Primary Care within a Community Mental Health Center: An Innovative Approach to Whole-Person Care
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Disclaimer
• The speaker has no conflicts of interest to disclose

Learning Objectives
• Compare models of integrating primary care and mental health care in different settings.
• Illustrate how modifications to clinic principles improve patient engagement.
• Evaluate data supporting embedding primary care within a community mental health center.
Why Integrate PC & MH?

- Mentally ill die 25 years sooner
- Comorbidities
  - Pre-existing
  - Treatment induced
- Lack of access to care

2 Models for Integrating Primary Care & Mental Health

- Embed a behavioral health care provider into primary care
  - Office
  - One staff person
  - Minimal supply needs, mostly business supplies
  - Technology needs

- Embed a primary care provider into mental health
  - Office and exam room(s)
  - Primary care clinician and support staff
  - Equipment for exam room(s), consumable supplies
  - Technology needs

Stakeholders

- Washburn University School of Nursing
- St. Francis Health
- Valeo Behavioral Health
- Mental health consumers
Co-located Services

- Primary Care
  - Initially 12 hours per week → 30 hours per week
- Mental Health Care
- Phlebotomy Services
  - Tuesdays & Thursdays 8 am to 3 pm
- Pharmacy
  - Free delivery
  - ‘Dispill’ packs

General Principles

- Extended visit times
- Sliding scale fees
- No consumer is terminated from the practice except for violence

Staffing

- 2 faculty NPs from university who were credentialed by the hospital
- 2 mental health support staff: LPN & CMA
Year One Data
- Total number of unique patients: 402
- Total number of patient visits: 813
- Total number of establish care/not active in the SF system: 353

Demographics
- Males=44.2%
- Females=55.8%
- Average: 44 years
- Race was not collected in the EHR

Most Common Diagnoses
- Pain: acute and chronic
- Thyroid dysfunction
- Hypertension
- Hyperlipidemia
- COPD/Asthma
- Diabetes
- GERD
- Headaches
- Vaginal discharge/STI screening
- Foot care needs
“Show Rates”

All Available Appointments

- No Show
- New Patient or Well Woman
- Follow-up or Walk-in
- Cancelled

3% 5% 12% 25%

Show Rates

Productivity

Number of Completed Visits Compared to Productivity

July August September October November December January February March April May June

Successes

- Improved coordination of care
- Decreased emergency department visits
- Referrals to specialties
Lessons Learned

- Two rooms much better than one
- The longer a consumer has to wait for a visit, the less likely they will keep the appointment
- Urgent care/walk-in appointments

Latest Update

- Implementation of Health Homes with Medicaid
- Nurse Practitioner students starting in the fall
- Expanded to full-time clinic September 2, 2014
- Opening third exam room

Dissemination of Findings
Primary Care Clinic Video

http://vimeopro.com/gizmopictures/valeo-recovery-series/video/101560132

Questions

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References