

# PHYSICAL HEALTH SCREENING APPROACHES

## CO-LOCATION OF PRIMARY CARE AND BEHAVIORAL HEALTH

Date: TBD

**NYC**  
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## Introduction

Today's Presenter



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Grassi & Co.



General partner questions and comments will be addressed today via the chat function.

# Agenda

1. Introduction

## What is co-location?

### Co-location of primary care in behavioral health settings

- Target population: behavioral health patients with difficulty navigating routine primary care services
- Primary care services can be provided by any independently licensed provider (MD, DO, NP)
- Primary care services will include functions including:
  - Standard preventive care services
  - Screening and medical management issues specific to behavioral health population
  - Population health management for common chronic conditions
  - Collaboration with care management services



# Recommended Primary Care Services

## Co-location of primary care in behavioral health

- Patients in a behavioral health setting who have no or limited ongoing engagement with primary care may benefit from initiating care in an integrated setting. The behavioral health clinic may choose to identify and prioritize specific types of patients who are most at risk for not receiving adequate primary care, and organize services to meet their needs.
- Patients are closely monitored and treated for side effects of drug therapy (e.g. cardiovascular disease and diabetes mellitus)
- Patients receiving primary care in the behavioral health setting should receive a standard range of primary care services either on site or via referral. Planning should address core primary care needs, such as:
  - Annual physical and health assessment, vital signs with pulse oximetry, lab work, EKG, peak flow
  - Age and risk factor driven disease screening and preventive care, including vaccinations and tobacco cessation
  - Women's health, including Pap smears and contraception
  - Point of care testing as appropriate, such as pregnancy tests, stool occult blood, urinalysis, rapid strep testing, and blood glucose
  - Periodic monitoring of chronic health conditions per plan of care, with registry functions to support panel management approach as available
  - Episodic care of acute conditions such as upper respiratory infection, rashes, minor injuries, etc.
  - Referral and coordination of care by specialists as needed
  - Referral to care management resources as appropriate
  - Processes to address quality metrics, including those monitored by managed care organizations

## Why are physical health screenings important? Co-location of primary care in behavioral health

- People with mental health problems often have complex and long-term difficulties with their physical health such as weight gain, smoking and heart problems and have higher rates of diabetes, lung disease, cancer, heart problems, HIV/AIDS and other infectious diseases
- Physical health care monitoring has the potential and promise to improve quality of life and help people with behavioral health problems live longer and should be incorporated into the full range of primary care services offered. Physical health screenings are essential to:
  - Deliver preventative care
  - Identify individuals at risk for chronic conditions
  - Diagnose chronic conditions
  - Monitor treatment of chronic conditions



# Agenda

1. Introduction
2. Measurement informed care

## Measurement Informed Care

- 1 Standardizes response to treatment or any intervention
- 2 Identifies and targets the symptoms not improving
- 3 Monitors treatment progress
- 4 Guides stepped care
- 5 Improves care quality and clinical outcomes
- 6 Assists with patient self-management
- 7 Aligns with health care and payment reform initiatives



# Agenda

1. Introduction
2. Measurement informed care
3. Physical health screening approaches

## Physical Health Screening Approaches

### Cardiometabolic monitoring:

- Smoking
- Body Mass Index (BMI) and weight
- Blood pressure
- Glucose Regulation
- Blood lipids
- Lifestyle and life skills  
(e.g. poor diet, sedentary lifestyle)

### Other screenings to consider:

- Pain
- Sexual and reproductive health  
(e.g. STI testing, Pap smears)
- Functional status
- Advance directives



## Glucose regulation: Hemoglobin A<sub>1c</sub>

Targets may be individualized based on:

- Age/life expectancy
- Comorbid conditions
- Diabetes duration
- Hypoglycemia status
- Individual patient considerations

Lowering A<sub>1c</sub> below or around 7.0% has been shown to reduce:

- Microvascular complications
- Macrovascular disease  
(if implemented soon after diagnosis)
- Mortality  
(individuals with type 1 diabetes only)

# Blood Pressure Control / Hypertension

**Hypertension** is one of the most important preventable contributors to disease and death in the United States, leading to myocardial infarction, stroke, and renal failure when it is not detected early and treated appropriately

## 140/90 MMHG

| Age  | Blood Pressure                                | Target Blood Pressure                        |
|------|---|--|
| > 60 | Systolic > 150 mmHg<br>or Diastolic > 90 mmHg | Systolic <150 mmHg<br>or Diastolic < 90 mmHg |
| < 60 | Systolic > 140 mmHg<br>or Diastolic > 90 mmHg | Systolic <140 mmHg<br>or Diastolic < 90 mmHg |

## Blood Lipids

### Low Density Lipoprotein (LDL-C)

The American Diabetes Association recommends that:

People with diabetes  
keep LDL-C levels

**$\leq 100$  mg/dL**

People with diabetes and  
cardiovascular disease  
keep LDL-C levels

**$> 70$  mg/dL**

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The Association recommends using high-dose statin therapy to reach those goals

**LDL-C < 100 mg/dL**

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3. Physical health screening approaches
4. Implementation considerations

