



Upstate Physician Services, P.C.

New Haven Program

6/22/2017

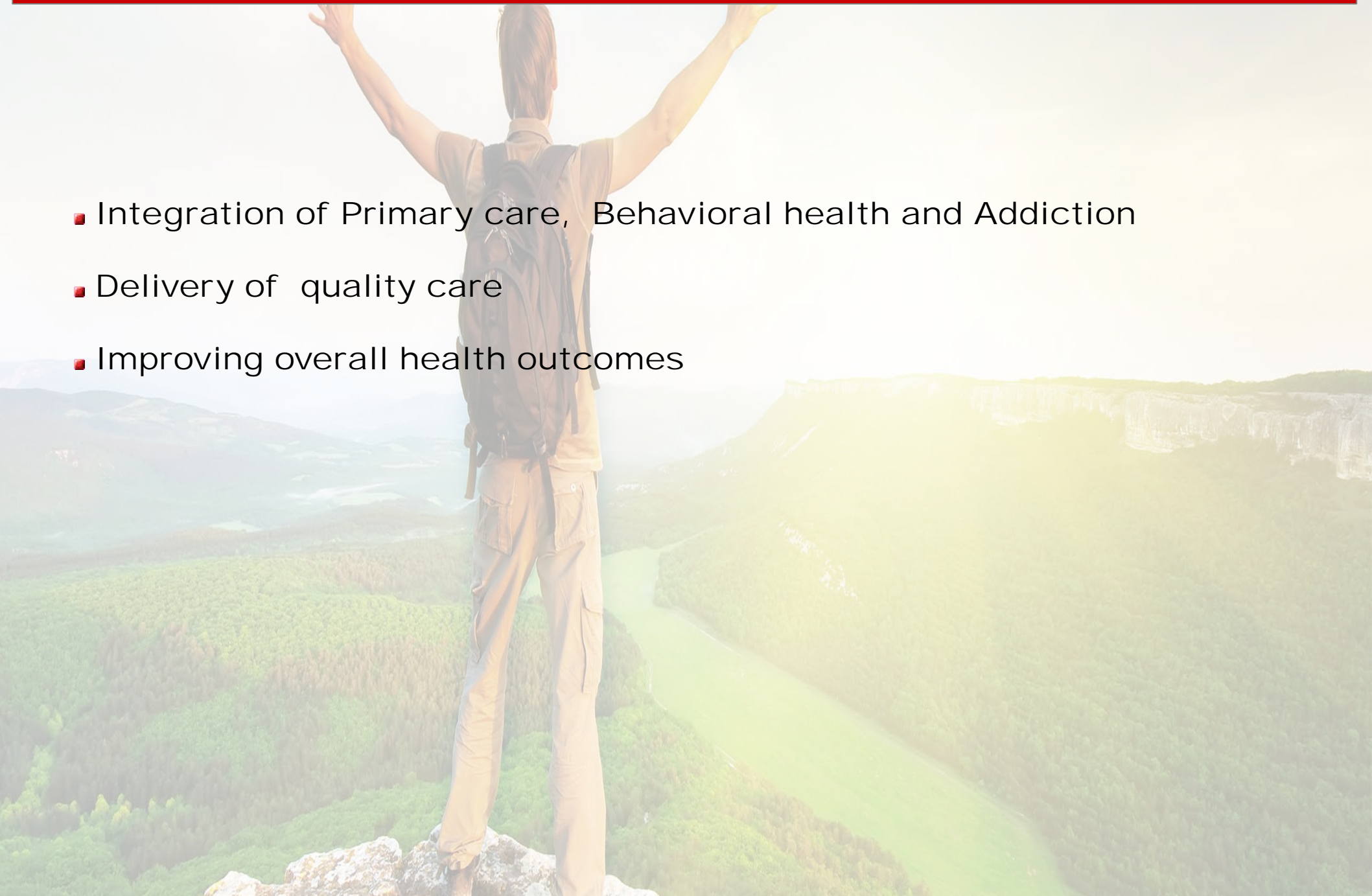
Clinical Integration

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Introduction

- Integration of Primary care, Behavioral health and Addiction
- Delivery of quality care
- Improving overall health outcomes



