INTEGRATED Health Magazine

Multi-Dimensional Approaches to Physical and Behavioral Health

EPIC SYSTEMS
HELPING PEOPLE STAY HEALTHY AND HOUSED WITH WHOLE-PERSON CARE

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VOLUME 2, ISSUE 1 IHM

Welcome!

It is a pleasure to welcome you to Integrated Health Magazine(IHM) - Volume 2. In this Volume, we will focus on the dynamic and different aspects of healthcare as we explore the intricacies of integrated health.

I founded a community in 2021 to give integrated health a unique voice through the multi-dimensional perspectives of providers, patients, payers, regulatory agencies, healthcare technology, and pharmaceutical therapy. The origin and intentionality behind the magazine's name reflect a multi-faceted community and the mission to advance integrated health.

When I graduated with my Doctoral Degree in Integrated Health in December 2018, I encountered an unexpected realization: the scope of integrated health practices within healthcare technology, provider organizations, and payer systems was remarkably narrow.

Integrated health transcends the provision of mental and physical health services; it embodies comprehensive care that touches every facet of an individual's life, including professional, physical, mental, and social health dimensions. Volume 2 of IHM delves into the complexities of whole-person care, exploring the diverse perspectives within Integrated Health.

As a first-generation Nigerian American, I am blessed with dual citizenship and the opportunity to travel internationally for integrated health research. One commonality I find in all my trips is that whole-person achieves better healthcare outcomes and improves quality of life.

Our mission is to deliver diverse, innovative solutions for whole-person care and well-being to our readers. Explore Volume 1 of IHM and our blog for the latest healthcare trends and innovations on our website.

I am excited to publish the second Volume, and I welcome you to contact our Creative Team at info@ipbha.com for collaboration and discussion.

Sincerely,

Dr. Ronke Komolafe, MBA
CEO Advancing Integrated Health
Editor -in-Chief Integrated Health Magazine
LinkedIn: linkedin.com/in/ronke-komolafe

Creative Experts

Dena Roche – Writer
Sue Baldani – Writer
Michele Blacksberg – Editor
Sabrina Kelly – Copy Editor
Ilana Lowery - Executive Consulting Editor

Helping People Stay Healthy and Housed with Whole-Person Care

Written by Philosophy Walker

People experiencing homelessness are more likely to encounter a wide range of health problems, from HIV infection to mental illness to tuberculosis.[1] Life expectancy for people who are unhoused is estimated at only 48 years, which is 29 years less than for the average American,[2] and poor health is both a cause of housing insecurity and the direct result of it.[3] Chronic health conditions can cause people to lose their jobs, and unpaid medical bills can contribute to poverty. People can end up on the streets because of inadequate care, only to experience a further decline in health because of exposure.

The San Francisco Department of Public Health (DPH) is all too familiar with the vicious cycle of poor health and lack of housing. Recently, the percentage of San Francisco's total population without housing was the fifth highest among U.S. cities,[4] due in part to an ongoing affordable housing crisis.[5]

San Francisco was one of 25 cities and counties selected as a pilot for California's Whole Person Care (WPC) program starting in 2016, which was designed to integrate care for high-utilizing Medicaid beneficiaries.[6] Each pilot selected a target population and increased access to social services with the goal of lowering costs and improving care delivery. San Francisco DPH decided to focus on unhoused people because they are more likely to use emergency care in lieu of primary care due to a lack of insurance.[7] San Francisco

Coordination of care goes beyond reducing administrative headaches—it means that individuals have ongoing, informed care for chronic conditions.

DPH's WPC program helps clinicians refer patients to housing resources by integrating shelter and other census data directly into Epic. Using Healthy Planet Link, Epic's web-based portal for community-based organizations, and Compass Rose, Epic's application for comprehensive care coordination, these organizations can access medical information about unhoused patients when and where they need it. The program, which started as a small pilot, has now become an established, ongoing project to increase care coordination across San Francisco's care providers.

Helping community-based organizations and providers get the full picture

San Francisco's housing services are administered and coordinated by multiple city and state departments and a wide variety of community-based organizations. Coordinating across these disparate groups proved to be a significant challenge, and bureaucracy kept agencies from communicating effectively with each other, with outside groups, and with the people they were helping.

People experiencing homelessness are also automatically placed on a registry for unhoused patients, which makes it easier for DPH to report on the unhoused population and understand where these patients are.

Within the San Francisco DPH, staff had already begun tracking and documenting some social determinants of health in Epic, like food insecurity and whether patients were at risk of becoming unhoused. However, that information was inconsistently documented, firmly siloed by red tape, and inaccessible to other entities caring for patients with housing insecurity.

Led by San Francisco's WPC team, which is currently supported by Whole Person Integrated Care Director Dara Papo and Platform Supervisor Rupal Mehta, the WPC program at San Francisco DPH set out to bring these disparate groups together to collaborate using Epic. When a patient at San Francisco DPH is identified as unhoused, the social worker

San Francisco DPH's Whole Person Care program helps clinicians refer patients to housing resources by integrating shelter and other census data directly into Epic.

or care coordinator creates a social care episode for housing in Epic. This episode creates a connection between every interaction the patient has across the many support staff working to help them, which lets providers and community-based organizations who have access to Epic see the whole picture of a patient's housing needs.

Being able to access housing need information means that providers and community-based organizations can help patients get housing support at the same time they receive medical care, and vice versa. It also means that patients can get access to the care they need no matter how they first interact with the health care system. "The phrase we like to use is, 'Any door is the right door,'" said Mehta. "No matter how the patient first touches the system, all roads lead to the care they need." Coordination of care goes beyond reducing administrative headaches—it means that individuals have ongoing, informed care for chronic conditions. For example, a person who is unhoused and has diabetes might visit the emergency department, where the care team can indicate the person's housing status in Epic.

San Francisco's DPH is currently working with community-based organizations focused on addressing homelessness to expand their access to Healthy Planet Link, a web-based application that connects them to healthcare providers for secure, limited access to patients' medical records. As these organizations support the patient's housing journey, they can also see that the patient was previously treated for diabetes in the ED. As a result, they can help facilitate blood sugar testing follow-ups.

People experiencing homelessness are also automatically placed on a registry for unhoused patients, which makes it easier for DPH to report on the unhoused population and understand where these patients are. This allows the city to focus resources on the most vulnerable or divert services to an area that has higher needs. While episodes help with individual patients' needs, the registry helps the city understand its unhoused community at a macro level and plan for the population.

A window into housing space, right from the patient's chart

To help patients move out of the cycle of housing insecurity, clinicians and other care workers need to be able to know which patients are already engaged with shelter resources. San Francisco DPH created an interface that brings an individual's shelter usage information from across the network of providers directly into Epic. From the Whole Person Care Summary Report, users can see which shelters and housing programs have previously engaged and have existing relationships with the patient, so they know with which program providers to coordinate for the patient's follow-up care. They can also see a summary of which shelters the patient has visited on which dates, so they can talk with the patient about which programs might be the best fit for follow-up care if the patient isn't already connected to services. For example, users might notice that the patient has visited mostly sites in the Mission District, so perhaps a health care center in that location is most convenient for that patient.

Medical staff can also identify which patients are connected to San Francisco Homelessness and Supportive Housing's Coordinated Entry services and Permanent Supportive Housing program, which provides on-site support services such as a social work office and nursing staff. Coordinated Entry staff can reference limited pieces of the patient's medical record as part of the match and placement process to help make priority decisions so that the most medically vulnerable patients can get resources more quickly.

Laying the groundwork to address a complex problem

The WPC program at San Francisco DPH is still gathering data, but Papo and Mehta say that it has already helped the city government coordinate its efforts more closely. Creating the episode, registry, and interface required the city to put standard rules and definitions for housing insecurity in place, which in turn helped the city better quantify the housing insecurity problem it's facing.
"Before the project, the different city agencies might not have known which clients were receiving services from other city agencies," the EHR program director at San Francisco DPH Jeff Scarafia said. "Now, we can see who is using our supportive housing programs across agencies.

Our goal is to connect our residents in need with the best available services to support them, but we also want to be efficient and avoid duplication of efforts. This project is helping to create the transparency needed to achieve these goals." With the lessons learned from the pilot program, San Francisco DPH plans to continue evolving the work started by the WPC program so that unhoused individuals can receive the care and resources they need, no matter which agency or program they interact with initially.

If you're interested in learning more about how Epic can be used to track and address social determinants of health, including homelessness, reach out to the EpicShare team and we will connect you with the experts at Epic. Epic community members can also log in to the UserWeb to refer to the Social Determinants of Health Setup and Support Guide and the Caring for Populations with Different Levels of Risk white paper.

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Source - https://www.epicshare.org/share-and-learn/sfdph-homeless-care

"Creating the episode, registry, and interface required the city to put standard rules and definitions for housing insecurity in place, which in turn helped the city better quantify the housing insecurity problem it's facing."

LEARN MORE

To learn more about how San Francisco DPH uses Epic in their Whole Person Care program, visit: https://epic.com

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Leading the Future of Healthcare: The Power of Integrated Health Strategies for Better Outcomes

Dr. Ronke Komolafe, MBA
CEO - Advancing Integrated Health

Dr. Ronke Komolafe is a whole-person leader who leads integrated health initiatives with health plans, health systems, healthcare technology, and regulatory agencies. She is known for her whole-person regulatory program development, integrated health go-to-market strategies, and expertise in integrating all factors of integrated health to achieve the Quintuple Aims of health equity, clinician well-being, better health, improved outcomes, and lower costs. Dr. Ronke is Editor-in-Chief of Integrated Health Magazine and the Mental Health Chair of Forbes Business Council.

An integrated physical, behavioral, and social health approach is essential in modern healthcare because it recognizes that various interconnected factors influence health outcomes and require collaboration across different stakeholders. These factors include:

1. Providers:

Providers, including physicians, nurses, and other healthcare professionals, are crucial in delivering integrated care. They focus on providing comprehensive care that considers not only the physical health of the patient but also their mental, emotional, and social wellbeing.

2. Patients:

Patients are at the center of the integrated healthcare approach. They actively participate in their care, focusing on personalized treatment plans that address their unique needs, preferences, and goals. Empowering patients to easily engage in their healthcare leads to better outcomes and satisfaction.

3. Payers

Payers such as health plans and government-funded healthcare programs are vested in promoting integrated care to reduce costs and improve outcomes. However, reimbursement challenges include denial of same-day and same-location services provided by mental and physical health clinicians in the facility. Despite regulations addressing this on a state-by-state level, private, medical, and regulatory bodies should make this the norm, not an exception.

4. Policy Maker

Regulatory agencies at the state and federal levels play a critical role in creating an enabling environment for integrated healthcare approaches. This includes developing regulations and incentives that support collaboration among different healthcare providers, promoting interoperability of health information systems, investing in public health initiatives, and providing funds to support their continuity.

5. Pharmacy

We often undermine the role of pharmacy and medication development in integrated health, yet medication development, management, patient education, and preventative services are integral to the integrated health approach. For Example: providers, payers, and policymakers should include pharmacists' collaboration with other healthcare providers in an integrated health model to ensure safe and effective medication use, optimize treatment outcomes, and promote patient adherence.

6. Healthcare Technology

The right technology can enhance collaboration and coordination of care to advance integrated healthcare delivery models. However, adopting and sustaining the right technology involves human capital, financial investments, and other infrastructures that integrated health organizations often lack. Applying for grants and funds can resolve the shortage of financial resources and limited infrastructure to the extent possible.

Adoption of Multi-Dimensional Integrated Health Approach

Industry leaders, including healthcare organizations, professional associations, and academic institutions, can adopt this approach by:

- Fostering a culture of collaboration among different departments and disciplines.
- Investing in technology infrastructure and interoperable systems that support integrated care delivery.
- Developing policies and incentives that promote value-based care .
- Engaging patients and communities in the design and implementation of healthcare programs.
- Continuously evaluate and adapt practice based better outcomes.

ROI in Integrated Health

Integrated health does not lower the cost of care or improve outcomes unless all six factors: payer, patient, policy maker, provider, pharmacy, and healthcare technology, collaborate to achieve the Quintuple Aim of better health, improved clinician wellbeing, patient satisfaction, lower cost, and health equity. Each aspect must take responsibility for its unique role.

Patients' engagement in integrated health moves the finances. It determines the success of a pharmacy or technology intervention in the same way that providers and payers lead the way in achieving better care outcomes and one cannot exist without the other.

A quarterly in-house performance improvement initiative to track how these six factors intersect and influence integrated health outcomes is a strategy to measure an integrated care model's operational and clinical initiative.

Resolving Integrated Health Challenges

The rapid adoption of digital health solutions in whole-person health, combined with the development of care pathways and evidence-based outcomes, makes technology adoption and success in integrated health a struggle. An integrated health process encompassing patient, provider, payer, policy and regulatory affairs, and workflow processes will lead to more rapid adoption and sustainability of technology in integrated health.

Health technology companies should participate in value-based payment arrangements. Suppose you promise your technology will lower costs, decrease readmissions, reduce clinician burnout, and increase access to care and equity. In such cases, healthcare provider organizations should measure the effectiveness of this technology, i.e., if the provider or health system achieves those outcomes using that technology, they can continue paying per provider per month.

However, if the provider does not meet these guaranteed promises through healthcare technology, then monthly provider per month will be decreased by a certain percentage. Integrated care is all about how each aspect of care collaborates and contributes to achieving positive outcomes.

If we do not achieve these positive outcomes, then we should pivot and diversify revenue to a new workstream, process, and technology that will help achieve these goals.

Using AI and AR to Redefine Efficiency and Humanity in Healthcare

James Bates
CEO, AdviNow Medical

Dr. Ronke Komolafe, MBA, CEO of Advancing Integrated Health and Editor-in-Chief of IHM, conducted an interview with James Bates, CEO of AdviNow, a healthcare AI and AR company situated in Scottsdale, Arizona.

IHM: How did you decide to get involved in a healthcare business using Artificial Intelligence (A.I.) to make it more affordable?

Bates: After retiring from a multi-million-dollar autonomous vehicle company, I knew I wanted to work in another needed area. I started looking at health care, really because it is one of the biggest issues of our time. At first, I thought I would become an investor in a clinic or medical practice. However, the more I researched, the more surprised I was at how poorly medical businesses are run and that they don't make very much money. As I dug into the operation side, it became clear to me that 65 cents of every dollar is spent on administrative costs.

That means only 35 cents of that dollar goes to actually treating patients. I thought we should be able to use the same technology that manages self-driving vehicles to completely automate away that administrative burden, so in 2016, I founded AdviNow. We use A.I. and augmented reality to eliminate the administrative burden for medical practices.

IHM: How do you use AI and AR to address administrative burden and physical exam?

Bates: AdviNow handles patient scheduling, patient encounters and triage, clinician scribing, and patient follow-up. Instead of human effort, the A.I. fills out the related paperwork
The technological efficiency starts before the patient walks in the door. Our digital front door collects the payment and registration information and then asks questions to guide medical measurements. the AI-powered chatbot cross-references patient input with an extensive database of illnesses to suggest potential treatments to the clinician.

The beauty here is a doctor is still reviewing the data, so we're not taking anything away from the doctor. It's just the collection of the data and documentation into the Electronic Medical Record (EMR).

The doctor is still the one who continues to make the decisions. AdviNow can also use augmented reality to help patients take precision medical measurements at home.

This can be done by the patient themselves or by a friend who has zero medical training. Using our in-house augmented reality system, they could do a heart, lung, throat, or ear exam at home before interacting with the doctor

IHM: Given the innovative use of AR in healthcare, how do you see regulatory bodies and payers responding to this new model?

The doctor is still the one reviewing the data. We're not taking that away from the doctor. It's just who is collecting the data and who is documenting the information into the electronic medical record that is changed. Because the doctor is the one making the decision, the FDA, CMS, or insurance company still pay for the visits

If a doctor gives you a strep throat diagnosis and orders some type of antibiotic, they're going to fill out all the paperwork and sign their name on it. Now, the A.I. system fills out the paperwork; the doctor just needs to review, agree, and sign. It's the exact same process.

We can fit into any payer system, such as the current fee-for-service with insurance companies.

We can fit into a population health model like Medicare Advantage or a model like the one in the United Kingdom, which is a single-payer system. We're just eliminating the inefficiencies that were there.

Now, the A.I. system fills out the paperwork; the doctor just needs to review, agree, and sign. It's the exact same process.

IHM: What are the challenges to overcome in terms of adoption and sustainability from those who have begun using your system?

Bates: From a front desk standpoint, the change is directed toward the triage and customer service people. They return to being just who the patient interacts with first. They are happier not to be rushed while trying to get everything into the EMR while working with the patients, so there has not been any pushback from them.

Next, the medical assistant usually asks the patient a bunch of questions, takes the blood pressure, temperature, and weight, and enters that information into the EMR. With our system, they don't need to do any of that. They just follow along as the augmented reality takes those measurements .

Our goal is to return to the era when doctors spent most of their time looking the patient in the eye. Doctors get to treat patients again.

Since doctors are freed up from time-consuming administrative tasks, they can see three times more patients than doctors who aren't using this technology. Physicians in primary care and urgent care see 3.5 patients per hour, which means one patient every 15 to 20 minutes. Physicians who use AdviNow can see a patient every five to six minutes. That's revolutionary!

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Healing from Pandemic Post Traumatic Stress Disorder (PTSD)

image: Freepik.com

Dr. Ronke Komolafe, MBA
CEO, Advancing Integrated Health

Jennifer Boles M.A, CSA, CGT
Sociologist & Executive Consultant

Within this Intermediate era of the pandemic, we're now reconciling with the economic, social, clinical, and psychological "aftershocks" from the initial Covid 19 viral outbreak. Many of us are now just taking a metaphorical breath before diving back into "life as we know it." But how are we doing? We are just beginning to get a handle on the full pandemic experience we have collectively shared…and realizing that our experience has ranged from anxiety and stress to various forms of trauma, individually and corporately.

Societal and personal anxiety levels have skyrocketed during this historic Pandemic period. This is largely due to our perceived little to no control over something we could not see except in failing health, differing symptoms between people, those early morbidity numbers, and not knowing how our bodies would respond.

Our experiential vulnerability, plus the responsibilities of direct care/caregiving, was like constantly being blindsided. There simply were too many variables involved, and the long-term effects on our physical, mental, emotional, social, and spiritual selves have taken a toll, with varying degrees, on us all. According to Dr. Nicholas Christakis, historically, the three pandemic phases are the Immediate, Intermediate, and Post-Pandemic (2021). We have moved from the Immediate phase into the Intermediate phase of this Covid 19 Pandemic. Collectively are experiencing the stress of resisting the initial impact of the alarm of Covid 19 and subsequent varieties, and now, many of us are within the vast ocean of exhaustion. We are reeling from the physiological, mental, and emotional effects of long-term endurance stress and now must use an integrative approach to healing. Let's define terms:

What is Stress?

Stress is a relatively contemporary term, first introduced to the medical field by Dr. Hans Selye, known as the "father of stress research," and "Selye's Syndrome." Selye proposed that the experience of stress is present in an individual as the body's nonspecific response to any demand and remains for the duration of this exposure to the demand. Unlike a fight or flight reaction to a perceived threat, this stress response becomes adapted as a three-phase syndrome: alarm reaction, the stage of resistance, and Exhaustion stage.

The contemporary definition of stress from the American Psychological Association (APA) is "any uncomfortable emotional experience." The varying degrees of stress impacts the body and mind (2022). A little stress can be productive when accomplishing tasks, such as meeting home, school, or work deadlines. The natural reaction to a stressor is, per Selye's Syndrome, to initially be taken off-guard. The body then responds by attempting to maintain homeostasis to regulate physiological symptoms. However, long-term, extreme, and consistently high-stress levels and this attempt at self-regulation lead the body to exhaustion. This third phase can develop health issues that manifest in physical symptoms, such as anxiety, high blood pressure, and sleeplessness, to name a few. Even more concerning is that higher stress levels can be linked to depression, heart disease, and substance abuse.

"Collaboration with physicians, mental health clinicians, and spiritual care providers yields the best results."

Impact of Pandemic Stress

- Anxiety and Post Traumatic Stress Disorder
- Depression
- Measure Gain/Loss
- Insomnia
- Distorted Thinking (overthinking)
- Mild Cognitive Impairment (MCI)

Pandemic Trauma

Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical.

Longer-term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea (APA, 2022). While these feelings are normal, some people have difficulty moving on with their lives.

- Emotional Trauma - Characterized by feeling unsafe in one's body; emotional trauma can alter our brain function and lead to an overarching sense of hopelessness.

- Complex Trauma - Results from repeated and prolonged exposure to highly stressful events. Examples include cases of child abuse, bullying, etc.
-
- Secondary Trauma - Also known as vicarious trauma or compassion fatigue, refers to being a witness to trauma. Witnessing a traumatic event can impact your emotional health, and you deserve support, empathy, and compassion.

- Chronic Trauma - Results from exposure to multiple traumatic events. This type of trauma can have a lasting impact on an individual's emotional and physical health.

Symptoms of Pandemic Trauma

The intensity of symptoms - PTSD symptoms can vary in intensity over time. You may have more PTSD symptoms when you're stressed in general or when you come across reminders of what you went through.

- Changes in physical and emotional reactions.
- Self-destructive behavior, such as drinking too much or driving too fast.
- Being easily startled or frightened.
- Negative changes in thinking and mood swings
- Trouble sleeping.
- Trouble concentrating
- Intrusive memories

Recovery

How do we begin moving forward into healing and recovery? Keep in mind that this is an ongoing and deliberate process. For each of the above situations, from anxiety and stress to the various forms of Trauma, PTSD, and Moral Injury, the integrative approach is most effective.

Collaboration with physicians, mental health clinicians and spiritual care providers yields the best results.

Integrative approaches focus on self-forgiveness, compassion, and self-care.

1. Develop self-care practices such as:

- Well-balanced nutrition
- Exercise & sleep
- Journaling
- Meditation & mindfulness
- Self-awareness through contemplation, gardening, walking, etc.

2. Develop a healing plan:
- Acknowledge that it happened to
- Acknowledge that you will be okay
- Find support and talk to a professional
- Give yourself time to recover

3. Re-identify your purpose and calling :
- Replenish your body, heart, mind, and spirit
- Re-identify your life-purpose
- Access and nurture support

4. Seek help from a mental and medical professional.

Coping with the psychological trauma is no easy feat. However, there are ways to work through your emotions and come out stronger on the other side.

Taking time for yourself, reaching out to supportive friends or family members, seeking professional help if needed, and engaging in activities that bring you joy can all be helpful steps toward recovery from pandemic-related trauma.

Recovery is a process; each step counts towards healing by taking care of yourself emotionally, physically, and mentally; recovery is achievable.

LEARN MORE

Dr. Ronke Komolafe, DBH, MBA
linkedin.com/in/ronke-komolafe

Jennifer Boles, MA, CSA, CGT@ jennifer@theccsociety.com
linkedin.com/in/jenniferbolesma

Jim Jamieson
Chief Revenue Officer and Co-Founder of EvidenceCare

As Co-Founder and Chief Revenue Officer, Jamieson oversees the company's strategic direction for revenue growth including sales, marketing, recruiting, and fundraising. Prior to EvidenceCare, Jim built and led sales and implementation teams while serving as Vice President of Business Development for national revenue cycle companies. Jim Jamieson has been a champion for EvidenceCare since the very beginning, working alongside CMO and Co-Founder, Dr. Brian Fengler to bring the company from an idea to what it is today.