# Implementation considerations for physical health screenings in behavioral health settings

Perceived influences on the amount and quality of CVD screening and intervention in psychiatric inpatient settings



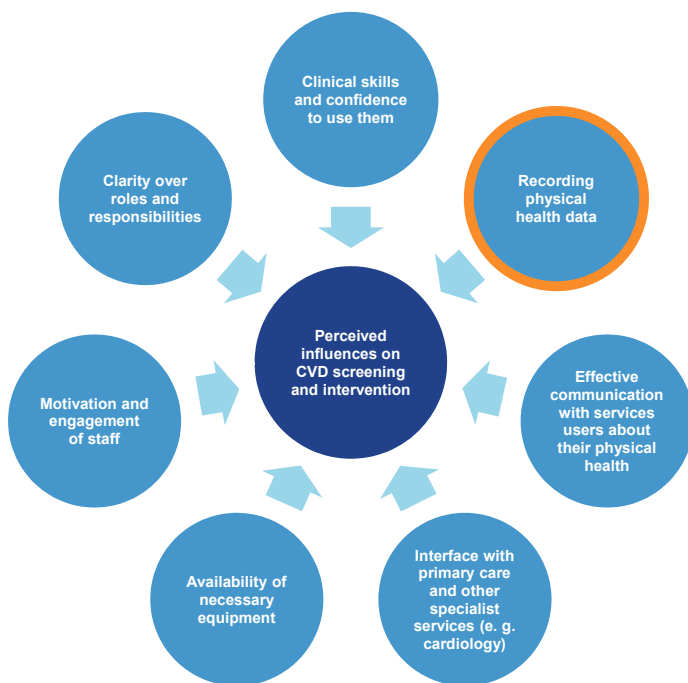
## Clinical skills and confidence to use them



- Assess current skills and confidence among clinical staff for physical health screening
- Offer training opportunities that address gaps in skills and/or confidence
- Ongoing assessment of clinical staff and offer refresher trainings as appropriate
- Supporting staff with appropriate training and resources will motivate and engage staff

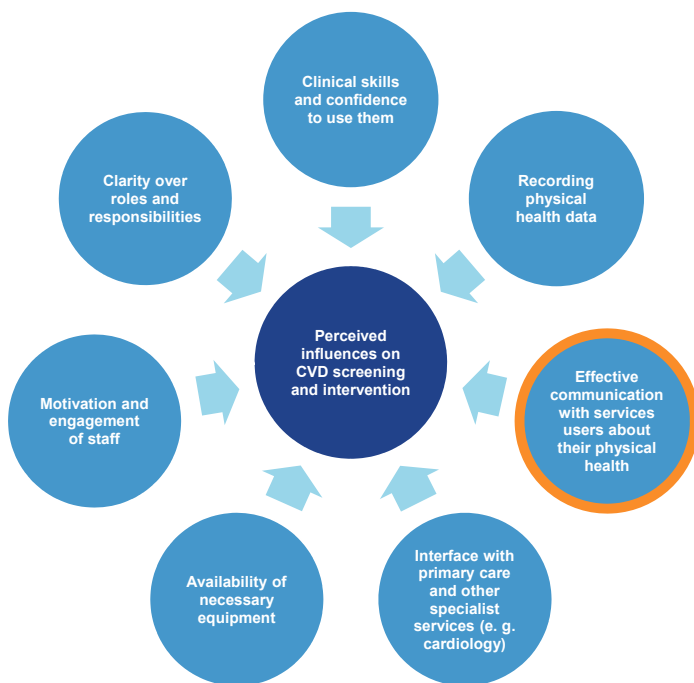


## Recording physical health data



- Configure EHR to effectively capture physical health screening and treatment information
- Share information across care team members to enable safe and effective clinical decision making
- Adjust workflows to avoid duplication in documentation and collection of information
- Develop reports to monitor screenings performed and opportunities for improvement

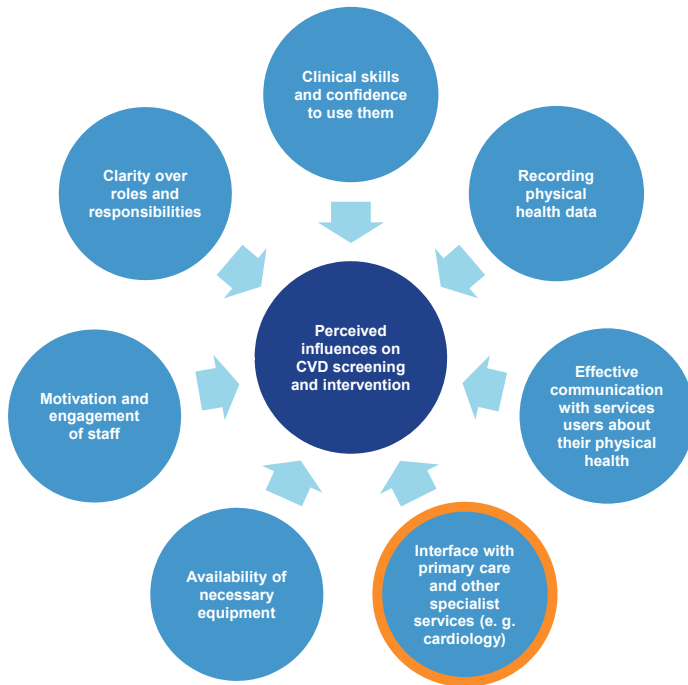
## Effective communication with service users about their physical health



