

Reverse Integration: Embedding Primary Care within a Behavioral Health Center

Gabriel Andeen, MD, MPH, OHSU

Jen Reffel, PMHNP, Columbia Community Mental Health

Maria Palazeti, MD, OHSU

Reverse Integration:

Community Collaboration Embedding Primary Care within a Behavioral Health Center



GABRIEL ANDEEN, MD, MPH

JENNIFER REFFEL, PMHNP

MARIA PALAZETI, MD



Agenda

Background/Context

CPCC Structure/Function

Challenges & Lessons

Successes

Dialogue



Introduction

This presentation explores an innovative model of reverse integration, where primary care is embedded within a behavioral health setting to address the complex needs of individuals with serious mental illness (SMI).

We will share the development and implementation of Creekside Primary Care Clinic, a collaborative effort between Columbia Community Mental Health (CCMH) and OHSU Family Medicine at Scappoose.

Through this model, we aim to improve access, coordination, and outcomes for a vulnerable rural population, and invite discussion on the future of integrated care in Oregon.





Background/Context

Serious Mental Illness

Long-term conditions that can be debilitating and can severely affect a person's ability to function. Approximately 5% of US adults had serious mental illness in the last year.

Serious mental illness includes schizophrenia; the subset of major depression called “severe, major depression”; the subset of bipolar disorder classified as “severe” and a few other disorders.

- Schizophrenia: 1.1% of the population
- Severe Bipolar Disorder: 2.2% of the population
- Severe Major Depressive Disorder: 2.0% of the population



SMI: A Vulnerable Population

LIMITED ACCESS TO CARE

- Less likely to have a PCP
- More likely to report difficulty accessing care

POORER HEALTH OUTCOMES

- Higher mortality risk
- Poor health habits
- Medication side effects
- Lower life expectancy (~20 years)

¹ *Access to medical care among persons with psychotic and major affective disorders* Psychiatric Services 2008; 59:8

² *Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states.* Prev Chronic Dis. 2006;3(2):A42

³ *An examination of premature mortality among decedents with serious mental illness and those in the general population* Psychiatr Serv. 2010;61(7):663-668

⁴ *Premature mortality among adults with schizophrenia in the United States.* JAMA Psychiatry. 2015;72(12):1172-1181.

⁵ *Prevalence of the metabolic syndrome in patients with schizophrenia: baseline results from the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Schizophrenia Trial and comparison with national estimates from HHANES III.* Schizophrenia Res. 2005;80(1):19-32.

⁶ *Excess mortality in schizophrenia.* Annu Rev Clin Psychol 2014;10:524-48



Integrated Behavioral Health

“The care a patient experiences as a result of a 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 for a defined population.”

-AHRQ



Integrated Behavioral Health

As of 2017, nearly half of FM residencies
reported behavioral health integration
(44.1% full integration, 33.7% colocated)

Integrated Behavioral Health Care in Family Medicine Residencies A CERA Survey. FAM MED 2018 May;50(5):380-384.



What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children and youth. CCBHCs do the following:



Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.

