Integrate primary care and behavioral health for racial and ethnic minoritized communities in the United States

Kris (Pui Kwan) Ma, PhD
Clinical-Community Psychology and Behavioral Health Fellow
Department of Family Medicine
University of Washington, Seattle, USA

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Primary Care in the U.S.

- Is the **largest** healthcare platform in the country
- 80% of patients with eight common conditions seek a primary care provider within a two-year period
- Is the **de-facto mental health system** for many individuals in the U.S.
- **4 C's** - First Contact, Continuity, Comprehensiveness, and Coordination of care
- **Fee-for-service payment**, with other emerging alternative payment models
- Persistent **underinvestment** relative to other healthcare sectors
- Situated within a broader, **fragmented** U.S. healthcare system

Racial and Ethnic Health Disparities in the U.S.

U.S. minority racial and ethnic groups: *American Indian or Alaska Native, Asian, Black or African American, Latino or Hispanic, and Native Hawaiian or other Pacific Islander, mixed or multiple races. (OMB, 2016)*

- Latino, Blacks, Asians individuals, those without insurance, and living in U.S. Southern states were **less likely to identify source of primary care**.
- Primary care providers practicing in neighborhoods with higher percentages of African Americans and Hispanics were **less likely to have geographically proximate behavioral health professionals**.
- The **prevalence of overweight, obesity, diabetes, and hypertension was higher** among most Asian American and Native Hawaiian/Pacific Islander subgroups than White adults.
- The COVID-19 pandemic have exacerbated these persistent disparities.

National Academies of Sciences, Engineering, and Medicine 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983

Aspirational Goal for U.S. Primary Care

High-quality primary care is the provision of **whole-person**, integrated, accessible, and **equitable** health care by **interprofessional teams** that are accountable for addressing the majority of an individual's health and wellness needs **across settings** and through **sustained relationships** with patients, families, and communities.

Integration of Primary Care and Behavioral Health

"The care that results from a practice 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" (Peek, 2013)

- Varying degrees of integration: coordinate services, colocation, interdisciplinary team of care
- Integration increase access to mental and behavioral health care, improve patient outcomes and satisfaction with care, and reduce overall healthcare costs
- Demonstrated need and effectiveness of integrated primary care and behavioral health in racial/ethnic minoritized communities
- But, racial/ethnic diverse patients, especially those who speak a language other than English, were less likely to enroll in integrated care