Jim Jamieson is a healthcare executive with a background in business development and revenue cycle management. When he met Brian Fengler, MD (an Emergency Room physician), it was the start of something boldly revolutionary. That friendship led to the founding in 2014 of EvidenceCare, an EHR-integrated clinical decision support system. This system optimizes clinical workflows to deliver better patient care, increase revenue, and reduce costs.

"When I met Dr. Fengler, I started thinking about physician burnout," said Jamieson. He then proceeded to explain, "EMRs had come out just a few years before that. A friend of mine who ran finance for a very large healthcare system mentioned…'We don't get paid for the services physicians provide. We get paid for those services physicians document they provide.'" That resonated with Jamieson. He explained that continuously being asked as a physician to do more is the underlying cause of the increasing burn-out prevalence among physicians across the US healthcare system.

He also noted that physicians are experiencing added pressure by being frequently told that their documentation is not adequate – or that they are not helping the hospital to get paid for services rendered, or are simply spending too much money.

Consequently, Jamieson thought, "How do we help the physician, the hospital, and the patient…not just from a clinical perspective, but from a financial perspective?"

Metaphorically, this was when the light bulb turned on for him. Jamieson wondered how he could build something that would add value to a doctor's workflow, but would not take time away from doctors' tending to patients. As he noted, "Statistically over the past few years, physicians have been spending over 50-60% of their days behind a computer doing clinical documentation, and less than five minutes per patient." For Jamieson, this was a problem that required a solution, and he felt challenged to address it.

As Co-Founder and Chief Revenue Officer of EvidenceCare, Jamieson has been working alongside Brian Fengler, MD (CEO and Co-Founder) to develop technological strategies to help remedy this problem. When they started the company, Jamieson was focused on raising capital, generating revenue, and selling the product. Meanwhile, Fengler (as a clinical physician) focused his efforts on the benefits to the physicians.

"The physician is still the captain of the ship…"

"The feedback we got early on was that physicians loved it," said Jamieson. "There are physicians today in the U.S. committing suicide because of burnout. That to me is unacceptable. If we can help them just a little bit, that goes a long way." He added, "Our vision is a world where we could take our AdmissionCare solution to the payers like Humana or the Blues and say, 'Hey look. We've used this at some very big, well respected hospital systems across the country. Would you be willing to partner with us?' They would be paying what's appropriate because we're using the right technology – with the right criteria – that we've reviewed and accepted."

To be able aid physicians, payers, and patients to an even greater extent, EvidenceCare recently acquired CareGauge which provides zero-click transparency into care utilization. Moreover, it uses real-time data embedded in the workflow of the EMR system.

Similar to EvidenceCare, CareGauge was a physician-founded business. It was established to enable physicians to become more aware of their actual prescribing costs. In the EMR, there is a small bar that hovers across the top. The little dot on the small bar enables physicians to more clearly recognize where they fall on the cost curve.

Therefore – if the given physicians are making decisions that are adequately controlling their prescribing costs – these cost curve-related dots shift toward yellow and subsequently into red (meaning high cost). That highlighting enables the selection of other options that have been demonstrated among these physicians' counterparts to be more cost-effective. As Jamieson notes, "The physician is still the captain of the ship… They [not the technology] will always make the decision."

LEARN MORE

To find out more about EvidenceCare's products and solutions, see: https://evidence.care/
To connect with Jim, contact him on LinkedIn: https://www.linkedin.com/in/jamesjamieson/

EvidenceCare

To find out more about EvidenceCare's @ https://evidence.care.

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AdmissionCare

AdmissionCare streamlines the admission process for physicians, while increasing revenue and reducing denials.

Physicians can't keep up with constantly changing criteria needed to admit patients to the hospital.

Patients placed in the wrong bed status with improper documentation results in massive revenue loss and patient dissatisfaction.

We don't think physicians should be pulled away from patient care in order for the hospital to get paid.

We created AdmissionCare to put the criteria for bed status determinations directly in the EHR to make the admission process easier for physicians.

CareGauge

CareGauge gives doctors real-time visibility into peer-based utilization for all clinical procedures, care variation, cost of care, length of stay, and more.

It's important for physicians to provide valuable care for patients without absorbing unnecessary costs.

In order to do that, physicians need real-time data to see if they are outliers in the treatments they provide – both in terms of utilization and cost.

The problem is without the right data at their fingertips, physicians have zero visibility into care variation and may prescribe or order low value treatments.

We believe physicians should have full insight into peer-based care patterns to provide the best value care for their patients and the hospital's bottom line.

ImagingCare

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Future & Efficacy of Value-Based Payments — Why These Matter

Understanding the Trend toward Value-Based Payments

An ever-increasing number of healthcare organizations, providers, and insurers are shifting away from Fee-for-Service (FFS) payments to value-based payments. The CMS' rationale for embracing value-based payments has been to improve patient outcomes while controlling costs. New strategies to improve patient outcomes and generate substantial cost-savings are continuously emerging. Shifting to a successful value-based model that can accomplish both of these goals can take many years, so requires careful long-term planning. Likewise, it can involve investments in technological infrastructure (capable of increased networking capacity), as well as increased collaborations and partnerships between healthcare stakeholders than were previously necessary before the national shift to value-based payments.

merging into the value-based payment landscape are new alternative payment models (APMs). Whatever payment model is employed, all are based on curtailing costs through preventing chronic diseases such as Type-2 diabetes. Since the high prevalence of specific chronic disorders in the US are recognized as highly-linked to healthcare disparities (resulting from the social determinants of health [SDOH]), improving health equity is fundamental to the CMS' shift toward value-based payment models. However – since diverse research studies have shown that value-based payments can enable payers to achieve lowered overall cost – the shift in the private sector has been largely due to the potential to attain savings and increase net worth through adopting value-based models.

Efficacy of Value-Based Payments – Why These Matter

One of the achievements already observed regarding the shift toward value-based payments is that stakeholders that previously viewed themselves as solely in competition are now functioning in a collaborative manner. This has been demonstrated by an increased willingness to engage in shared goals and collaborative accountability. Insurers – whether public or private – are recognizing that enabling the provision of preventive care and a team-based clinical approach are more able to affect patient outcomes such that the need for more intensive medical care is lessened.

For example, the shift toward covering preventive cancer screenings by insurers is linked to the increased understanding by insurers is less expensive than paying for treatments at a later

Reynalda Davis, MHA
Healthcare Operations Leader

Reynalda "Rey" Davis is enthusiastic about health equity, value-based payment programs, and population health management. "Nothing compares to changing healthcare and seeing the positive result of a program, policy, and treatment provided to a patient," she said. Born with a congenital heart defect, Rey's experience with chronic disease and continuous engagement with the health system started at birth. Over time and because of her personal experience, she transitioned from a goal of becoming an attorney to a career in healthcare operations.

cancer stage – and especially after the cancer has metastasized to other organs. While a simplification of the issues related to preventive screenings, the knowledge that early treatment can curb costs related to patient care following a diagnosis of cancer has changed insurer approaches to cost-containment.

Patient-Centered Medical Homes (PCMHs) were embraced within CMS' value-based payment models, and the trend toward their adoption is now increasing across the healthcare delivery landscape. This team-based approach to providing healthcare to patients living with chronic disorders (such as Type-2 diabetes and heart disease) is contributing toward a more collaborative approach by healthcare institutions and providers alike. In turn, this lowered duplication of services (such as multiple clinicians ordering the same lab tests) and improved patient adherence to treatment plans.

Challenges of Value-Based Payments

The difficulty faced by hospitals and providers in functioning under value-based payment models is that FFS payments were simply more profitable for them. Furthermore, it required a lower upfront financial investment on their part. It also allowed for a more astraightforward billing system that was less technologically-advanced since billing for each service occurred separately. Likewise, insurers could decide upon provider reimbursement for each billed item with less complexity involved in the FFS payment model. On the other hand, double-billing was also something that was simpler to accomplish – why was one of the main reasons that the CMS' sought to implement a non-FFS system for Medicare reimbursements?

"An increased use of more complex technology inclusive of Artificial Intelligence (AI) can aid in overall financial management under a value-based model."

While value-based payment often leads to successful outcomes, some strategies may fail due to a misalignment of resources, goals, and the personnel to actualize this shift. Major re-training has been necessary for healthcare management executives to understand options available to them in attaining their financial goals under a value-based payment model. This includes utilizing APMs, which can be the best choice for some healthcare entities but not others.

Meanwhile, solo provider practices are at a distinct disadvantage in utilizing value-based payment models. This is because they are the least likely – among all providers – to have the cash flow to invest now and await a much later ROI. For this reason, solo providers are most often the least likely to embrace value-based payments and the most likely to prefer FFS payments. This is also why group provider practices are rapidly becoming the norm across the US, and annual closures among solo provider practices are increasing.

Future of Value-Based Payments

The emergence of so many new Accountable Care Organizations (ACOs) was a widely acknowledged consequence of the shift toward value-based payments. Meanwhile, health systems will likely continue to innovate new payment models, while also decreasing and phasing out traditional FFS payment models.

An increased use of more complex technology inclusive of Artificial Intelligence (AI) can aid in overall financial management under a value-based model.

For hospitals and providers resistant to the change to value-based payments, the predicted outcome is that they will need to adapt to this trend or they will simply not be able to survive.

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To connect with Reynalda, contact her on LinkedIn: https://www.linkedin.com/in/reynalda-davis/

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Services

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Dr. Shoshana Bennet, Ph.D
Psychologis, Author & Maternal Mental Health Expert

Internationally recognized as a leading maternal mental health expert, clinical psy-chologist Dr. Shoshana Bennett has inspired and transformed countless lives world-wide through her radio shows, books, lectures, interactive tele-classes, consulta-tions, and videos. Affectionately known as "Dr. Shosh", she educates, engages, and empowers her audiences while discussing serious and often uncomfortable topics using humor, the latest research, solution-based protocols, and firsthand knowledge she gleaned after experiencing life-threatening postpartum depressions.

A Mother's Crusade to Help Those Suffering from Postpartum Mental Health Disorders

What are Some Options for Managing PostPartum Depression (PPD) Symptoms?

Besides good nutrition, quality sleep, and exercise, there are medications that may alleviate PPD symptoms. However, a good support network is particularly critical for new mothers experiencing PPD.

"You can never count on postpartum depression going away on its own," Dr. Shosh emphasized during her interview with us. Then, she cited a research study reporting that 25% of new mothers with PPD who had not been treated were still experiencing symptoms a year after onset.

Historical Mismanagement of PPD and its Ramifications

In the not so distant past, when a new mother expressed to others that she was feeling depressed (or even suicidal) and increasingly detached from caring for her new baby, most people inclusive of clinical professionals responded that she would get over it soon enough – so not to pay attention or worry about it. Unfortunately, this dismissive attitude sometimes led to a preventable tragedy directly resulting from the PPD. Thankfully, there is far more awareness now about the potential negative consequences of ignored PPD.

Unfortunately, that awareness did not come soon enough for Bennett herself. After giving birth in the 1980s, she fell into a deep depression with suicidal ideation. She was also plagued with frightening intrusive thoughts, which she later found out was actually postpartum Obsessive-Compulsive Disorder (OCD). "I was a special education teacher teaching at various San Francisco Bay Area community colleges…Then, I had a baby and I lost myself," is how Bennett described her own experience with PPD.