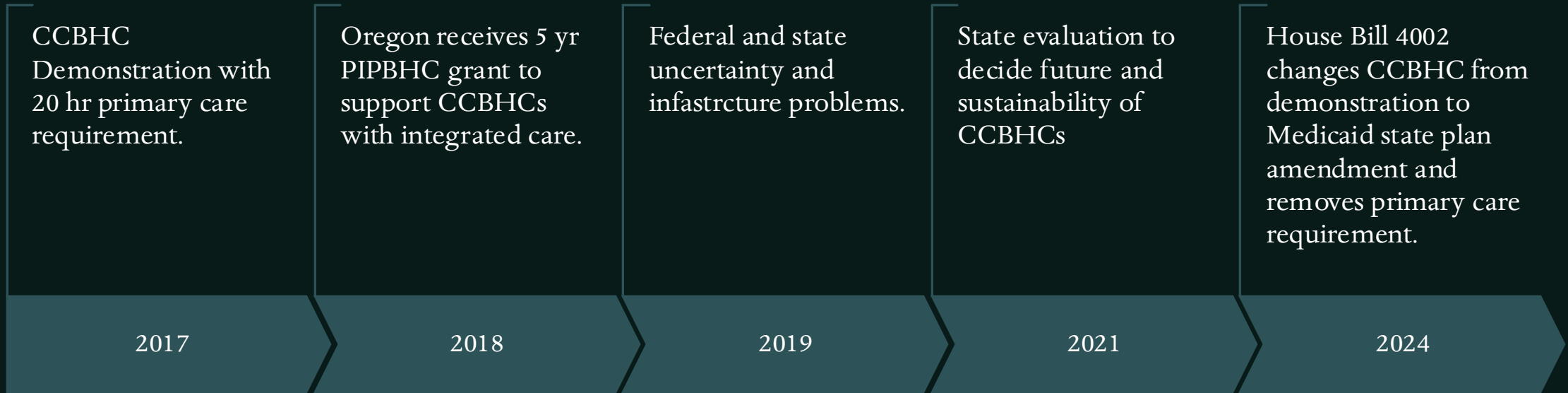


Offer the full array of CCBHC-required mental health, substance use and primary care screening services.



Coordinate care with other behavioral health, physical health, and social services systems in the community.

CCBHC Evolution and Integrated Care



Oregon CCBHCs and Reverse Integrated Primary Care

PIPBHC Funding Support:

- The Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant provided critical support to sustain and expand primary care services.
- PIPBHC funds helped clinics meet the 20-hour primary care requirement and supported service delivery beyond the demonstration period.
- These funds strengthened infrastructure and promoted whole-person care, especially for individuals whose primary health contact was through behavioral health settings.

2024 Policy Shift: Removal of On-Site Primary Care Requirement

House Bill 4002 (2024):

- Directed the Oregon Health Authority (OHA) to transition the CCBHC program from a federal demonstration to a Medicaid State Plan Amendment (SPA) by September 30, 2025.
- Under the SPA, OHA will provide the state share for CCBHC services but will no longer require clinics to provide 20 hours of on-site primary care.
- This change reflects a shift toward flexible integration models, allowing clinics to coordinate with external primary care providers rather than deliver services directly.



Concerns About Removing Primary Care

- Reduced Access to Care
- Worsening Health Disparities
- Loss of Behavioral Health Home Model
- Increased Operational Complexity
- Risk of Reverting to Siloed Systems:





A Collaboration Between Two Clinics





Columbia Community Mental Health (CCMH)

- One of 12 CCBHC's currently part of the federal demonstration pilot that began in 2017
- Community based and outpatient services in St. Helens (Creekside campus)
- Three residential facilities and a Crisis Receiving Center
- ~180 Staff

OHSU Scappoose Family Medicine

- Academic Rural Health Clinic (RHC)
- 15 MD/DO faculty, 5 APP's, 10 resident physicians
- Sports Medicine, Maternity Care, Podiatry, Immediate Care
- 5 BHC's
- 12,500 pts served annually, ~35,000 visits





Creekside Primary Care Clinic (CPCC)



- Collaborative partnership to provide primary care services for high needs clients on site at CCMH Creekside facility
- Pilot program in 2018, official clinic launch in 2019



CPCC Contract

- Total costs based on (partial) FTE time of MD, RN, MA
- Subtract estimated clinical revenue
- Paid monthly; contract revisions every 1-2 years





CPCC Structure/Function

CPCC Mission

To provide patient centered, comprehensive primary care with enhanced care coordination, extended appointment times and integrated behavioral health to vulnerable patients with SMI – who otherwise struggle to access primary care

