

Beat the Odds

Marketing health services to mentally ill Medicaid patients requires creativity and persistence, but age-old barriers can be broken

By Thomas M. Tocher, M.D., and Janice Frates, Ph.D.

Mentally ill people are often identified as “problem patients”—the ones most likely to neglect their health, ignore treatment recommendations and go to hospital emergency departments for minor problems. Even when free medical care is readily available through a Medicaid managed care health plan, the patients routinely encounter perceived barriers to accessing the help they need.

To overcome these roadblocks, Molina Healthcare of Washington established a primary care clinic in a mental health center. However, ensuring that mentally ill plan members receive the comprehensive quality care they deserve requires actively marketing health services to them.

Break Down Barriers

Molina’s chronically mentally ill patients didn’t use the plan’s general clinics for a

variety of reasons. Some cited child care or transportation problems. Others just weren’t comfortable at a private health clinic—and this feeling was likely reciprocal. Oftentimes, the appearance and behavior of mentally ill patients can be anxiety-provoking for other patients and providers. Due to suspicion, memory problems and distractibility related to mental illness, they often don’t make or keep follow-up and specialty appointments,

or even refill prescriptions. However, they account for a disproportionately high number of unnecessary emergency department visits and preventable hospital admissions.

Mentally ill Medicaid patients have serious health problems, both physical and mental. Their life expectancy is 20 percent lower than the general population because they do not receive medical care consistent with their needs. Many psychotropic medications have side effects that contribute to obesity and increase risk factors for diabetes and cardiovascular disease. Common physical health problems include diabetes, chronic pain and substance abuse, and they are



compounded by poor health habits, such as smoking, bad nutrition and lack of exercise. Also, many of these patients are homeless. The most common psychiatric diagnoses given to this population are post-traumatic stress disorder, bipolar disorders, major depression and schizophrenia.

Molina Healthcare was not alone in its concerns over the mentally ill Medicaid population in Snohomish County, Wash. Compass Health, a large non-profit behavioral health agency, serves about 1,400 Molina members at multiservice centers located in Everett and Lynnwood. The Everett facility has a drop-in center that focuses on clients who are homeless. Compass case managers shared Molina clinicians' concerns about their mutual patients' difficulties accessing physical health services. To meet these challenges, the teams at Molina and Compass Health proposed a new primary care clinic within the Everett facility that would offer more accessible, better quality and more cost-effective care.

Get the Word Out

The Molina Primary Care Clinic at Compass Everett opened in February 2010 with a care team headed by a primary care physician and supported by a nurse practitioner, a psychologist and a clinic practice manager. Thomas Tocher, M.D., a board-certified internist, is accustomed to working with disadvantaged, homeless and mentally ill patients and is enthusiastic about this innovative practice setting.

Before the primary care

clinic opened, the care team met with staff at locations throughout the county, as well as visiting Molina-contracted and other community physicians. Molina assigned Medicaid patients with a mental illness who had not seen a primary care physician in at least one year to Tocher as their primary care provider, and Molina and Compass case managers encouraged them to establish care with him. A large sign on the front of the Compass Everett building and a highlighted notice on the Molina Health Care member website announced the availability of co-located physical and behavioral health services.

Physical proximity, trust and word-of-mouth referrals are key factors in encouraging access. Compass patients use the mental health facility as their social home base: They see their case manager, go to the pharmacy and participate in various therapy sessions, educational programs or social activities. Some stay all day—breakfast is free and coffee is available all day at the Everett facility's drop-in center. The primary care clinic is down the hall, and they can easily schedule an appointment or be seen within a short time

"I've always wanted to treat the people who need care the most. It's interesting to treat people with a different view of the world, and rewarding to see an improvement in their health. How we treat the most vulnerable people says a lot about our society."

THOMAS TOCHER, M.D.



as a walk-in. Their case manager or another member of the mental health treatment team they already know recommends a checkup or treatment for a physical health problem, and patients regularly encourage each other to seek out Tocher for their health needs. Having a primary care clinic within the mental health service center allows the clinic and Compass staff to collaboratively address patients' physical and mental health care needs, as well as social and financial issues.

The Compass primary care clinic served 1,170 patients in the first 10 months of operation, averaging about 18 patients a day. Most are unemployed, childless adults who are receiving permanent disability benefits. Many of the services provided are for deferred care, screenings and medication management for chronic conditions, including psychotropic medications for patients with less severe mental disorders. Constant, sustained coordination between medical and mental health staff is essential to keep care plans aligned and ensure follow-through.

Helping Medicaid patients obtain specialty care requires advocacy efforts with patients and providers. The case man-

ager arranges transportation and reminds patients about their appointments, and Tocher steps in as needed. One patient who had lost more than 200 pounds needed surgery to remove folds of excess skin. The rare plastic surgeon who accepted Medicaid insisted on a telephone pre-consultation with Tocher before agreeing to the referral. He was mainly worried about the possibility that the patient could make a scene in his office, startling his other patients.

Meet Significant Goals

The key to retaining this challenging patient population is the same as for all patients: a competent and caring physician. By testing and validating a model of physical health services located within a mental health clinic, Molina Healthcare of Washington hopes to accomplish several goals. One of these is to develop a collaborative care management model that can be replicated in other geographic areas. Another goal is to reduce emergency department and inpatient utilization.

Molina also hopes to learn more about promoting primary care services to patient populations that are difficult to reach and engage, and to further enhance its position as an innovator in health care coordination and delivery. **MHS**

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