Never having previously experienced such symptoms, Bennett did not understand what was happening to her or why. Her untreated PPD symptoms lasted about 2½ years, so she missed out on all the normally-experienced joy and excitement of her daughter's early development. Following the birth of her second child – a son – she once again began experiencing similar symptoms. However, this time, her symptoms were clinically-named as PPD. Around the time her son reached his first birthday, Shoshana Bennett saw a program on television where a woman described the very same symptoms and reactions that she had experienced.

"Partners can be depressed as well,"she said. "About 10% of fathers are depressed if the mom is depressed."

As she explained to us, "I became relieved that there was a name [for my constellation of symptoms]. Yet, I was also really horrified and angry that, if this was so common…where were the professionals?" Meanwhile, she also told us that one in seven new mothers experiences PPD.

From PPD-Afflicted to Taking Action

It was this anger at the status quo in terms of a lack of support that inspired her in the 1980s to start running support groups for women (and also men) affected by postpartum mental illnesses such as PPD.

"Partners can be depressed as well," she said. "About 10% of fathers are depressed if the mom is depressed." Then, she added, "Postpartum disorders affect the entire family. It's not just the mom who's suffering or the dad who's suffering. Every single relationship within that family unit is affected."

Eventually, her determination to help people with PPD would lead her to become a licensed clinical psychologist – aiding women throughout North America and around the world. In 1987, she founded Postpartum Assistance for Mothers. She also served as President of Postpartum Support International, and assisted in the development of the official Postpartum Support

International professional training curriculum, which is now considered the "gold standard". Additionally, she travels globally – speaking about PPD to individuals, support groups, and at wellness seminars. Furthermore, she has written and co-authored many books on prenatal and postpartum depression and/or anxiety.

LEARN MORE

To connect with Dr. Shoshana, visit her website.
https://drshosh.com

DR. SHOSH

Books By Dr. Shosh:
https://drshosh.com

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Six Sigma Approach to Strategic Improvement in Healthcare

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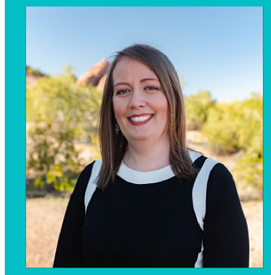

Lynne Emmons
VP of Outpatient Services. SBHS
Experienced Executive with a demonstrated history of working in the philanthropy industry. Skilled in Nonprofit Organizations, Federally Qualified Health Centers (FQHC), Certified Community Behavioral Health Centers (CCBHC), Quality Management Improvement, Corporate Compliance, Public Speaking, Strategic Planning, and Data Analysis. Community driven leader with a Black Belt Certification in Lean Six Sigma, PMP Certified, COMPTIA Certified, Mini-MBA certification, and a Master of Applied Science focused in Marriage and Family Therapy/Counseling from Arizona State University.

Dr. Ronke Komolafe, MBA, CEO of Advancing Integrated Health and the Editor-in-Chief of IHM, interviewed Lynne Emmons, VP of Outpatient Services at Southwest Behavioral & Health Services located in Glendale, Arizona .

IHM: As a Six Sigma Black Belt and Clinician, how have you used Six Sigma in your operational and quality improvement processes?

Lynne: As healthcare practitioners become increasingly aware of issues around quality of care, Six Sigma in healthcare is becoming increasingly popular. I use Six Sigma to improve operations, administrative complexities, and quality of care. When I was a Chief Operating Officer at an FQHC, I adopted Lean Six Sigma management tools and processes to achieve better outcomes, reduce waste, and improve care. I wanted to improve our processes and quality of care outcomes and deliverables. I explored CPHQ and Lean Six Sigma and decided Lean Six Sigma would better achieve a sustainable result for the FQHC.

IHM: What is the role of Six Sigma in Healthcare?

Lynne: The transformation in the healthcare system due to the pandemic created new patient expectations and contractual requirements for care delivery that is complex and associated with rapid evolution and change. As more healthcare practitioners become increasingly aware of issues around quality of care, Six Sigma in healthcare is becoming an increasingly popular option for addressing quality of care issues.

Healthcare is measured and data-driven, much like the Six Sigma process. Healthcare and Six Sigma data is collected to determine the baseline and post-change performance of a strategy to validate new and ongoing improvements. Six Sigma processes can help achieve Quadruple Aim's of lower cost, better care, and improving patient and provider experience.

IHM: What areas can Six Sigma Improve Healthcare?

Lynne: Healthcare providers face challenges in delivering high-quality care due to rising costs, limited access to information, stiff competition, complex technology, high patient expectations, clinician burnout, and many others. Six Sigma is gradually becoming an option to resolve these common problems in healthcare:

- Shorten wait times
- Reduce medication errors
- Decrease steps in the supply chain
- Accelerate reimbursement for insurance claims
- Improve patient outcomes
- Documentation quality, accuracy, and timeliness
- Simplify workflows
- Increase turnaround time for lab results

IHM: What are the Challenges of Six Sigma in Healthcare

Lynne: In the current healthcare environment, Six Sigma is emerging as the process for managing operating procedures and meeting the expectation for healthcare quality.

Healthcare improvement typically uses the Plan Do Study Act (PDSA). Most training for Six Sigma is geared towards technology and manufacturing. The challenge comes in adapting it to healthcare with change management controls. It is best to develop a pilot program and test it in small projects before rolling it out to larger departments to ensure it has the appropriate impact and buy-in.

Another challenge is the ongoing monitoring of improvements after the closure of a project to ensure successful adoption and sustainable change. The upfront investment is necessary to eliminate band-aid solutions and identify the root cause(s) for a healthcare Six Sigma quality improvement success.

LEARN MORE

To connect with Lynne Emmons, contact her on LinkedIn:
https://www.linkedin.com/in/lynne-emmons-73708674/

How to Achieve Health Equity an Integrated Health Approach

Dr. Ronke Komolafe, MBA
CEO, Advancing Integrated Health

Dr. Ronke Komolafe is a whole-person leader who leads integrated health initiatives with health plans, health systems, healthcare technology, and regulatory agencies. She is known for her whole-person regulatory program development, integrated health go-to-market strategies, and expertise in integrating all factors of integrated health to achieve the Quintuple Aims of health equity, clinician well-being, better health, improved outcomes, and lower costs. Dr. Ronke is Editor-in-Chief of Integrated Health Magazine and the Mental Health Chair of Forbes Business Council.

Integrated health is a comprehensive, coordinated, and patient-centered healthcare model that can be a powerful tool in promoting health equity. Achieving health equity involves providing everyone with the fair and just opportunity to be as healthy as possible. Removing obstacles to health, such as poverty, discrimination, and their consequences, can be instrumental; however, providing an integrated health approach can play the most significant role.

Understanding Health Inequities

Health inequities are differences in health that are avoidable, unnecessary, and unfair. They stem from social determinants of health, such as income, education, neighborhood, and employment, all of which can significantly influence health outcomes. For instance, low-income individuals may lack access to quality healthcare and nutritious food, leading to poorer health outcomes than their wealthier counterparts. These health inequities can profoundly impact affected individuals, overall societal productivity, and economic growth.

Integrated Health: A Potential Solution

Integrated health is an approach to healthcare delivery that coordinates services across providers and settings to ensure patients receive comprehensive and seamless care. Integrating health practices holds promise in reducing health inequities by addressing fully a person's health needs, ranging from physical to mental health and preventative to specialized care. It considers the individual's medical health conditions and their social determinants of health.

Strategies for Achieving Health Equity through Integrated Health

Achieving health equity through an integrated health approach requires several key strategies.

- First, expanding access to comprehensive, high-quality healthcare services is required so that everyone can receive the care they need when they need it.
- Second, empowering individuals and communities to participate in decisions about their health can lead to more responsive healthcare services.
- Third, addressing social determinants of health, such as housing, education, and income, is vital to ensure one's socioeconomic status doesn't hinder health levels.
- Fourth, promoting diversity and cultural competence among healthcare providers can help to eliminate biases in healthcare delivery.
- Lastly, leveraging technology and data can help to identify health inequities and tailor interventions accordingly.

Case Studies

There are numerous examples worldwide of how integrated health has been used to promote health equity. For instance, the Nuka System of Care in Alaska, owned and managed by Alaska Native people, provides an excellent example of how integrated, patient-centered care can improve health outcomes in marginalized communities.

Similarly, the Community Health Worker model in several low- and middle-income countries has shown how task-shifting and community-based care can enhance access to healthcare in resource-poor settings. These case studies provide valuable lessons in implementing integrated care approaches to achieve health equity.

Challenges and Opportunities

While integrated health holds promise for promoting health equity, its implementation has several challenges to address. These include fragmented health systems, lack of resources, and resistance to change among healthcare providers. However, there are also exciting opportunities. Technological advances can facilitate better coordination of care, while policy changes can create a supportive environment for integrated health approaches.

Role of Various Stakeholders

Achieving health equity through integrated health requires the collective and collaborative effort of various stakeholders. Each of us has a role to play in promoting health equity. Policymakers can enact legislation and create programs that support integrated health, address social determinants of health, and prioritize health equity in their decisions.

Healthcare providers can strive to deliver coordinated treatment plans responsive to each patient's unique needs. Communities and individuals can advocate for health equity, participate in decisions about their own health, and demand better, more equitable health services. All the while, emerging digital health and precision medicine trends offer exciting possibilities for advancing integrated health and health equity.

The integrated health approach offers a powerful tool for achieving health equity. By ensuring that all individuals have access to comprehensive, coordinated, and patient-centered care, we can work towards a world where everyone has a fair opportunity to achieve optimal health. The future of healthcare is about treating diseases, addressing the underlying social determinants, and promoting overall well-being. Integrated health offers a vital path to meet these obstacles head-on.

LEARN MORE

For more information on integrated health, health equity, or SDOH, contact Dr. Ronke Komolafe at linkedin.com/in/ronke-komolafe or www.drronke.com

Challenges of Achieving the Quadruple Aim

Stacey Richter
Co-President, Aventria and QC-Health
Host of Relentless Health Value

Dr. Ronke Komolafe sat down with Stacey Richter, healthcare entrepreneur, influencer, and activist, to discuss the challenges of achieving the Quadruple Aim in the current state of healthcare delivery in the US. Below are paraphrased excerpts from the interview.

For decades, public health leaders have tried to address the flaws in the US healthcare delivery system and reduce healthcare disparities. The public health goal on the federal level was embraced in 2007 by the Institute of Health Improvement's Triple Aim – which, in 2014 – became the Quadruple Aim. The original goal of the Triple Aim was to improve patient care, improve the overall health of people, and reduce healthcare costs.

However, the Quadruple Aim adds a new goal of improving the clinician's experience as well the patient's experience. The perspective underpinning this addition was that – without addressing the clinician's experience – it would not be possible to reach the other three goals.

In her weekly podcast – Relentless Health Value – healthcare entrepreneur, influencer, and activist Stacey Richter showcases people who are trying to achieve the Quadruple Aim – Improve the health of the population, the patient experience, and care team wellbeing while reducing costs.

IHM: Why is it challenging to achieve Quadruple Aim?

Richter: There are so many contributing things… A big one is that the healthcare industry has become so financialized. This financialization creates a situation where many healthcare organizations' business models have shifted to prioritize financial outcomes over patient outcomes. Shareholders and sadly, some non-profit boards reward leadership teams for revenue maximization.

If we as a healthcare organization, are trying to maximize revenue, there is no way that we are going to voluntarily lower the cost of care. And this matters not only for taxpayers and self-insured employers but also very much for patients. We are edging up to, if not at, a scary moment where a significant percentage of Americans cannot afford to receive health-care, even patients with so-called "good" insurance.