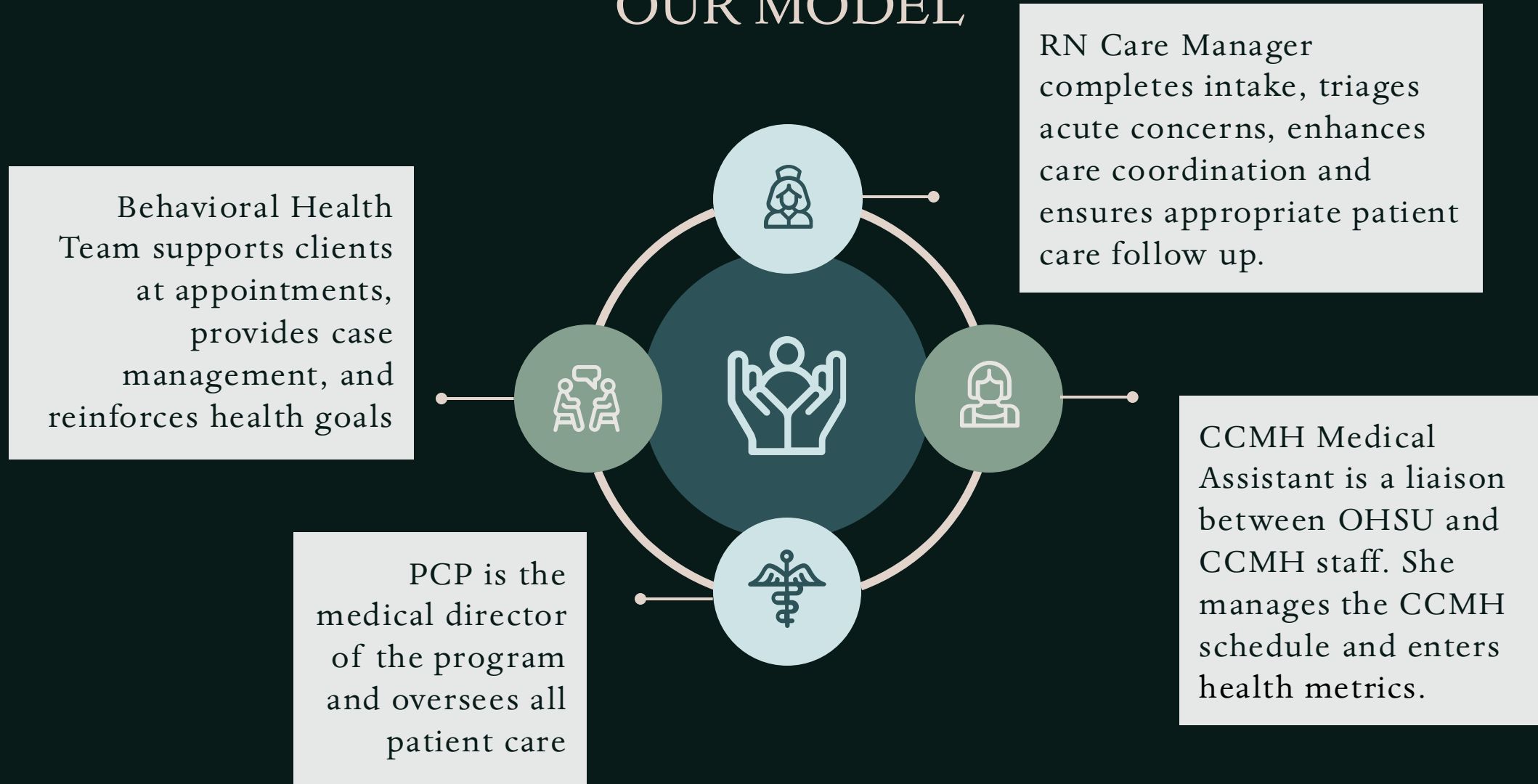


Clientele

Condition	SMI	SUD
HLD	76%	62%
HTN	58%	32%
Obesity	45%	50%
Diabetes	27%	12%
Tobacco Use	55%	85%
Chronic Heart Disease	15%	12%



OUR MODEL





Challenges/Lessons

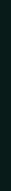
Challenges/Lessons

- Scheduling
- Meds / Pharmacy
- Staffing
- Care Coordination
- No shows
- Funding



