HEALTH

Patient Centered Medical Home Improves Health Care Quality, Costs & Utilization

LEE HILLIARD

In an ongoing commitment to provide the finest in healthcare services, Community Health Center of Northeast Oklahoma, Inc., is continuing the process of meeting all the criteria to become a Patient Centered Medical Home (PCMH). The medical home isn't a home at all but, is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.

PCMH has become a widely accepted model for how primary care should be organized and delivered throughout the health care system, and is a philosophy of health care delivery that encourages providers and care teams to meet patients where they are, from the simplest to the most complex conditions. It is a place where patients are treated with respect, dignity, and compassion, and enable strong and trusting relationships with providers and staff. Above all, the medical home is not a final destination, instead it is a model for achieving primary care excellence so that care is received in the right place, at the right time, and in the manner that best suits a patient's needs.

Features of the Medical Home

Patient-centered: A partnership among practitioners, patients, and their families ensures that decisions respect patients' wants, needs, and preferences, and that patients have the education and support they need to make decisions and participate in their own care.

Comprehensive: A team of care providers is wholly accountable for a patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care.

Coordinated: Care is organized across all elements of the broader health care system, including specialty care, hospitals, home health care, community services and supports.

Accessible: Patients are able to access services with shorter waiting times, "after hours" care, 24/7 electronic or telephone access, and strong communication through health IT innovations.

Committed to quality and safety: Clinicians and staff enhance quality improvement to ensure that patients and families make informed decisions about their health.

A simple YouTube video "Medical Home (English)" shows how the program works. It can be found at www.chcneo.com/education look for the video link.

Locally, Community Health Center of Northeast Oklahoma, Inc., continues to serve the area with the finest in personalized health care for the entire family with locations in Afton and Grove and soon to be in Welch. For details or to schedule an appointment contact (918) 257-8029 or (918) 801-7504 or check us out on the web at www.chcneo.com, follow us on Facebook and Twitter. A sliding payment scale is available for patients based on family size and income.

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No room for bullying in school

SEAN BRIDGES

School season is in full swing and many students are enjoying the routine and activities that come with it. For some kids though, there is little enjoyment to the school experience, in fact it can be a nightmare. Currently in the U.S., over 160,000 kids per day do not attend school for fear of being bullied and harassed.

Bullying is an aggressive, repeated behavior that inflicts harm or distress on a targeted individual. According to the "Indicators of School Crime and Safety" report, approximately 28 percent of students, ages 12-18, are bullied at school during the school year. Additionally, approximately 70 percent of young people say they have seen bullying in their schools.

Students who are bullied are often reluctant to go to school because of personal safety concerns. For those who do attend, learning can be difficult because of those same reasons. They dread the physical and verbal aggression of their peers, and frequently attend school in a chronic state of anxiety and depression.

According to the U.S. Government website, stopbullying.gov, children who have a higher likelihood of being bullied are:

- Perceived as different from their peers, such as being overweight or underweight, wear glasses or different clothing, are new to a school
- Perceived as weak or unable to defend themselves
- Suffering from depression, anxiety, or have low self esteem
- Less popular than others and have few friends
- Seen as annoying or provoking, or antagonistic towards others for attention

There are many warning signs that can indicate someone is being affected by bullying. Indicators include:

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self esteem
- Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide

These days bullying isn't restricted to the classroom or school yard alone. Children are online now more than ever and electronic media has provided an entirely new venue for bullies to harass their peers. Electronic aggression is bullying that can occur through email, cell phone, text message, a chat room, or other social media sites. If your child is exposed to online harassment, instruct them first to never respond to offensive online messages, and to follow three steps: stop, block, and tell. Stop the correspondence, block the user, and tell a parent or trusted adult.

What should you do if your child is a victim of bullying?

- Never tell your child to ignore the bullying. If the child were able to simply ignore it, he or she likely would not have told you about it. Often, trying to ignore bullying allows it to become more serious.
- Listen carefully to what your child tells you about the bullying. Ask him or her to describe who was involved and how and where each bullying episode happened.
- Obtain a copy of the school's anti-bullying policy to determine if the bully violated a school policy.
- Contact your child's teacher or principal and report it.
- Talk regularly with your child and school staff to see if the bullying has stopped. If not, persist and contact school authorities again.
- Help your child to become more resilient to bullying by developing self-esteem and the positive attributes of your child like music, athletics, and activities.
- Teach your child safety strategies like how to seek help from an adult when feeling threatened, and who they should go to for help.

Many adults still see bullying as "just part of being a kid". Bullying though is a serious problem that can lead to many negative effects for victims including physical injury, short and long-term social and emotional distress, and sometimes even death. Help prevent and stop bullying. Get involved and commit to creating a safe environment where children can thrive, socially and academically, without being afraid. Advocate for bullying prevention in schools and throughout the community.

