



TRANSDISCIPLINARY
COLLABORATIVE CENTER
INFORMING AND INFLUENCING HEALTH POLICY AND PRACTICE

Subproject 2: Development of an Integrated Culturally Centered Care Model to Address Depression and Selected Co-occurring Chronic Illnesses in a Community Based Primary Healthcare Center (Phase II Implementation)



Disclosure Statement

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Project Overview

The mission of Project THRIVE is to provide support in the reduction of health and mental health disparities, improve health equity, and enhance the quality of life for underserved individuals, families, and communities.

Subproject 2 Multi-Disciplinary Research Team

- **Kisha B. Holden, PhD, MSCR, Principal Investigator**
- **Brian McGregor, PhD, Co-Investigator**
- **Glenda Wrenn, MD, MSHP, Co-Investigator**
- **Allyson Belton, MPH, Associate Project Director**
- **Zoe Dale, LPC, Licensed Mental Health Clinical Coordinator**
- **Sheena Dorvil, BS, Extern**

Research Advisory Committee

- **John Bartlett, MD, MPH;** Senior Project Advisor, Primary Care Integration Initiative, The Carter Center, Atlanta, GA
- **Ben Druss, MD, MPH;** Professor, Emory University; Rosalynn Carter Chair in Mental Health, The Carter Center, Atlanta, GA
- **Joseph Gallo, MD, MPH;** Professor, Johns Hopkins University, Bloomberg School of Public Health, Baltimore, MD
- **Gwendolyn Keita, PhD;** Executive Director, Public Interest Directorate, American Psychological Association, Washington DC
- **Parinda Khatri, PhD;** Chief Clinical Officer, Cherokee Health Systems, Knoxville, TN
- **Hogai Nassery, MD;** Market Medical Director, Iora Health-Harken Health, Atlanta, GA
- **Annelle Primm, MD, MPH;** Senior Psychiatrist Advisor, Urban Behavior Associates, Baltimore, MD
- **Sultan Simms, MD;** Chief Medical Officer, Southeast CCOE - Magellan Health, Atlanta, GA
- **Altha Stewart, MD;** Executive Director of Just Care Family Network, Memphis, TN

Phase II Project Goals

- Build on outcomes from Phase I (qualitative-patient focus groups & physician key informant interviews) to inform the model development for the intervention.
- To design, test, and evaluate a culturally-tailored integrated behavioral health intervention in three (3) Grady Health Systems primary care clinics.
- Inform clinic and health care system policies at Grady that guide staff training and education, clinical service provision, and health IT that support culturally centered integrated care models.

Phase II Specific Aims

- To determine the feasibility and acceptability of utilizing a behavioral health consultant to assess behavioral health conditions prevalent and typically treated in primary care and, to assess other chronic health conditions such as hypertension, diabetes and obesity.
- To determine if disparities in access and treatment of depression exist for Medicaid enrollees in Region IV.

Phase II Implementation Goals

- To determine the feasibility and acceptability of using self-service kiosks to assess the prevalence of behavioral health conditions (depression, bi-polar, PTSD, substance use, resilience) that are typically presented by primary care patients
- To assess co-occurring health conditions (e.g., diabetes and CVD) with behavioral health problems
- To explore the impact of culturally sensitive approaches to integrated care on clinic interactions, health behaviors, and outcomes

Phase II Implementation Plan

- Design a culturally tailored behavioral health integration intervention for testing in three (3) Grady primary care clinics (Asa G. Yancey, East Point, and Yellow Pod clinic)
- Provide a Licensed Professional Counselor (LPC), who is also a member of the research team, to deliver on-site behavioral health assessment and brief intervention one (1) day a week at each clinic
- Utilize innovative, multi-diagnostic, computerized assessment tools to help identify patient's behavioral and social needs such as *Healthify* and *What's My M3*.

Technology-Based Approach



What's My **M3**™

- Screening tool used to identify and quantify the social and behavioral needs in any particular population.
- Private, self-administered checklist used to assess potential risk for mood and anxiety symptoms, including depression, an anxiety disorder, bipolar disorder, and/or post-traumatic stress disorder (PTSD).







What's my M3? It's anonymous and free.

Take the test now



The 3 Minute Test for Depression, Anxiety, Bipolar Disorder and PTSD

These are serious conditions that affect, not only your quality of life, but your physical health.

Did you know that having a mood disorder may increase your heart attack risk and decrease your ability to recover from other illnesses like stroke, diabetes, multiple sclerosis and cancer?

Your M3 score is a number that will help you and your doctor understand if you have a treatable mood disorder, like depression, anxiety, bipolar disorder, or post traumatic stress disorder. You can even monitor your score to see how your mental health is changing over time.

