FINAL REPORT

PROJECT IDENTIFICATION:

Project Title: Integrated Behavioral Pediatric Health Project (IBPHP)

Project Number: H17MC02516

Project Director: Emmanuel Kintu

Grantee Organization: Kalihi-Palama Health Center (KPHC)

Address: 915 North King St.

Honolulu, HI 96817

Phone Number: (808) 848-1438

E-mail Address: ekintu@kphc.org

Home Page: http://www.kphc.org

Project Period: 4/1/2004 through 2/28/2009

Total Amount of Grant Awarded: $249,126

NARRATIVE:

1. Purpose of project and relationship to SSA Title V Maternal and Child Health (MCH) Programs:

This program relates to the SSA Title V Maternal and Child Health (MCH) Program as its purpose is to reinforce and enhance the overall health of Asian and Pacific Islander (A/PI) women and children served. A majority of this population are persons who are immigrants, indigent, and/or underserved. The focus is upon overcoming obstacles to help at risk women and children within primary care by reinforcing holistic health promotion through integrated, comprehensive, and community-based services. The

goal is to embed a holistic, culturally sensitive, and population-based model of behavioral health care into the daily practice of primary and pediatric health care

This project supports the overall mission of KPHC, which is: "To provide quality, integrated health and social services to our community and all others in need of health care. Our focus is on preventative and primary health care, provided in a respectful, caring, and culturally sensitive environment." This project also supports the aim of the state chapter of maternal and child health programs to protect and improve the health of Hawaii's families.

2. Goals and Objectives:

The overall goal is overcoming obstacles for at risk women and children within primary care by reinforcing preventative and holistic health promotion through integrated and culturally sensitive services. In order to be successful in fulfilling this purpose, it is essential that goals and objectives established pertain to all aspects of patient-centered services, from the operational level to direct patient intervention.

Goal 1: Improvement of health outcomes for women and children through integrated services, screening, triage, intervention, outreach, and monitoring.

Objective 1: Emphasize that adequate staffing is maintained to maximize the Behavioral Health Consultant role to reinforce and coordinate integration of behavioral heath and primary care services. Findings: At this time, efforts are being made to obtain additional Behavioral Health Department personnel in the roles of administration and support staff to ensure that essential functions are sustained at all levels of operation.

Objective 2: At least a 50% incidence of follow-up appointments kept by women and children via intervention by the Care Manager, such as through outreach efforts.

Findings: Per Care Manager's report, at least 80% of outreach attempts with successful patient contact resulted in a kept follow-up appointment with their primary care provider. The remainder is due to inability to track the patient as they relocated or transferred care to another service provider.

Objective 3: Less than 30% incidence of emergency room visits by women and children subsequent to intervention by the Care Manager, such as through outreach efforts. Findings: Per Care Manager's report, only one outreach with successful patient contact needed subsequent emergency room visits for primary health care complications. However, had the Care Manager not been present to facilitate help, the situation may have had dire consequences. This scenario is further detailed in the outcomes section.

Goal 2: Use of prevention and wellness strategies to prevent the onset, recurrence, and/or exacerbation of physical and behavioral health disorders in women and children in primary care.

Objective 1: Reinforce that primary care patients are screened for behavioral health indicators. Findings: The number of primary care patients screened has improved with an increase in clinical social work staff and support from administration for overall agency integration efforts.

Objective 2: Of primary care patients who have clinically significant behavioral health screen results, at least 75% shall receive follow-up intervention or attempt. Findings: It is standard practice to offer availability of behavioral health support to patients with clinically significant screen results. However, reception of this is left to the patient's self-determination, unless a crisis situation is present. Patient follow-up is offered at different levels to accommodate levels of patient engagement and readiness.

Objective 3: There shall be an improvement in behavioral health symptoms in primary care patients with clinically significant screen results who were receptive to follow-up. Findings: The overall aim of therapeutic services is to improve patient well-being using measurable targeted outcomes. Patients generally report improvement in symptoms with receipt of behavioral health intervention and support. Although improvements are noted overall, there are fluctuations in symptom severity in the course of therapeutic intervention that correlate to ongoing challenging life events which do not remain at a constant state.

Goal 3: Improve access, engagement, and retention of A/PI women and children in behavioral health services.

Objective 1: Explore and utilize alternative methods to raise awareness of behavioral health services, screen for behavioral health needs, and provide interventions that are culturally sensitive to the population of focus. Findings: The Patient Health Questionnaire (PHQ-9) – Copyright 1999 Pfizer, Inc. is the chosen standard assessment tool to screen for presence of behavioral health needs. Questions were added to improve cultural sensitivity and raise awareness of behavioral health services. Cultural sensitivity is maintained with the standard practice of utilizing interpreters in providing services to patients with low English proficiency. In addition, the modified PHQ was translated into the primary languages of the patient population by the respective interpreters available.

