CASE STUDY

AT CARESOUTH CAROLINA, BEHAVIORAL HEALTH CARE MEETS THE HEALTH NEEDS OF THE "WHOLE PERSON"

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About CareSouth Carolina

For more than 30 years, CareSouth Carolina (CSC) has functioned as a medical home, offering a full range of primary care services to patients in twelve locations across central South Carolina. As a multi-site community health center that delivers integrated behavioral health and primary care, CSC partners with local hospitals and social service organizations to ensure seamless continuity for its patients and families.

Integrating Behavioral Health

Since its founding, providing care to the "whole person" has been an organizational value at CSC, according to CEO Ann Lewis. The practice's behavioral health care model grew from a patient activation component of a perinatal program and through Wagner's Chronic Care Model. Social work and behavioral health services were expanded to address needs for patients with chronic conditions.

In order to successfully and completely integrate behavioral health, CSC adopted several practice changes.

Change One:

Build the will for change from the top

Leadership provided the vision, believing that integrating behavioral health into primary care would improve patient outcomes. Leaders believed this so strongly, that they took financial risks by providing behavioral health services for which they could not be reimbursed, and applied for grants to fund behavioral health integration.

CSC leadership used data to build will among providers and lay a foundation for change. A system-wide, physician-level scorecard for overall patient outcomes was implemented in 2004. Initially blinded, it was unblinded in 2006, and is posted in public areas for patients and families to see. Using the Model for Improvement and Plan-Do-Study-Act cycles, providers began to see evidence of improvement related to the introduction of behavioral health care.

Change Two: Co-locate behavioral health providers in primary care

Licensed Independent Social Workers are assigned to patient-centered medical home (PCMH) primary care teams to treat primary behavioral health issues, which include depression, anxiety, and family mental health. Because alcohol and substance abuse resources are scarce in the community, patients typically seek care through their primary care provider, so this is another area of focus for the behavioral health specialists. Generally, one specialist manages patients in two panels, and collaborates with the local mental health center for more complex or chronic behavioral health needs.

Change Three: Leverage data

From the beginning, CSC decided to integrate medical and behavioral health into one unified record in its EHR. CSC then designed its own behavioral health module using GE Centricity, its EHR program.

CSC has a long history of data collection regarding various chronic diseases and realized that success with control of chronic disease was also due, in part, to depression and mental health management. Annual assessment of depression has been added for all patient populations using the PHQ-9. With patients who have a history of depression, the PHQ-9 is repeated either every six months or every three months.

CSC set a goal of having 0% disparities; in order to accomplish this, regular tracking of health outcomes data takes place by ethnicity. All patients with chronic conditions such as hypertension, asthma and diabetes are assessed for depression. Historically, non-white populations had 400% poorer outcomes compared to white populations when co-morbidities of diabetes and depression exist. Since the introduction of behavioral health in 2011, the nonwhite populations are doing better in depression management than the white population.

Change Four: Provide training to build skills and improve confidence

All mental health providers are master's level providers and are trained to work in primary care so that they understand the impact behavioral health integration has in primary care. Both behavioral health providers and primary care providers are trained in evidence-based protocols and guidelines used for depression and anxiety.

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