Interdisciplinary Collaboration in Action

Carrie L. Brown, MD, MPH
Chief Medical Officer for Behavioral Health and IDD
NC Department of Health and Human Services

April 5, 2019
Key Points

I. Interdisciplinary Collaboration is Timely

II. Behavioral Health & Communicable Disease Providers: Natural Partners

III. Hepatitis A Task Force: Collaboration in Action
What is Collaboration?

Collaboration divides the task and multiplies the success.

- Unknown Source
What is Interdisciplinary Collaboration?

• Simple answer: collaboration involving multiple professional disciplines

• Real answer: there is “NO WRONG DOOR” for NC citizens to get the care they need
Why is Interdisciplinary Collaboration so Relevant?

The vision for Medicaid Managed Care is “improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health.”

- Mandy Cohen, MD
  Secretary, NC Department of Health and Human Services
Medicaid Transformation Brings New Opportunities

• Truly integrated care has physical health and behavioral health managed by the SAME entity

• NCCARE360
What is NCCARE360?
Part of a Broader Statewide Framework

NCCARE360 is the first statewide coordinated network that includes a robust data repository of shared resources and connects healthcare and human services providers together to collectively provide the opportunity for health to North Carolinians.

NCCARE360 Partners:
# Three Functions

<table>
<thead>
<tr>
<th>Functionality</th>
<th>Partner</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Directory</td>
<td><a href="#">North Carolina 211</a></td>
<td>Summer 2019</td>
</tr>
<tr>
<td>Directory of statewide resources that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Repository</td>
<td><a href="#">Expound</a></td>
<td>Phased Approach</td>
</tr>
<tr>
<td>APIs integrate resource directories across the state to share resource data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral &amp; Outcomes Platform</td>
<td><a href="#">UNITE US</a></td>
<td>Rolled out by county January 2019 – December 2020</td>
</tr>
<tr>
<td>An intake and referral platform to connect people to community resources and allow for a feedback loop.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Network Model: No Wrong Door Approach
Understanding Referral Workflows

Client → Care Coordinator → Housing Need Identified along with Other Needs → Additional Needs Identified

Referral → Housing Provider → Referral → Employment Provider

NCCARE360
Behavioral Health & Communicable Disease Providers: Natural Partners . . .

Alone we can do so little, together we can do so much.

- Helen Keller
North Carolina Communicable Disease Statistics 2017

- HIV - 1,310 adults & adolescents newly diagnosed with HIV, ~40,000 individuals living with HIV/AIDS but ~5,000 people have HIV are undiagnosed\(^1\)

- Hepatitis C – 186 newly diagnosed acute Hepatitis C, majority of new cases in 20-34 age group and injecting drug use a significant risk factor\(^2\)

- Hepatitis B – 185 newly diagnosed acute Hepatitis B, risk factor is intravenous drug use, and North Carolina’s rate is twice national average\(^3\)

- Hepatitis A (January 1, 2018 – March 11, 2019) – 73 new Hepatitis A cases\(^4\)

---

\(^1\)HIV in North Carolina 2017, HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch, Division of Public Health, NC DHHS, 2018;  
\(^2\)Hepatitis C in North Carolina, 2017, HIV/STD/Hepatitis Surveillance Unit and the Viral Hepatitis Prevention Unit, Communicable Disease Branch, Division of Public Health, NC DHHS, 2018;  
\(^3\)Hepatitis B in North Carolina, 2017, HIV/STD/Hepatitis Surveillance Unit and the Viral Hepatitis Prevention Unit, Communicable Disease Branch, Division of Public Health, NC DHHS, 2018;  
\(^4\)Outbreak of Hepatitis A in North Carolina, Communicable Disease Branch, Division of Public Health, NC DHHS, 2019
Serious Mental Illness (SMI) Statistics

• In 2016, there were an estimated 10.4 million adults aged 18 years or older in the U.S. with SMI\(^1\)
  – Represents 4.2% of all U.S. adults

• Around 1 in 4 individuals with SMI also have a substance use disorder\(^2,\,3\)

• Individuals with SMI die 25 years earlier than general population\(^4\)

\(^1\)Mental Illness, Statistics, National Institute of Mental Health, National Institutes of Health. November 2017
\(^2\)National Survey on Drug Use and Health, Mental Health, Detailed Tables, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2017.
\(^3\)Common Comorbidities with Substance Use Disorders, National Institute on Drug Abuse, Webpage March 2019.
Relationship Between Behavioral Health and Communicable Disease Statistics

