What about the other 60 million people?
Jamie Hammerbeck, MD and Nicole Frie, MSW, LICSW

A significant effort is being made to bridge the gap and increase access to behavioral health services throughout the country. Most of this work happens in metropolitan areas, due to the difficulty of recruiting and implementing services in rural areas. For this reason, access is even more of an issue in rural areas. There are the added barriers of stigma related to mental health within a small community. This is due to the familiarity of neighbors in rural areas. If you have your car parked at the counselor’s office, everyone in town knows you were there and news travels fast! This is unsettling to those already struggling with anxiety, depression or other mental health diagnoses. We would like to share how our system has been working to implement rural integrated behavioral health (IBH) services in order to bridge the gap for the other 60 million people in the US who live in rural areas.

CentraCare Health is a not-for-profit health care system that provides comprehensive, high-quality care throughout central Minnesota. Our organization includes multiple hospitals and clinics in both metropolitan and rural areas. Our clinic and hospital are located in Sauk Centre, MN with a population of 4,366. We are the first rural location within CentraCare to offer IBH services. CentraCare IBH has grown from 3 IBH providers in 1 primary care clinic to 11 ambulatory IBH providers and 2 hospital based IBH providers across the CentraCare system, including primary and specialty care locations, as well as a residency clinic and expansion into rural tele-IBH. Our team continues to grow and much of our successes have been due to our team’s diligent efforts to uphold the core principles of the Integrated Behavioral Health model (Talen & Valeras, 2013), while remaining flexible enough to meet the varying needs of the patient, provider, clinic and system. We have initiated evidence-based treatment approaches, enhanced clinic workflow, facilitated communication among and across care teams, expedited behavioral health access and consultation, and now are embarking upon the introduction of new models for providing population-based team care.

We have experienced increased provider satisfaction with this model and improved patient outcomes. This model has also led to a reduction in overall health care costs and appropriate use of resources, which is important for large health care organizations. There are several benefits to being part of a larger organization, but there are also some challenges for both providers and patients. It has been important to allow flexibility in a rural site as the populations and access to long term services can be limiting. Our clinic is also attached to our local hospital, which has allowed IBH to cross-over and provide services in both locations. Another challenge of being part of a larger system is not being aware of all the resources within our own system. Making sure the rural IBH provider has enough support from the care teams within our organization has been crucial. Attending system meetings, consultation and development meetings are great ways to support the rural IBH provider and help our patients access appropriate services within the system.

Another important thing that we would like to address is the role and function of IBH in a rural setting. The role of providers in a rural setting is much different than a metropolitan area. The fifteen-minute hour addresses how crucial it is to ask patients what is going on in their lives and how it is affecting them. IBH allows this question not only to be asked, but also to be addressed in the same visit. Patients are often hesitant to share their experiences in rural health due to the proximity of their family and friends, but this barrier can be broken. From a community perspective, when the person comes for mental health treatment, it appears to be just a visit to the clinic. Providers have learned to share that the behavioral health provider is now a part of their care team, which has helped take away the stigma. These efforts are steps in the right direction toward breaking the stigma of mental health in rural US.
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Below are some case examples where the barrier has been broken and appropriate services her obtained in a timely and cost-efficient manner.

Case Examples:

Case 1: 13-year-old female with bradycardia and hypotension. She complains of being cold all the time. She has had a 36 lb weight loss in the last 3 months. She has had extensive evaluation by pediatric GI. She returned to her primary care clinic and concern was expressed for the possibility of an eating disorder. The patient denied concern. Family did have some concern, however. The provider contacted our IBH provider and a referral was made to an eating disorder program within the system that the provider was unaware existed. The referral team reviewed the referral and determined that the patient met criteria for inpatient treatment. The patient was transferred to the nearest inpatient eating disorder facility. This was able to all be arranged in a matter of 2 weeks from the time of initial concern of provider and the patient was directly admitted to an inpatient eating disorder treatment program. The provider in this case was very happy with how quickly the patient was able to get the care needed. This was successful due to our IBH provider’s knowledge of the resources present within our system.

Case 2: 17-year-old female with history of depression and anxiety. Patient’s mother called triage line and had concerns about patient’s safety and suicidal ideation. Typically, patient would be triaged to the emergency room for assessment. However, the nurse was able to schedule patient with the IBH provider same day. Assessment and safety planning were completed. IBH provider was able to talk with patient’s PCP and start a medication as well. Adolescent psychiatry appointment was scheduled within one week due to IBH provider being aware of availability within the system. Patient continues to follow-up with IBH over the past year in moments of crisis versus emergency room visits. This successfully allowed the patient to access the appropriate services without multiple emergency room visits. Often medical providers do not have time to address mental health concerns as they come up in routine office visits. It is helpful to have our IBH provider assess and see these patients, as they have further training and knowledge of resources available to the patient.

References: