

## INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE: LESSONS LEARNED FROM CENTRAL CITY CONCERN'S OLD TOWN CLINIC

October 2014



### About Old Town Clinic Central City Concern

Central City Concern (CCC) is a 501(c)(3) nonprofit agency serving adults and families in the Portland, Oregon metro area who are impacted by homelessness, poverty, and addictions. Founded in 1979, the agency provides comprehensive support: affordable housing with on-site social services including health care, recovery, and employment opportunities and placement. CCC currently has a staff of more than 600 people, an annual operating budget of \$47 million and serves more than 13,000 individuals annually.

The Old Town Clinic (OTC) operated by CCC provides primary care, offering health care on a sliding fee scale. Located in the heart of the Burnside neighborhood in Portland, patients can often get all the care they need in this single location. Clinicians provide primary and naturopathic care, perform preventive exams, treat injuries, perform minor procedures, and can connect patients with mental health and chemical dependency services located within the clinic. OTC employs two full time Licensed Social Workers, two full time Alcohol and Drug Counselors and four Psychiatric Nurse Practitioners (PNPs), all of whom provide behavioral health services based on specific patient needs.

### Lesson One: Psychiatric Nurse Practitioners on Primary Care Provider (PCP) teams provide just-in-time consultation, increasing PCP competence and confidence in managing psychotropic medications

Historically, some PCPs in the practice were uncomfortable prescribing psychotropic medications and caring for patients with significant behavioral health issues, making medication management for this population a challenging issue. OTC addressed this by hiring PNPs to support PCPs in medication management and to provide differential diagnosis and medication management for patients with complex behavioral health cases. PNPs refer patients back to PCPs for ongoing maintenance after stabilization or improvement in functioning. Over time, this has resulted in increased confidence and capacity of PCPs in prescribing and managing psychotropic medications. Patients are able to get all of the care that they need in primary care, and PCPs receive support from the PNPs who are available for consultation as needed.

---

**“We had a gentleman with schizophrenia who was able to accept care in our Primary Care Clinic. We offered to refer him to a specialty mental health clinic so he could be seen more often. He said, ‘I’m not going over there. They are crazy over there.’”** Susan Marie, PhD, Medical Director for Behavioral Health, Old Town Clinic

---

## Lesson Two:

### Warm handoffs are effective

Behavioral health providers are introduced to patients by their PCP, creating a "warm handoff." There are no referral forms, and OTC works to make patient access to the behavioral health provider easy and comfortable. According to Susan Marie, PhD, Medical Director for Behavioral Health at the Old Town Clinic, "PNPs might say, 'this is someone on the team that I work with who I think can help you.' Once patients meet behavioral health practitioners and connect, [any stigma associated with behavioral health] is not generally an issue."

## Lesson Three:

### Train providers and students about integrating behavioral health into primary care

OTC offers provider education hours, where providers share stories that focus on behavioral health. This helps bring new PCPs into the culture of integrating behavioral health.

The practice has an active relationship with Oregon Health Sciences University, bringing medical, graduate Psychiatric Nurse Practitioners, and naturopathic students and residents into the clinic for practicums. OTC trains the behavioral health team to proactively encourage PCPs to interrupt them for warm handoffs and consultation questions. OTC enculturates behavioral health staff into primary care culture, including team work, confidentiality, the length of patient sessions, episodic vs. ongoing care, and outreach.

## Lesson Four:

### Create a sustainable and accessible model

OTC's Dr. Marie advises practices to focus on changes that make it simple for PCPs to access behaviorists and PNPs, so that it is easier for the PCP to make the connection for patients, rather than not make it. Behaviorists should be readily available, and the process efficient and sustainable, she says.

Another way OTC has made the model accessible is allow patients to sign up for behavioral health appointment themselves, not just through their PCP. This has not been overwhelming from a caseload and management perspective, which was a provider concern originally.

---

**"The PCPs rely on us every day. We make it possible for them to go on to their next patient, and we also achieve better outcomes. For example, a patient who had a heroin addiction and was also bipolar presented with severe hepatitis. His plasma ammonia went up and his cognitive function deteriorated. I worked with the PCP to figure out what we needed to do. We prevented a bad outcome by controlling his plasma ammonia without disrupting his severe mental illness or discontinuing all of his medications."** Susan Marie, PhD, Medical Director for Behavioral Health, Old Town Clinic

---

---

**"We know that health outcomes are better when behavioral health is integrated. It's almost impossible to get a diabetic's A1C levels in control if the patient is depressed."** Susan Marie, PhD, Medical Director for Behavioral Health, Old Town Clinic

---