

## ACADEMIC PRACTICE EXEMPLARS

### Center for Integrated Health Care: Primary and Mental Health Care for People With Severe and Persistent Mental Illnesses

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#### ABSTRACT

The Center for Integrated Health Care capitalizes on the abilities, drive, and autonomy of advanced practice nurses, resulting in an exciting, timely academic nursing center

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exemplar. People with severe and persistent mental illnesses receive care that is targeted specifically to a population with chronic mental illnesses and tailored to the unique individual by integrating primary and mental health care. This Center is a partnership between Thresholds, a psychosocial rehabilitation center, staff and University of Illinois at Chicago, College of Nursing faculty. The Center's goals are to provide quality care, support teaching and learning for nursing and other health professional learners, and generate new knowledge related to the integration of mental and physical health care. To achieve long-term sustainability, the Center must partner with a federally qualified health center.

Mental illnesses place individuals at risk for multiple comorbid conditions, and psychotropic medications further increase risk for physical illnesses, especially diabetes (Lean & Pajonk, 2003). Whether a cause of mental illness or an attempt to manage mental illness symptoms, or both, the substance abuse that often accompanies mental illnesses also increases the risk for multiple and severe illnesses. People with mental illnesses often live in unhealthy spaces that pose risks related to poverty, poor nutrition, pollution, violence, accidents, and unprotected sex. Finally, health care for people with serious and persistent mental illnesses (SPMI) is often provided by emergency care centers and, therefore, is episodic and

fragmented. Primary care providers generally lack the time, expertise, and funding to create, implement, and coordinate a rational plan for such complex care. A notable exception is the emerging network of academic nursing centers that provide quality coordinated care to people with high rates of illness and health risks. One such center is devoted entirely to people with SPMI (<http://www.uic.edu/nursing/pma/services/ihc/>).

The Center for Integrated Health Care (IHC) is the product of an exciting, challenging, and mutually beneficial partnership between Thresholds, a freestanding, community-based psychiatric rehabilitation center, and the University of Illinois at Chicago, College of Nursing. To date, the award-winning IHC has served approximately 50% of the 2,500 full-service Thresholds "members" who have SPMI as well as comorbid conditions, such as substance abuse, diabetes, and asthma. Two comprehensive clinics (IHC North and IHC South) and one mother-and-child health clinic are housed within the physical space of Thresholds facilities and are staffed primarily by College of Nursing mental health and primary care faculty and students. These advanced practice nurses tailor primary and mental health care to each individual member's unique blend of complex needs. The IHC outreach services (e.g., health fairs, home visits, mass screenings, group home interventions, health promotion classes) touch Thresholds members throughout the

Chicago metropolitan area and beyond.

The IHC partnership is an example of balanced power and shared resources. Thresholds has a compelling need for annual physical examinations, basic preventive services, and management of chronic illnesses in the context of mental illnesses for every member. The College of Nursing has a strategic objective to integrate its missions of service-practice, learning, and research through academic nursing centers. Therefore, both partners share ideas and resources, such as time, money, publicity, equipment, space, grant writing, and emotional support, related to the joint effort. The College of Nursing's Nursing Institute provides the business and quality assurance infrastructure for the Center's operations.

## Background

The inspiration for the Center began with a combination of events. First, during clinical rotations with students at Thresholds, College of Nursing faculty saw the need for general health care. Thresholds members told poignant stories about their troubles. Many had been in jail or shelters, on the streets, and in soup lines for rations of food. Troubled and/or traumatized adolescents had bounced from one foster home to another. An older adult struggled with aging, in addition to lifelong chronic mental and physical illnesses. An individual with severe hearing loss could not find mental health care sensitive to the deaf culture. Until they learned they had mental illnesses, often from a health care provider in jail, members thought alcohol or other drugs would stop the voices in their heads. These individuals finally found refuge and rehabilitation at Thresholds, but their general health problems often went unmanaged. Thresholds was struggling to realize its goal of physical health and well-being. The goal set a minimum standard that all members should have access to health services, including an annual physical examination,

screening for sexually transmitted diseases, nutrition and medication education, substance abuse treatment, exercise, and health education.

