ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH

Importance of Behavioral Health Integration for Sexual and Gender Minority People

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HARVARD MEDICAL SCHOOL

Learning Objectives

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

Culture, Race, and Language

- Acknowledging intersectional identity is important
- Intersectional identity impacts health experiences of SGM populations
- Terminology/language may not always translate into other cultures

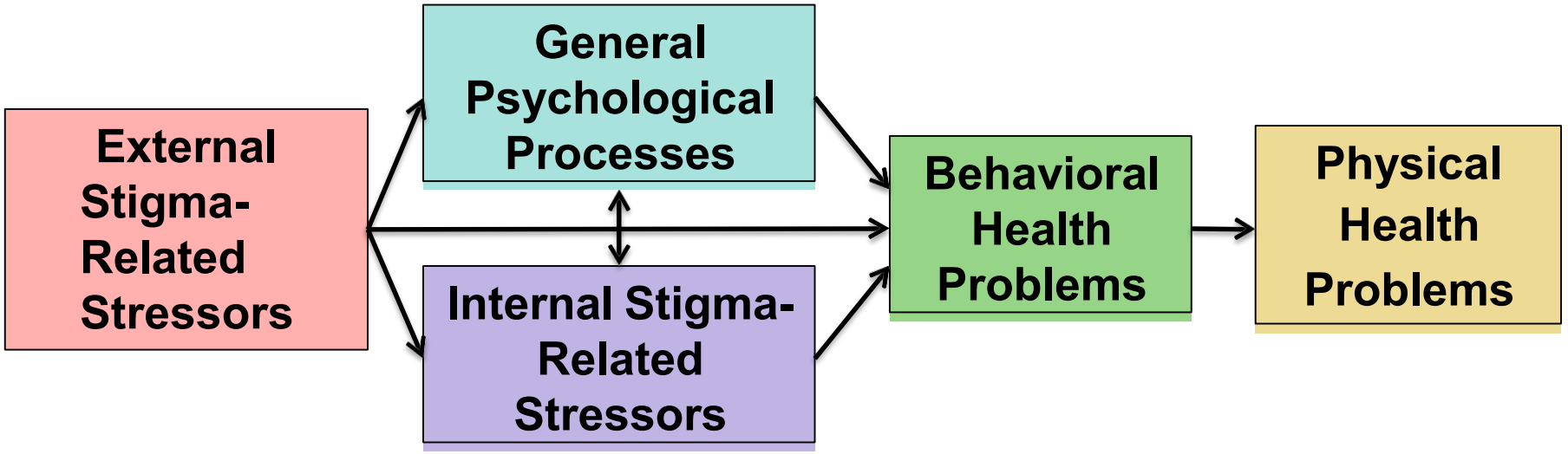
CASE EXAMPLE: K

- 30 y.o. White, nonbinary person assigned female sex at birth, with they/them pronouns, who is partnered with a cisgender woman
- history of depression & anxiety dating back to mid-adolescence, some of which they in hindsight attribute to gender dysphoria (not feeling comfortable with sex assigned at birth and underlying distress at being misperceived and misunderstood)
- attended a women's college and identified as a lesbian woman until coming to understand their identity as nonbinary and queer halfway through.

CASE EXAMPLE: K (continued)

- history of being significantly overweight and still have an elevated BMI, suspected PCOS, diagnosed with type 2 diabetes in mid-20's and now on multiple medications for diabetes and for depression
- not interested in pursuing medical affirmation of nonbinary identity, not seeking hormone or surgical interventions---but says this might change in the future.
- partner is supportive of their gender, but comes from a background that equates food with love, so is often making statements or gestures that make it harder for K to attend to their own nutrition.

Minority Stress Framework



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 LGBTQIA+ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

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)

Returning to the Case Example: Addressing K's Needs Using BH Integration Model

- Screening in primary care setting
- Warm hand-off to embedded BH specialist
- Further assessment
- Brief intervention
- Continuation of or referral to longer term treatment

Combined Behavioral and Physical Health Needs of SGM population

- Two examples:
  - Gender-affirming care
  - Substance use disorders

Case Example - Dan

- 49-year-old Caucasian cisgender gay male, not currently in a relationship
- History of depression, worse during the winter months, but takes anti-depressant medication, which is currently managed by PCP
- No history of behavioral health treatment
- Makes appointment with PCP following ending of a long-term romantic relationship, and reports difficulty with concentration/focus, motivation, and having difficulty performing at work
- Screens positive on SBIRT and upon further discussion disclosed increase in alcohol use after break-up as main source of coping

Addressing Dan's Needs Using BH Integration Model

- Warm hand-off to embedded BH specialist
- Further assessment (detox?)
- Brief intervention (psychoeducation, skill building)
- Continuation of or referral to multiple treatment options (inpatient, partial, outpatient)