To learn more about bullying and prevention, visit www.stopbullying.gov.

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Obesity and depression: They're entwined, yet scientists don't know why

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About 15 years ago, Dr. Sue McElroy, a psychiatrist in Mason, Ohio, started noticing a pattern. People came to see her because they were depressed, but they frequently had a more visible ailment as well: They were heavy.

McElroy was convinced there had to be a connection.

"Many of my [depressed] patients were obese. And they were very upset by obesity,☒ McElroy recalled. "I looked into the literature, and it said there was no relationship. It didn't make sense."

That sense of disconnect has started to change, promising new avenues for treatment, but also presenting a puzzle: Just how can you chart the mechanics of what ties the two together? And how can treatment be linked for two disorders that exist in totally different parts of the health care system?

Ingrid Donato, a top official in the federal agency that promotes mental health treatment, says that both conditions are on the rise, heightening the need to unlock the connection and develop treatments that address both conditions simultaneously.

"You can't address obesity in a person that's struggling with major depression without addressing that major depression," said Donato, chief of mental health promotion at SAMHSA, the Substance Abuse and Mental Health Services Administration. "When a person's coming in with depression... or they're coming in with the struggles on the physical side of obesity, if they're not having those treated both ways, they're only going to be having half a treatment plan."

The relationship between obesity and depression is what researchers call "bidirectional." Being obese or overweight ups the odds of depression, and vice versa.

For example, about 43 percent of people with depression are obese, according to the federal Centers for Disease Control and Prevention, compared with a third of the general population. People who are obese are 55 percent more likely to be depressed, and people with depression 58 percent more likely to develop obesity, according to one 2010 study. "This is a massive public health issue when you have numbers that large," Donato said.

While on the surface the two conditions appear very different, they share important similarities. Both are chronic diseases that are tricky to treat, requiring long-term physical and mental health interventions.

In cases in which depression and obesity coincide, those interventions can be even more complex, with research often showing the best results when care involves not only doctors and nurses but also other health professionals such as dietitians, behavioral health specialists and physical therapists.

"We need to find synergistic therapies — or it's going to be the same kind of messy system in which we spend a lot of money and don't get any return," said William Dietz, the director of George Washington University's Sumner M. Redstone Global Center for Prevention and Wellness, who researches obesity interventions.

A 2011 paper by researchers from the University of Texas-Southwestern found that patients' depressive symptoms were reduced when physicians gave them prescriptions for weekly exercise sessions, which were supervised at the Cooper Institute in Dallas or at home. And in 2014, a study at Duke University found that simply helping obese women maintain their weight — via small lifestyle changes and monthly dietitian check-ins — cut their rates of depression in half.

Still, this kind of care-syncing is not yet the norm. While the Affordable Care Act promoted coordinated care as part of its efforts to lower costs, those initiatives haven't yet been directed toward depression and obesity.

But federally funded efforts to coordinate care for diabetes and depression could provide a template, said Madhukar Trivedi, a professor of psychiatry at the University of Texas-Southwestern who was involved in the 2011 study.

"This is going to require a real mindset change. We have to be thinking at a policy level," Trivedi said.

One reason is cost. Depression and obesity are among the largest drivers of health care cost increases.

Obesity already costs the medical system almost $150 billion per year in direct costs, and the nonprofit Robert Wood Johnson Foundation estimates that by 2030, obesity will sap the U.S. economy of an additional $390 billion to $520 billion in lost worker productivity.

Depression makes the price tag worse. Its most severe variant, major depressive disorder, costs the country more than $200 billion per year in direct costs such as psych visits, medication and other treatments as well as the hours and days in which people afflicted aren't able to work.

The federal government foots much of this bill.

About 13 million Medicare-eligible senior citizens — an estimated 35 percent of people older than 65 — are obese, according to CDC data from 2012, the most recent year for which statistics are available. It's estimated that Medicaid pays as much as 30 percent of the total bill for U.S. mental health care.

"These are both incredibly burdensome on the health care system. ... They're both on the rise, and there's a correlation," said Dori Steinberg, an assistant research professor at Duke's Global Health Institute who was involved in the 2014 study.

And resources to tend to patients with each condition, even individually, are limited.

The federal government has worked to expand mental health care access and insurance coverage, but in many parts of the country, few mental health specialists accept insurance, rendering that theoretical benefit useless.

Obesity interventions also fall short. The American Medical Association, a leading trade group for doctors, dubbed the condition a "disease" four years ago and the ACA limited cost-sharing for some preventive obesity treatments. Some critics say the benefit doesn't go far enough in terms of consultations with more specialized health care providers, such as dietitians and nutritionists, to make a meaningful impact. That means patients may get little help until they have gained enough weight or suffered sufficient health consequences that they qualify for more extreme measures, like bariatric surgery.

And there's the added challenge of finding a physician able to address both problems at once.