Mental Health Integration into Primary Care

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Meet the Patient

- Michael is a patient that has been difficult to engage with multiple chronic health conditions. He also presents with psychosocial stressors, depression, and anxiety.
  - Michael came to us with Type II Diabetes that had not been well managed. At its highest level, his A1C was at 14. He was not managing his blood glucose and he was not motivated to change.
  - He also struggles with pain management and was going through a worker's compensation claim lasting over a year. He was without a job and had no income.
  - He had a lot of anxiety, including social anxiety, with co-occurring depression which made it difficult to engage him. He was passively suicidal and had very little hope that his condition would improve. He had several panic attacks while in care team appointments. He had tried outpatient therapy but felt he couldn't connect and wouldn't attend his appointments regularly. He was struggling to manage his own medications and wasn't taking them as prescribed.

Connecting to the Extended Care Team Members

- The primary care physician and his team got him connected with our extended care team members.
  – Michael was connected with our care team Pharmacist, Katie, who helped Mike understand and manage his medications;
  – Our diabetic educators worked with Mike to understand his diabetes and the importance of testing his blood glucose and monitoring changes in his health status;
  – Our clinic case manager, Beth, helped connect Mike to financial and community resources;
  – We connected him with a RN Care Coordinator (RNCC) due to his multiple chronic conditions and she helped him understand and engage in the treatment plan, attended appointments with him, and checked in with him regularly to make sure he was supported as he began to make these changes.

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Behavioral Health

- The Behavioral Health Consultant, a member of the Core Care Team, met Mike at one of his clinic appointments and Mike agreed to start counseling for his depression and anxiety. I was also able to respond to one of his diabetic appointments when he was having a panic attack at the appointment.
- We do bi-weekly extended care team meetings and we would review Mike's plan of care and coordinate resources. A psychiatry consult was made and he was connected with psychiatry due to the complexity of his symptoms. Mike agreed to participate in psychological testing with our neuropsychologist to help clarify diagnosis and identify recommendations for treatment planning.

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Behavioral Health

- Michael really started to engage in his own care improving his A1C to 7.2 and holding this through the summer and fall 2016.
- He has not been having panic attacks and his symptoms of anxiety has decreased substantially. He has begun to engage in therapy and has been making weekly appointments with the behavioral health consultant.
- He had a psychiatric hospitalization at the beginning of the summer and the behavioral health consultant was able to go to the hospital and visit with him. This built trust and rapport and helped him to further engage in therapy.
- Overall, he has hope again for his future and feels that he has new skills to help him be healthy and the skills to advocate for himself if and when complications arise.

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How is the Patient Doing Today?

- The focus now is on sustaining the improvements he has made to his health. This was truly a team effort in supporting Mike.
- Current A1C level is 7.2
- Historically, Mike's PHQ-9 scores over the past year can be quite up and down dependent on how he is feeling day-to-day.
- His PHQ-9 in July 2016 was 15 and his most recent PHQ-9 in October 2016 was 2.

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