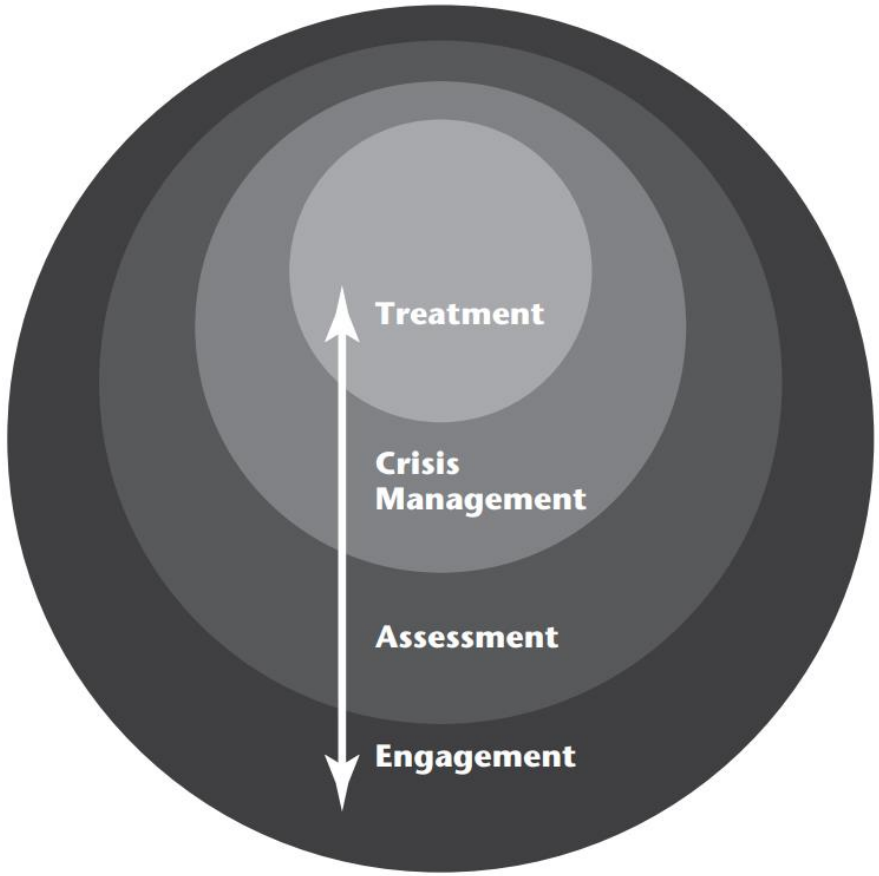


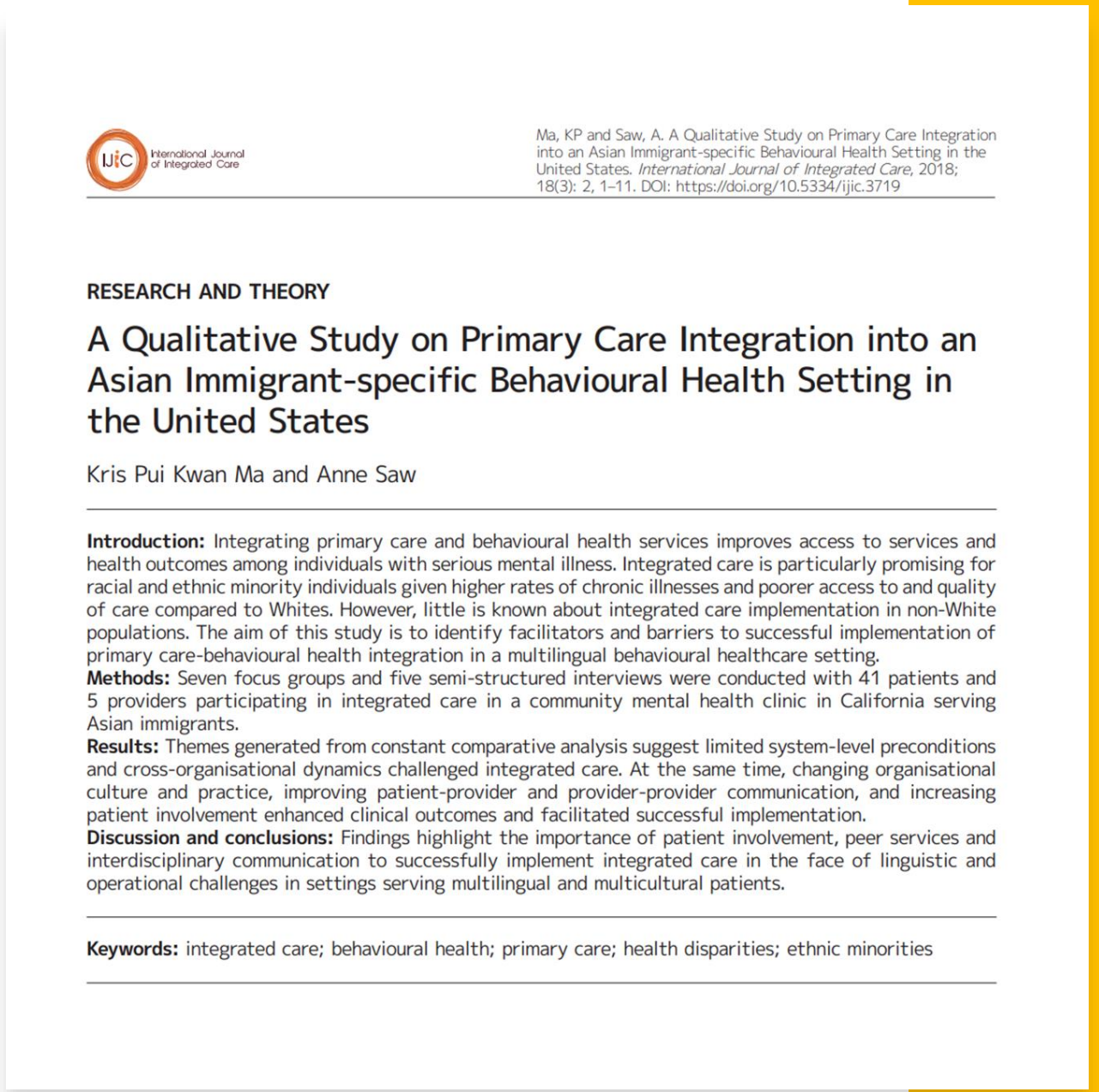
Figure. Continuum of care

From "Evidence-Based Behavioral Interventions for the Collaborative Care Team," by K. A. Stephens and S. S. Welch, in A. Ratzliff, J. Unützer, W. Katon & K.A. Stephens (Eds.), *Integrated Care: Creating Effective Mental and Primary Health Care Teams* (p. 228), 2016, John Wiley & Sons, Inc.