IHM: What factors contribute to the challenges of achieving the Quadruple Aim?

Richter: If as a payer or health system or PBM or pharmacy -- pick almost any healthcare industry stakeholder -- the explicit or implicit imperative is to maximize revenue, there are a couple of things that wind up happening. The first is that it becomes an organizational cultural challenge to collaborate in ways that will ultimately achieve the Quadruple Aim at scale.

There is a sparse business case for collaboration when maximizing corporate revenue is the overriding goal. But without collaboration, nobody can achieve the Quadruple Aim. If everyone is silo-ed and cutting costs and preventing network leakage, and not working together to integrate across the patient journey and within the community, the Quadruple Aim isn't going to happen. What's "written on the walls" really needs to "take place in the halls," as they say.

"we all should keep in mind that financial toxicity is clinical toxicity."

IHM: How does healthcare costs claiming the top spot as the #1 household concern for middle-income Americans affect healthcare outcomes?

Richter: I think we all should keep in mind that financial toxicity is clinical toxicity. I just read a study that said – by 2030 – a leading cause of death will be nonadherence due to patient financial concerns. People cannot afford their care or their meds, so they delay or abandon treatments. And I do not mean simply the uninsured.

I mean people who are functionally uninsured because they have high deductible plans, and their annual deductible is more than their entire savings. Studies show that more than half of insured people who have commercial insurance, especially those with high deductible plans, are frightened to go to the doctor because of the cost.

Medical expenses directly cause 66.5% of bankruptcies. People have friends and family who have been bankrupt due to medical debts. There was also just a big article that came out saying that 15% of people with medical debt say they have a lot of trust that their providers have patients' best interest in mind. This lack of trust creates a whole other problem for patient outcomes.

IHM: What can we do to decrease the cost of care without reducing the quality of care?

Richter: Clinicians, just like everybody else in the mix, need to be the change they want to see. Healthcare organizations cannot function without doctors, nurses, and clinical teams. Clinicians, I think have a lot more power than many realize, and while many doctors and others I've spoken with say that they just can't deal with one more thing and fair enough—but because financial toxicity is so rampant and impacts patient health so broadly, we're creating a point where patient care is dependent upon clinicians getting involved.

If mission-driven clinicians join others who are equally mission-driven and get themselves a seat at the table, things could start to change. You know what they say: if you don't have a seat at the table, consider yourself on the menu. And right now, we have a situation where we have a lot of smart, mission-driven people who do not demand a seat at the table.

On a positive note, though, we have a growing number of clinicians who are raising their voices and demanding change. For example, nurses sounding alarms about insufficient staffing levels. Just the other day I saw an article about how a group of clinicians rose up and blew the whistle on their bosses at a payer organization over an algorithm that was categorically denying needed care to patients. Momentum is growing, and that gives me hope.

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relentlesshealthvalue™

To learn more about the topic of Financial Toxicity visit our website and search for episodes on “Financial Toxicity”
https://relentlesshealthvalue.com/

You can find the Relentless Health Value podcast on Apple Podcasts, Spotify, Google Podcasts, Amazon Music and others.

Relentless Health Value is one of the most listened to weekly healthcare industry podcasts. The show has been hosted by Stacey Richter since 2014. A dynamic healthcare entrepreneur and innovator, Stacey has spent more than 20 years mentoring and working with clients and colleagues in all parts of the healthcare industry. Subscribe to the podcast and spend half an hour with us every Thursday.

Relentless Health Value is the show that connects you with other healthcare leaders trying to achieve the quadruple aim of improving population health and patient and provider experience, while managing costs effectively. Our mission is to help transform healthcare by breaking down silos and connecting disconnected parts of our industry. The first step toward collaboration is simply knowing what others are working on and wrestling to overcome.

Relentless Health Value is for business leaders working in insurance carrier and provider organizations, including IDNs, CINs, and IPAs. The show also connects pharma, medical device, patient advocacy, employer benefits professionals and other healthcare businesses. It’s an ideal resource for health industry innovators and entrepreneurs or aspiring entrepreneurs who strive to improve healthcare every day.

NOVUM

NOVUM BEHAVIORAL HEALTH SYSTEM

Photo by Centre for Ageing Better on Unsplash

Mental Health Solutions for Senior Populations

Written by Sue Baldani

In the healthcare industry for 24 years, David Allazetta planned to do some consulting after retiring in 2019. Instead, he became the CEO of Novum Behavioral Health.

"I ended up hooking up with the founders of Nevada Behavioral Health, a company that started about six years ago," he said.

"Their focus is on working with payers to take on full risk and manage the mental health expenditures for populations. In Nevada, the populations that are managed are Medicaid, Medicare, and commercial and full risk contracts with several payers." Initially, Allazetta was hired by Nevada Behavioral Health as a consultant to do a feasibility study on expanding their services into Arizona.

It took between six to eight weeks to compile the information they required. Afterwards, it was clear that there was not a real opportunity in Arizona to perform similarly as they had in Nevada. When he mapped out how he would enter the Arizona market, they asked him to join their sister company, Novum Behavioral Health (NBH), in order to put his ideas and strategies into action.

Today, NHB collaborates with high-level providers to meet the new (and ongoing) psychosocial and psychiatric needs of its Medicare Advantage members. In turn, the high-level providers align with NHB's care model in order to provide services quickly and effectively.

"If someone is in crisis, we can get them to a prescriber that same day to have a medication adjustment if that's necessary," said Allazetta. "If someone is being discharged from a psychiatric facility, we can guarantee access within 72 hours to a prescriber as a follow up."

"If someone is being discharged from a psychiatric facility, we can guarantee access within 72 hours to a prescriber as a follow up."

Meanwhile, NHB also prioritizes making sure that there are no barriers to care, such as transportation. As Allazetta stated, "We're not a snazzy app. We roll up our sleeves and get into the mix of it because we think that's what our patients' need."

"We were fortunate to bring on Dr. Tas-neem Doctor COO of Novum," he added. "She's kicked us up a level in terms of credibility for our clinical expertise…in doing so, we are actually seeing some significant improvements month over month in some of the metrics that we track, such as hospital admits and stays and re-admits on a high level." As stated by Dr. Tasneem Doctor:

"We're introducing a value-based approach for behavioral healthcare, which is tied to what's in the best interest of the patient, number one. Number two, we make it an absolute priority that we know more about our members than anybody, so we know what triggered the crisis, if there is a crisis. The system here in Arizona is very focused on Medicaid – not Medicare. And one of the value propositions we bring is that many of the covered services, many of the large behavioral health organizations, really cater to the Medicaid population.

Since Medicare and Medicare Advantage plans vary in terms of behavioral health coverage services…seniors often don't have the guidance needed to get into assisted living facilities, skilled nursing facilities, or appropriate home healthcare that caters to individuals with behavioral health needs.

Additionally, she told us, "That's where our care coordinators come in. There are great facilities out there that can manage individual behavioral health." As she explained, its core providers integrate both primary care and behavioral health services on-site so all needs are met. "Moving to value-based care is critical since it promotes better care for the patients,"

she emphasized. "We are definitely expanding our network. We have 160,000 Medicare Advantage lives across the state now. That's just with one contract, so it's not a small population."

LEARN MORE

To become an NBH member or provider, see:
https://novumbehavioralhealth.com/

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NOVUM

Learn more by visiting

www.novumbehavioralhealth.com

Novum Behavioral Health provides services to meet the emergent and ongoing psychosocial and psychiatric needs within the evolving health field. NBH collaborates with a core of high-performing providers who align with our specific model of care to offer services that meet and exceed our member's needs efficiently and effectively.

Whole-Person Health Equity

Dr. Ellen Fink-Samnick DBH, MSW, LCSW, ACSW, CCM, CCTP, CRP, FCM

Ellen is a Licensed Clinical Social Worker, Board-certified Case Manager, Certified Clinical Trauma Professional, and Certified Rehabilitation Provider. She is recipient of the 2022 Social Worker of the Year Award from the National Association of Social Workers for Virginia. Her academic appointments include the University of Buffalo School of Social Work, and George Mason University's Departments of Social Work and Global Community Health.

IHM: What is your perspective on whole-person health equity?

Ellen: Whole-person Health Equity (WHE) accounts for the critical alignment of integrated care of health and health disparities, also known as the social determinants of health (SDoH) and mental health (MH). Each of these areas is a clinical and fiscal priority for every organization. Succinctly stated, WHE is comprised of a "whole-person health triad." It is the interweaving of physical, behavioral, and psychosocial health (Fink-Samnick, 2021a, 2021b).

IHM: How does SDOH affect whole-person health equity?

Ellen: Addressing the SDoH is all about bridging disparities in care and attaining whole-person health equity. The data to validate the need for this stance is massive, particularly across chronic conditions and populations. To ensure proactive care that truly addresses prevention and wellness, there must be an assessment of the whole person.

"This is why I use "wholistic" with a "w" rather than the often popular "holistic" with an "h"; the former ensures the whole person is evaluated to minimize gaps in care. "

IHM: How can health systems address wholistic health equity?

Ellen: WHE is part of the "Quintile Aim," which is a unique rendering of the healthcare industry's seminal quality compass (Fink-Samnick, 2021b). However, I have formulated a fifth aim that is ambitious and different from that posed by the AMA's Quintuple Aim principles. (Nundy et al., 2022). The 20,000 foot view of the AIM includes:

1. Population-focused care that incorporates the wholistic health triad
2. Attentive practices to ethnic, racial, and cultural inclusion across populations
3. Realistic reimbursement and funding that assures mental health parity and value-based care accountability,
4. Data and outcomes that accurately measure the wholistic health triad (Fink-Samnick, 2021b)

IHM: What are the systemic and individual challenges to achieving wholistic health equity?

Ellen: A series of factors impede achieving wholistic health equity, including but not limited to:

- Organizational imperatives that measure the wrong things: There is often too large a focus on length of stay or cost of care without attention to individual drivers of each.
- Use of traditional, siloed approaches to care: Quality metrics too often focus on physical health, mental health, or psychosocial health, but not on all domains. Ultimately, there must be attention to integrated care utilization across the populations most impacted by the SDoH and MH. These populations transcend the cultural divide of race, ethnicity, and geography (e.g., rural, suburban, urban) to gender identity, sexual preference, familial status, disability, immigration, socioeconomic status, veterans, and other marginalized groups.
- Lack of new data to address the unique intricacies or benefits of integrated care across marginalized and vulnerable populations: We are seeing the needle shift with increasing amounts of research, but there must be far more studies done to address both financial and clinical return on investment across diverse populations, communities, and co-occurring disease states.

IHM: Wholistic health equity is broad. How can a payer, provider, or health system measure health equity outcomes?

Ellen: The domains of WHE are broad, but the impact for each payer, provider, population, and health system is unique. Dover and Belon (2019) developed a robust Health Equity Measurement Framework (HEMF) that I'm using as a foundation for my own work. The HEMF is based on the World Health Organization's SDoH framework and encompasses structural and intermediary determinants, drivers of health and behavioral health utilization, and public health imperatives.

Population diversity and complexity are accounted for using disparity measures. Health beliefs, behaviors, and values are acknowledged, and stress is also considered; the trauma response across life circumstances offers a comprehensive approach to the human condition. Quality of care needs to be equally prioritized.

IHM: How is Wholistic Health Equity Evolving?

Ellen: WHE is part of an evolving body of work. My doctoral culminating project is a "Wholistic Health Equity Quality Roadmap," which is scheduled for 2023 publication in Wolter Kluwer's evidence-based journal, Professional Case Management. The Roadmap ensures that the appropriate organizational infrastructure is in place to support WHE actions.

Several elements are incorporated, including but not limited to a formal quality improvement program, clear metrics, a systems approach for the prevention of systemic racism, plus requisite staffing to conduct, evaluate, synthesize, and report organizational outcomes.