After many joint planning meetings and discussions, the first site (IHC South) opened at Thresholds South day treatment center in March 1998 as a one-room demonstration project, providing limited primary care services 4 hours per week. In May 1999, the second site (IHC North) was piloted at the Young Adult Program. Clinic hours at both sites are currently more than 30 hours per week.

Both partners brought resources to the table and took the initial one-room clinic to the fully integrated primary and mental health care centers they are today. Thresholds renovated two clinic sites; provided two examination rooms, laboratory space, and a reception area; and supplied computers and Internet service for each clinic. The College of Nursing provided clinical equipment, clinical and office supplies, medications, and clinical staff, including a family physician for consultation, referral, and support. Since 2000, a grant of \$1.1 million over 5 years from the U.S. Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, and several local and national foundation grants have sustained the Center.

## Center Goals

The primary goals of the IHC are to:

- Deliver quality health care for Thresholds members.
- Teach and learn how to provide evidence-based, integrated primary and mental health care.
- Generate new knowledge for improving the health of people with SPMI.

## Delivering Quality Health Care

In an effort to track, as well as bill for, services, IHC staff developed a member "superbill," with codes specifically for Thresholds wellness goals, primary care billing codes, mental health billing codes, and

Center utilization by members. This process revealed that the staff exceeded all access and process goals, including a 62% increase in member encounters from year 1 to year 2 of our 5-year development plan (2000-2005). We have begun to track health outcomes for regular (i.e., at least two visits per year) members who have either diabetes and hypertension. Selected member health outcomes, such as glycated hemoglobin (HbA1c), show significant improvement from initial to first follow-up visit. After struggling with a variety of information systems, we are using a new system with an electronic health record. We face the continuous challenge of gathering utilization data for members who use the IHC only episodically, interspersed with emergency department and other types of services unknown to us.

## Teaching and Learning

Replenishing and updating the nursing work force through cutting-edge education are primary missions of the College of Nursing. Thresholds also has a long history of supporting learning by undergraduate and graduate students from nursing and other disciplines at various sites. To reach faculty, student, and staff learners away from the classroom, College of Nursing faculty uses innovative learning methods, from live Internet lectures, viewed on home computers, to an Internet-based module for learning about care of people with SPMI and diabetes (<http://www.uic.edu/nursing/pma/services/diabetes/index.htm>).

Faculty at IHC share their clinical practices with graduate students in primary care, mental health care, and administration. Undergraduate students achieve mental health and/or community health objectives during a practicum at any part of the Thresholds system. By integrating practice and education, faculty offer students a clinical practicum rich in diversity and clinical complexity, with experiences ranging from health promotion to disease management and from psychotherapy to program plan development. During the last report-

ing year, students and faculty prepared and delivered 42 health-related presentations at Thresholds sites. The responses from among the 700 member and staff attendees were overwhelmingly favorable.

### Generating New Knowledge

Both partners are dedicated to research that leads to better health and quality of life outcomes for people with SPMI. Topics ripe for inquiry include pharmacotherapeutics, nutrition and fitness, program planning for behavior change, chronic disease management, and innovative models for delivery of integrated rehabilitative services and health care. Research by the College of Nursing, with collaboration and support from the Thresholds research department, is underway. Research initiated by the College of Nursing is added to the Thresholds research agenda, following Institutional Review Board approval by both institutions.