What's my M3? Knowing can help you take control of your mental health, and you can discover yours in about three minutes with our free, confidential test.

Find out more

Take the test now

About the M3 Score

At any time in your life have you:

	NOT AT ALL	RARELY
20 . Had more energy than usual	1	2
21 . Felt unusually irritable or annoyed	1	2
22 . Felt unusually excited, re...igh	1	2
23 . Needed less sleep than usual	1	2

Accept and View My Assessment

About Whatsmym3



Major Milestones in Year 4

- Introduced the behavioral health consultant (BHC) into each of the 3 Grady primary care clinics.
 - 318 adult patients referred for consultation
 - 163 seen by the BHC (93% AA, 81% female, Ages 31-65)
 - 117 have co-occurring chronic disease (DM, HTN) and depression/depressive symptomatology
- BHC received continuing education through attendance at the Cherokee Health Primary Behavioral Health Integrated Care Training Academy
- Consulted with Subproject 2 Research Advisory Committee members
- Continued engagement with leadership and clinical teams at Grady Asa G. Yancey clinic, Grady East Point Clinic, and Grady Yellow Pod Clinic
- Continued engagement with the kiosk software programmer for refinement/tailoring of software to project needs
- Facilitated enrollment of 2 clinic sites in Integrated Care Leadership Program

Major Milestones in Year 4 (continued)

- Continued engagement with individuals in NCPC on the development of culturally-competent care in an integrated practice setting training modules for clinicians based on findings from Phase I and on current NCPC-developed curricula
- Began secondary data analysis of Region IV Medicaid enrollee data housed in the NCPC for future manuscript development
- Collaborated with the CDC-funded REACH-HI project to establish a training-based partnership with Mental Health America-Georgia
- Selected team members participated in an Integrated Care Leadership Program site visit with one of the project-collaborating primary care clinics at Grady.
- Began preliminary exploratory discussion on facilitating integrated care at Morehouse Healthcare.
- Co-chaired the 2016 DeWitt C. Alfred Psychiatric Research Symposium. Theme: *Integrated Care: Getting to Outcomes*. Feature Advisory Committee member Dr. Parinda Khatri as the keynote speaker and Dr. Dominic Mack (Subproject 3) as the faculty speaker.

Publications and Dissemination Efforts

- 7 local and national presentations
 - Grady TOPS Quality Improvement Department (August 2015)
 - Clayton County Board of Health (September 2015)
 - Saddleback Church (October 2015)
 - Healthfest 360 (October 2015)
 - REACH HI Community Engagement Forum (October 2015)
 - Summit Counseling Center Unmasked-Removing the Stigma event (January 2016)
 - National Council for Behavioral Health Conference (March 2016)
- 4 academic publications
 - *International Journal of Environmental Research and Public Health (IJERPH)*
 - *Academic Psychiatry*
 - *Social Sciences*
 - *Journal of Community Mental Health*
- 5 educational dissemination efforts
 - Video training modules on culturally-centered engagement
 - TCC Health Policy to Practice Forum entitled Leaders Achieving the Vision of Health Equity (January 2016)
 - MSM Grand Rounds (Department of Pediatrics; Department of Psychiatry and Behavioral Sciences (December 2015/January 2016)
 - Annual DeWitt C. Alfred Jr., MD Psychiatric Research Symposium (April 2016)
- 5 media-based efforts (television, newspaper, radio, magazine)
 - Atlanta Interfaith Broadcasters (August 2015, February 2016 and March 2016)
 - *Heart and Soul Magazine*
 - *Psychiatric News*
 - Fox 5 Atlanta News

Challenges and Lessons Learned

- Clinic engagement and relationship development
 - Working to strengthen collaboration and communication and increase project awareness in a specific clinic
 - Continuing engagement with clinic leadership to develop improved strategies for effective engagement
- Delays in technology implementation
 - No current protective measures for the intellectual property of the self-service kiosk
 - Payment delayed until protection established
 - Actively working with the MSM Office of Technology Transfer to resolve

Next Steps – Year 5 Activities and Planning

- Finalize clinic engagement and begin analysis of utilization rates and outcomes
- Develop at least 4 manuscripts based on the secondary data analysis of Region IV Medicaid/Medicare data
- Host 1-2 collaborative advisory committee meetings
- Continue engagement with the TCC Research and Evaluation Cores
- Incorporate provider training in culturally-competent integrated care practices and specific cultural competency scenarios related to integrated care
- Develop at least 4 manuscripts for publications in academic journals
- Provide at least 5 presentations at professional meetings/symposiums/forums
- Solicit private and public funding opportunities to promote project sustainability