

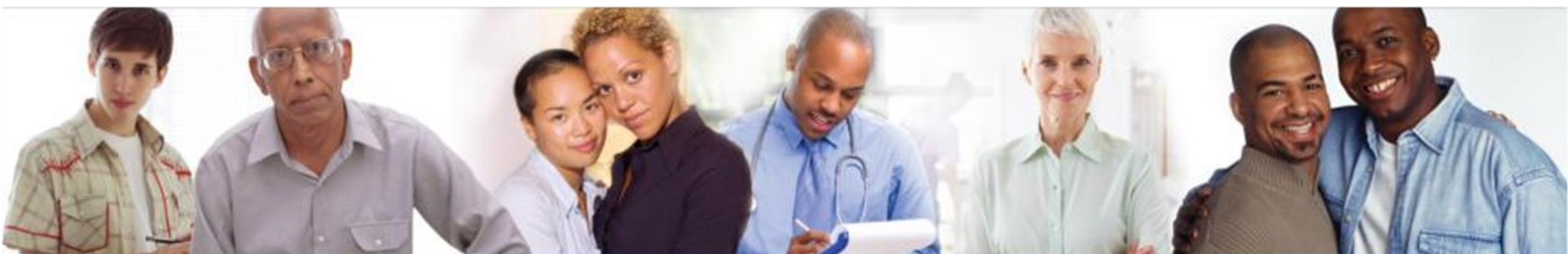


NATIONAL LGBT HEALTH
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NATIONAL CENTER FOR
INNOVATION IN HIV CARE



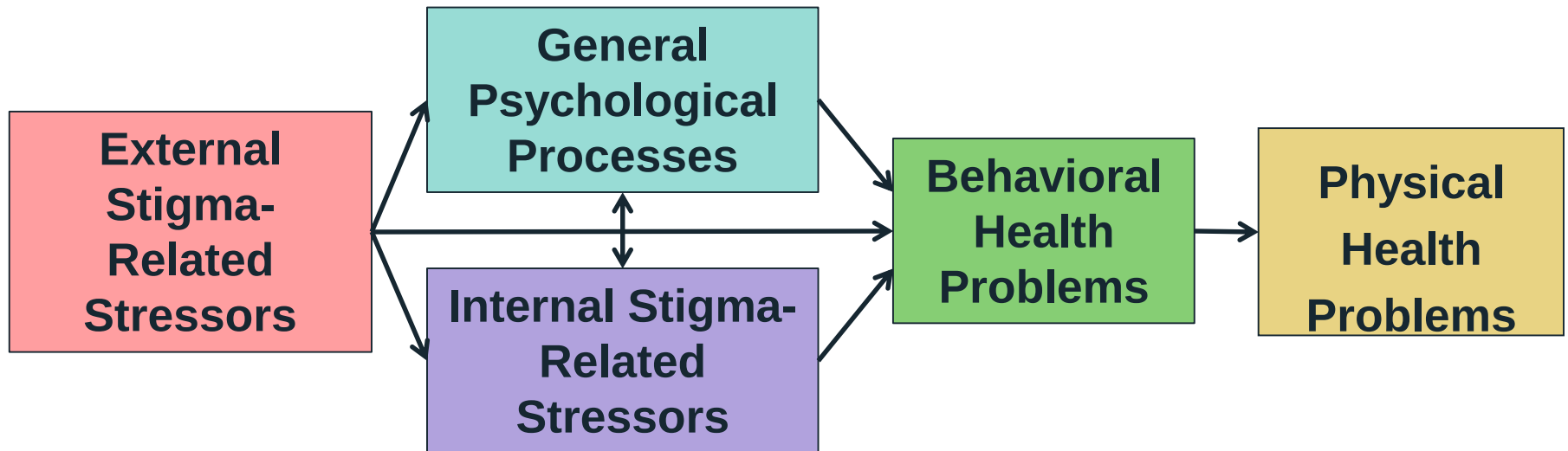
Importance of Behavioral Health Integration for LGBT Patients

Alex S. Keuroghlian, MD MPH

Learning Objectives

1. Describe unique combined physical and behavioral health needs of LGBT populations;
2. Explain the overall importance of behavioral health integration for providing optimal primary care to LGBT people;
3. Identify specific behavioral health integration strategies for improving the care of LGBT patients in primary care.