Introduction



Introduction



Integration Methods

- Co-location of services
- Examples- FNP in a MHC, Social Worker in the ER or offices
- How to locate addiction?
- Similar to crashing on the couch approach



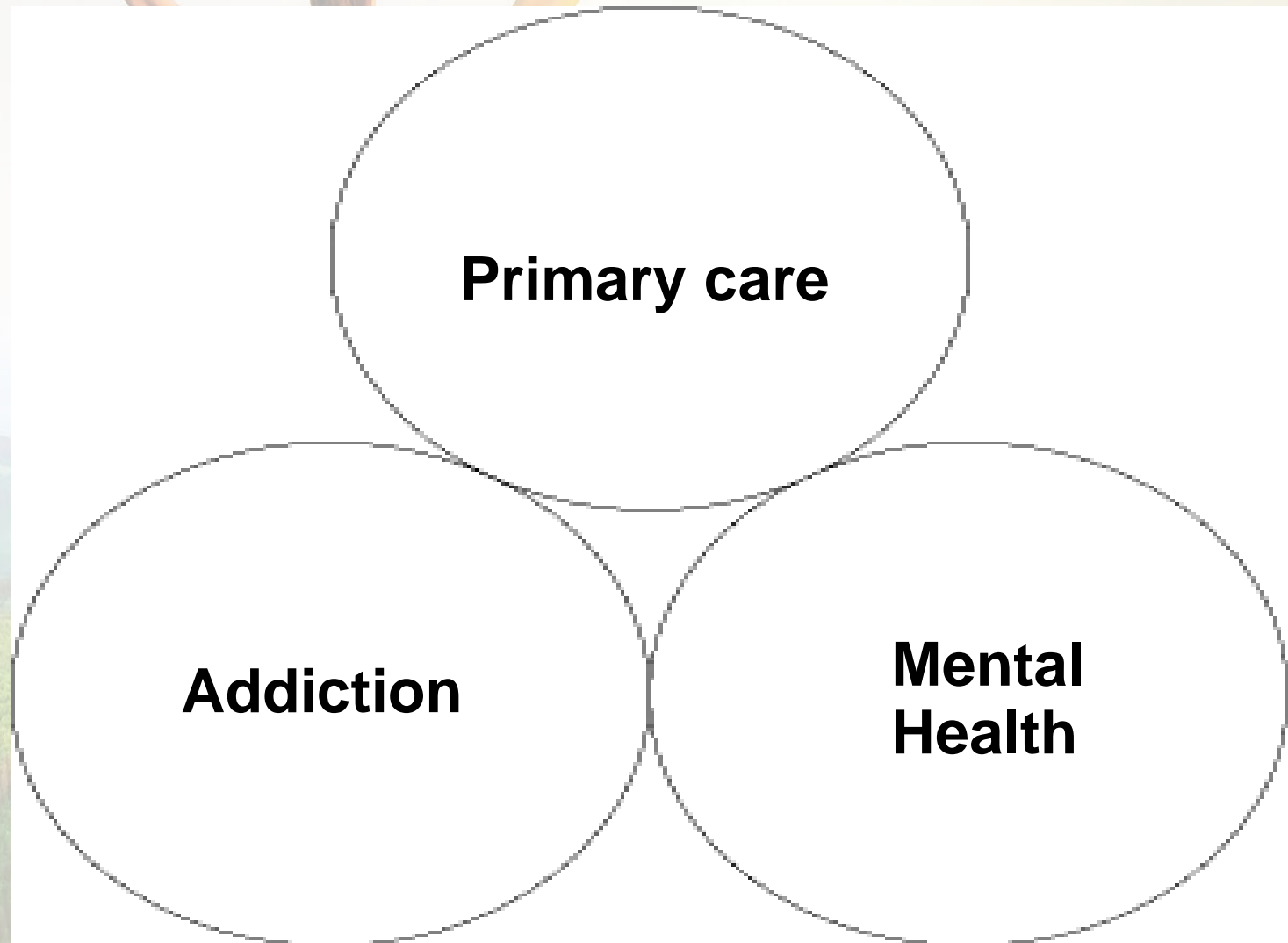
Integration Methods

- Advantages of Co-location, Access to care, ability to intervene on common issues
