

Behavioral Health and New Models of Service Delivery for an Aging World: Public/Private Partnerships to Develop Best Practices of Care for Older Adults

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Outline

introduction

demographics

integration of primary care and behavioral health

conclusions/challenges





Introduction

global aging occurring ¹

unprecedented demographic shifts





Population growth projections

total population (millions)	<u>2017</u>	<u>2030</u>	<u>2050</u>
World	7,550	8,551	9,771
Europe	742	739	715
Poland	38.4 (2018*)	36.6	32.4
United States	329.3 (2018)	354.7	389.6

* All 2018 estimates from: cia.gov, World Fact Book



Life expectancy

life expectancy (at birth)	<u>2017</u>	<u>2030</u>	<u>2050</u>
World	71.9	73.8	76.9
Europe	78.1	79.8	82.8
Poland	77.9 (2018*)	79.5	82.7
United States	80.1 (2018)	81.1	84.1

* 2018 – female: 82, male: 74.1



Population and older adult projections

	<u>2017</u>	<u>2030</u>	<u>2050</u>
World pop	7.5 billion	8.5 billion	9.7 billion
Persons 60+	981 mill (13%)	1.4 bill (16.3%)	2.1 bill (21%)
Europe 60+	25%		34%



Demographic changes

called population aging.

no matter whether the total population for a country is increasing or decreasing, the percentage of older adults relative to the total is increasing



Demographic changes

rate of change for countries varies substantially ³¹

provides opportunities to learn from one another



Share best practices

best practice: any practice or method empirically-supported to be the best way to successfully to accomplish a task; widely used in areas of practical knowledge ²⁹

--sciences, business, education

evidence-based practice: integration of scientific knowledge with clinical expertise, values of patients, and available resources to improve patient outcomes ²³



Similarity of concepts

both intended to: ²¹

- promote consistency in practice, through guidelines

- examine what has and has not worked

 - study of global knowledge-base

 - personal communication



Behavioral health

behavioral health “...encompasses prevention, intervention, and recovery from mental health and substance use conditions”^{21, 48}

healthcare in the U.S. is in transition to include integration of behavioral health into primary care³⁹



Behavioral health

behavioral health is preferred term

- avoids stigmatizing labels of “*mental health*”
- acknowledges behavioral involvement in mental healthcare
- includes an equal emphasis on health and wellness
- includes possibility of behavior change



Behavioral health – primary care integration

team-based approach employing a *biopsychosocial* approach to healthcare ¹²

--utilizes complementary skill sets of: **biological** (medicine), **psychological**, **social** aspects of care

not a single model ⁴⁸





Behavioral health – primary care integration

under direction of physician ²¹

--nurses

--nurse practitioners

--behavioral health (mental health) providers

--social workers

--community health workers

--dentists ³

--others (e.g., psychologists, chiropractors, etc.)



Behavioral health – primary care integration

model utilizes task sharing among a team of providers ²⁰

--behavioral health providers have specialized knowledge of and training in assessment and treatment in their areas



Behavioral health – primary care integration

model utilizes task sharing among a team of providers ²⁰

- behavioral health assessment results can be provided before the primary care physician conducts a medical evaluation or in response to a referral, if the physician suspects a behavioral health issue is involved in the presentation of medical symptoms



Behavioral health – primary care integration

model utilizes task sharing among a team of providers ^{20, 45}

--e.g., depression (which has been shown to influence medical conditions and medical outcomes) can be professionally assessed using specific instruments designed for that purpose



Behavioral health – primary care integration

behavioral issues empirically linked to medical outcomes

--depression ^{14, 11, 23}

--anxiety ^{30, 23}

--elder abuse ²⁹

--trauma-related problems ³⁴

--social isolation ⁶



Behavioral health – primary care integration

behavioral issues empirically linked to medical outcomes

--loneliness ⁴⁰

--social relationship quality ³⁵

--social connectedness ³⁶

--childhood disadvantage ¹³



Behavioral health – primary care integration

see Runyan, 2018, for commentary: “Assessing social determinants of health in primary care: Liability or opportunity?”