Minority Stress Framework



Behavioral Health Disparities among LGBT People

Disparities among Gay and Bisexual Men

- Compared with straight men, gay and bisexual men are more likely to meet criteria for:
 - major depressive disorder (x 3)
 - panic disorder (x 5)
 - at least 2 co-occurring disorders (x 4)



Disparities among Lesbian and Bisexual Women

- Compared with straight women, lesbian and bisexual women are more likely to meet criteria for:
 - generalized anxiety disorder (x 3)
 - at least 2 co-occurring disorders (x 3)



LGB Mental Health Service Utilization

- Compared with general population, LGB people are more likely to:
 - See mental health provider (x 2-3)
 - See PCP for mental health problem (x 1.5-3)
 - Attend support or therapy group (x 3-4)
- Compared with general population, gay and bisexual men more likely to take psychiatric medication (x 4)

Depression and Anxiety among Transgender Adults

- Prevalence of clinically significant depressive symptoms:
 - 51% of transgender women
 - 48% of transgender men
- Prevalence of clinically significant anxiety symptoms:
 - 40% of transgender women
 - 48% of transgender men

Factors Associated with Higher PTSD Severity in Transgender Adults

- Higher everyday discrimination
- Greater number of attributed reasons for discrimination
- Social gender transition
- High visual gender non-conformity



Factors Associated with Lower PTSD Severity in Transgender Adults

- Younger age
- FTM spectrum gender identity
- Medical gender affirmation



Substance Use Disorders among Transgender Adults

- Among 452 transgender adults in MA, increased odds of SUD treatment history plus recent substance use were associated with:
 - intimate partner violence
 - PTSD
 - public accommodations discrimination
 - low income
 - unstable housing
 - sex work
- SUDs increasingly viewed as downstream effects of chronic gender minority stress

Minority Stress and Substance Use among Transgender Adults

	SUD Treatment History Plus Recent Substance Use	
	<u>aOR (95% CI)</u>	<u>p-value</u>
<u>Gender Characteristics</u>		
<u>Mental Health</u>		
<u>Socio-Structural Factors</u>		

Suicidality among LGBT Adults

- Lifetime prevalence of suicide attempts in the United States:
 - General adult population: 4%
 - LGB adults: 11-20%
 - Transgender adults: 41%



Suicidality among LGBT Youth

- Compared with peers, LGBT youth are more likely to:
 - report suicidal ideation (x 3)
 - attempt suicide (x 4, with 30-40% prevalence)
- Questioning youth more likely to experience depression or suicidality than LGBT peers



Minority Stress Treatment Principles for Behavioral Health Clinicians

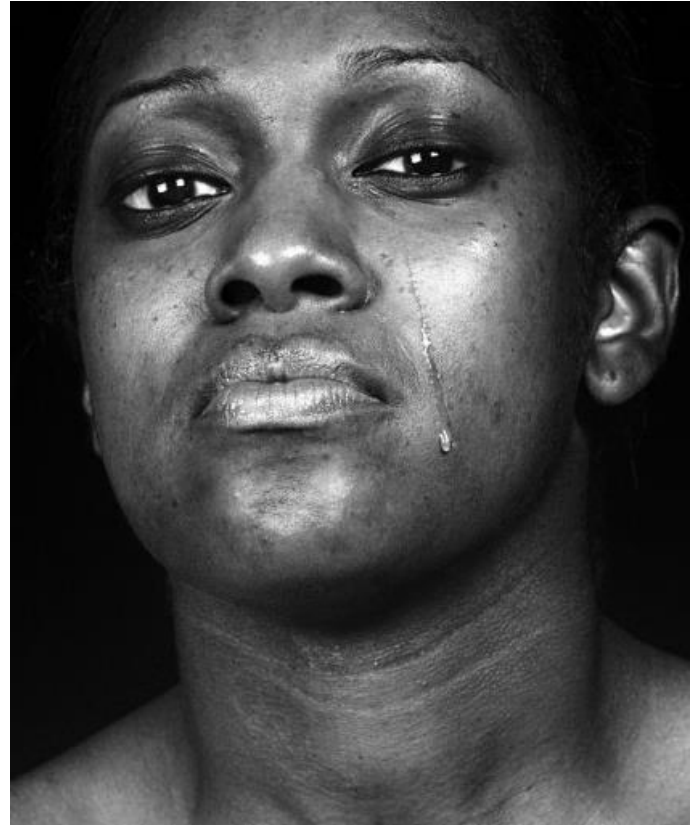
- Normalize adverse impact of minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBT people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

