

advancing primary care and behavioral health integration through community collaboration

Presenter:

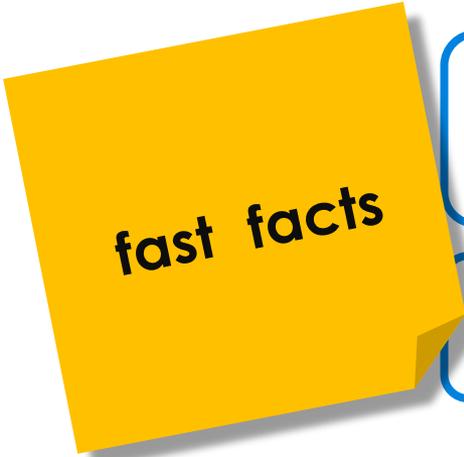
Rachel Wick
Program Officer, Health Care and Coverage



our mission

To improve the lives of all Californians, particularly the underserved, by making **health care accessible, effective, and affordable**, and by **ending domestic violence**.

foundation overview



fast facts

10-Year Grantmaking Total (through 2013) :
Over \$329 million

Program areas:
(1) Health Care and Coverage
(2) Blue Shield Against Violence

Independent Board: 9 Trustees, 5 from BSC

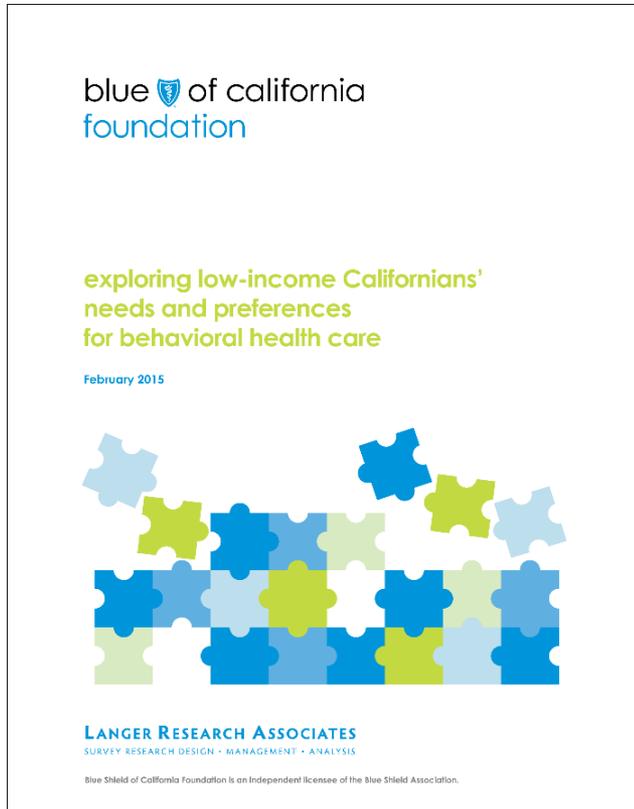
Staff: 25

Source of Funding: Annual contributions from Blue Shield of California

care integration = no wrong door



about the survey



- Extends Foundation-initiated research (2011) aimed at helping California safety net facilities better understand and serve low-income clients in a changing healthcare marketplace.
- 2014 survey: telephone interviews (English and Spanish) with 1,033 low-income Californians (at 200% of FPL) between 19 and 64 years of age.
- Two resulting reports:
 - *Delivering on a Promise: Advances and Opportunities in Health Care for Low-income Californians*
 - **Exploring Low-Income Californians' Needs and Preference for Behavioral Health Care**

research questions addressed

How many low-income Californians felt they needed help with a behavioral health issue in the past year?

What behavioral health-related services are available to patients at their primary care facilities?

What barriers prevent patients with behavioral health needs from seeking help?

What models of behavioral healthcare services do patients prefer, and what factors influence those preferences?

