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ICP Conference Speakers Make Strong Case for Behavioral Health, Primary Care Integration

Delivering behavioral health care early in a patient’s overall care makes a huge difference in the patient’s health and well-being, as well as in health care costs, according to Dr. Henry Chung, the keynote speaker at ICP’s Sept. 18 conference held at Maneely’s in South Windsor. Dr. Chung is vice president and chief medical officer for Montefiore Care Management, which provides care-coordination services to more than 200,000 patients in the Bronx and lower Westchester County. Dr. Chung, a psychiatrist, has been involved in behavioral health and primary care integration for more than 20 years. He’s a pioneer in integration, which is a main focus of today’s health care delivery transformation.

“Mental and physical illnesses are strongly linked, especially with diabetes, heart disease, asthma and cancer. Psychiatric disorders can lead to physical ailments and vice versa. It’s bidirectional,” Chung told the more than 200 attendees. And it’s expensive. “Depression costs employers $44 billion in indirect costs, such as absenteeism and lost productivity,” he said, adding that people who are depressed but not receiving care use two to four times the health care resources of other individuals and have twice the risk of having a stroke.

The problem is that we’ve traditionally treated mental and physical problems separately – in silos, said Dr. Stuart M. Pollack, medical director and co-designer of Advanced Primary Care Associates – South Huntington, which is part of the Brigham and Women’s Physician Organization. “Descartes separated the mind and the body and then the insurance companies did the same,” he said. But Pollack has changed that in his practice, where social workers and physicians work closely together, and patients routinely are screened for depression and other mental health issues. (Continued on Page 2.)
Pollack said that nearly 10 percent of primary care patients meet the diagnostic criteria for major depression. About 50 percent are accurately diagnosed by their primary care physicians. Pollack said that in his practice, 27 percent of patients have been seen by social workers for mental health issues after being screened.

“Screening for depression really is core primary care,” Pollack said. “Mental health care is probably core primary care. Why should we treat it differently than we treat hypertension?”

Chung noted that the Centers for Medicare and Medicare Services recognizes that screening for depression is necessary. It’s “equal to screening for colon cancer or getting a mammogram,” he said. “Health plans are now calling for it. It comes down to money. People are paying attention because we must demonstrate quality and cost savings.” And treating mental health issues reduces costs. It results in fewer emergency room visits and in generally better health.

Dr. Tess Kryspin, chief medical officer for First Choice Health Center, which has 39 access points in East Hartford, Manchester and Vernon, discussed the advantages of the SBRIT model (screening, brief intervention, referral for treatment) in diagnosing adults with substance-abuse issues. Her practice uses a health educator to do the screening because patients typically are more willing to disclose issues to the health educator than to the physician.

“Treating substance abuse results in fewer complaints,” she said. Brief intervention leads to decreases in alcohol use, substance abuse, physical and mental complaints, and emotional difficulty.

Dr. J. Craig Allen, medical director of Rushford Center and director of psychiatry at MidState Medical Center, also spoke about the importance of mental and physical care integration, not only to individual health but to health care costs.

The speaker presentations were followed by a panel discussion including all the speakers and Dr. Harold Schwartz, psychiatrist-in-chief at Hartford Hospital's Institute of Living and vice president of behavioral health for Hartford HealthCare. The panel was moderated by Stephen W. Larcen, PhD, senior vice president, Hartford HealthCare and president of Hartford HealthCare’s Behavioral Health Network.

The panel members agreed that the integration of behavioral health and primary care is critical to the well-being of patients and communities. Mental health issues cannot be ignored as we move more toward measuring the quality of care. (Continued on Page 3.)
“Mental health issues need to be addressed where people get their care,” said Schwartz.

That’s what ICP intends to do: **Ensure patients get the right care, at the right time and in the right place.**

Physicians work very hard to deliver quality care. Where we fall apart is integration – the transitions – because we don’t have the infrastructure to manage transitions, and nowhere is that more obvious than in behavioral health. **When we look at chronic-disease management, we see that behavioral health care increases care quality, reduces cost and increases morbidity.**

The hope is that as we move forward, we will build a model from the integration pilots that ICP has started and make that behavioral health/primary care integration model the standard so that every ICP practitioner has that behavioral health resource.

For those of you who attended our first conference, I hope you found it inspirational. For those of you who did not attend, the presentations are posted at [www.integratedcarepartners.org](http://www.integratedcarepartners.org). I hope you will join us next year.

Sincerely,

Dr. James Cardon
CEO, **Integrated Care Partners** & Hartford HealthCare Chief Clinical Integration Officer

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**Lt. Gov. Nancy Wyman Gives State Perspective on Integration**

Lt. Gov. Nancy Wyman told ICP conference attendees that the state strongly supports integrating behavioral health into primary care and has allocated funds to help do that.

"We must treat the person as a whole person, and what you’re doing here today will help find an easier way to do that," she said. Wyman, a former X-Ray technician, has been a big supporter of health care, founding a workgroup that led to Connecticut’s Husky Program and chairing ACCESS Health CT, the state health insurance exchange, which is serving as a national model.

"Integrated care requires all of us to work together to treat patients," she said. "What we are fundamentally talking about here is a healthier state, healthier workforce and stronger economy. Coordinated care to address physical and mental needs is common sense."

She noted that the state has allotted $23 million to increase funding for uncompensated mental health care and for the Stop the Stigma campaign.

**ICP Provider Relations Specialists Christine Garthwaite, left, and Shaleighne Murphy man the ICP table at the conference Sept. 18. Among the exhibitors were Cigna, the CT Department of Mental Health and Addiction Services, Hartford HealthCare Behavioral Health Network, Hartford HealthCare Rehabilitation Network and Value Options CT – ACCESS Mental Health.**

Thanks to the following companies for their educational grant support for the conference: Cigna; Health New England; Highline Health; CT Community Providers Association; CT Psychological Association; and the National Association of Social Workers, CT Chapter.