LEARN MORE

To connect with Ellen Fink-Samnick, contact her on LinkedIn: https://www.linkedin.com/in/ellenfinksamnick/

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Integrated Health Magazine – Vol.2

Bayless

Healthcare for the people

Justin Bayless
CEO, Bayless Healthcare & President Ten Figures Investment

Bridging the Gap: The Evolution of Integrated Health

Revolution is taking place in the healthcare terrain. The integration of primary care with behavioral health is not just a trend of the day but a necessity. This emanates from an excellent understanding that mind and body are not separate but rather intertwined to form health. Justin Bayless, the Chairman of Bayless Healthcare, an integrated care organization, and the CEO of Ten Figures investment management and advisory firm offers his perspective.

In a compelling conversation, he describes how this is the next horizon for the evolving modern health delivery system by outlining the progress, challenges, and depth of impact for high-risk populations.

The Evolution of Integrated Care

Justin points out some major drivers with data and technology at the forefront of what is going to shape the future of integrated healthcare."The role of AI in clinical delivery cannot be overemphasized," Justin says. He explains how technological advances are bridging the human touch in health care to make treatments more accurate and specific. This becomes the real game-changer since it ensures interventions will be effective, efficient, and individual-oriented, thus overcoming integration challenges.

Overcoming Integration Challenges

The blend of primary care and behavioral health is one of the unique confluences. Models of training and mindsets could both make insurmountable barriers. Justin elaborates on the building of common language and culture between providers: "building relationships and understanding that at the end of the day, we're all working towards the same thing, and that is patient wellness. Buy-in from the leadership during this journey is critically important, and it will act as the glue between all the different facets of healthcare and mold them into one.

Case Study: A Model of Success in Treating High-Risk Populations

Justin provides one of the most compelling case examples that demonstrates the strength of integrated care. The system coordinated the intake of high-risk adults with co-occurring disorders, and within 60 minutes, the patients were receiving comprehensive care. It was not just this process that sought to simplify things for the patient; it was the model that sought to address significant challenges for both hospitals and providers. "We saw just what can happen with integrated care," Justin says, pointing to the need for rapid assessment and coordinated care models that allow for the measuring of change.

Measuring Success in Integrated Care

Among the greatest barriers to integrated care are what actually define the outcome of the success. Success cannot be measured by traditional quality measures; they poorly reflect the reality of the integrated program. "We need custom quality measures to reflect the true impact of our efforts," says Justin. They will ensure that patient-reported outcomes are available and that licensed providers are accessible within a critical time frame to more accurately describe the effectiveness of a program.

"It is more than just healthcare; it's about changing lives,"

Partnerships for Progress

The path to integrated healthcare is a walk on a path one would not care to walk alone and, more so, find payer partners who appreciate the value that stands to accrue from such an approach. Justin says, "Take a deep collaboration of the people who understand the integrated care course to change lives." "It's more than just healthcare; it's about changing lives," he says, talking about the need for such partnerships that will back, as well as sustain, the models of integrated care.

What primary care and behavioral health integration redesign is the whole paradigm of how health needs to be approached. That is a truly whole-person model that recognizes complex relationships between mind and body. For healthcare leaders, adopting this kind of integrated approach is a moral obligation, not just a strategy among others. As Justin's insights show, the road to integrated healthcare may be quite bumpy, but the number of rewards for efficiency and effectiveness for patients, providers, and the system overall is huge. Let the future of healthcare be integrated today.

LEARN MORE ***linkedin.com/in/justinbayless***

Integrated Health Magazine – Vol.2

Integrating Behavioral Health into Primary Care to Achieve Better Outcomes

Collaborative Care and a Patient-Centered Approach

Dr. Ronke Komolafe, the Editor-in-chief of Integrated Health Magazine, sat down with Dr. Virna Little, co-founder of Concert Health, to discuss Concert Health's unique approach to Integrated Health and their continued success.

Dr. Virna Little PSyD, LCSW-r
Co-Founder Concert Health

Virna Little, PSyD, LCSW-r is an internationally recognized executive and advisor for her work integrating primary care and behavioral health, developing sustain-able integrated delivery systems and suicide prevention.

IHM: What inspired the creation of Concert Health?

Dr. Little: My background and experience are in three areas. I have a Doctorate in Psychology, a Master's in Social Work, and I was a Certified Care Manager. We started Concert Health over five years ago in response to various healthcare delivery changes. First, there was an increase in the primary care arena that enabled patients to access behavioral healthcare services. This growth led to the broader aim of improving overall patient health and well-being. Next, I used my decades of experience providing integrated care by collaborating with women's health and pediatric providers. Lastly, I conducted a research project related to collaborative care and had the good fortune of being able to replicate it externally – which resulted in starting Concert Health. Our integrative model allowed us to create a way for clinicians and organizations to work together collaboratively and successfully.

IHM: Collaborative care can mean not only integrated health but includes health equity, cost-containment, and improved patient outcomes. What is the mission of Concert Health?

Dr. Little: Concert Health is on a mission to revolutionize the way we approach behavioral health. We believe that everyone deserves access to behavioral health services alongside their primary care provider. I, along with other leaders in Concert Health, have a lengthy background working in federally qualified and rural health centers that serve primarily underserved communities. One of the best ways to look at equity in a healthcare or related organization is to use different categories to interpret and compare your outcomes. What we did was look at our patient outcomes in some of our federally qualified and rural health centers and compared them to others that were partnering with them.

Overall, we found that our patient population – as people deeply affected by the social determinants of health (SDOH)– scored higher on various healthcare related needs. Hence, they needed more clinical care time. Typically, health centers that serve underserved communities are often financially constricted from having an increased number of providers on board to provide the time needed per patient.

IHM: Regarding curbing costs, how would you say Concert Health has benefited providers?

Dr. Little: Dr. Little: The benefit for providers who sign up with us is there is no cost to them, and we focus intensively on helping them expand their skills. We provide them with information on how to adapt EHR use to collaborative care. In addition, we provide care managers and offer psychiatric consultants for patients who need them. Another of our arenas is that we have top-notch billing expertise and can provide training in collaborative care related to psychopharmaceutical usage.

Concert Health uses a systemic population health approach that considers the diverse needs of behavioral health populations—for example, Primary Care Providers (PCPs) can access resources for their patients' mental health needs. PCPs are able to refer to an internal staff member who can, on the same day, perform a brief therapeutic intervention to better serve their patients' needs. Another potential approach open to PCPs is to initiate the provision of onsite psychiatric consultations.

This way, PCPs are enabled to manage and appropriately intervene on behalf of their patients more effectively. It is vital to recognize that the ability to change a patient's real-time experience with their healthcare services depends on the timeliness of patient care delivery. Providers can boost patients' positive feelings about getting help, which in turn increases their participation in health prevention activities. Ultimately, these actions can aid in cost-savings across the entire healthcare delivery system.

IHM: How does Concert Health assist providers in developing integrated health measures?

Dr. Little: It is important that PCPs and organizations understand that there are validated outcome measures for depression, as well as other behavioral health conditions. At Concert Health we utilize tools and measurements, and we prefer to begin with acquiring baseline data on a given patient. Our target for outcome measurement is a 50% or ten-point reduction from baseline as applicable. Then, follow-up measurement typically occurs at least 90 days but before 120 days after baseline…we really are focused on getting patients better. It can also make sense for clinical providers to share their perceptions based on patient responses on the given patient's measurement score on the utilized measurement tool if that can help the patient. The reality is that – too often – patients do not know the clinician's perceptions based on an awareness of that patient's score, and clinicians do not share these perceptions with their patients.

If you go to your PCP, that clinician may have no problem telling you exactly what your blood pressure is and where they prefer it to be to keep you as healthy as possible. However, it is not customary to reveal a depression score with a patient. My point is that collaborations that incorporate shared goals between physical and behavioral health providers for a person's care matters, as this has the potential to improve patient engagement and better outcomes.

IHM: Integrated health expands beyond primary care delivery. Does Concert Health plan to expand its integrated health partnership – and its model – to other medical specialty settings?

Dr. Little: Yes. We actually have already partnered with women's health practices. One of our large partners is Women's Health USA in several of their markets. Additionally, we have partnered with several OB-GYN practices. We recently submitted a research article to a peer-reviewed journal based on our findings of outcomes pertaining to women's health and women's health practices.

For that research study, we focused on anxiety because too many OB-GYN and women's health practices do not utilize a collaborative care model inclusive of behavioral health issues such as anxiety. Yet, anxiety can lead to worsened health outcomes for pregnant women.

Pediatrics is another specialty arena for Concert Health. Meanwhile, one of the things that needs more overall health system-wide attention is the recent changes related to payment models that affect the provision of integrated health.

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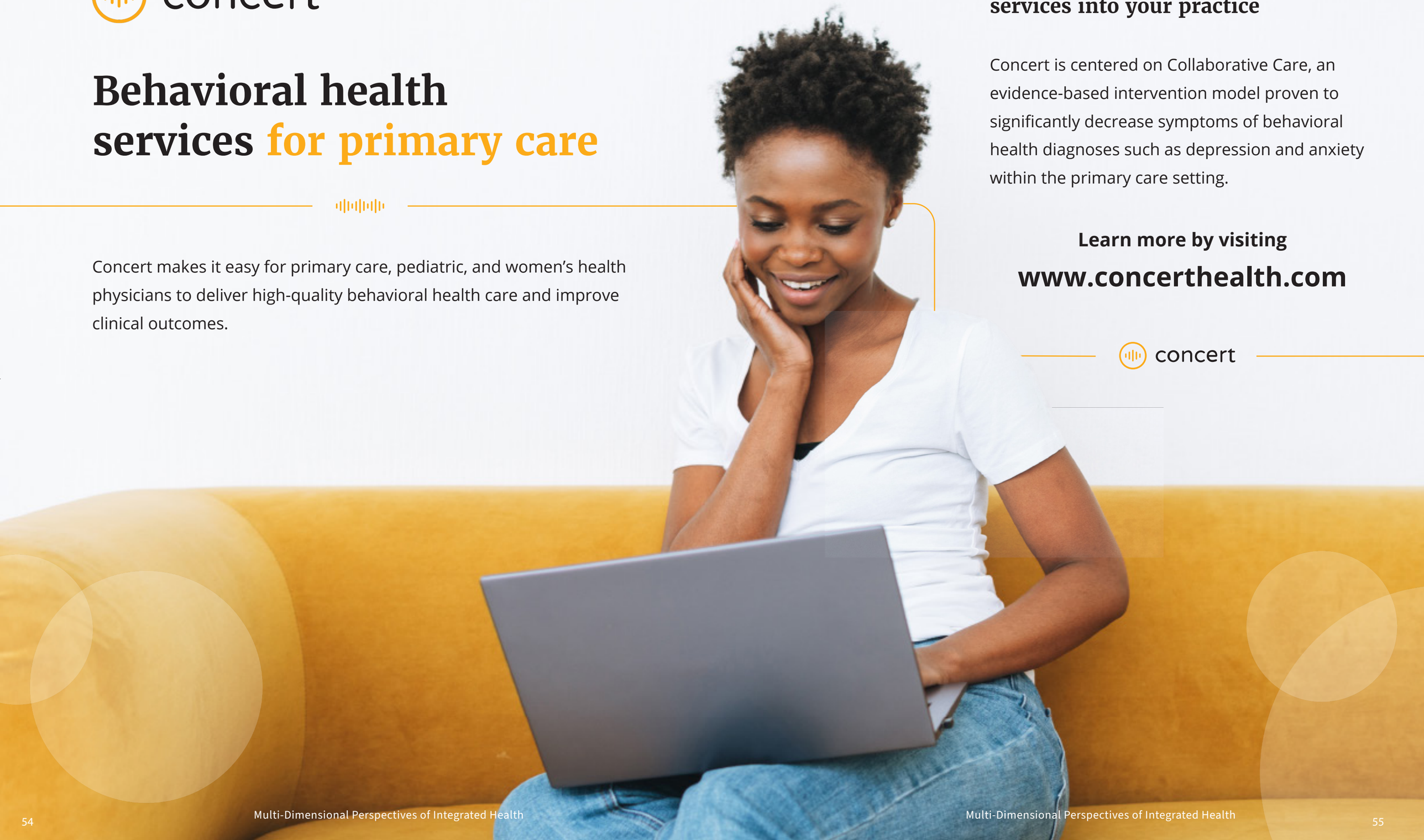

Integrated Health Magazine – Vol.2

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INTEGRATED HEALTH EXCELLENCE AWARD

Dr. Elizabeth Nikol
Director of BH,
Summit Health

Dr. Elizabeth Nikol is the Integrated Behavioral Health Manager at Summit Health. She is also a Credentialing Committee Member for the Academy of Cognitive and Behavioral Therapies. Dr. Nikol has nearly 30 years of experience in the integrated health field.