- Disadvantages- Perception of services delivered will always reflect primary purpose of services
- Disadvantage- Can co-locate services to addiction treatment facilities but what about other way round?

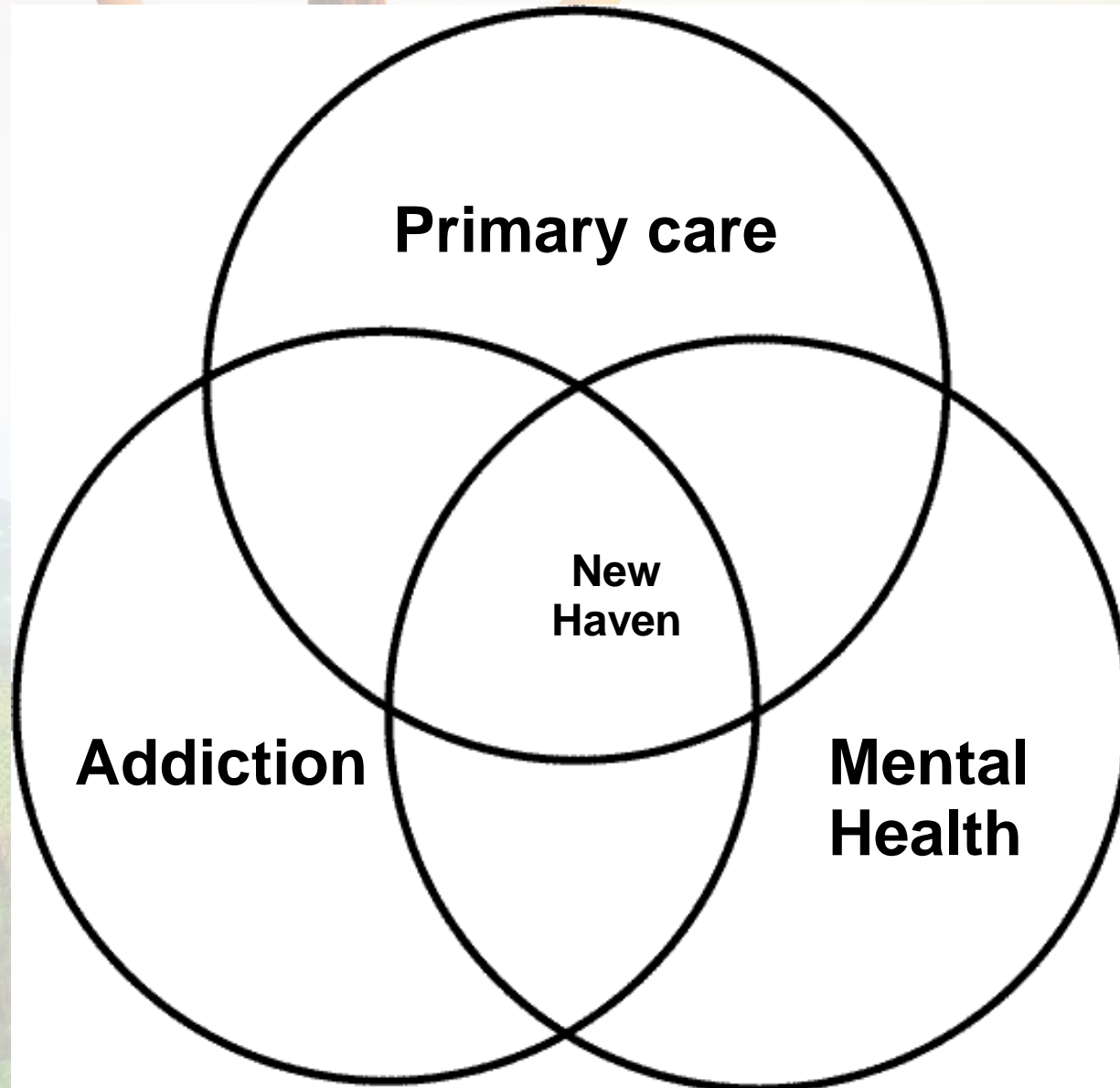
I know life was never meant to be easy.. but i never thought it would be this hard.

