Understanding our patients' behavioral health and social needs

Quality Improvement Brief

March 2019

Camden Coalition
of Healthcare Providers

Quality Improvement: Understanding our patients' behavioral health and social needs

Complex care serves individuals who are repeatedly cycling through healthcare, social service, and other systems but who do not derive lasting benefit from those interactions. The Camden Core Model, our signature complex care program, serves people with complex needs in Camden, NJ. To improve the quality of our patients' care, a clinical psychologist assessed their psychiatric, substance use, and social needs.

We found a wide range of behavioral health and social needs, including high rates of active mental health and substance use diagnoses, physical and emotional trauma, and housing instability. Furthermore, we learned that while most patients had recently seen their primary care provider, very few were currently receiving treatment for their behavioral health diagnoses. These findings underscore the need for policies and incentives that support integrated medical-behavioral healthcare, and which strengthen connections between primary care practices and social service providers.

What we know about behavioral health needs and complex care

The field of complex care serves people who repeatedly cycle through healthcare, social service, and other systems but who do not derive lasting benefit from those interactions. Many of these individuals have behavioral health and social needs, but the prevalence of specific diagnoses, trauma exposure, and social concerns like housing instability is not well understood and varies greatly within this segment of the population. Primary care providers are crucial parts of the care continuum for individuals with complex health and social needs. Evidence is growing for the importance of primary care in the screening and treatment of behavioral health disorders, and in connecting patients to the social resources they need.

About the Camden Core Model

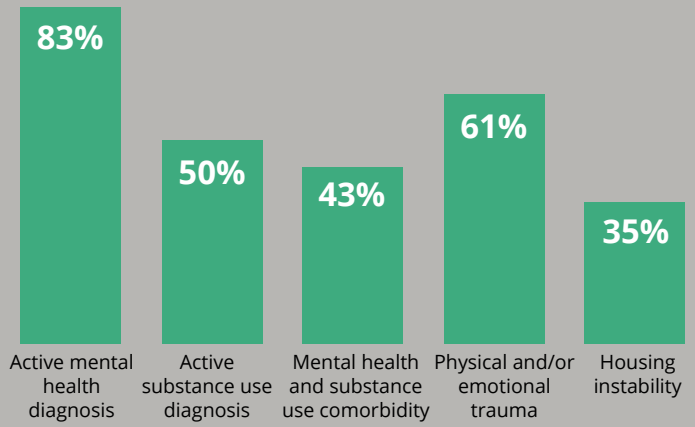
The Camden Core Model, our signature care management program, serves people with complex needs in Camden, NJ. Following the principles of trauma-informed care and harm reduction, our goal is to empower patients with the skills and support they need to avoid preventable hospital use and improve their wellbeing. In a process that has come to be known as healthcare hotspotting, we use real-time data from the Camden Coalition Health Information Exchange to identify patients with frequent hospital use. Then we engage and enroll them at the hospital bedside.

Our care team visits patients in the community, helps reconcile their medications, accompanies them to doctor's visits, and links them to social services. Our COACH framework[1] guides the team in building authentic healing relationships that empower participants to take control of their health. We work with each individual to create a customized care plan, centered on their own goals and wishes, that helps them realize their highest level of health and wellbeing. We recognize the importance of the relationship between patients and their primary care providers, and establishing or re-connecting individuals with primary care is a central element of our program. However, the Camden Core Model is not attached to one hospital or health system — patients with complex needs often engage multiple systems. The model recognizes that much of what drives our health takes place outside the four walls of medicine.

[1] Learn more about our COACH framework at **https://www.camdenhealth.org/the-coach-model/**.

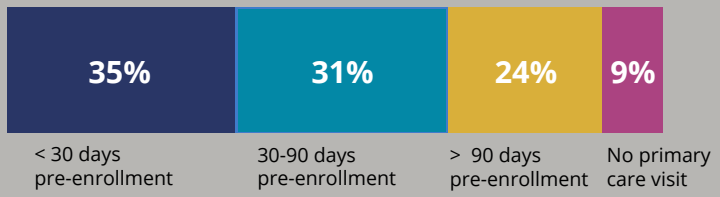
What we learned

We found wide-ranging behavioral health and social needs. The most common psychiatric diagnoses were major depressive disorder, bipolar disorder I and II, post-traumatic stress disorder, and generalized anxiety disorder. At the time of assessment, 12% of patients were experiencing suicidal ideation. The most common substance use diagnoses were alcohol-related, cocaine-related, and opioid-related disorders.



Patients were connected to primary care but few were receiving behavioral health treatment.

Last primary care visit:



Percentage of patients engaged in behavioral health treatment at the time of assessment:

- **17%** of patients with a mental health diagnosis
- **10%** of patients with an active substance use disorder

Our question

What are the behavioral health and social needs of patients enrolled in the Camden Coalition's complex care intervention?

Our analysis

Between September 2014 and January 2017, patients enrolled in the Camden Core Model who self-reported behavioral health needs, or who our care team suspected may have behavioral health needs, were referred to a psychologist for assessment. The psychologist assessed 195 patients, who accounted for 38% of the patients in our care management program at that time. Screening included assessments for psychiatric diagnoses, substance use disorders, and cigarette smoking. Data on patient demographics, treatment history, trauma exposure, current housing situation, and other characteristics were acquired through self-reporting and chart reviews.

Implications for policy and practice

These findings reiterate that primary care providers' ongoing relationships with their patients can be assets to addressing behavioral health and social needs. However, primary care providers need access to resources, including screening tools and knowledge of behavioral health interventions. Validated, user-friendly assessment tools such as PHQ 9, which patients fill out themselves, can be valuable assets in the primary care setting. Routinely screening all patients for behavioral health and social needs in the primary care setting would be ideal. Empowering providers with knowledge and training in appropriate intervention and treatment options, especially for the most prevalent behavioral health disorders, trauma history, and housing needs, could also be valuable. To make these changes possible, policies and incentives that support integrated medical-behavioral health care and connecting primary care practices with social services are necessary. Furthermore, policy and funding reform that incentivizes trauma-informed care and low-barrier housing programs are crucial to address the adverse health effects of untreated trauma and housing instability.

About the Camden Coalition

The Camden Coalition of Healthcare Providers is a multidisciplinary nonprofit organization working to improve care for people with complex health and social needs in Camden, NJ and across the country. The Camden Coalition works to advance the field of complex care by implementing evidence-based interventions and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by strong data, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in Camden and beyond.

This brief was prepared by Teagan Kuruna in consultation with Dawn Wiest and Laura Buckley.

The original article upon which this quality improvement brief is based is: Rentas KG, Buckley L, Wiest D, Bruno C. Characteristics and behavioral health needs of patients with patterns of high hospital use: Implications for primary care providers. BMC Health Serv Res. 2019;19(81). ***doi:10.1186/s12913-019-3894-7****.*

Acknowledgements

Thank you to the members of the Camden Core Model care team for their collaboration and support throughout the course of the project on which this brief is based, and to Teray Johnson for her technical assistance in the data analysis for the article. At the time she administered the behavioral health assessments, Dr. Rentas' position at Camden Coalition was funded through a Center for Medicare and Medicaid Innovation Health Care Innovation Award.