

Testimony to Michigan Mental Health and Wellness Commission

September 12, 2013

Michele Virva LMSW, Medical Social Worker Network180/Center for Integrative Medicine
michele.virva@spectrumhealth.org

Scott Haga MPAS PA-C Spectrum Health Medical Group Center for Integrative Medicine
scott.haga@spectrumhealth.org

My name is Shelly Virva, a Licensed Clinical Social Worker, and my colleague here is Scott Haga, a Physician Assistant. We work together at the Center for Integrative Medicine here in Grand Rapids. CIM is a collaborative effort between Spectrum Health Medical Group and Network 180. The clinic opened in December 2011 specifically targeting Super utilizers of the emergency department. We define a super utilize as a person who has 10 or more emergency department visits per year for at least two years. We are here today to talk about our experience working with patients who have complex co-occurring disorders in a truly integrated care setting, and why this model of care may be most helpful for these patients with co-occurring disorders.

First let me start by defining co-occurring disorders in this setting. This can be a patient who has complex medical and mental health issues or primary mental health or substance use disorder issue with mild to moderate medical problems, or any combination. I have been working with this population for 17 years in a "silo" where one system treats mental health, another substance use disorders and yet another system treats physical health with these three systems never fully communicating about patient care and treatment plan.

Integrated care is not a new concept in healthcare, however, the CIM approach to integrated care goes beyond having behavioral health and medical staff housed in one location. I'd like to share why I think our approach to integrated care is unique and very effective in treating these complex patients. It is a truly integrated team approach, not a physician lead hierarchy. We work together to treat the whole patient. I am a behavioral health provider and admit I do not have a strong understanding of physical medicine. However as part of our team I am able to talk to Scott or our physician and ask as many questions as needed so I better understand a patient's medical issues. The more I understand the patient's physical complaints the better I am able to provide focused therapy. Also as part of this team I am able to help the medical providers better understand how the patient's psycho-social or behavioral health issues are contributing factors and the importance of meeting the patient where they are at today. We often see our patient's together which helps me better understand the medical issue and treatment as well as reinforces our team approach and minimizes attempts for patients to split providers.

There are challenges with this approach to care that both the behavioral and physical health providers need to overcome. In order for successful integrative care to work we must learn to speak each other's language, work together as a team where each provider has an equal say, learn to ask questions, be

assertive and admit we don't know everything. This is as much of a challenge for some behavioral health providers as it is for some physicians. I will let my colleague share his experience with integrated care as a physical health provider.

As part of our medical training the need to treat the bio-psycho-social needs of a patient is emphasized. As a medical provider I am well trained to address the medical needs of my patients. I am able to recognize and treat the biological causes of illness but like nearly all medical providers do not have the training or expertise to address the psychological and social issues which play an equally important part in the health of our patients.

I spent the first decade of my practice in a so called "silo". We provided competent medical care in the traditional model. Issues of missed appointments and failure to follow recommended treatments were usually seen as failures by the patient. I was aware of the complex social issues affecting the patients but did not have a way to address those needs. Over the last 18 months I have had the opportunity to participate in an integrated model of care working very closely with social work. Integration does not mean having offices in the same part of the building or having scheduled meetings with team members, although we do have these. It means sitting at the same office as my social work colleagues to be able to talk about care in real time throughout the day, whether that is during an office visit or during a phone call. Frequently we see patients together to keep the patient from needing to tell their story twice and also to allow us to truly address the comprehensive needs of the patient.

Most people would agree with the ideas behind integrated care and would support these concepts. But this requires a change in the way we provide care, and change is hard. Some of these changes need to come in the way our professions think about how we "do what we do." It can seem unnatural for physicians to routinely consult with social workers and actively take their advice in treatment planning, and social workers frequently are not as comfortable advocating directly with physicians. We continue to advocate bringing about these changes by educating members of our professions.

Some of these innovations involve changes on the state and federal level. Typically reimbursement is directed at each of the silos. As we move toward providing integrated care changes will be required to support these improvements. The Michigan Department of Community Health has encouraged and supported efforts toward integrated care. Further support of projects to move integrated care forward are essential as are efforts to study and evaluate the success of these projects to allow Michigan to be on the forefront of providing cost effective comprehensive integrated care.