Behavioral health – primary care integration

research supports integrated practices: 33, 39, 27

- reduction in costs

- improvements in treatment outcomes

- increased satisfaction for both patients and providers

- promotion of independence within communities for patients



Behavioral health – primary care integration

- address critical shortage of specialists in (older adult) care ^{8, 9}
- dementia care ^{5, 32, 43, 47}
- caregivers needed ^{10, 28, 47}
- increase in older adults with multiple chronic conditions ²⁸



Behavioral health – primary care integration

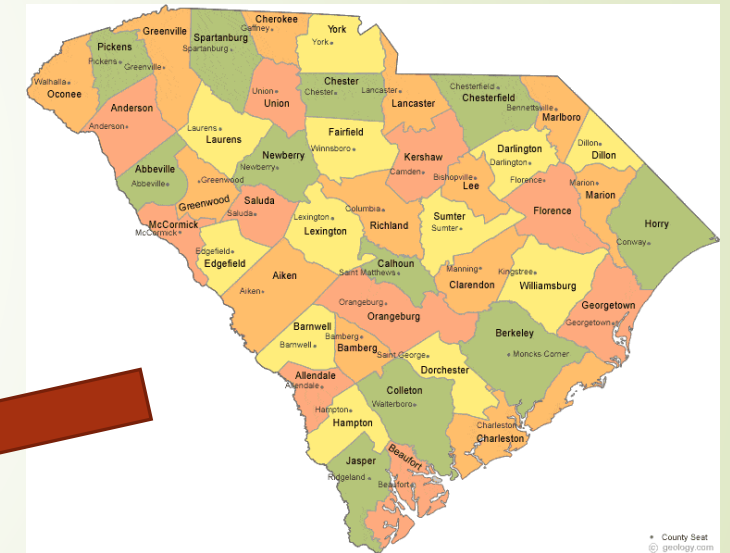
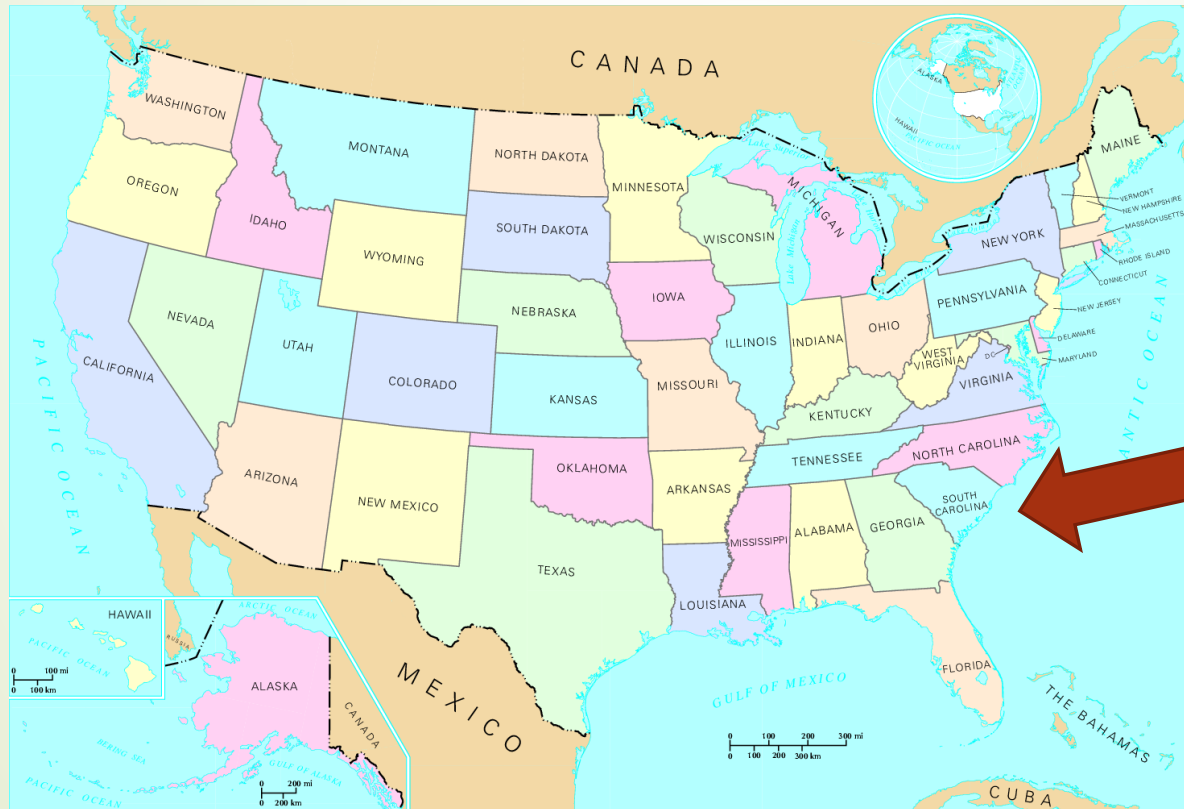
--reaches into underserved areas ^{20, 33}