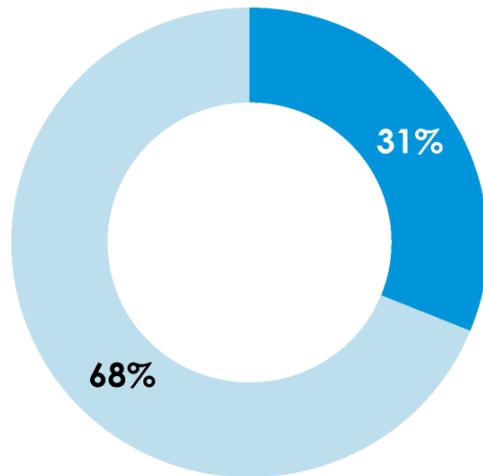
"Which services are or are not available at the place you (usually go/last went) for care:

- o A counselor to talk to about any stress, anxiety or emotional issues
- o Help for people with drug or alcohol issues
- o Referrals to social services for things like housing, employment or legal issues"

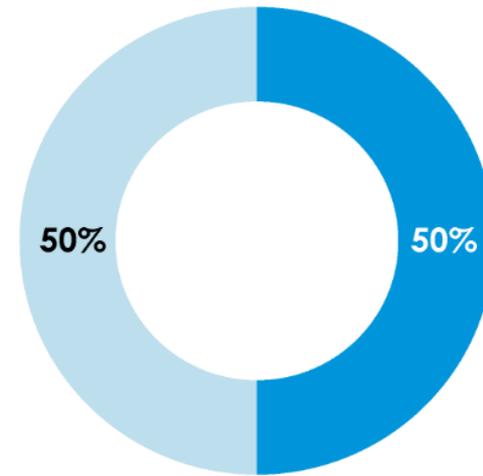
"How comfortable would you feel talking with your healthcare provider about any stress, anxiety or emotional issues you might be having?"

the need and the treatment gap

Needed to talk about a behavioral health issue
(among low-income Californians)

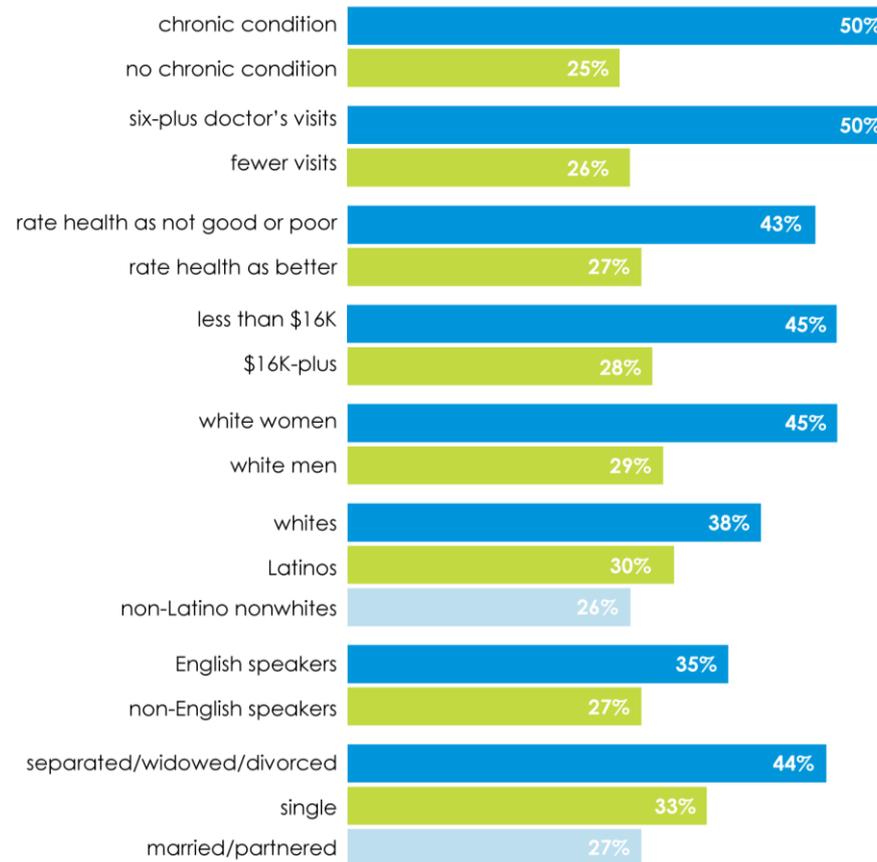


If needed to talk, actually spoke with a healthcare professional
(among low-income Californians)