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

Fenway Health's Spectrum of BHI: "open access"

1. 1340 Boylston St (Co-Located/Integrated): 4 primary care floors, 3 BH specialists on coverage from 8:00am-7:00pm, use of pager system

2. Fenway: South End (Integrated): 1 primary care floor, 1 BH specialist on coverage from 8:30am-6:30pm, no pager

Models of Treatment

- Primary care appointments (1-4 sessions)
- Short-term therapy (1-12 sessions)
- Non-traditional approach (phone, email, warm hand-off)
- Episodic care (3-6 months with treatment plan review)

Systemwide Benefits of BHI

- Immediate access to BH support/triage
- Improve provider confidence and competency to manage complex clients
- Reinforce team approach for care
- Reduce stigma/barriers to care
- “strike while the iron is hot”

Why Implement BH Integration?

- Improved patient experience
- Improved population management
- Potential cost savings

Patient Experience

1. Improving the patient experience
   - Reducing stigma (including dual stigma of mental illness and LGBTQIA+ 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”

Population Management

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

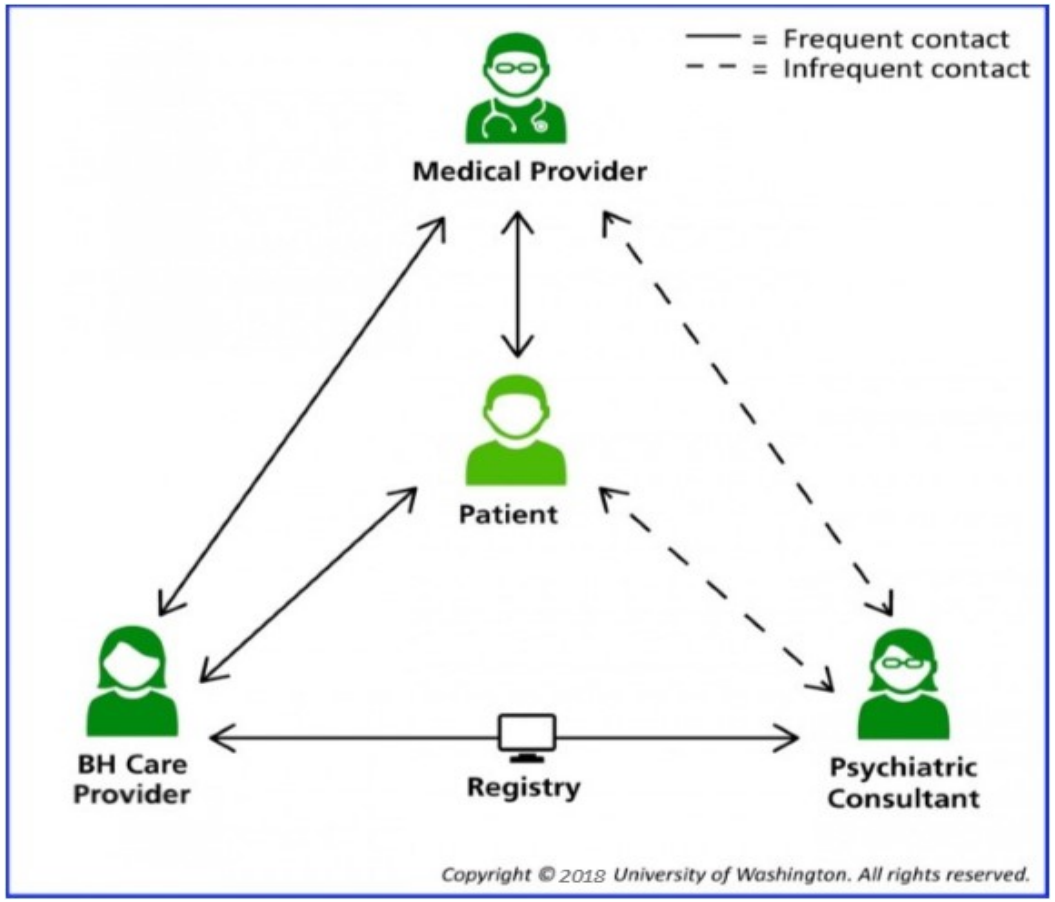
Cost

- BHI expected to lead to cost savings
- Moving to “pay for performance” ACO model of care
- Important since behavioral health care is poorly reimbursed in a fee-for-service model

Collaborative Care Management (CoCM)

Description:

- Team-based approach
  - Medical provider
  - Behavioral health provider
  - Consulting psychiatrist
- Treatment for wide range of behavioral health problems
  - Depression
  - Substance Use Disorders