Combined Behavioral and Physical Health Needs of LGBT People

- Two examples:
 - Gender-affirming care
 - HIV treatment and prevention

Gender Identity and Co-occurring Psychiatric Disorders

- Often impede gender identity exploration and alleviation of distress
- Need to stabilize co-occurring psychiatric symptoms for facilitation of gender identity discovery and affirmation
- WPATH guidelines for reasonable control of co-occurring disorders



Role of Behavioral Health Clinician in Gender Affirmation Process

- Fostering gender identity discovery and adjustment
- Presenting appropriate non-medical and medical strategies for gender affirmation
- Assistance in making fully informed decisions regarding personalized gender affirmation process:
 - relevant options
 - risks/benefits
 - evaluate capacity for medical decision making/informed consent
 - arranging suitable referrals to care

Gender-affirming Behavioral Health Care

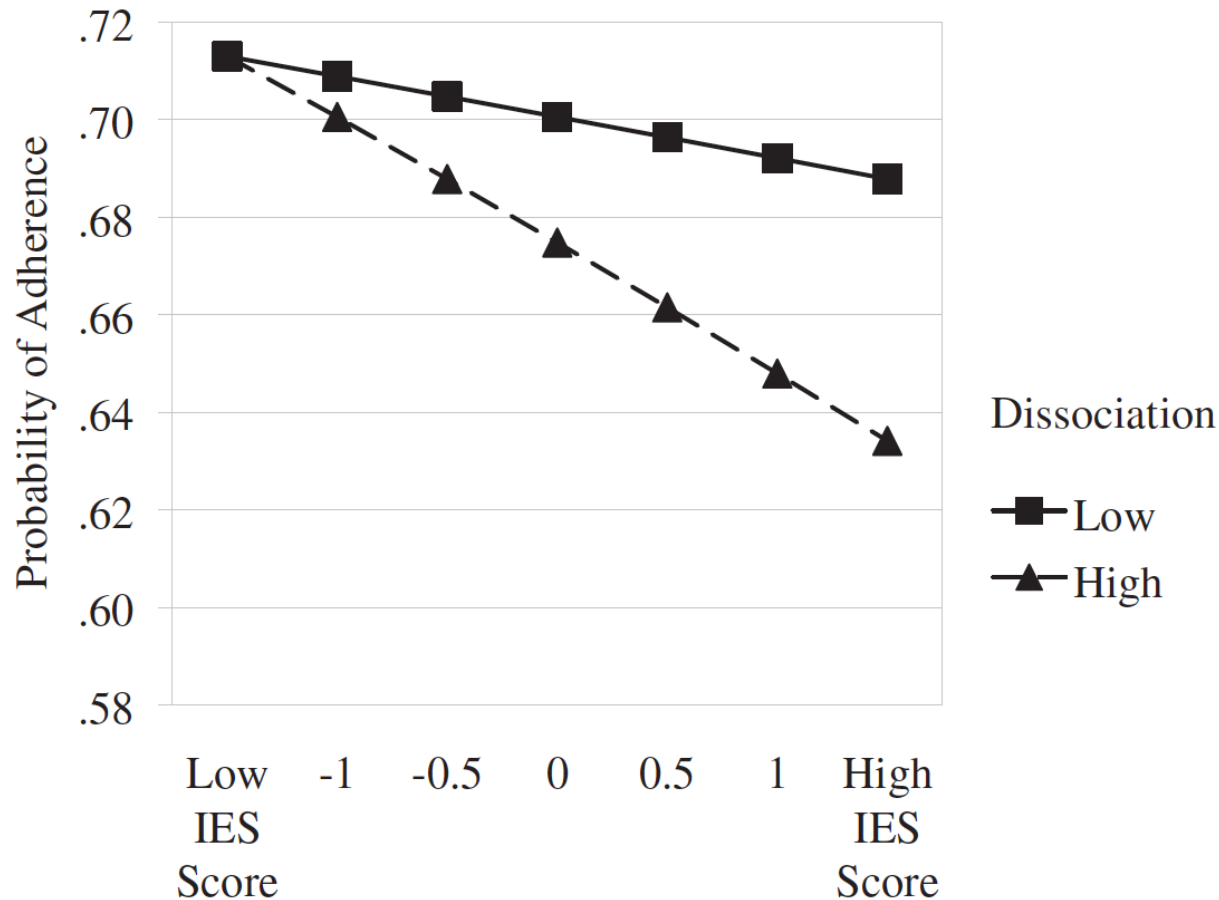
- Gender identity, expression, and role
- Reducing internalized transphobia
- Improving body image
- Adjustment through affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal challenges)