- someone


Integration Methods – Upstate Model



Integration Methods – Upstate Model



Integration Process

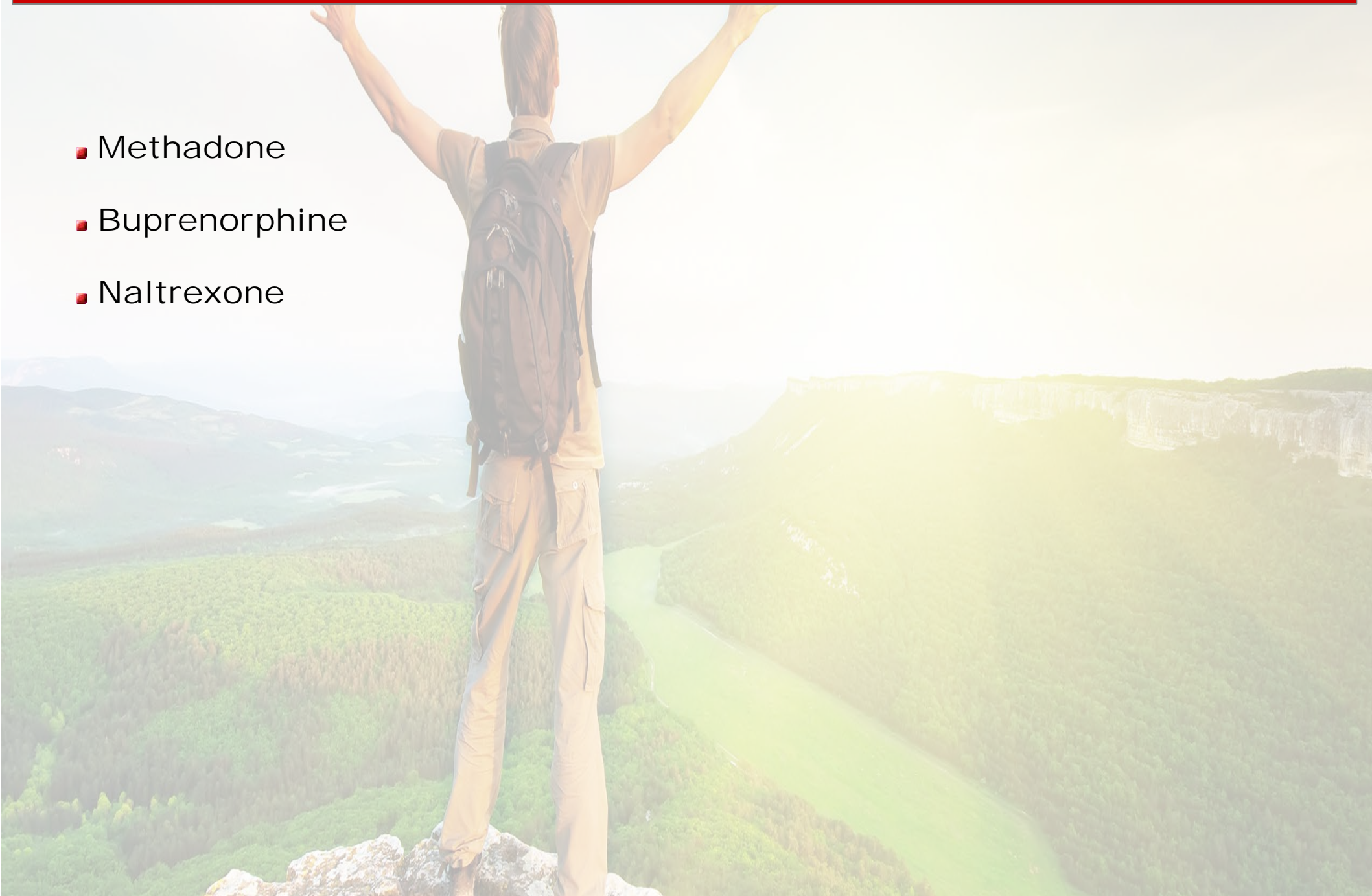
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- A person with a backpack stands on a rocky peak, arms raised in triumph, overlooking a vast green valley. The person is wearing a brown shirt and pants. The background is a bright, hazy landscape with rolling hills and a river winding through the valley.
- Understanding of regulations
 - Support of your local county MH
 - Support from PPS in your county
 - Working with an agency, OASAS, OMH, DOH
 - A health care attorney to guide the process
 - And lots of PATIENCE!