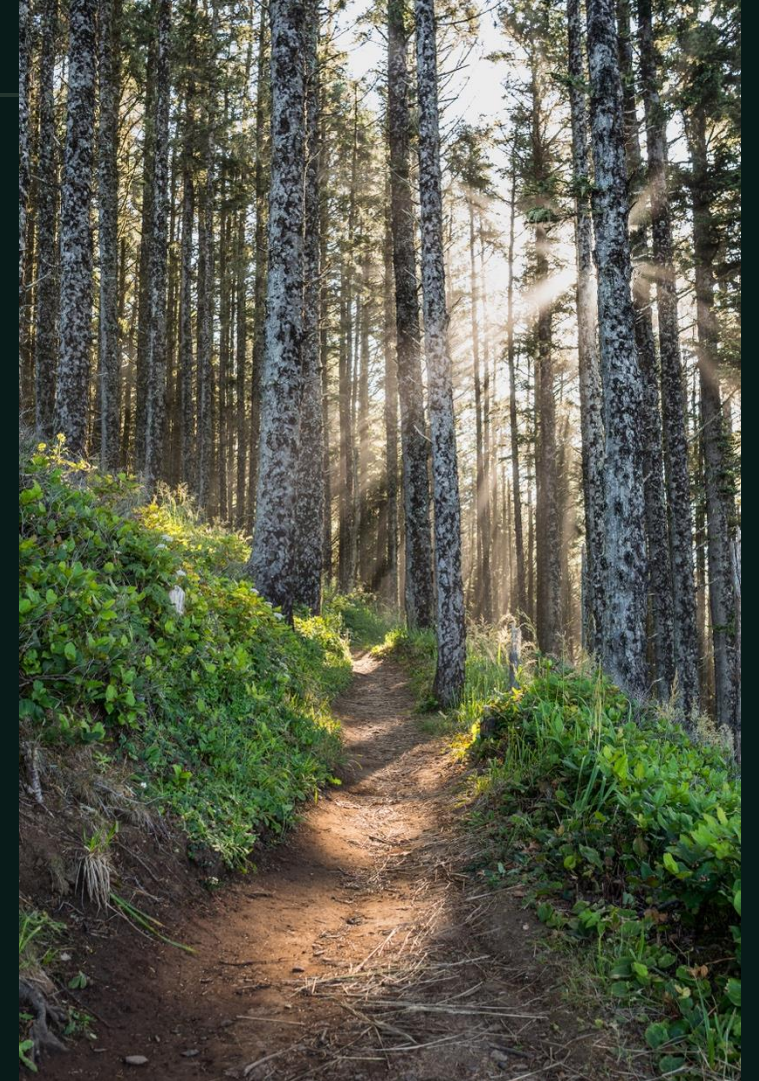


Successes

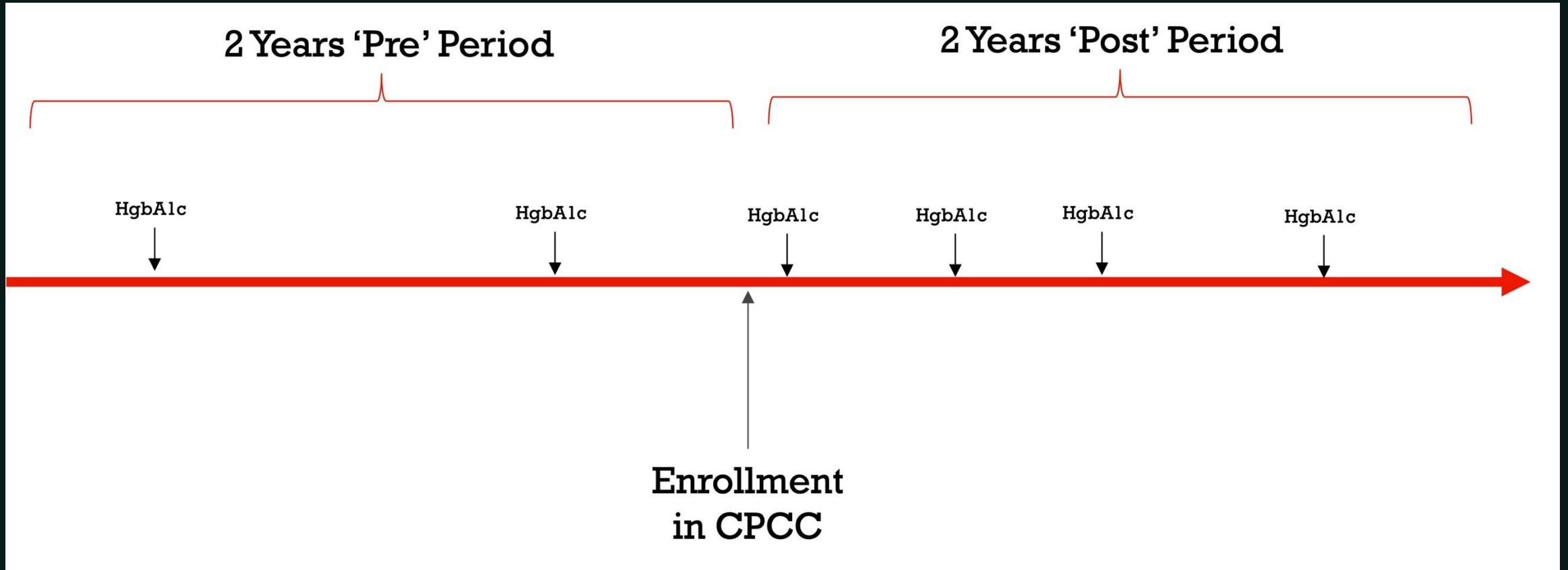


2022 Resident Capstone Analysis

- Mixed methods (chart review + interviews)
- Chart Review
 - CPCC patient charts
 - Basic demographics, health data, lipids, A1c
 - 2 Years pre/post enrollment in CPCC
- Interviews with CCMH staff
 - 9 completed semi-structured interviews
 - Transcripts collated, grouped into common themes



2022 Resident Capstone Analysis



2022 Resident Capstone Analysis

- 67 patients in panel (46 continuously engaged)
- 42M, 24 F, 1 Trans
- Age: 21-76, average 47
- BMI avg 33.3
- 40% hypertensive
- 7.5% diabetic



2022 Resident Capstone Analysis

Chronic Conditions		
	SMI	SUD
Hyperlipidemia	76%	62%
Hypertension	58%	32%
Obesity	45%	50%
Diabetes	27%	12%
Tobacco Use	55%	85%
Congestive Heart Failure	15%	12%

2022 Resident Capstone Analysis

Average # of screenings / Patient within 2 years pre & post admission date		
	Pre Period	Post Period
Hemoglobin A1C	1.5	3.0
Cholesterol	1.1	2.6
Triglycerides	1.1	3.0
HDL	1.1	2.6
LDL	1.1	2.6

2022 Resident Capstone Analysis - Interviews

Theme 1: Organizational Structure

- “We consult all the time. We're talking on teams a lot about our mutual clients.”
- “It's just a lot easier to streamline it and have it on all under one roof, especially because it makes it more easy for our case managers and therapists to support them [in] the appointments.”
- “Being able to have overlap and communicate between prescribers has been essential with a lot of the people that we have that you have more chronic, persistent, mental illness.”
- “We really have consistent communication, we have consistent practices. It's the same every time now that we've got good workflows and things down. So, we are able to work very seamlessly, in a totally different way than when clients are getting services from a different primary care provider. There's a huge variability among how that communication occurs with other primary care providers.”

2022 Resident Capstone Analysis - Interviews

Theme 2: Client Trust

- “I think that our folks have a tendency to be difficult to engage in general. And so once we get them engaged in and a mental health program, then that that builds this trust that can help us get them into services and it just really helps coordinate care really closely”
- “I believe a lot of my clients would not be seen if it wasn't for the program here also having their consistency you know, seeing the same providers is very helpful. Oftentimes my clients don't trust very easily. So having that consistency definitely helps.”

2022 Resident Capstone Analysis - Interviews

Theme 3: Case Management

- “I'd also attend other medical appointments outside of that clinic, [...] so I would follow up with the specialty care appointments, or the diagnostic imaging appointments. But, yes, it was mostly scheduling, attending and then, um helping the client afterwards understand their after visit summary or often they might misconstrue some of the information that was given to them or catastrophizing the information or minimize the information.”

