Integrating Behavioral Health Care and HIV Care

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The brain controls life’s essential involuntary bodily functions, such as breathing and heart rate.

The brain tells the body what voluntary physical actions it must take to survive, such as eating or running away.

The body provides continuous feedback to the brain, such as my stomach is full or my muscles are tired.

The brain and the body are a single system.
The Comorbidity of Physical and Mental Disorders

- Despite the fact that the brain and the body form an integrated system, the care for them exists in siloes.

- This reflects the stigma of mental illness pervading health care provider education.

- Fear of abnormal behavior is used to construct an artificial separation between the brain and the body.

- Health care providers often believe taking care of people with mental illness is not their job.
But Poor Physical Health and Poor Mental Health Travel Together and Cannot Be Separated

Source: Barnett et al, Lancet 2012 (Conducted in Scotland)
In the US, Behaviors Account for More Premature Deaths than Any Other Factor

The HIV Care Continuum Can Be Applied to Create a Behavioral Health Care Continuum

HIV Care Continuum

Behavioral Health Continuum

Based on multiple sources reviewed by the presenter
But How Do These Two Care Continuums Come Together?

Referral/Consultative Model
- Mental health clinician (who is often off site) sees patients alone and to varying degrees reports back to primary care providers.

Co-located Model
- Mental health clinician sees patients adjacent to or within the primary care setting itself with varying degrees of care coordination.

Integrated Care Model
- Team based care in which primary/HIV care providers work with mental health clinicians as part of a single team that engages in ongoing communication.

Based on multiple sources reviewed by the presenter.
Collaborative Care (Adopted and Disseminated by the American Psychiatric Association)

Legend:
- PCP – Primary Care Physician
- BHP – Behavioral Health Practitioner
- CMHC – Community Mental Health Center

Collaborative Team Approach

- Patient
- PCP
- BHP/Care Manager
- Consulting Psychiatrist
- Other Behavioral Health Clinicians
- Substance Treatment, Vocational Rehabilitation, CMHC, Other Community Resources

Core Program
Additional Clinic Resources
Outside Resources
Limitations of Integrated Care Models Prior to COVID-19

Models of collaborative care usually integrated:
- low intensity psychiatric care into primary medical care, or
- low intensity medical care into psychiatric programs for people with severe mental illness.

These models only achieved partial success even for integrating low intensity services.

These models were not designed for people who require both high intensity psychiatric care and high intensity medical care.

These models most often relied on the physical proximity of services. Then came the COVID-19 pandemic!