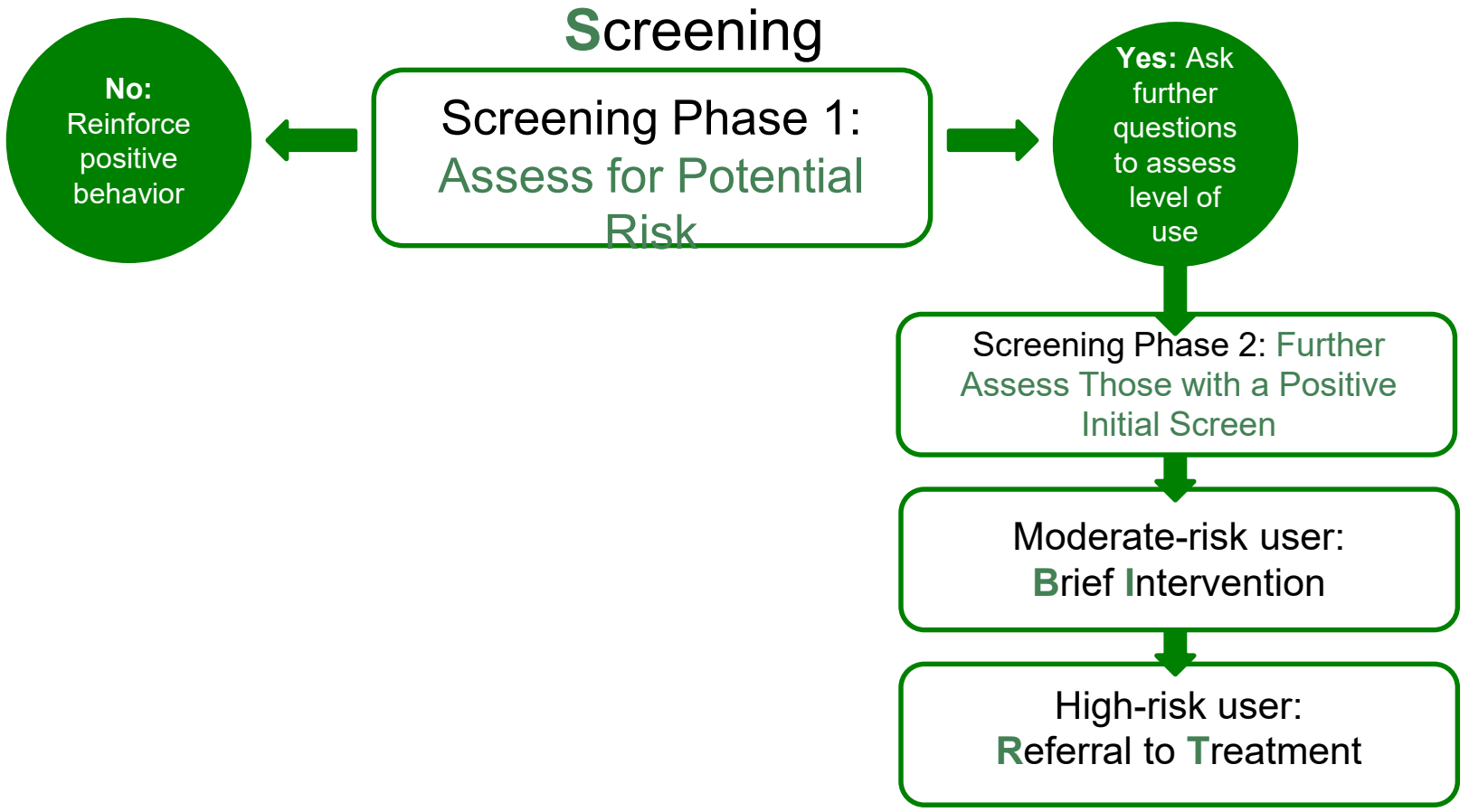


Collaborative Care Management (CoCM)

Five Core Principles:

1. **Patient-Centered Team Care:** Working together to offer patient-centered care
2. **Population-Based Care:** Proactively track all patients in treatment
3. **Measurement-Based Treatment to Target:** Use clinical outcome measures (i.e. PHQ-9)
4. **Evidence-Informed Care:** Provide proven behavioral interventions
5. **Accountable Care:** Hold the team and the organization as a whole proactively responsible

SBIRT: Screening, Brief Intervention, and Referral to Treatment



Summary

- SGM populations have disproportionate prevalence of depression, anxiety, substance use disorders, suicide attempts and trauma.
- SGM populations 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 SGM populations.

What can I do?

- Identify key players/constituents to discuss BH integration
- Identify provider(s) champion(s)
- Discuss benefits of BH integration
- Reinforce benefits to SGM populations for BH integration

DISCUSSION: in your own practice settings

- How are you already implementing BH integration?
- What are your successes?
- What are your challenges?
- If not already doing, how might you begin?
- Intersection of LGBTQIA+ affirming care and BH integration?

THANK YOU

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