DSRIP

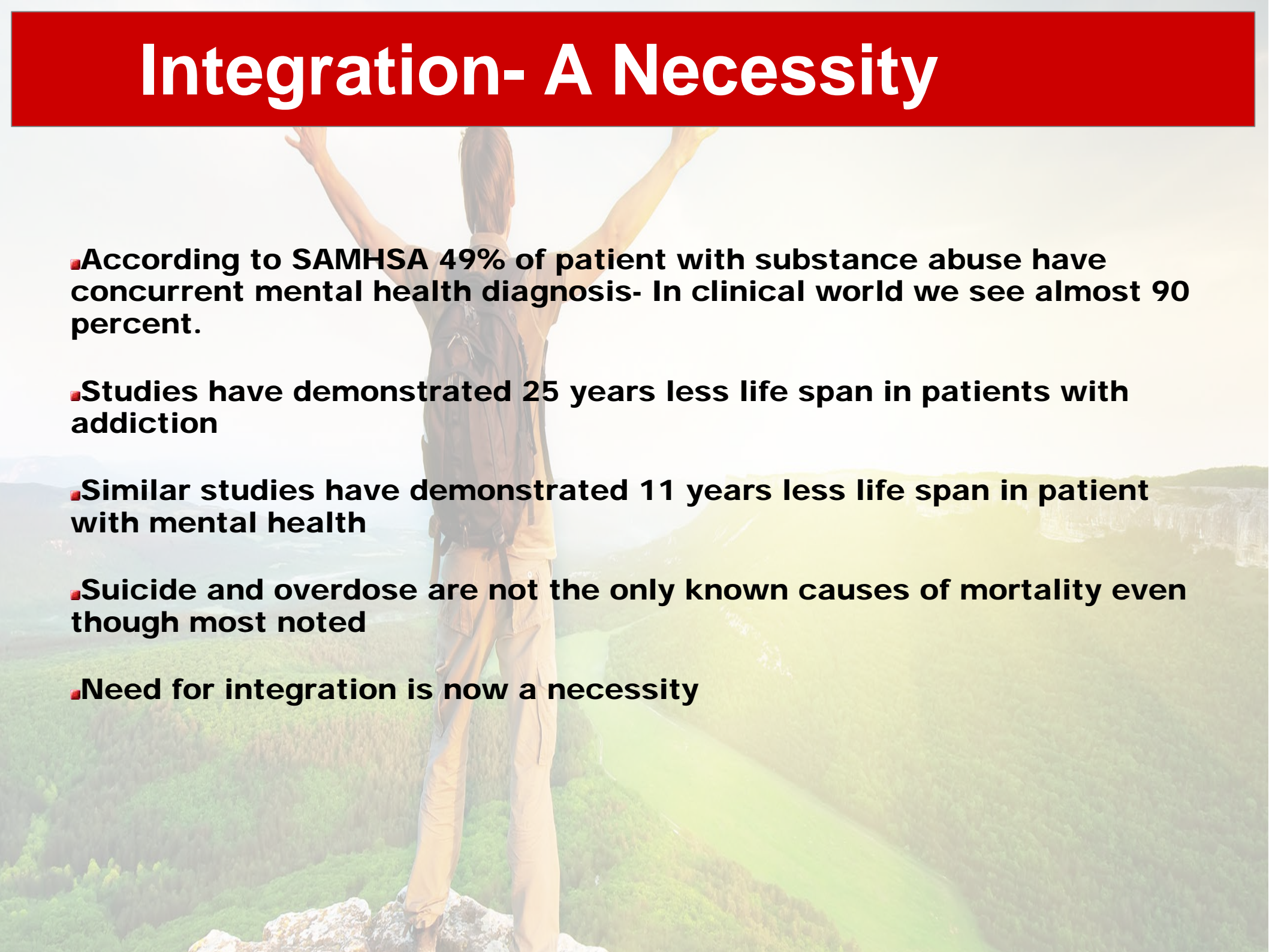
- DSRIP Project 3 a.i
- A unique rate code assigned to provide services implemented 2016
- Changes practice thresholds
- For OASAS certified providers – now can provide upto 49% of total services for Primary care and Mental Health
- Helps create access points where resources are available to expand care to patients

