Implementing Integrated Care/Co-Location in the Johnston County Health Department

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Johnston County Health Department

- Services Provided: Pediatrics, Adult Primary Care, Maternity and Family Planning, Epidemiology, (WIC)

- Total Visits (7/11 – 6/12) 22883

- Medicare 8%
- Medicaid 33%
- Private Insurance 1%
- Uninsured/Self-Pay 58%

Funding and Focus

- This project is funded by Kate B. Reynolds Charitable Trust.
- The primary focus is on providing intensive, collaborative care coordination to patients experiencing moderate to severe depression or SI.
- Patients experiencing milder forms of depression, screen at risk for excessive alcohol use, and/or endorse substance use are also referred to the counselor.

Benefits of Integrated Care

- Better physical health outcomes.
- Better behavioral health outcomes.
- “One stop shop”.
- Accessibility.
- Increased communication between medical and behavioral health providers, leading to more holistic, comprehensive treatment.

Goals of this project

1. Identifying and offering treatment to individuals with depression or risky alcohol or substance use.
2. Increasing access to appropriate care.
3. Achieving and maintaining significant decreases in depressive symptoms.
4. Achieving and maintaining decreases in risky alcohol and substance use.

Pre-Screen Questions

(Done by Health Care Tech as part of vitals)

Do you drink alcohol? (If **Yes**, give **AUDIT-C**)	Yes	No
In the past year, have you used drugs or taken prescription medications other than how they were prescribed? (If **Yes**, **refer** to counselor for further screening)	Yes	No
During the past month, have you often been bothered by feeling down, depressed, or hopeless? (If **Yes**, give **PHQ-9**)	Yes	No
During the past month, have you often been bothered by little interest or pleasure in doing things? (If **Yes**, give **PHQ-9**)	Yes	No

Results

- A higher percentage of patients in the Primary Care Clinic (39%) were experiencing depression than expected but fewer than expected (11%) were already receiving treatment.
- As measured by rescreen scores using the PHQ-9, 63% of patients who met with the counselor reported significant improvement in depressive symptoms versus 25% of patients who had not met with the counselor.
- As measured by rescreen scores using the AUDIT-C, 41.2% of patients who met with the counselor reported a decrease in risky drinking versus 23.1% of patients who had not met with the counselor.

Note: We considered a 5 pt change in PHQ-9 scores and a 2 pt change in AUDIT-C scores clinically significant.

Project Results – 1 yr.

	Patients seen by counselor	**Patients not seen by counselor**
	87 patients retested (254 total patients seen by counselor)	134 patients retested
PHQ score improves 1 or more levels	63 %	25 %
PHQ score same	28.7%	52 %
PHQ score worsens 1or more levels	8 %	23 %
	17 patients retested	39 patients retested
AUDIT-C score improves 1 or more levels	41.2%	23.1%
AUDIT-C score same	58.8%	56.4%
AUDIT-C score worsens 1 or more levels	0 %	20.5 %

Lessons Learned

- Time constraints can affect clinic flow.
- Involving clinic staff in the planning process earns support for the project.
- Regularly scheduled meetings to review the process and staff concerns are invaluable.
- Developing a user-friendly system to collect and analyze data regularly is imperative.
- Billing/reimbursement is a work in progress.