Dr. Nikol's professional experience includes Senior Clinician for Summit Health's Behavioral Health and Cognitive Therapy Center, Credentialing Committee member for the Academy of Cognitive Therapy, Counselor for Saint Peter's College Center for Counseling and Personal Development, Breast Cancer Support Group Leader for Pathways (Summit, NJ), and her work with the Young Survival Coalition (New York, NY). In addition, she has held the role of Adjunct Professor in the Department of Psychology at Saint Peter's College (Jersey City, NJ). She also supervises social workers who are working toward their clinical licenser.

Integrated Health Excellence Award

Dr. Elizabeth Nikol was awarded the Integrated Health Excellence Award for her contribution to the advancement of mental and physical integrated health, and her tremendous contributions toward the academic expansion and knowledge in integrated health. Dr. Nikol's dedication to helping people achieve wellness after the 9-11 attack demonstrates her level of professional expertise and commitment to improving mental health.

Dr. Karl Haeckler
Director, U.S. Dept of VA

Dr. Karl Haeckler is a US military veteran who served from 1998 to 2011 as an Infantry Officer, and served in Operation Enduring Freedom in Afghanistan (2002, 2006, and 2007). He graduated from Arizona State University with a Doctor of Behavioral Health in 2018, and from Portland State University with a Master's in Social Work. He has dedicated his life and career serving his country as a clinician in the US Department of Veterans Affairs.

Dr. Karl Haeckler is a certified Cognitive Processing Therapist and Applied Suicide Intervention Skills Trainer (ASIST). He is also a motorcycle safety instructor for Team Oregon Motorcycle Safety Program at Oregon State University (Corvallis, OR)

Integrated Health Excellence Award

Dr. Karl Haeckler was awarded the Integrated Health Excellence Award for continuing to serve his country through his work with the Veterans Administration (VA) in the provision of services aimed at the mental health needs of veterans.

Dr. Allyson Mayo
Founder, Bahavioral Fitness

Dr. Allyson Mayo, DBH, is the Founder of Behavioral Fitness™ She has 20+ years of professional experience with inpatient psychiatric service providers, homeless services, addiction treatment centers, integrated healthcare quality and process improvement efforts, and Fortune 100 companies. Dr. Mayo has developed groundbreaking tools, programs, lectures, and workshops, and is an industry expert, educating other professionals on how to prescribe "Lifestyle Medicine" to address the root causes of maladaptive behaviors. Dr. Mayo holds a Doctor of Behavioral Health. A professor at the University of San Francisco (San Francisco, CA) and a SF County mental health representative, she is committed to improving the mental health of communities and individuals.

Integrated Health Excellence Award

Dr. Allyson Mayo was awarded the Integrated Health Excellence Award for her work with inpatient psychiatric service providers, homeless services, and addiction treatment centers.

Dr. Sue Tham Deputy Associate Director Pascua Yaqui Tribe

Dr. Tham is the founder of ACUwellness Café (a free Acudetox clinic). She holds a Doctor of Behavioral Health, and is also the Deputy Associate Director of the Pascua Yaqui Tribe. With a special focus on integrated healthcare, Dr. Tham is passionate about helping first responders in the tribal community to achieve healthy lifestyles and positive healthcare outcomes. She practices as a psychotherapist (EMDR-certified) in addiction and trauma response care to improve the mental health of her clients, enhance relationships, and empower them to accomplish their goals. In addition: Dr. Tham is a Registered Trainer in the Auricular Acupuncture / NADA protocol.

Dr. Tham has spoken at the academic conference on Integrating Equine-Assisted and Auricular Acupuncture Modalities to Treat Addictions and Trauma.

Integrated Health Excellence Award

Dr. Sue Tham was awarded the Integrated Health Excellence Award for dedicating her professional life to helping those seeking relief from trauma, behavioral health issues and substance misuse disorders, and especially within tribal communities such as the Pascua Yaqui Tribe. She creates treatment programs for healing generational trauma, and leverages unique therapeutic modalities to achieve integrated wellness.

Dr. Kiley Hoffman
Therapist, U.S. Dept. of VA

Dr. Kiley Hoffman, DBH, has over 12 years of experience in the behavioral health field and is a Clinical Behavioral Health Program Manager at Kaiser Permanente (Los Angeles County, CA). In this position, she is responsible for the coordination, planning, design, development, delivery and evaluation of continuous improvement efforts for both in- and out-patient psychotherapy provision. Previously, Dr. Hoffman was a Mental Health Clinical Supervisor at the Los Angeles County Department of Health Services where she supervised and coordinated multidisciplinary and ancillary support staff in the provision of mental health services to the clients entangled in justice system. She served as a victim advocate within the US Attorney's Office (USAO) and as a Primary Therapist at the Maricopa County Sheriff's Office.

Integrated Health Excellence Award

Dr. Kiley Hoffman was awarded the Integrated Health Excellence Award for her integrated and behavioral health contributions in her professional positions at Kaiser Permanente (Los Angeles County, CA) and at the Los Angeles County Health Department (Los Angeles, CA).

Dr. Brenda Granillo
Associate Research Professor

Dr. Brenda Granillo, DBH, MS, MEP, received her Doctor of Behavioral Health degree from Arizona State University in 2018. She is the CEO and founder of EP Elite Consulting, and is also an Associate Research Social Scientist with the Southwest Institute for Research on Women (SIROW).

Dr. Granillo is a certified Master Exercise Practitioner through the Federal Emergency Management Agency (FEMA). She has extensive experience designing, conducting, and evaluating exercises for public health preparedness programs, federal, state, tribal, and local governments, and rural cardiac healthcare systems.

Integrated Health Excellence Award

Dr. Brenda Granillo was awarded the Integrated Health Excellence Award, for her health research with women as well as her contribution to academic studies and work with US emergency preparedness efforts.

The Impact of Privatization on the Justice System

Photo by Centre for Ageing Better on Unsplash

Sean Gunderson
Investor and Vice Chair Advancing Integrated Health

Sean Gunderson is an executive leader with over 30-years of experience creating business value through design, development, and application of technology as a business solution for national and international organizations. Sean is the co-founder of iTether Technologies, a patient engagement digital solution system that provides coordination of care for patients across all treatment levels. Sean graduated from DeVry University with a degree in Computer Information Systems.

The privatization of prison healthcare services by states began in the 1980s. This shift was initiated as a response to soaring healthcare costs that were affecting state-run jails and prisons. Meanwhile, the federal government in 1983 began allowing states to entirely privatize their correctional institutions for a similar reason. Corrections Corporation of America (CCA) was the first private corrections company, and it also administered "for-profit" prison healthcare.

While the goal was to cut costs associated with providing medical care to incarcerated people, the reality is that the costs associated with delivering healthcare services to people in jails and prisons continued spiraling upward. Meanwhile, strong evidence has been revealed over the past 40 years that — along with a continued increase in costs — the delivery of health-care services worsened for jail and prison populations as a result of the privatization trend.

How De-Institutionalization Increased the Criminal Justice System Healthcare Burden

The de-institutionalization movement in the 1970s was aimed at moving patients out of psychiatric institutions and into community-based settings. What actually occurred was the majority of state-run facilities were closed, but without a sufficient number of residential community-based programs to house the released patients. Instead of needed mental health-care, many ended up filling prisons due to their illegal acts consequent to their mental disorders. According to the US Substance Abuse and Mental Health Services Administration (SAMHSA), 30% of the US homeless population is living with a mental illness (and substance abuse is a co-disorder in 50% of the homeless with mental illness).

It is well-recognized that a lack of inpatient psychiatric (and substance abuse) facilities has resulted in too many people diagnosed with major mental illnesses unable to access any treatment. In turn, this has led to a major nationwide problem of people both living with a major mental illness (such as Schizophrenia) and being homeless. Across the US, the homeless are 11 times more likely to be arrested than people who are not homeless, and the Prison Policy Initiative reported in 2018 that formerly incarcerated people are 10-fold more likely to experience homelessness than the general public.

The Medical Needs of the Jail and Prison Populations

There is a revolving door of homelessness and incarceration. Meanwhile, the majority of people who have experienced incarceration in a jail or prison have chronic health disorders. While 91% of the US adult population had some type of health insurance coverage in 2016, only 50% of incarcerated adults had any type of health insurance for a significant time prior to their incarceration. (Public health studies have overwhelmingly shown a strong link between not having health insurance and the development of chronic health disorders.)

According to the American Academy of Family Physicians (AAFP), people serving sentences in prisons are three times more likely to be HIV-positive, infected with Hepatitis-C or tuberculosis, and have a sexually-transmitted disease (such as chlamydia). They are also more likely to have high blood pressure which is strongly associated with a heightened risk for heart attack. Although 65% of all incarcerated people have a substance use disorder, only 11% receive substance abuse treatment while incarcerated (per the AAFP).

The Failures of Privatized Healthcare in Jails and Prisons

Nearly half of all US jails had shifted to privately-run healthcare delivery by 2010, and 62% by 2018 (per a Reuters special report in 2020). One of the primary ways that private ("for-profit") companies administering healthcare services in jails and prisons curtail their overall costs is through curbing clinician employee costs – such as paying for only one physician to care for a huge number of inmates. The other primary way is by not providing preventive care and/or not providing treatment of a health disorder at an early stage, when diagnosed in an incarcerated person.

The first lawsuit (of many) to be filed against CCA was in 1988. It accused this company of failing to provide adequate

African Americans and Hispanics/Latinos are disproportionately affected by the Social Determinants of Health (SDOH), such as living in impoverished neighborhoods and lacking access to good transportation.

medical care to a pregnant, 23 year-old inmate, who died during her incarceration from pregnancy complications. Lawsuits have also been filed (and won) against most of the "for-profit" correctional health providers for gross denial of medical care to incarcerated people. Many physicians and nurses who worked in the privatized prison healthcare arena have reported that they were assigned so many patients it was not possible for them to provide health-care services in a timely manner. Additionally, many clinicians have reported an inability to provide needed care due to a lack of supplies and/or medications.

Less than 20% of all drug-addicted people who are incarcerated receive any treatment for their addiction to such drugs as opioids or heroin. Pregnant women typically receive little prenatal care (which increases their risk of pregnancy complications), and incarcerated people afflicted with mental illness rarely receive any treatment. A report in 2021 by the Mailman School of Public Health at Columbia University noted that incarceration was strongly linked to premature death in the US. It also noted that the US has the highest incarceration rate in the world.

