

Medical Home

NEWS

Texas Clinics See Success Merging Primary Care and Mental Health Services

By Caroline Covington

Kerstin Taylor fought alcohol and substance abuse problems for two decades. She periodically sought help through addiction and psychiatric treatments to stay sober, but she continued to relapse.

That unrelenting roller coaster, and the emotional and mental fallout, left her with little energy or resources to take charge of her overall health. Taylor, 53, has asthma and doctors told her she was at risk of developing diabetes.

"I wasn't doing anything to help myself," she said about her physical health.

Then an opportunity to get coordinated mental and physical healthcare services helped turn life around for Taylor, who also lives with bipolar and obsessive-compulsive disorders.

Until recently, healthcare professionals, in general, treated the mind and body separately and cared for them under different systems. That meant someone like Taylor, who relies on public transportation, had trouble getting to referrals for physical care at locations far away from her psychiatric appointments. That made follow-ups unlikely.

In 2012, Integral Care in Austin offered Taylor a holistic approach, with access to physical healthcare and a program to manage chronic disease, on top of her regular psychiatric care. Many of the services were available either at the clinic or in her home, and one case manager would help Taylor handle it all.

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Patient-Centered Medical Homes Did Not Improve Access to Timely Follow-Up After ED Visit

By Shih-Chuan Chou, M.D., Craig Rothenberg, Alicia Agnoli, M.D., et. al.

Follow-up is an essential extension of the outpatient care provided by emergency departments (EDs). In over two-thirds of all 141 million ED visits in 2014, patients were discharged with recommendations to follow-up with outpatient providers¹. Furthermore, evidence has shown a rise in ED visit volume associated with expanded insurance coverage afforded through the Patient Protection and Affordable Care Act (ACA)^{2,3}.

This trend is particularly true for the newly insured patients who are likely to utilize the ED for first-contact care in the absence of an established primary care provider⁴. However, despite expanded insurance coverage, the newly insured still faced substantial barriers in obtaining timely primary care follow-up appointments after discharge⁵.

The ACA has created numerous incentives for primary care practices to enhance access^{6,7}. These efforts include the broader adoption of the Patient-Centered Medical Home (PCMH) model, supporting measures such as extended office hours, to improve appointment availability and reduce unmet medical needs^{8,9}. A recent study found that PCMH practices were more likely to offer routine appointments to establish care¹⁰. However, it is unclear if these efforts would improve access to timely follow-up for a discharged ED patient without an established primary care provider.

Accordingly, we examined the association between availability of timely primary care follow-up appointments and practice services intended to improve access, including evening or weekend appointments as well as PCMH designation.

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