- Individuals with Serious Mental Illness (SMI) compared to US adult population have elevated prevalence of HIV, Hepatitis B, and Hepatitis C\(^1\)

- HIV prevalence for individuals with SMI 8 times US adult population prevalence\(^1\)

- Hepatitis B prevalence for individuals with SMI 5 times US adult population prevalence\(^1\)

- Hepatitis C prevalence for individuals with SMI 11 times US adult population prevalence\(^1\)

- Among state psychiatric patients who were Hepatitis C-seropositive, 36% of patients were Hepatitis A positive\(^2\)

---


Prevalence in Men and Women with Serious Mental Disorders and Hepatitis B, Hepatitis C, and HIV*

<table>
<thead>
<tr>
<th>Sex</th>
<th>HIV</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>7.04%</td>
<td>18.9%</td>
<td>9.16%</td>
</tr>
<tr>
<td>Women</td>
<td>8.25%</td>
<td>12.02%</td>
<td>5.43%</td>
</tr>
</tbody>
</table>

Meta-analysis of studies demonstrated significantly increased risk of Hepatitis B and Hepatitis C infections in men compared to women in people with Serious Mental Disorders.

To achieve goals you’ve never achieved before, you need to start doing things you’ve never done before.

- Stephen Covey
Hepatitis A in North Carolina

• Increase in Hepatitis A cases occurred first in Mecklenburg County in April 2018.

• Cases among three risk groups
  – people who use injection or non-injection drugs
  – individuals experiencing homelessness
  – men who have sex with men
Mecklenburg’s Initial Actions

• Mecklenburg County Health Department (MCHD) implemented strategies to prevent spread of Hepatitis A
  – social media campaign
  – educational material development and distribution
  – placement of informational stickers in condom packets
  – placing outdoor Hepatitis A prevention banner on Interstate 277 for daily viewing by over 40,000 vehicles
  – vaccination clinics in cooperation with the Rescue Mission, Gay Pride Parade, and Black Gay Pride event
  – jail outreach by promoting vaccinations for health intakes for all shifts
Interdisciplinary Collaboration in Action: Hepatitis A Task Force

- Mecklenburg County Health Department
- NC Division of Public Health
- Cardinal Innovations Healthcare
- Alliance Health
- Eastpointe
- Wake County Health Department
- Wayne County Health Department
- NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- NC Division of State Operated Healthcare Facilities
- Chief Medical Office of Behavioral Health and IDD, NC DHHS
Bringing in New Collaborators . . .
NC MedAssist Event

- **NC MedAssist** held Over the Counter Medication event at the **Camino Community Center** in Charlotte November 2018. Task Force arranged to have simultaneous Hepatitis A vaccine clinic.

- Collaboration involved interagency staff
  - 6 Mecklenburg County Health Department (school health) nurses gave vaccines
  - Cardinal Innovation’s Integrated Health Nurse Manager greeted and identified/triaged individuals to vaccine area
  - Division of Public Health staff included nurses and a program consultant for data entry and Spanish translation.
Bringing in New Collaborators . . .
NC MedAssist Event

• Participants included individuals who were homeless and people from Spanish-speaking populations

• 82 Hepatitis A vaccines given!

Mecklenburg County’s Response to the Hepatitis A Outbreak: An Effective, Action-Driven Collaborative Task Force, Hepatitis A Outbreak, Communicable Disease Branch, Division of Public Health, NC DHHS, 2019
Next . . . Alcohol Drug Abuse Treatment Centers (ADATCs)

Working together as a team and in collaboration with the Division of Public Health, ADATCs addressed and resolved concerns of medical providers and increased understanding of the importance of Hepatitis A immunizations in the ADATC population.
## Concerns and Responses

