical and behavioral health visits
- * High degree of coordination needed with CCNC primary care
- * Consider narrowing focus to one area such as ensuring annual physicals