Thresholds initiated the first research collaboration with an evaluation study of the IHC, conducted during 1999-2000. The study included informal focus groups with Thresholds members conducted by College of Nursing students. Next, during 2000-2003, College of Nursing faculty synthesized existing knowledge and developed evidence-based practice recommendations for the integrated management of diabetes in the context of SPMI. This critical guideline is available in an Internet-based learning format for clinicians and advanced clinical students (<http://www.uic.edu/nursing/pma/services/diabetes/index.htm>). The most recent research initiative is to study how to reduce cardiovascular risk in Thresholds members, including members with or at risk for diabetes, through moderate-intensity physical activity. This research began in summer 2002, with member focus groups regarding attitudes, beliefs, and perceptions of barriers to physical activity. During summer 2003, a group-based walking program, led by a Thresholds caseworker, was piloted for Thresholds members. Finally, a smoking cessation initiative is now in

development, beginning with focus groups of members who smoke and have no intention of quitting, members who have tried to quit but have been unsuccessful, and members who have successfully quit smoking.

### Financial Sustainability

As with many other academic nursing centers, financial sustainability is a major challenge for the IHC. To ensure long-term survival, the dedicated and optimistic College of Nursing faculty continuously evaluate current status and strategically plan future directions. Member primary care and mental health encounters increased from 2,524 in year 1 (September 2000 to August 2001) to 4,077 in year 2 (September 2001 to August 2002), a 62% increase. We anticipate these numbers will continue to increase and plateau at approximately 5,000 to 6,000 encounters annually. The cost of running each clinic 4 days per week is more than \$200,000 per site. Currently, in addition to the Division of Nursing grant, the IHC receives direct fee-for-service reimbursement, primarily from Medicaid, with limited payment from Medicare and preferred provider organizations plans. However, Medicaid payments have lengthy delays and low reimbursement rates at a fraction of our charges. In addition, our mental health services are not reimbursed at all due to state Medicaid regulations. Because IHC costs exceed its income, the current funding will not sustain operations, even with increased member utilization.

Future directions to stabilize income include working more closely with the College of Nursing development officer. One possibility is to solicit a substantial "naming" gift for an endowment with annual interest accrual. The College of Nursing and Thresholds are partnering to apply for a major foundation grant that, if funded, will be matched by Thresholds donors.

The other major long-term sustainability strategy is to contract to become a satellite of an existing University of Illinois at Chicago

health center. Mile Square Health Center is an existing, federally qualified university health center, and has a far more favorable reimbursement rate than Medicaid alone. Constant reevaluation, fundraising, and pursuit of available opportunities, including grants, research, and government funding, are essential to financially sustain an academic nursing center such as IHC.

### Sustaining Common Goals

The goals of the partnership are also important. Both partners have mission statements that undergird their strategic and tactical plans, and these missions are overlapping and compatible. The mission of IHC reflects the values of the partnership and guides our work:

The mission of Integrated Health Care is to provide best quality advanced practice nursing care to address both the primary and mental health needs of the members of Thresholds. Integral to this practice model is dedication to collaborative professional relationships and expanding community partnerships. (Center for Integrated Health Care, n.d., ¶1)

Leaders from Thresholds and the College of Nursing meet quarterly to evaluate the IHC progress, discuss and resolve current issues, and plan for the future. The IHC Community Advisory Board meets to advise the team on matters of publicity, development, and external forces (i.e., regulation and business), and we have asked to create a Thresholds Board liaison member of the IHC Board. Success through hard work sustains both partners. Everyday we observe and experience the outcomes of better health for members, exemplary education and training, and research designed to overcome the challenges of people with SPMI.

### The Future

The past successes of IHC serve as stimuli to forge more new territory. We believe this integrated model is the preferred health care delivery for

people with SPMI, and we will continue to share our model in multiple venues as it evolves over time. Our vision is to "touch every member," using creative ways to monitor and connect with members electronically, as well as face to face. The pressing need for evidence-based practices to prevent further illness and to restore and maintain health in this population will drive the team to conduct

more research. Finally, there is a startling nursing clinician and faculty work force shortage in general, especially a work force that can deliver and/or design care for people with SPMI. This factor motivates IHC faculty and staff to serve as excellent role models and to foster learning among students, fellow faculty, and staff members.

## References

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