Barriers to Care

- Cultural factors
- Language
- Socioeconomic factors
- Structural and institutional racism

An example of how integrated care is culturally adapted to Asian immigrants in the U.S.



International Journal of Integrated Care

Ma, KP and Saw, A. A Qualitative Study on Primary Care Integration into an Asian Immigrant-specific Behavioural Health Setting in the United States. *International Journal of Integrated Care*, 2018; 18(3): 2, 1–11. DOI: https://doi.org/10.5334/ijic.3719

RESEARCH AND THEORY

A Qualitative Study on Primary Care Integration into an Asian Immigrant-specific Behavioural Health Setting in the United States

Kris Pui Kwan Ma and Anne Saw

Introduction: Integrating primary care and behavioural health services improves access to services and health outcomes among individuals with serious mental illness. Integrated care is particularly promising for racial and ethnic minority individuals given higher rates of chronic illnesses and poorer access to and quality of care compared to Whites. However, little is known about integrated care implementation in non-White populations. The aim of this study is to identify facilitators and barriers to successful implementation of primary care-behavioural health integration in a multilingual behavioural healthcare setting.
Methods: Seven focus groups and five semi-structured interviews were conducted with 41 patients and 5 providers participating in integrated care in a community mental health clinic in California serving Asian immigrants.
Results: Themes generated from constant comparative analysis suggest limited system-level preconditions and cross-organisational dynamics challenged integrated care. At the same time, changing organisational culture and practice, improving patient-provider and provider-provider communication, and increasing patient involvement enhanced clinical outcomes and facilitated successful implementation.
Discussion and conclusions: Findings highlight the importance of patient involvement, peer services and interdisciplinary communication to successfully implement integrated care in the face of linguistic and operational challenges in settings serving multilingual and multicultural patients.

Keywords: integrated care; behavioural health; primary care; health disparities; ethnic minorities

Ma, K., & Saw, A. (2018). A Qualitative Study on Primary Care Integration into an Asian Immigrant-specific Behavioural Health Setting in the United States. International journal of integrated care, 18(3), 2. https://doi.org/10.5334/ijic.3719

Context

- A community mental health outpatient clinic serving primarily low-income Asian adult immigrants in the neighborhood; 90% of patients speak a language other than English.
- In 2010, the mental health clinic received funding from the U.S. government to build and integrate primary care services for the first time. They worked with another community health center in the neighborhood on this initiative.
- Academic-clinic partnership to conduct an evaluation of the program.

Asian Primary Care Integration Program

- **Colocation model** – primary care and behavioral health services were offered in the same facility
- **Multidisciplinary team** – 3 primary care providers (via contract with another community health center), 30+ bilingual care managers,
  1 psychiatrist
- **Share electronic health record system** (but with limited capacity)
- **Wellness group activities** for patients and their family members

Program Effectiveness

- 242 patients with mental illness enrolled in the program
  - 55% women and age ranged from 26–85 years (mean age was 49)
  - Ten ethnicities: Chinese, Cambodian, Vietnamese, Korean, Filipino, Mien, Thai, Japanese, Laotian and Burmese
  - At baseline, 44% had serious distress, 64% had a BMI in obese range, 51% had abdominal obesity, 25% had diabetes, 12% had hypertension

Program Effectiveness

When comparing 6 months and 12 months to baseline:

- Participants reported improvements in daily life functioning, social connectedness, and psychological distress (varied by gender) over time
- No changes in BMI, waist circumference, HDL cholesterol

What Worked?