There are many factors to consider around a service user's engagement in their physical health care:

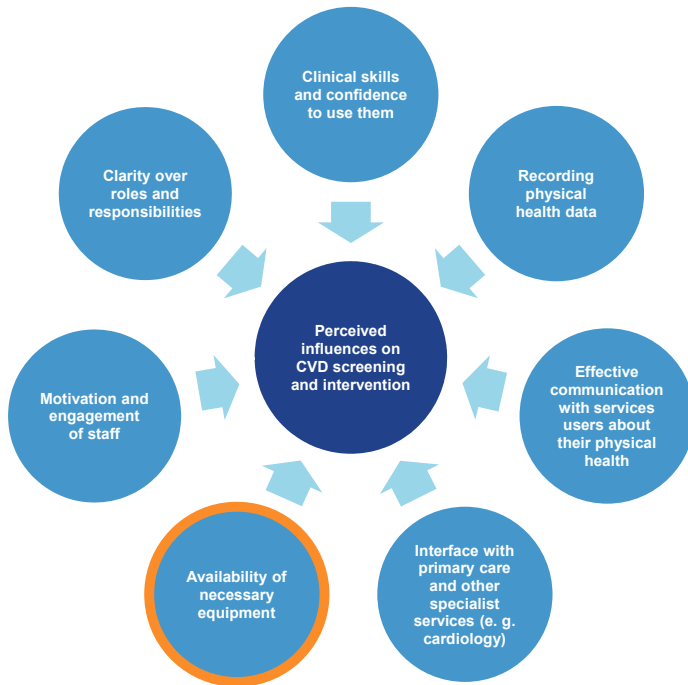
- Lack of knowledge about the risks of taking antipsychotic medication or their lifestyle choices
- Limited previous interactions with primary care
- Perceptions of a inability to influence physical health outcomes
- Discomfort with physical exams and lab tests

## Interfaces with other services



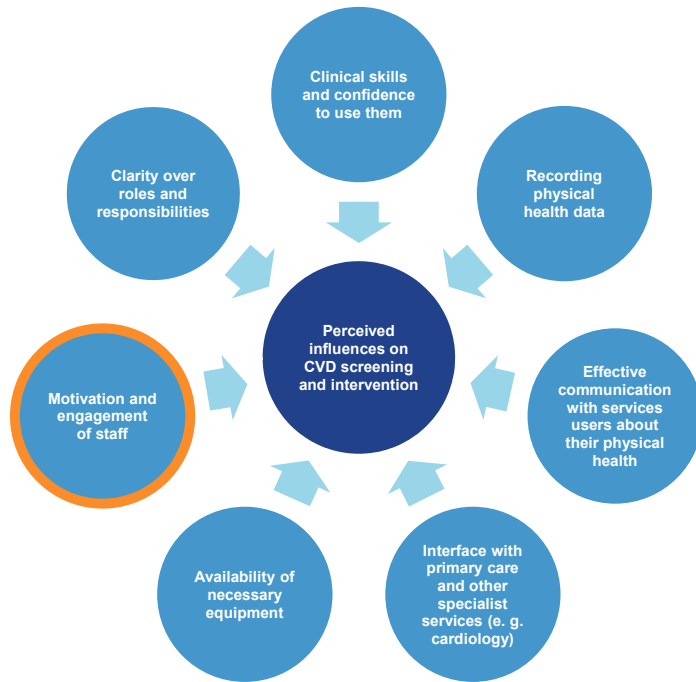
- Once a patient is identified at risk for or diagnosed with a chronic condition, it is important that the patient receives the interventions they need from the primary care provider(s) at your clinic or through a referral to a specialist
- Discussions about side effects from antipsychotic and mood stabilizer medications should involve the patient, primary care provider, psychiatrist and any involved specialists

## Availability of necessary equipment



- Once the screening tools and protocols are determined, it is essential for the clinical staff to have access to the correct equipment and supplies
- Additional services from lab testing providers may also be needed

# Clarity over roles and responsibilities



- It is vital that all staff are clear about their roles and responsibilities for primary care
- Consider policies, procedures and workflows that make it clear which physical health screenings and interventions staff are expected to perform

## Upcoming Webinars to Support Implementation

- Physical health screening approaches
- Behavioral health screening tools
- Measurement and quality improvement
- Billing guidance



# Questions?

## For more information

### ONECITY HEALTH SUPPORT DESK:



Call 646-694-7090



Email [ochsupportdesk@nychhc.org](mailto:ochsupportdesk@nychhc.org)  
with the subject line "PCBH  
Integration Question"



Hours of Operation:  
Monday through Friday  
9am to 5pm ET

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