Objective 2: There shall be an increase in the number of A/PI patients screened and engaged with behavioral health services. Findings: The number of patients screened overall has increased with an increase in clinical social work staff and overall agency integration efforts.

Objective 3: At least 60% of patients who completed satisfaction surveys shall indicate satisfaction with culturally sensitive practices. Findings: Per a compilation of annual patient satisfaction surveys completed in recent years, an average of 97% of patients indicated satisfaction with cultural appropriateness of services.

Goal 4: Increase patient and provider satisfaction with behavioral health services regarding accessibility to services and coordination of care.

Objective 1: At least 70% of persons served and surveyed shall report satisfaction with accessibility and quality of care. Findings: Per a compilation of patient satisfaction surveys completed in recent years, an average of 96% of patients indicated satisfaction with quality of care. An average of 86% of patients indicated satisfaction with accessibility.

Objective 2: At least 70% of KPHC providers surveyed shall report satisfaction with accessibility, quality of care, and integration of services. Findings: Per a compilation of primary care provider annual satisfaction surveys completed in recent years, an average of 84% indicated satisfaction with accessibility, 92% with quality of care, and 87% with integration of services.

Objective 3: There shall be an increase in multi-disciplinary team meetings between Behavioral Health, Pediatric, and Women's Health Teams held. Findings: There has been a change in the format of center-wide meetings to improve operational effectiveness. A center-wide meeting is followed by break-out meetings, which includes a meeting of all multi-disciplinary providers combined, which is followed by meetings by discipline.

3. Methodology:

Program activities are implemented via the roles of the Care Manager and Behavioral Health Consultants (BHC), both within the Behavioral Health Department. The Care Manager role is currently fulfilled by a staff person who also has training as a Medical Assistant in primary care. What makes this particular position unique is that this individual has experience serving at various levels of patient care within this agency, from the role of patient reception to medical assistant in the primary care arena. A significant amount of established primary care patients and providers therefore already have an established familiarity, which enhances integration efforts between primary care and behavioral health.

The BHC role is currently fulfilled by Licensed Clinical Social Workers, one of which also holds credentialing in substance abuse counseling. Another BHC has experience in serving as the Interim Director of Behavioral Health, thereby contributing the knowledge to reinforce the importance of operational effectiveness in providing integrated patient centered care.

The Care Manager and BHC function in partnership to reinforce coordination of integrated services between primary care and behavioral health to decrease fragmentation of services and enhance the overall quality of care for persons served. Both roles reinforce the active participation of persons served to raise awareness of and self-management of their overall health needs. They also serve to reinforce partnerships with primary care providers in order for integration efforts to be successful.

The Care Manager functions in conjunction with the Women's Health and Pediatric teams of KPHC. Referrals are made to the Care Manager to follow-up with patients and reinforce that they follow-through with their heath care needs. This often

refers to reinforcement that crucial health care appointments are kept to prevent exacerbation of potentially high health risk situations. Outreach visits for face-to-face contact with the person served and collaboration with the referring health care provider is the primary methodology utilized by the Care Manager.

The Care Manager is also responsible for managing patient data base systems to track outcomes of his interventions, as well as the registry of primary care patients screened for behavioral health indicators. The Care Manager partners with the BHC by assisting with follow-up contacts with patients who had positive behavioral health screens, but for various reasons were not able to have an immediate consultation. For example, patients may indicate they are not able to stay for a behavioral health consultation at that time due to their time constraints.

BHCs reinforce integration and provide comprehensive support to primary health care providers and patients through recognition, treatment, and management of emotional and behavioral health disorders and psychosocial stressors. BHCs conduct screens with primary care patients to identify the presence of possible behavioral health stressors, which have the capacity to impact upon their physical well-being. Brief interventions are delivered by the BHC as a “first line” intervention to primary care patients identified with behavioral health needs. Patient education is provided about the connection between physical health and mental health to raise their awareness of the importance holistic health care and to reduce the stigma of mental health.

BHCs also serve as an immediate response to requests for consultation by primary health care providers when a patient presents with behavioral health indicators during a primary care visit. The BHCs coordinate their availability to respond to requests based

upon a rotating on-call schedule. Primary care providers need only to be aware of the on-call cell phone number to reach the BHC on duty, which is clearly posted in various locations within the primary care setting.