Minority Stress Impact on Antiretroviral Adherence

- Transgender women and men who have sex with men are the two subpopulations with the greatest HIV incidence and prevalence in the U.S.
- Antiretroviral medications for HIV treatment and pre-exposure prophylaxis require adequate adherence for effectiveness.
- Studies of antiretroviral adherence emphasize population-specific contextual barriers.
- Sexual and gender minority stress (e.g. discrimination, victimization) both adversely impact HIV self-care.

PTSD and Antiretroviral Adherence

Interaction Effect of PTSD and Dissociation
On Antiretroviral Medication Adherence



IES Score in Deviations from the Mean

PTSD



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Bio-behavioral HIV Care

- Tailored behavioral interventions exist for antiretroviral adherence (e.g. Life-Steps).
- Combined biomedical and behavioral HIV treatment and prevention strategies are optimal.
- Behavioral health treatments that restructure minority stress cognitions can improve self-care and physical health outcomes.

Psychiatric Epidemiology

- National Comorbidity Survey Replication (2005)
- 46% lifetime prevalence of any DSM-IV disorder
- 26% 12-month prevalence of any DSM-IV disorder
 - 22% classified as serious mental illness
 - Unable to continue daily routine for an average of 88 days

Cost Impact

- Medical expenses 2-3 times higher among adults with co-occurring psychiatric disorders
- In 2012, additional health care costs accrued by those with co-occurring psychiatric disorders: \$293 billion
- Among youth (<24yo), psychiatric diagnoses associated with \$247 billion annual costs in health care, special education, juvenile justice, and diminished productivity

Poor Access to Care

- 60% with a psychiatric diagnosis within 12 months receive no treatment
- 33% received adequate treatment
- 23% from PCP, 16% therapists, 12% psychiatrist, 8% human services provider, 7% complementary medicine
- Only 30,000 psychiatrists nationally, estimated to need 75,000 to meet demand

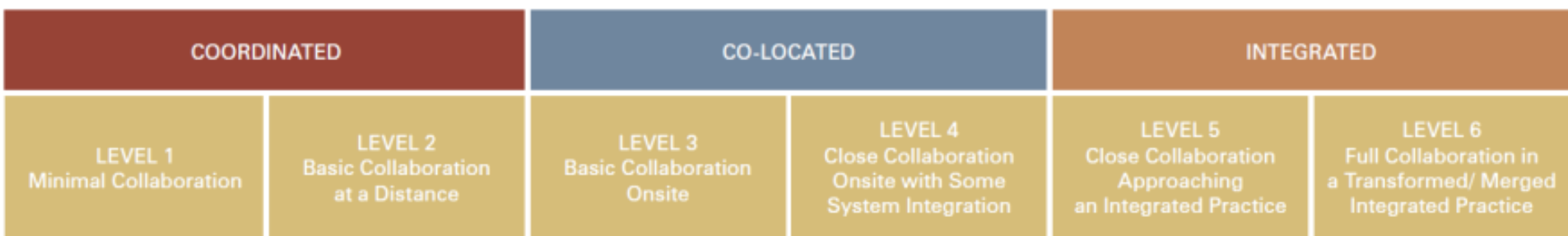
Behavioral Health Integration (BHI)



What are the Types of BHI?

