Evidence-Informed Intervention: Mental Health Integration into the HIV Primary Care Setting

Angie J. Brown, MBA, L. Lee Tynes, MD., Ph.D.

Project Scope and Objectives

The Our Lady of the Lake Early Intervention Clinic (EIC) is the largest provider of comprehensive HIV primary medical care services in the Baton Rouge area and in the State of Louisiana. More than half of all depressed patients are seen exclusively by primary care providers (PCPs), and major depression is associated with substantial costs.

With a patient population of over 1,300 utilizing an integrated Collaborative Care model of mental and behavioral services provided a 'new' access to care point and closed the gap for mental health services a patient would not be able to receive outside of their primary care visit.

Mental health integration into the primary care setting provides a systematic and cost-effective approach to providing patient centered care for those patients with depression, anxiety, and substance use disorders.

Project Objectives:

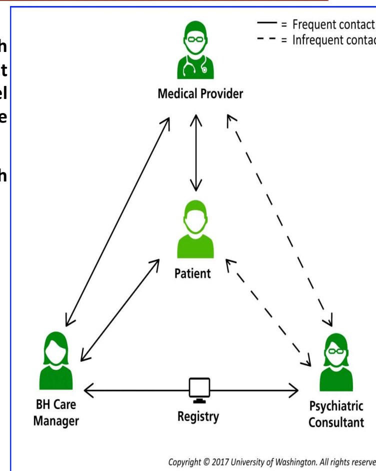
- **To provide comprehensive HIV medical care and behavioral care in one setting**
- **To increase compliance with HIV medical care (medication adherence, retention in care, viral load suppression**
- **Prevent development of severe behavioral health symptoms through proactive identification and intervention**
- **Decrease disparities for those who do not have access to adequate behavioral health services, while reserving specialty psychiatric resources for those with more severe mental illness.**

This intervention is in its second year of implementation. We were able to implement this intervention in rapid fashion with the assistance of grant funds provided by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) and led by The Fenway Institute in partnership with AIDS United.

Methods and Activities

Utilizing a universal screening tool for Depression and a Behavioral Health Provider/Care Manager with a Consult Psychiatrist is the foundation of the model which takes place at the time of the patients appointment.

- **Warm-handoff to Behavioral Health Provider/Care Manager**
- **Structured diagnostic initial assessment**
  - **PHQ 9: Depression**
  - **GAD 7: Anxiety**
  - **CIDI 3: Bipolar Disorder**
  - **PCL5: PTSD**
- **Psychiatric Consult**
- **Brief Intervention/Behavioral Health Coaching**
  - **Motivational Interviewing (MI)**
  - **Behavioral Activation**
  - **Problem Solving Treatment**
  - **Distress Tolerance**



Results

This intervention filled an unmet need within the HIV patient population of the EIC. We learned very early on the importance of ensuring that our Collaborative Care Program was culturally sensitive. We were aware of the stigma associated with accessing mental/behavioral health services and work hard to address those barriers that prevented our patients from accessing treatment.

48% of patients actively enrolled in Collaborative Care PHQ-9 scores have improved by 50% or greater from their baseline scores. 26% of patients have had the same improvements in their GAD-7 scores. Patients actively enrolled into collaborative care have a viral load suppression rate of 88.6%. The current clinic viral load suppression rate is 85.52%.

Successes/Limitations

Key successes to rapidly implementing the Collaborative Care Model:

- **Communication is KEY to addressing staff/provider ambivalence**
  - **Include all staff members in the planning process**
  - **Our patient's mental health is every staff members responsibility (team approach)**
- **Identify champions in administration, leadership, psychiatry and medical providers to form a work group.**
- **Communicate with clinics that have successfully implemented collaborative care**

References

Boudreau DM, Capoccia KL, Sullivan SD, et al. (2014). Collaborative care model to improve outcomes in major depression. *The Annals of Pharmacotherapy*. 36(1), 585-591.