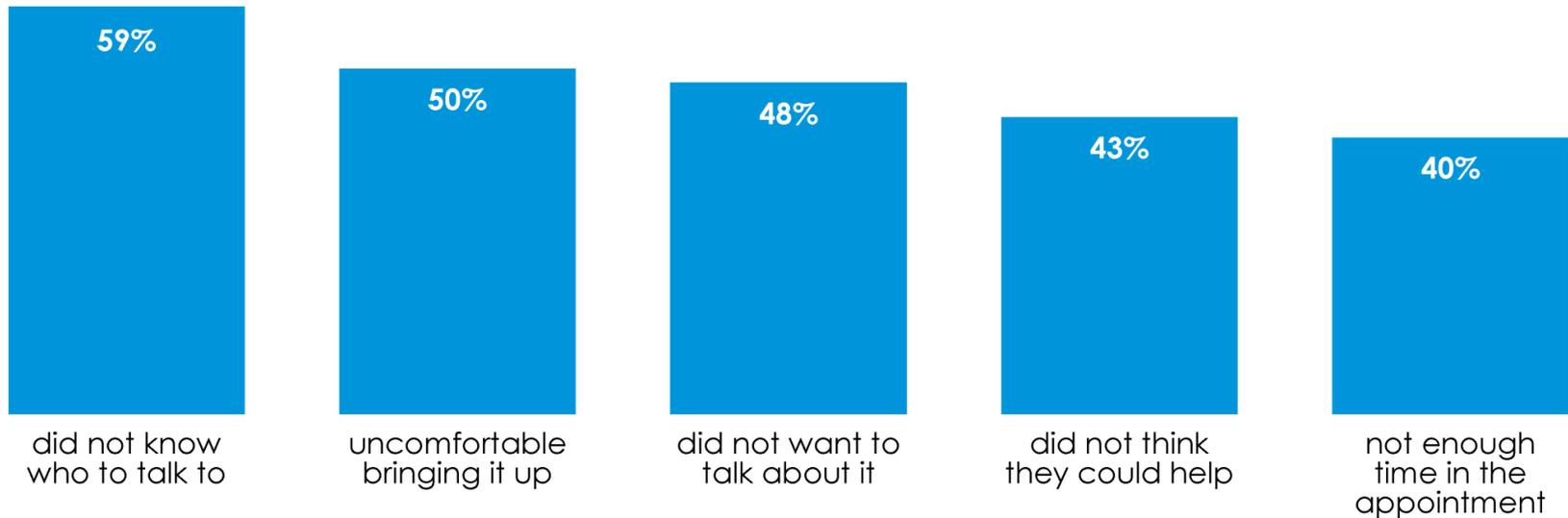
the patient population

Percent who wanted to talk with a healthcare professional about behavioral health concerns in the past year
(among low-income Californians)