The goal of intervention of the BHC is to engage the patient to receive ongoing behavioral health services when indicated, but at their comfort level. Once persons served have been engaged to behavioral health services, screenings are repeated on a routine basis to track measurable outcomes.

Integral to KPHC services overall are the Community Health Workers (CHW) who represent the cultural and ethnic diversity of persons served by providing translation support in the primary language of a large non-English speaking patient population. They are often utilized for assistance in conducting screenings and consultations with the BHCs as well as accompanying the Care Manager on outreach visits as indicated.

4. Evaluation:

There are various evaluation methods correlating to the methodologies used to meet goals and objectives. With regard to BHC interventions, patients with completed behavioral health screens are entered into a common registry data base system shared between behavioral health and primary care. Increasing registry size indicates that more patients have been reached through integration efforts. Scores of patient screenings are entered into a separate data base system to track changes in their disposition and effectiveness of intervention. The Care Manager compiles his own data to track outcomes of his interventions.

Patient and provider surveys are distributed on an annual basis to obtain their feedback on satisfaction with behavioral health and integration efforts. An annual

analysis of survey results and personal feedback provided is conducted to track for improvements in services over time.

5. Results / Outcomes (Positive and Negative):

Accomplishments: Partnerships have been established and maintained with other programs at the national and local level. There continues to be ongoing adoption of concepts from Heath Resources and Services Administration (HRSA) Health Disparities model of change that propel integration efforts. Primary support from the regional level has transferred to the local level through the Hawaii Primary Care Association (HPCA). The HPCA is a non-profit organization established in 1989 with a focus upon strengthening systems of health care, and representing health organizations and providers. The focus is upon primary health care-based medical, dental, behavioral health, and health education services for Hawaii residents. The HPCA reinforces efforts to achieve access to quality community-based primary care and eliminate health disparities throughout Hawaii.

KPHC Behavioral Health continues to participate in the Depression Collaborative and has integrated its efforts with the Adult Medicine team in the Cardiovascular Collaborative. There is regular behavioral health and primary care attendance at monthly joint collaborative meetings to reinforce ongoing internal partnerships. Through this integration, behavioral health screens are now routinely conducted during a weekly diabetes clinic attended by primary care patients. As a result, the patient registry of diabetes patients who have been screened for behavioral health currently stands at 259, though this number is higher as screens are pending input into the system. This number is represents a portion of the total number of patients screened for depression, which is

currently 1078. Of this number, 32% (347) are Asian, 9% (102) are Part Hawaiian, and 20% (220) are Other Pacific Islander, such as Micronesian.

There has been increased awareness and receptiveness of integrated health care at various levels of patient care, from prevention to maintenance. Integration has increased primary care providers' awareness of the behavioral health needs of their patients, leading them to be more inclined to utilize the support of the BHC when indicated. Integration efforts have improved patients accessibility to address their overall health care needs. The BHC role instills a "warm hand off" approach from the primary care level versus a cold contact traditional referral which historically has led to a high no-show rate of behavioral health appointments kept.

There has also been increased awareness and receptiveness by persons served of the importance of behavioral health in their overall well-being. Although not all patients with behavioral health issues identified may be initially receptive for intervention, they have gained an awareness of help available, and are therefore more likely to take advantage of support available when ready.

Behavioral Health screenings of persons served have been effective in the identification of patient hardships that may not be identified within the constraints of a primary care appointment, such as the hidden nature of domestic violence.

Systems changes do not evolve without lessons learned. A significant lesson has been that it is essential that all levels of patient services, from administration to support staff, are educated about the importance of integrated care, believe in its purpose, and participate in a collaborative manner for efforts to be successful.

Examples of other concrete positive measurable outcomes are as follows: Due to the Care Manager's outreach efforts, 78% of referrals from the Women's Health Team and 88% of referrals from the Pediatric team resulted in the patient keeping a crucial follow-up appointment. The ethnic breakdown of patients referred for Care Manager intervention are: Asian 18% (26), Part-Hawaiian 8% (12), and Other Pacific Islander 69% (95), such as Micronesian.

One intervention in particular was a matter of life or death. The Care Manager supported the mother of a premature infant with a heat condition in ensuring that they keep a cardiology appointment. They were then brought back to Kalihi-Palama Health Center after the appointment. It was at this time that the baby's heart suddenly stopped beating and the Care Manager was present to get immediate intervention to resuscitate the ailing infant, who was then taken by ambulance to the emergency room.