Spectrum :

- Coordinated
- Co-Located
- Integrated



(Heath, 2013)

Coordinated

- Separate systems and facilities, issue driven
- Level 1
 - Minimal Collaboration
- Level 2
 - Basic Collaboration at a Distance

Co-Located

- Level 3
 - Basic collaboration on-site
 - Same facility, separate system
- Level 4
 - Close collaboration on-site with some system integration
 - Same facility, some shared systems
 - Driven by complex patients, regular face-to-face interactions, basic understanding of culture

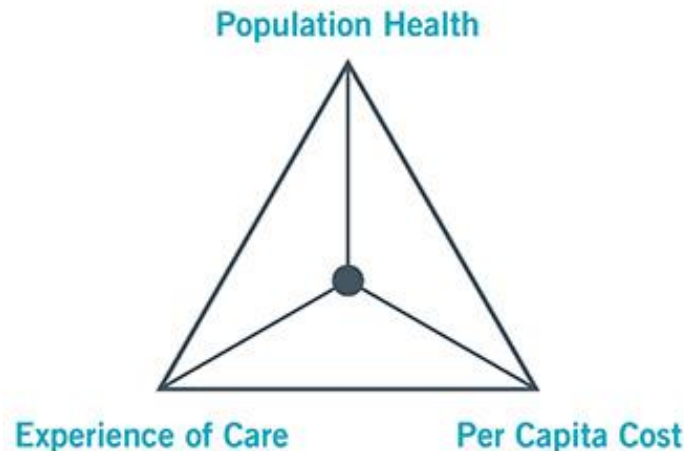
Integrated

- Level 5
 - Close collaboration approaching an integrated practice
 - Same facility, some shared space, toward same team
- Level 6
 - Full collaboration in a transformed/merged integrated practice
 - Sharing all the same space within same facility
 - One integrated system of team care, roles and cultures blended

Why BHI?

1. Improving experience of care
2. Improving health of populations
3. Reducing per capita costs of health care

The IHI Triple Aim



1. Patient Experience

1. Improving the patient experience

- Reducing stigma (including dual stigma of mental illness and LGBT minority status)
- Mind-body holistic approach to health

2. Improving access to care

- Primary care clinics are more accessible
- Reducing operational inefficiencies
- Reducing cultural barriers among medical and behavioral health providers
- “Striking when the iron is hot”

2. Population Management

- Universal screening
- Prevention and early intervention
- Managing co-occurring disorders
- Outcome-driven with performance measures
- A long-term goal of sexual orientation and gender identity data collection

3. Cost

- BHI expected to lead to cost savings
- Estimated \$26.3-48.3 billion
- Important since behavioral health care is poorly reimbursed in a fee-for-service model

Policy

- Patient-Centered Medical Homes
 - Comprehensive Care, Patient-Centered, Coordinated Care, Accessible Services, Quality and Safety
- Accountable Care Organizations (ACOs)
 - Reducing fee-for-service
 - Aims to improve quality and patient experience, and use a population management approach
 - Early data suggests costs savings
- Both models align closely with BHI

Patient-centered Medical Homes (PCMHs)

- Basic concepts derive from decades of work on effective implementation of primary care.
- Teams assume responsibility for continuing and coordinated care to meet wide range of patients' ongoing needs and manage care transitions as well.
 - Bring together necessary preventive, acute, and chronic care.
 - Ideal is to integrate basic medical and behavioral health services in holistic fashion, but success has been slow.

Patient-centered Medical Homes (PCMHs)