- Bilingual workforce
- Peer workers and community health workers
- Patient and family involvement
- Linguistically matched program materials and assessments
- Culturally specific program content
- Partnerships with other local communities and organizations
- Improved provider-provider and patient-provider communication

Challenges

- Inadequate bilingual workforce trained in integrated care
- Patient recruitment
- Technical and legal challenges with shared EHR
- Organizational and operational barriers (i.e., defining roles, team dynamics, protocols, culture, administrative and staff buy-in)
- Payment and reimbursement models
- Sustainability is a huge challenge

Thai, L., & Saw, A. (2014). Integrating Primary Care and Behavioral Health: A Nurse Practitioner's Perspective. *AAPI nexus : Asian Americans and Pacific Islanders, policy practice and community*, *12*(1-2), 193–209. https://doi.org/10.17953/appc.12.1-2.l77724297684g720

Future Directions

- Centering inclusion health (equity) in integrated care research and practice
- Increase diversity in primary care and behavioral health workforce
- Empower peer workers, community health workers and other allied health professionals
- Improve patient engagement and education in integrated care
- Collect and leverage on patient-reported data including social care needs to improve the patient-centeredness of integrated care
- Evaluate how existing funding sources, training and technical assistance are meeting or not meeting the needs of community clinics that serve these minoritized populations
- Plan for sustainability from the get-go and anticipate for structural changes

References

- Đoàn, L. N., Takata, Y., Hooker, K., Mendez-Luck, C., & Irvin, V. L. (2022). Trends in Cardiovascular Disease by Asian American, Native Hawaiian, and Pacific Islander Ethnicity, Medicare Health Outcomes Survey 2011-2015. *The journals of gerontology. Series A, Biological sciences and medical sciences, 77(2*), 299–309. https://doi.org/10.1093/gerona/glab262
- Garcia, M. E., Ochoa-Frongia, L, Moise, N, Aguilera, A, & Fernandez, A. (2018). Collaborative Care for Depression among Patients with Limited English Proficiency: a Systematic Review. *Journal of general internal medicine,* 33(3):347-357.
- Huang, S., Fong, S., Duong, T., & Quach, T. (2016). The Affordable Care Act and integrated behavioral health programs in community health centers to promote utilization of mental health services among Asian Americans. *Translational behavioral medicine, 6(2*), 309–315. https://doi.org/10.1007/s13142-016-0398-4
- Levine, D. M., Linder, J. A., & Landon, B. E. (2020). Characteristics of Americans With Primary Care and Changes Over Time, 2002-2015. *JAMA internal medicine*, *180*(3), 463–466. https://doi.org/10.1001/jamainternmed.2019.6282
- Ma, K., & Saw, A. (2018). A Qualitative Study on Primary Care Integration into an Asian Immigrant-specific Behavioural Health Setting in the United States. *International journal of integrated care, 18*(3), 2. https://doi.org/10.5334/ijic.3719
- National Academies of Sciences, Engineering, and Medicine 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983
- Njeru, J.W., DeJesus, R.S., St Sauver, J, et al. (2016). Utilization of a mental health collaborative care model among patients who require interpreter services. *Int J Ment Health Syst,* 10:15- 15.
- Office of Management and Budget. Revisions to the standards for the classification of federal data on race and ethnicity. *Federal Reg.* (2016) 81:67398-401.
- Peek, C. J. (2013). National Integration Academy Council. *Lexicon for behavioral health and primary care integration: Concepts and definitions developed by expert consensus.* Rockville, MD: Agency for Health Care Research and Quality.
- Stephens, K. A., & Welch, S. S. (2016). Evidence-Based Behavioral Interventions for the Collaborative Care Team. In A. Ratzliff, J. Unützer, W. Katon & K.A. Stephens (Eds.), Integrated Care: Creating Effective Mental and Primary Health Care Teams (p. 228). John Wiley & Sons, Inc.
- Thai, L., & Saw, A. (2014). Integrating Primary Care and Behavioral Health: A Nurse Practitioner's Perspective. *AAPI nexus : Asian Americans and Pacific Islanders, policy practice and community, 12*(1-2), 193–209. https://doi.org/10.17953/appc.12.1-2.l77724297684g720
- Wielen, L. M., Gilchrist, E. C., Nowels, M. A., Petterson, S. M., Rust, G., & Miller, B. F. (2015). Not Near Enough: Racial and Ethnic Disparities in Access to Nearby Behavioral Health Care and Primary Care. *Journal of health care for the poor and underserved, 26(3*), 1032–1047. https://doi.org/10.1353/hpu.2015.0083
- Willis J, Antono B, Bazemore A, Jetty A, Petterson S, George J, Rosario BL, Scheufele E, Rajmane A, Dankwa-Mullan I, Rhee K. (October, 2020). The State of Primary Care in the United States: A Chartbook of Facts and Statistics.

Thank you

krisma@uw.edu

@KrisMaPhD