-telehealth options utilizing new technologies are increasingly important ^{15, 22}



Integrated practice model

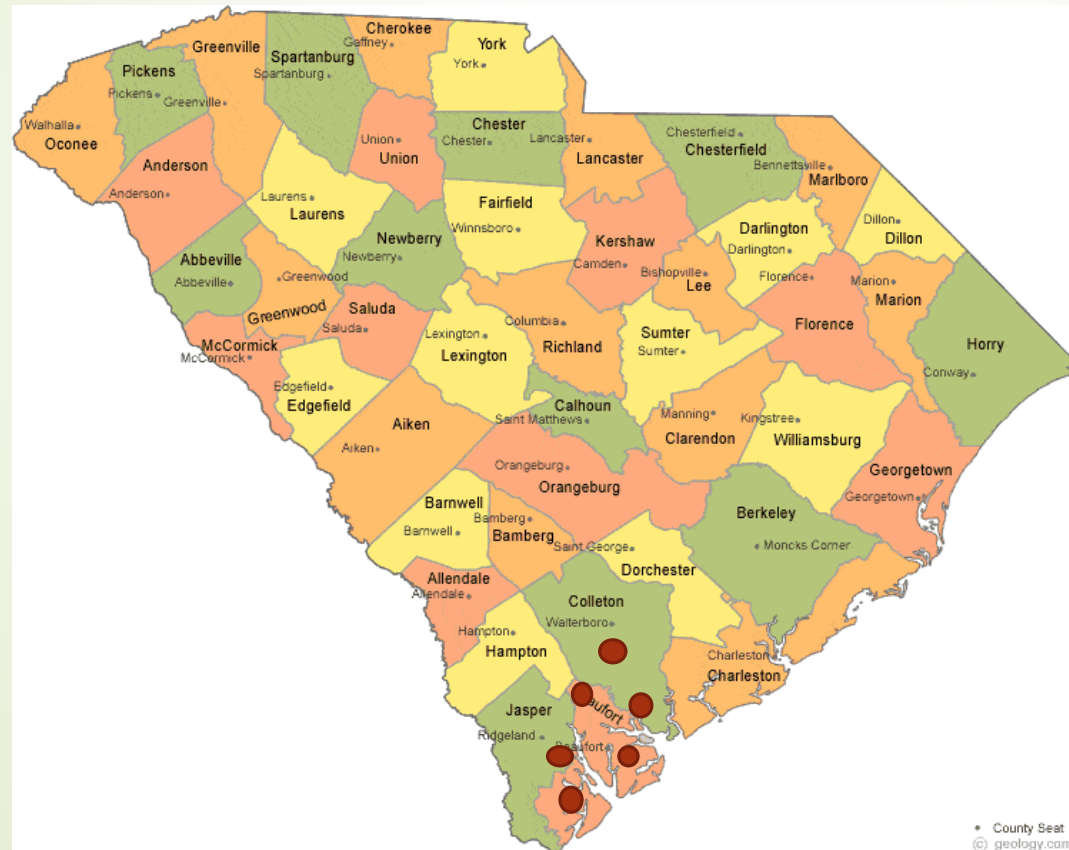
Beaufort Jasper Hampton Comprehensive Health Services



South Carolina

Integrated practice model

Beaufort Jasper Hampton Comprehensive Health Services



services provided in
multiple locations over
~100 mile radius in the
“low country”

including tele-behavioral
health assessment and
treatment(s)

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medical services

dentistry (including mobile dental clinic)

dietetics

behavioral health

chiropractic care...

also, WELLNESS School-Based Health Center: medical, nutritional, and social work services in 9 schools in Jasper and Beaufort Counties



Behavioral health – primary care integration

challenges:

- professional boundaries ⁷
- patient confidentiality
- reimbursement issues ¹⁹



Behavioral health – primary care integration

challenges:

- further development of mental health and substance abuse services, particularly in rural areas ^{16, 44, 46, 41}
- how to address rising needs in dementia care and shortages of caregivers ^{4, 47}
- how to provide needed training/education for all practicing providers ^{17, 18}



Behavioral health – primary care integration

challenges:

- further incorporation of technologies into healthcare ²⁶
- how to reframe our images of aging ^{25, 37}



Thank you!

Opole Medical School



Państwowa Medyczna
Wyższa Szkoła Zawodowa w Opolu

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