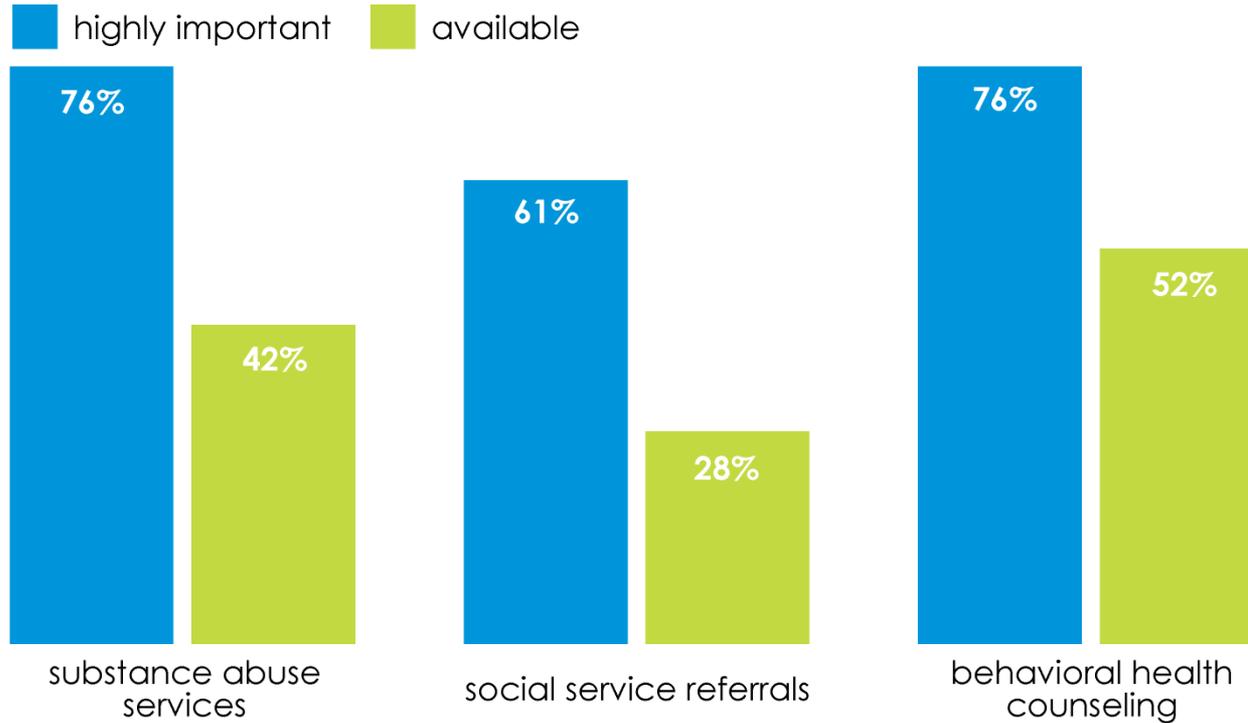
barriers to seeking help

Percent saying each item is a reason for not speaking with a healthcare professional about behavioral health issues
(among low-income Californians)



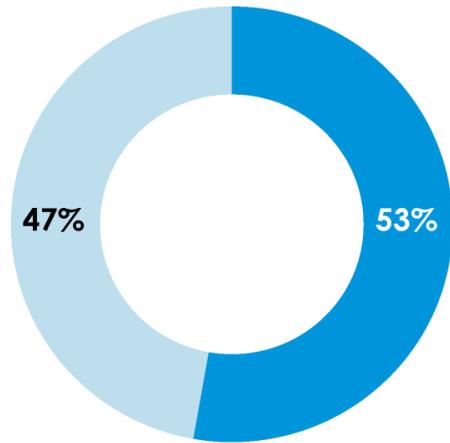
interest vs. availability

Importance of behavioral health-related services vs. availability (among low-income Californians)



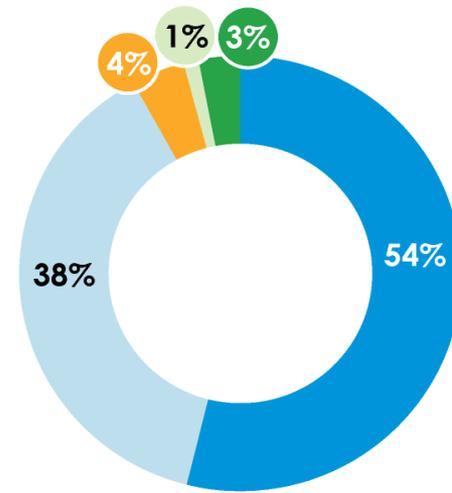
location of behavioral health care

Among those who saw a counselor, where was it?
(among low-income Californians)



- place you usually go for care
- somewhere else

Where would you like to see a counselor in the future?
(among low-income Californians)



- place you usually go for care
- somewhere else
- no preference (vol.)
- wouldn't want to (vol.)
- no opinion

summary of findings

1

A broad gap exists between need for behavioral health services and eventual treatment.

2

Patient interest in receiving behavioral health services far exceeds availability.

4

Primary care providers can do a better job of asking about stress, anxiety, and emotional issues.