<table>
<thead>
<tr>
<th>Behavioral Health Concerns Reported</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A not perceived as a significant concern—especially compared to other treatment priorities and conditions</td>
<td>Hepatitis A does not result in chronic infection, but it causes significant morbidity</td>
</tr>
<tr>
<td>Patients are at ADATC for a short time with challenges to obtaining reliable access to health services after discharge, and most individuals are unlikely to receive the second dose</td>
<td>One dose of single antigen vaccine is &gt;95%</td>
</tr>
<tr>
<td>Patients are heavy substance users</td>
<td>Admission is a chaotic time. Vaccine administration before discharge is more manageable.</td>
</tr>
<tr>
<td>ADATC patients may have HIV or liver disease and not get the same response</td>
<td>Vaccination of persons with well-controlled HIV or persons with chronic liver disease of viral or non-viral etiology produces seroprotection rates observed in healthy adults</td>
</tr>
<tr>
<td>Patients may be immunocompromised and get a lower serologic response</td>
<td>Antibody responses may be lower in certain patients</td>
</tr>
</tbody>
</table>
ADATCs: Interdisciplinary Collaboration in Action

• Division of Public Health supplies Hepatitis A vaccines for ADATCs

• Division of State Operated Healthcare Facilities provides vaccine compliant storage (refrigerator with temperature logs)

• ADATCs and Division of Public Health identify personnel and register them in the North Carolina Immunization Registry

• Division of Public Health created aliases for each ADATC to remain compliant with substance use disorder privacy laws

• Standing order set for Hepatitis A vaccines provided by Division of Public Health*

*Standing Orders Templates for Administering Vaccines, Immunization Action Coalition, Webpage Updated March 7, 2019
Lessons Learned so far...

- No single agency can do prevention alone
- Keep media informed
- Try every strategy
- Build trust in the community
- Vaccinate high risk populations in clinical care
Hepatitis A Task Force Next Steps

• Wake County pilot will involve the Wake County Health Department, Alliance Health and an Assertive Community Treatment (ACT) team.

• Wayne County Health Department and Eastpointe will focus on facility-based crisis, homeless shelters, and other community sites.

• All ADATCs implement Hepatitis A standing orders by May 1
Bigger Challenges . . .

- Integrated management of behavioral health and communicable diseases needed\(^1\)

- Individuals with SMI must be prioritized for HIV and Hepatitis C testing initiatives and Hepatitis B and Hepatitis A vaccinations\(^2\)

- Increase screening for HIV and Hepatitis C in SMI populations\(^2\)

---


Takeaways

I. Interdisciplinary Collaboration is Timely

II. Behavioral Health & Communicable Disease Providers: Natural Partners

III. Hepatitis A Task Force: Collaboration in Action
THANK YOU Collaborators!

- Cardra E. Burns, DBA, MPA, CLC, Assistant Health Director-Preventive Health, Mecklenburg County Health Department
- Evelyn M. Foust, MPH, CPM, Communicable Disease Branch Head, Division of Public Health
- Dan Fowls, MD, Chief Medical Officer, Alliance Health
- Lori Giang, CEO/Executive Director, NC MedAssist
- Terri Harpold, MD, Interim Chief Medical Officer, Cardinal Innovations Healthcare
- Gibbie Harris, MSPH, BSN, RN, Public Health Director, Mecklenburg County Health Department
- Sid Hosseini, MD, Chief Medical Officer, Eastpointe
- Markita Keaton, DrPH, Special Assistant to Chief Medical Officer, Chief Medical Office of Behavioral Health & IDD
- Sue Lynn Ledford, DrPH, RN, Public Health Director, Wake County Health Department
- LaKeisha McCormick, MHA, CSAPC, CHES, Member Engagement Manager, Cardinal Innovations Healthcare
- Beth Meadows, RN, MSN, Field Services Unit Manager, Immunization Branch, Division of Public Health
- Zack Moore, MD, MPH, State Epidemiologist and Epidemiology Section Chief, Division of Public Health
- Grace Landin Nystrum, Interim Executive Director, Camino Community Center
- Susan Saik Peebles, MD, Medical Director, Chief Medical Office for Behavioral Health & IDD
- Julie Peterson, RN, Integrated Health Nurse Manager, Cardinal Innovations Healthcare
- Susan Sullivan MS, RN-BC, Vaccine Preventable Disease, Communicable Disease Branch, Division of Public Health
- Heidi Swygard, MD, Viral Hepatitis Medical Director, Division of Public Health and Associate Professor of Medicine, Division of Infectious Diseases, UNC School of Medicine
- Wanda Westbrook, RN, Director of Nursing, Wayne County Health Department
Questions?

In the long history of humankind (and animal kind, too) those who learned to collaborate and improvise most effectively have prevailed.

- Charles Darwin

Thank you!