Primary Care

Patient Centered
Care

PCMH

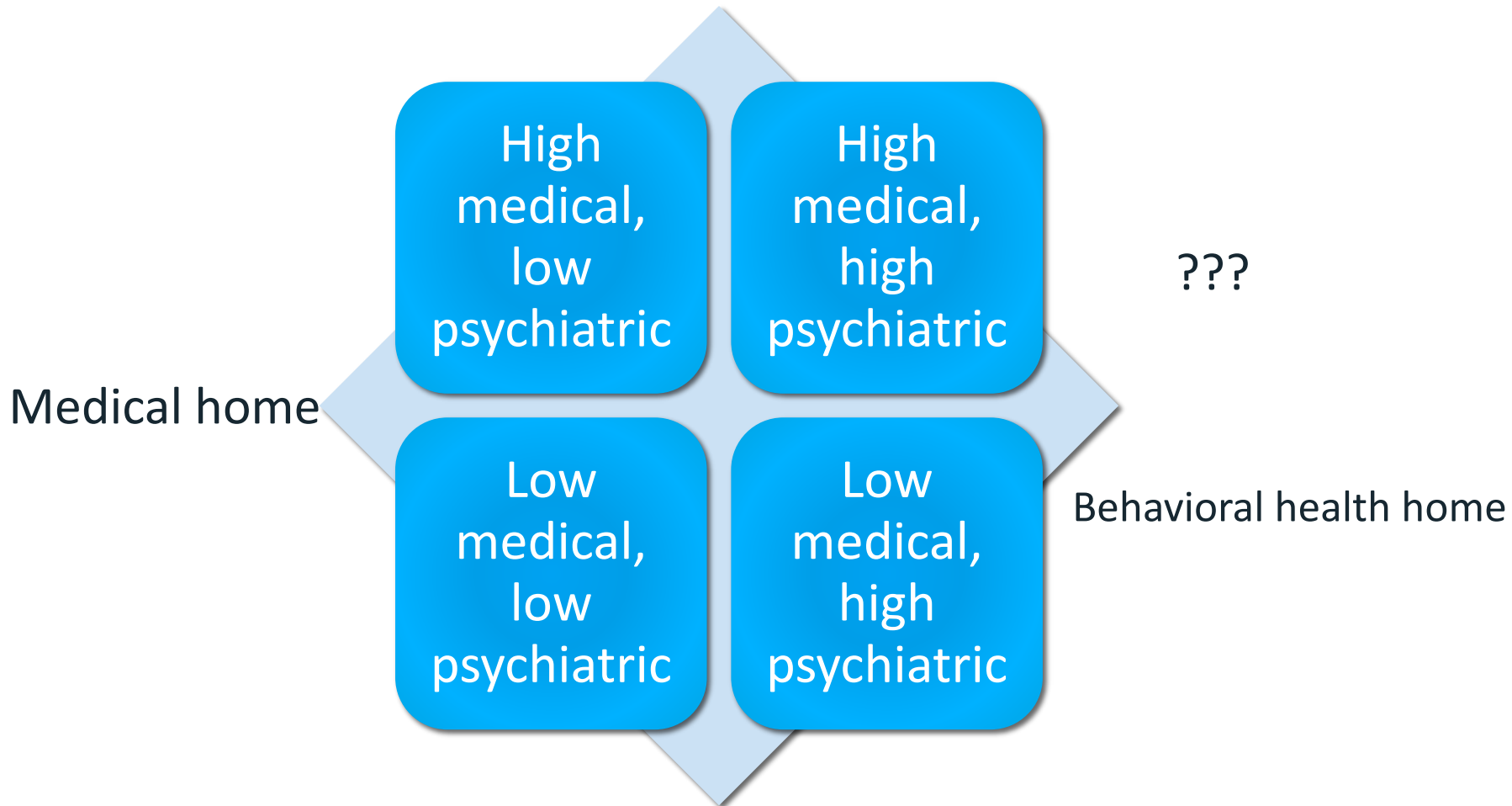
New model
Practice

Payment Reform

Health Homes

- Specialized and comprehensive approach to care management focused on high-need, high-cost Medicaid-financed clients.
 - Require broader range and greater coordination of services than those typically served by PCMHs and ACOs.
- Health homes care for Medicaid beneficiaries with severe mental illness and severe substance use disorders.
- Important incentive provided by ACA to encourage states with a 90% federal match for the first two years of operation.

Who Goes Where?



Collaborative Care

- An evidence-based model for depression and anxiety in primary care:
 - Care managers monitor symptoms with standard measures and advise patients on self-management.
 - As needed, primary care physicians contact behavioral health specialists, who advise using established treatment protocols.
 - Stepped-care approach in which patients who do not improve on one level of care are moved up to more intensive level of treatment.

Example: IMPACT MODEL

- Improving Mood—Promoting Access to Collaborative Treatment (IMPACT), from Washington State
- Randomized control trials for depressed patients in primary care practices in Washington State
- Three principals:
 - 1) Population-based care
 - 2) Measurement-based care
 - 3) Integration of psychiatry and primary care

Improving Mood – Promoting Access to Collaborative Treatment (IMPACT)

1. Collaborative Care
2. Depression Care Manager
3. Designated Psychiatrist
4. Outcome Measurement
5. Stepped Care

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Evidence-based practice to identify, reduce, and prevent problematic alcohol and drug use:

1. Screening
2. Brief Intervention
3. Referral to Treatment

Summary

- LGBT people have disproportionate prevalence of depression, anxiety, substance use disorders, suicide attempts and trauma.
- LGBT people often have unique combined physical and behavioral health needs, including gender affirmation or living with HIV AIDS.
- Advancing behavioral health integration in primary care can improve access, engagement, value, and health outcomes for LGBT people.

THANK YOU

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