Patients who have behavioral health services experience higher levels of connectedness and continuity, which in turn, enhance patient satisfaction.

where we are now

The Opportunity:

- **New mental health and substance use benefits** under ACA and Medi-Cal expansion in California
- Hundreds of thousands of low income Californians **could get the care they need**

The Challenge:

- **One third of low-income Californians report** needing to talk about a behavioral health issue in the last year; **only half have done so**
- **Persistent disparities** by race and ethnicity
- Policies and systems **not designed around the patient & family**

foundation strategy for integration

Innovations

Foster innovations in safety net healthcare service delivery

Spreading what works

Support learning community to connect people and good ideas

Linking state policy to practice

Influence and implement policies that sustain and further our impact

Lift up patient and family voice

Share stories and experiences of those most affected

Align investments

Partner with other foundations and government

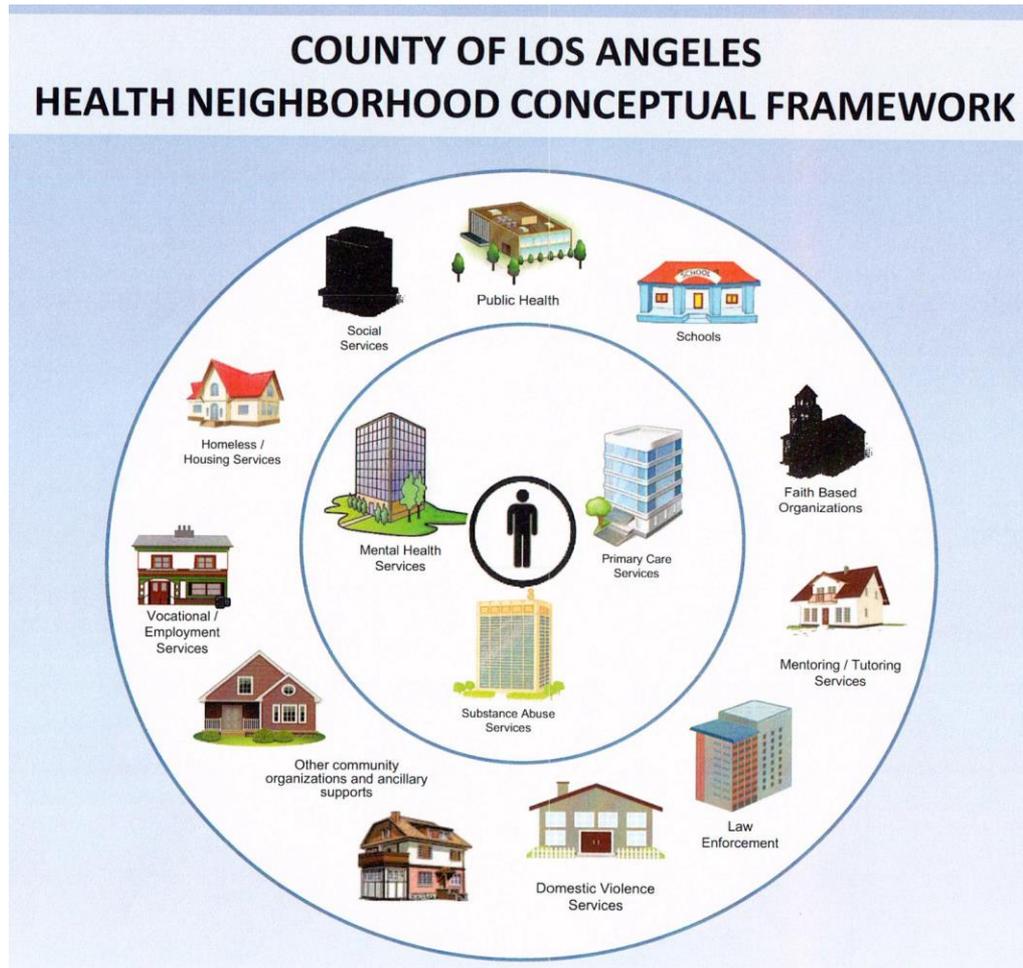


Greater access to behavioral health services



Improved systems of care in the safety net

future is whole-person care



what we are learning

1

Collaboration is challenging; takes time and negotiation

2

Tackling system-level problems is new and requires communities to think and act differently in order to create change

3

Voices and experiences of patients and diverse communities are essential

4

Communities are innovating around (or in spite of) silo-ed financing and delivery systems

5

Need stronger feedback loops between practice and policy

how will we know when we get there

How will we knit together our strategies?

How will we measure our collective progress?

How will we eliminate disparities?

Contact:

rachel.wick@blueshieldcafoundation.org

facebook.com/blueshieldcafoundation

blueshieldcafoundation.org