

## HEALTH CARE OF THE FUTURE



JIM POULIN | PHOENIX BUSINESS JOURNAL

Dr. Mark Stephan, left, consults with social worker Cheridy Clement and Dr. Nicholas Kucinski on a patient's case at St. Joseph's Hospital & Medical Center. The Phoenix hospital already takes this integrative approach to total health care, which will become more widespread under new state regulations.

## Behavioral treatment gets key role in primary care

ARIZONA ALTERS REGULATIONS TO EASE INTEGRATION OF HEALTH SERVICES

### WHY INTEGRATION IS THE FUTURE OF HEALTH CARE

**Integration solves many problems and will save money in the long run, for many reasons:**

- ▶ People with serious mental illness die, on average, more than 30 years younger than those without.
- ▶ Patients are more likely to get the mental health services they need if they are available in the same place as their primary care physician, making it more convenient.
- ▶ Having both available in one facility also does away with the social stigma of going to see a mental health specialist separately.
- ▶ Many physical symptoms come from underlying mental disorders.
- ▶ Electronic health records also are integrated, creating a complete picture for each physician involved in a patient's care.
- ▶ Dangerous drug interactions as a result of medications prescribed by different doctors will occur less frequently.
- ▶ At hospitals, integration may decrease a patient's length of stay because mental disorders can interfere with physical recovery.

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**I**t's no secret that untreated mental illness has a significant impact on the workplace, impacting productivity to the tune of \$63 billion a year nationwide.

But Arizona is doing something about it in advance of the requirements coming down the road via the Affordable Care Act. (See cover story, page 4.)

The Arizona Department of Health Services has revamped its health facilities rules to allow providers to integrate behavioral and physical health care under one roof. This means patients will be able to visit their primary care physician and see a behavioral health care provider at the same time.

Previously, that wasn't possible because of antiquated state health regulations. Outpatient treatment clinics were prohibited from delivering behavioral health care and primary care services in the same location, said Will Humble, director of the state health agency.

Cory Nelson, deputy director for behavioral health services at ADHS, said these regulatory changes will help patients get the comprehensive care they need.

"We want to make sure there are no barriers present in the system that prevent people from accessing critical health care," he said. "Sometimes just accessing it at one location versus multiple locations will improve the



Chick Arnold

outcome. A person is more likely to get the services if they can get it in one spot."

With the integration of those services, patients can receive a more holistic approach to health care: treating mind, body and spirit in one place. This means psychiatrists and primary care doctors in all settings – not just inpatient care facilities – will be able to work together, combining electronic health records to ensure patients receive the most comprehensive care available.

Some hospitals already are realizing cost savings with integration of care.

Susan Fuchs, spokeswoman for the John C. Lincoln Health Network, cited a case study of a frequent JCL emergency-room patient. The woman had a variety of potentially preventable mental and physical issues, so staffers came up with an individualized treatment plan that addressed all of her medical needs. They later estimated if their plan had been in effect 12 months earlier, the hospital could have saved about \$50,000 that year on that patient's treatment alone.

"The notion of integrating health care is intended to pierce the myth that there is a difference between one organ and the other organ," said Phoenix attorney Chick Arnold of Frazer Ryan Goldberg & Arnold LLP, who advocates for patients with mental illness.

## HEALTH CARE OF THE FUTURE



TIM KOORS | SPECIAL TO PHOENIX BUSINESS JOURNAL

*Debbie Davis, clinical director of Marley House Behavioral Health Clinic at John C. Lincoln's Desert Mission Community Health Center, counsels a patient as Jake, a Marley House service dog, provides support.*

"The notion of having a one-stop shop where somebody could presumably go for their mental health needs and, at the same time, address their primary care needs is a really big deal," he said.

Arnold, who has been fighting on behalf of people with developmental disabilities and mental illness for decades, said this is great news.

"I've been doing this a long time," he said. "I don't recall feeling this kind of excitement. It's a great time for families and folks who use the services in our community."

The reason behind the change was simple, Nelson said.

"We did it to improve the lives of people," he said. "It didn't make sense, if a clinic could provide both behavioral health and physical health, why a person couldn't get that at the same time in the same location."

This will have a positive impact on employers and productivity in the work-

place, Nelson said.

Dr. John Keats, senior medical director of Cigna Healthcare of Arizona, said the insurer has long recognized that behavioral issues are integrally related to a patient's overall well-being.

"We also know that studies have shown that sometimes as many as 40 percent of visits to a primary care physician's office are actually behaviorally based, in the sense that they could be physical symptoms that are an expression of an underlying depression or anxiety disorder," he said.

Cigna has developed screening programs to help enrollees identify these types of behavioral issues.

Keats said he is talking with Cigna Medical Group to consider hiring psychiatric nurses at the Cigna clinics to address this need.

"Today, you're not seeing a lot of that," he said. "I think you're going to see more and more of it in the future."

### ▶ BY THE NUMBERS

## MENTAL ILLNESS IN THE WORKPLACE

# 10%

Of employees are affected by depression in the U.S. workplace.

# \$63 billion

Cost of lost productivity in the U.S. workplace because of mental illness

# 75%

Of Americans with depression do not receive a diagnosis.

# 5.6 hours

Average productivity lost each week by workers with depression

SOURCE: NATIONAL ALLIANCE ON MENTAL ILLNESS



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