2022 Resident Capstone Analysis - Interviews

Theme 4: Preventing Excess Healthcare Utilization

- “One example that I can provide is someone complaining of UTI [...] and being able to coordinate with providers, to be able to get an appointment scheduled to prevent it from becoming a kidney infection.”
- “[Dr Andeen]'s got some time set aside for people who just need their questions answered, and I think that that is huge because otherwise my clients would be calling 911 [...] and he's able to put their mind at ease and see them and address that with them.”
- “I had a client who was having delusions that he [was being] eaten out of his abdomen and so being able to get him to be seen by our doctor here through the program, prevented them from going to emergency room and basically to be seen for a delusion, rather than actual physical symptom.”

2022 Resident Capstone Analysis - Interviews

Theme 5: Staffing

- “The staffing crisis, the nursing not having a nurse right now is obviously not ideal in term that's a little bit of a step back and not having that presence and being being difficult to staff.”
- “Could improve currently they're a little bit short staffed and so not having or a nurse communications. Really limited right now.”
- “Being here when we were fully staffed versus not being fully staffed, I've already noticed a difference and it's much more difficult to get care for our clients when they're not as well staffed.”
- “That's been a real challenge, having turnover of staff and there is such a culture in that value system [...] where that's something that's difficult to just transmit to a new employee.”

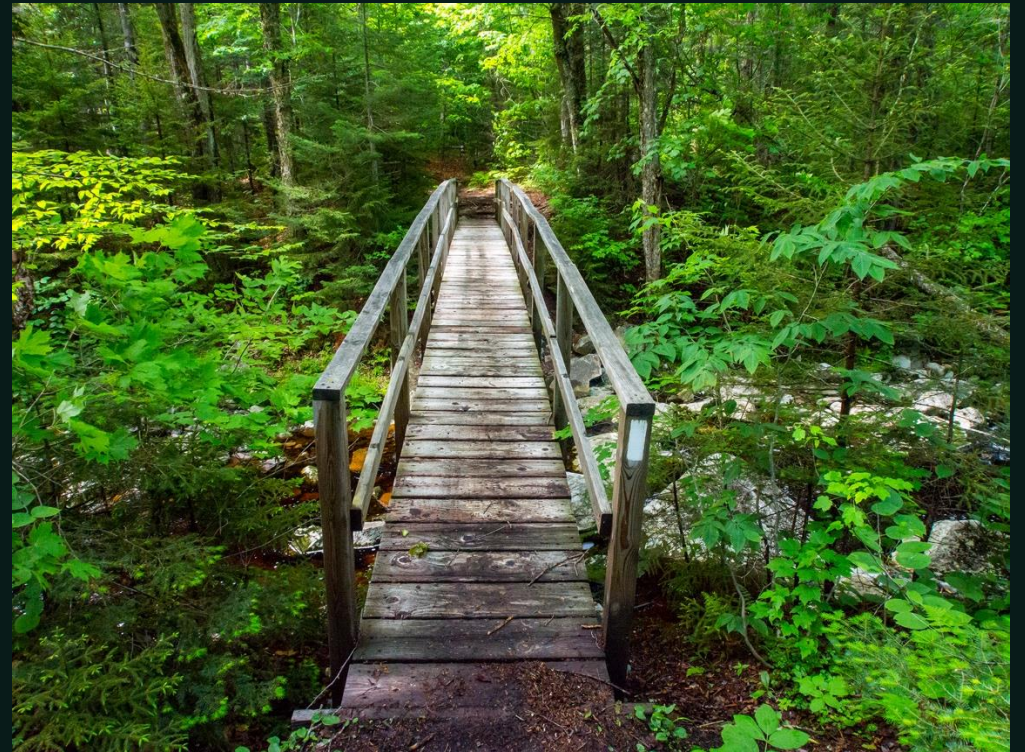
2022 Resident Capstone Analysis - Interviews

Other Themes:

- Queries about which SMI patients would be best fit for CPCC referral.
- Ease and timing of access:
 - 'Drop in' sessions
 - Longer (1 hour) visits
 - Co-location of services (pharmacy, psych, primary care)
- Better compliance with medications and treatment recommendations
- More opportunities for learners.
 - Constrained during COVID19 pandemic

Recent Client Experiences/ Successes

- Spa day
- DM and BP control in paranoid patient
- Hernia/hydrocele repair
- Lithium + ARB titration
- Showing up



Clinician Satisfaction





Dialogue