Medication Assisted Treatment

- Methadone
- Buprenorphine
- Naltrexone



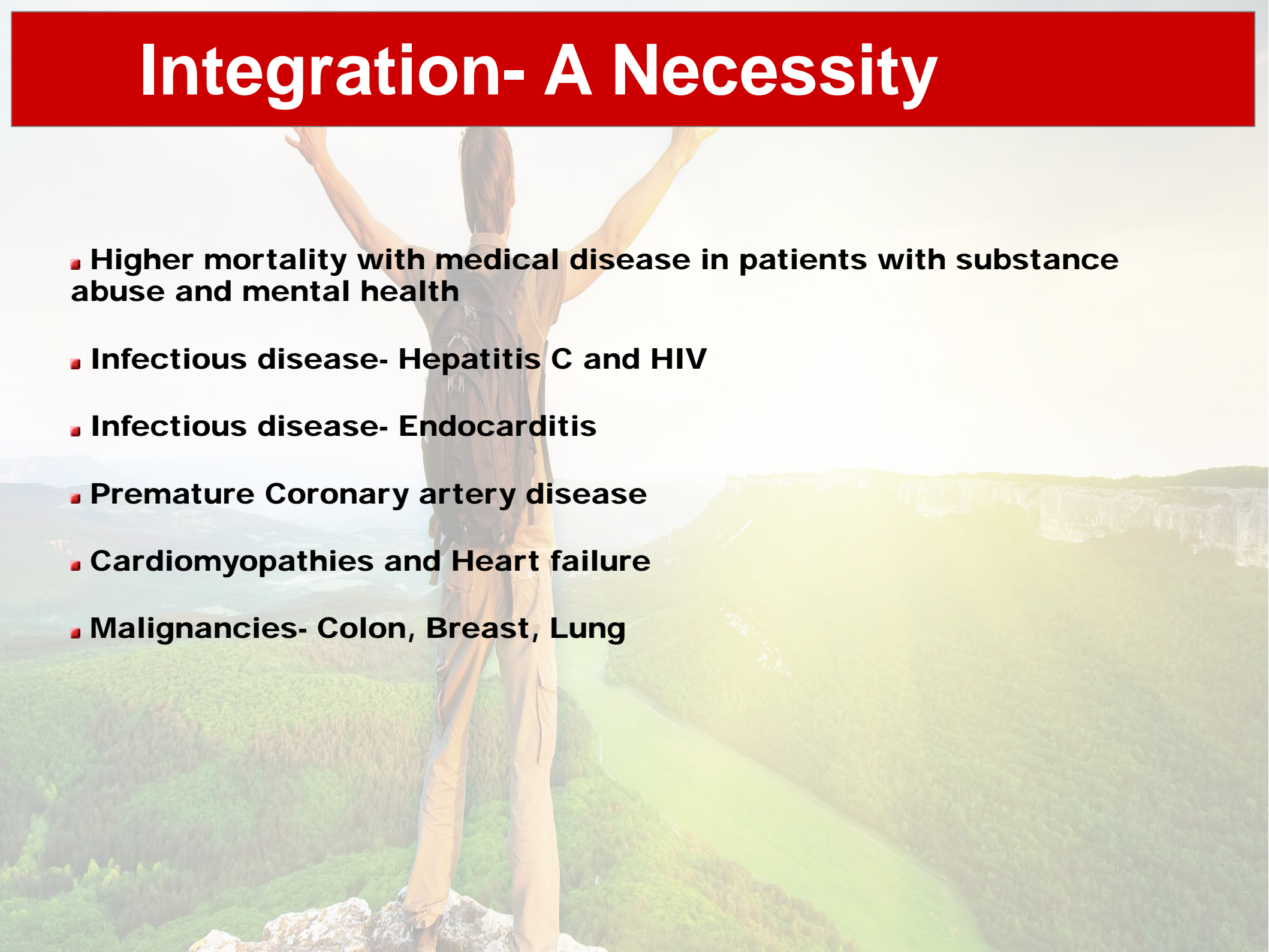
Integration- A Necessity

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- A person with a backpack stands on a rocky peak, arms raised, overlooking a vast green valley. The person is wearing a light-colored shirt and pants, and has a large backpack. The background is a lush, green landscape with a river or stream winding through it. The sky is bright and hazy.
- According to SAMHSA 49% of patient with substance abuse have concurrent mental health diagnosis- In clinical world we see almost 90 percent.
 - Studies have demonstrated 25 years less life span in patients with addiction
 - Similar studies have demonstrated 11 years less life span in patient with mental health
 - Suicide and overdose are not the only known causes of mortality even though most noted
 - Need for integration is now a necessity

Integration- A Necessity

- Case1- 26 yo with endocarditis from hospital
- Case2- 34 yo with alcohol abuse
- Case3- 56 yo with RA and breast cancer
- Case4- 40 yo with HIV, HepC, Elevated LFTs
- Case5- 59 yo with Asthma and Heart failure
- Case6- 45 yo woman with metabolic syndrome
- Case7- 54 yo with Bipolar MDD and schizoaffective
- Case8- 64 yo with Major Depression, diabetes, obesity, OSA

Integration- A Necessity

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- A person with a backpack stands on a rocky peak, arms raised in a gesture of triumph or achievement. The background is a vast, green valley with a river winding through it, under a bright sky. The person is wearing a brown shirt and pants, and has a large backpack on their back.
- Higher mortality with medical disease in patients with substance abuse and mental health
 - Infectious disease- Hepatitis C and HIV
 - Infectious disease- Endocarditis
 - Premature Coronary artery disease
 - Cardiomyopathies and Heart failure
 - Malignancies- Colon, Breast, Lung

Integration- A Necessity

- Global interventions
- Smoking Cessation
- Treatment of Hep C
- Age appropriate screenings
- Polypharmacy (Benzos, Stimulants)
- Obesity