Challenges: Although behavioral health screens of primary care patients has helped to raise awareness of patients needs that may not have otherwise been identified, and raise patients' awareness of services available, the process of conducting such screens has not been as efficient and consistent as desired. Collaborations are ongoing to streamline the screening process further and ensure that adequate staffing is available to meet behavioral health needs identified.

6. Publications / Products:

The Patient Health Questionnaire (PHQ-9) – Copyright 1999 Pfizer, Inc. is currently the chosen standard assessment tool to screen for possible behavioral health needs. The following questions were added to the screening tool with respective rationales:

a. Nagging aches, pains, or other physical discomfort that don't get better, no matter what I do. This was added due to the tendency of some cultures, such as the Asian population, to make somatic complaints, which are underlying psychological distress manifested as physical complaints. In addition, it is more common / acceptable to express physical complaints versus those which may indicate psychological discomfort.
b. Difficulty managing diabetes, hypertension, or other chronic illness. This was added to reinforce the integration and connection between primary and behavioral health care.
c. Were you aware that KPHC has a social service department that may be able to help you? This was added to raise awareness of Behavioral Health services.

In addition, the modified PHQ-9 has been translated into the primary languages of a majority of the patient population served by available on-staff translators and multilingual interns. The modified PHQ-9 has been translated into the following languages: Chuukese, Marshallese, Chinese, Japanese, Korean, Vietnamese, and Tagalog. Of particular significance is the translation of this screening tool into Chuukese and Marshallese. Although there is a significant influx of people coming from the Federated States of Micronesia (FSM), there is a vast shortage of printed material in their language.

7. Dissemination / Utilization of Results:

Completed behavioral health screens are input into a patient registry, resulting in a summary which is shared with the Hawaii Primary Care Association on a routine basis to track health care trends. Prior to this, registry information was submitted out of state to the regional level.

8. Future Plans / Follow-up:

At this time, all activities of the project are anticipated to continue as ongoing standards of patient care with emphasis on increasing the staffing capacity to better support the established goals and objectives. Adequate staffing will enhance the effectiveness of the Behavioral Health Consultant and Care Manager roles and increase clinical presence throughout KPHC.

There will be continuation of completing behavioral health screens using validated tools such as the PHQ with patients at the primary care level. We will continue to perform consultations with other KPHC staff regarding the behavioral health needs of their patients and deliver therapeutic interventions at various levels of engagement. We will strive to continue to increase the spread of project efforts to other departments / services by ongoing networking with providers and attending appropriate multi-disciplinary meetings.

Support staff perform crucial roles within the health care system. As such, collaborating with the Front Desk / Reception and the Medical Assistants personnel to implement established protocols to facilitate integration services offered through the IBPHP into daily KPHC practice is a key component.

The Care Manager and Behavioral Health Consultants have been very effective in performing follow-ups to patients in high-risk situations, and conducting behavioral health screening, consultation and intervention. As the activities have the potential to lead to increased provision of services, having sufficient staffing overall is integral to project sustainability.

As the IBPHP staff has become increasingly proficient at detecting and responding to behavioral health needs, in addition to the awareness of KPHC primary care providers, the number of referrals for further assessment and/or intervention has increased. The addition of another clinical social worker has allowed the Behavioral Health Consultants to be more consistent and available in taking a pro-active role in identifying patients with behavioral heath needs and providing immediate consultation at the primary care level. As these are billable services, revenues are anticipated to increase with ongoing efforts to reinforce integrated and holistic care. These revenues are anticipated to support retention of the Behavioral Health Consultant and Care Manager positions. However, sufficient support staff is also integral to sustainability efforts. Short term results, as outlined throughout this report, have validated the inherent worth of the project. It is anticipated that the long term impact of the project will be to play a significant role in overcoming health disparities to underserved populations.

ANNOTATION AND KEY WORDS LIST

ANNOTATION:

This project reinforced integration of behavioral health services with primary care to improve access and provision of holistic health care for enhancement of the overall well-being of Asian and Pacific Islander women, children, and families. The aim is to prevent health disparities and fragmented care to an underserved population with an array of needs. Goals and objectives included strategies to prevent onset, exacerbation, or recurrence of symptoms triggered by health and/or social stressors, and identification and engagement of patients with integrated care. Activities included intervention at all levels of prevention by a Care Manager and Behavioral Health Consultants utilizing translated tools to evaluate needs while maintaining cultural sensitivity. This has resulted in increased awareness and receptiveness of both primary care providers and patients of the importance of integrated health care from prevention to maintenance, and the role of behavioral health needs in overall well-being.

KEY WORDS:

Asians, cultural sensitivity, health disparities, local MCH, low income, immigration issues, mental health, Pacific Islanders, pediatrics, primary care