Ethnicity/Race, the Social Determinants of Health, and Incarceration

The Pew Research Center (PRC) in 2019 reported that African Americans in 2017 were only 12% of the adult population in the US, but were 33% of the sentenced population – and Hispanics/Latinos were 16% of the adult population, but 23% of the incarcerated population. The PRC also reported that 64% of the US adult population is white, but only 30% of the incarcerated population is white.

African Americans and Hispanics/Latinos are disproportionately affected by the Social Determinants of Health (SDOH), such as living in impoverished neighborhoods and lacking access to good transportation. It is well-known that the SDOH are linked to worsened overall health and also worsened treatment outcomes. In addition, incarcerated people are also disproportionately likely to be poor. Consequently, the incarcerated population is one that has a higher likelihood of negative impact from both the SDOH and chronic health disorders.

How Privatization had Led to Increased Healthcare Costs

States spend annually around $8 B to keep their jail and prison populations alive, and more than half of all state (and local) jails and prisons have outsourced their health-care delivery services to private companies. Despite averaging $3 B in profits (with increasing profits each year since the 1980s), these companies have been shown to have not saved states and the federal government money for the provision of healthcare services to inmates. Likewise, they have been found to have not provided the same (or better) level of healthcare services as compared to healthcare delivered directly by government entities and not outsourced. Corizon – one of the largest "for-profit" prison healthcare providers – in 2014 had annual revenues of $1.4 B. (It is currently experiencing some financial stress due to lawsuits on behalf of incarcerated people that resulted in significant fines.) Meanwhile, CCA and the GEO Group earn hundreds of millions of dollars every year, based on 2014 data (per Prison Legal News). Notably, there are 26 states that now have privatized all of their jails and prisons (inclusive of healthcare services to their incarcerated populations).

The Link to Overburdened Hospitals Serving the Poor

Since most people who enter the prison system eventually are released, not providing necessary healthcare services during incarceration results in these discharged people often needing urgent care in the Emergency Rooms of hospitals. Thus, privatized healthcare just shifts the cost burden to public hospitals – and typically the ones serving impoverished communities. Consequently, privatization of justice system healthcare services is just acting as one more US healthcare system stakeholder that is contributing to the persistently increasing costs borne by the US healthcare system as a whole.

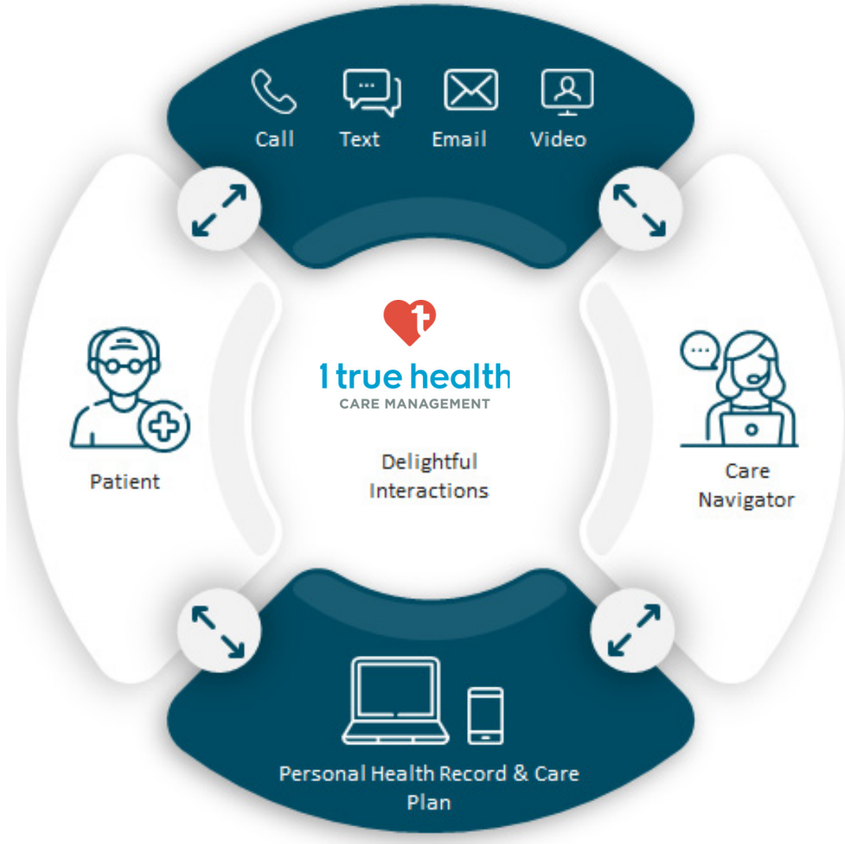
Revolutionizing Healthcare: A Vision for Care Management

Strategic Innovation

In the rapidly evolving landscape of healthcare, a pioneering 1True Health emerges, redefining integrated care management. Led by industry veterans, Shawn Smith, Dr. Charles "Buddy" Owen, Jerry Malone, Beth Sims and Jerry Scott, this team brings together unparalleled expertise in healthcare operations, public health, emergency response, health IT, and clinical care to address the complexities of chronic disease management.

Holistic Health: A Business-Centric Approach

The inception of 1True Health sprang from the gaps highlighted during the COVID-19 pandemic, demonstrating agility in adapting to healthcare's shifting landscapes. Recognizing the increased isolation of seniors, 1True Health strategic pivot to technology-driven solutions enabled seamless care management delivery, positioning the company at the vanguard of virtual health to deliver chronic care management, remote physiological monitoring, remote therapeutic monitoring and transitional care management.



Tailored Care Plans & ROI

Adopting the "Four Pillars of Health," the organization's strategy goes beyond healthcare: it's a valuable proposition enhancing patient outcomes and lifestyle quality. This approach aligns with cost-reduction objectives, with the potential to lower readmission rates and streamline care pathways—a prime interest for any CEO eyeing the bottom line.

The initiative also serves as a case study in successful digital transformation, a key area of interest for CEOs exploring tech integration. Senior adaptability to digital tools has been exemplified, indicating that investments in telehealth and remote monitoring yield high engagement and satisfaction, essential metrics for organizational success.

Scalable Solutions and Market Expansion

Crucial to its operational success is the integration with HIE, which enables scalability—a key consideration for CEOs looking to expand services efficiently. The company's strategy to extend their model to wider demographics through subscription services demonstrates a keen understanding of market trends and the need for diverse revenue streams.

Strategic Innovation

1 True Health embodies strategic leadership in healthcare, driving a movement towards more positive outcome focused care management. The strategic blend of the Four Pillars of Health with technological innovation showcases a path forward for healthcare executives seeking to steer their organizations toward sustainable, patient-centric growth. As the company evolves, its trajectory provides valuable insights into leading a healthcare organization in an era marked by rapid change and growing demands to decrease cost, readmissions and improve healthcare outcomes for patients with chronic disease.

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My Patient Journey from Pain to Self Advocacy and Recovery.

By Stephanie Rohloff

My symptoms began when I was ten years old, in 4th grade. I was the first one in my grade to get acne, and I was horrified. I'm talking about more than just a simple zit on your forehead - by 6th grade, it was full-blown cystic acne. Doctors put me on a revolving cycle of antibiotics and creams that were supposed to "cure" it. Of course, that was not the case. Finally, in 8th grade, I was put on Accutane and birth control pills. While this did clear up my acne, birth control became something that covered up a lot of the telltale signs of polycystic ovarian syndrome (PCOS) and was a treatment I was dependent upon for the next 11 years.

Between the ages of 14 and 19, I knew something wasn't right with how my body was responding to the "normal" process of going through puberty. I was in horrible pain, my acne was out of control again, and I gained weight out of nowhere. My primary care doctor at the time kept saying the only thing I would have to do was to lose weight, and then everything would be cured! Ha. Ha. I remember being in his office crying because no matter how active, how little, or how healthy I would eat, I just couldn't lose any weight.

The pain I was experiencing, the lack of periods, facial hair growth, depression, and anxiety all pointed to PCOS, according to Google. Still, my doctor refused to do any testing beyond one basic blood draw. Looking back at my records, that blood draw only showed my vitamin D was dangerously low (but I lived in Michigan, so that seemed "normal"), but my hormone levels were not in the optimal range despite being on birth control.

Finally, after hearing about my issues with my doctor, my best friend directed me to the women's health nurse practitioner she was seeing. Marge was the first provider I went to who sat down with me in the room and went over everything that I was experiencing from start to finish. She ordered blood work that felt like a whole pint was being taken from my body, an ultrasound, and a follow-up a few weeks later. At that follow-up, she explained that the ultrasound showed polycystic ovaries with one cyst that they would continue to monitor. My uterus also showed adenomyosis, and my blood work showed less than optimal levels for my androgens and other hormone levels. Over the next few months, I worked with Nurse Marge to monitor my levels and cysts, and I did as much research as possible.

"Having a medical professional go above and beyond for me and essentially save my life and improve my chances of having children meant the world to me."

Armed with all this new knowledge, I better navigated a few months later when I was experiencing extreme, stabbing pain. When I called my doctor's office, I was told by a receptionist to "take a hot bath and take some Motrin." She wouldn't transfer me to my doctor. After a few days of fighting, I was finally able to get another ultrasound and appointment. I discovered I had two cysts ruptured back-to-back and still had free fluid in my abdomen. What would have happened if I couldn't have gotten the help I needed when I did? I'd rather not think about it.

Flash forward to moving to San Antonio; I was referred to Dr. Al Hakeem through a PCOS group I was in. Again, I went through my history with him, and even though he was busy with hundreds of patients, I felt heard and that someone had my back. The relationship we built was extremely helpful to me. In the fall of 2021, I needed a 6+cm cyst removed. During this surgery, Dr Hakeem also discovered I had endometriosis. He had suspicions of this prior, but the surgery confirmed it.

When I showed my primary care provider and other medical professionals images from the surgery, they were shocked that he was even able to save my ovary. Those images showed that something was truly wrong. Despite what I had been told in the past, this issue was not in my imagination—it was real! That revelation was empowering. Having a medical professional go above and beyond for me and essentially save my life and improve my chances of having children meant the world to me.

Too often, patients are brushed off, especially women. I've experienced dismissals from healthcare professionals on all levels: in doctors' offices, clinics, hospitals, emergency departments, and therapists' offices. Why did it take ten years to be diagnosed with PCOS? Why did I have to feel like I was on the brink of something catastrophic twice before I could get care?

I understand I'm in a privileged situation with insurance in a city where I have access to a specialist and a family to support me, but most women are not in that same place. What would have happened to them in that scenario? I don't have these answers; unfortunately, I'm sure these questions won't be answered in my lifetime. But for the sake of my hypothetical future daughter, I hope she won't have to fight for access to care like I did.

From a chronic care patient, thank you to the providers who listened. Thank you to the office staff who listened to me cry in agony on the phone and got me the soonest appointment they could. Thank you to the nurses who made me feel safe and secure in the scariest moments of my life. A big thank you to the providers who dismissed me; their dismissal motivated me to become an advocate for PCOS and endometriosis awareness. I hope to pave the way for those suffering from this disease who cannot speak as loudly, at least not yet.

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AMERICAN ASSOCIATION OF DOCTORS OF BEHAVIORAL HEALTH

American Association of Doctors of Behavioral Health is an association and certifying body for Doctors of Behavioral Health, Behavioral Health Consultants and Behavioral Health Specialists. These professionals are uniquely educated and trained integrated healthcare professionals.

The healthcare system is a multi-faceted, complex system, with branches that extended into nearly all aspects of human life. From lifestyle medicine, health education, therapeutic services, advocacy, behavior change modification and more, behavioral health practitioners are at the forefront of the changing face of integrated healthcare services. Our Board of Directors seek to make access to this integrated care for all.

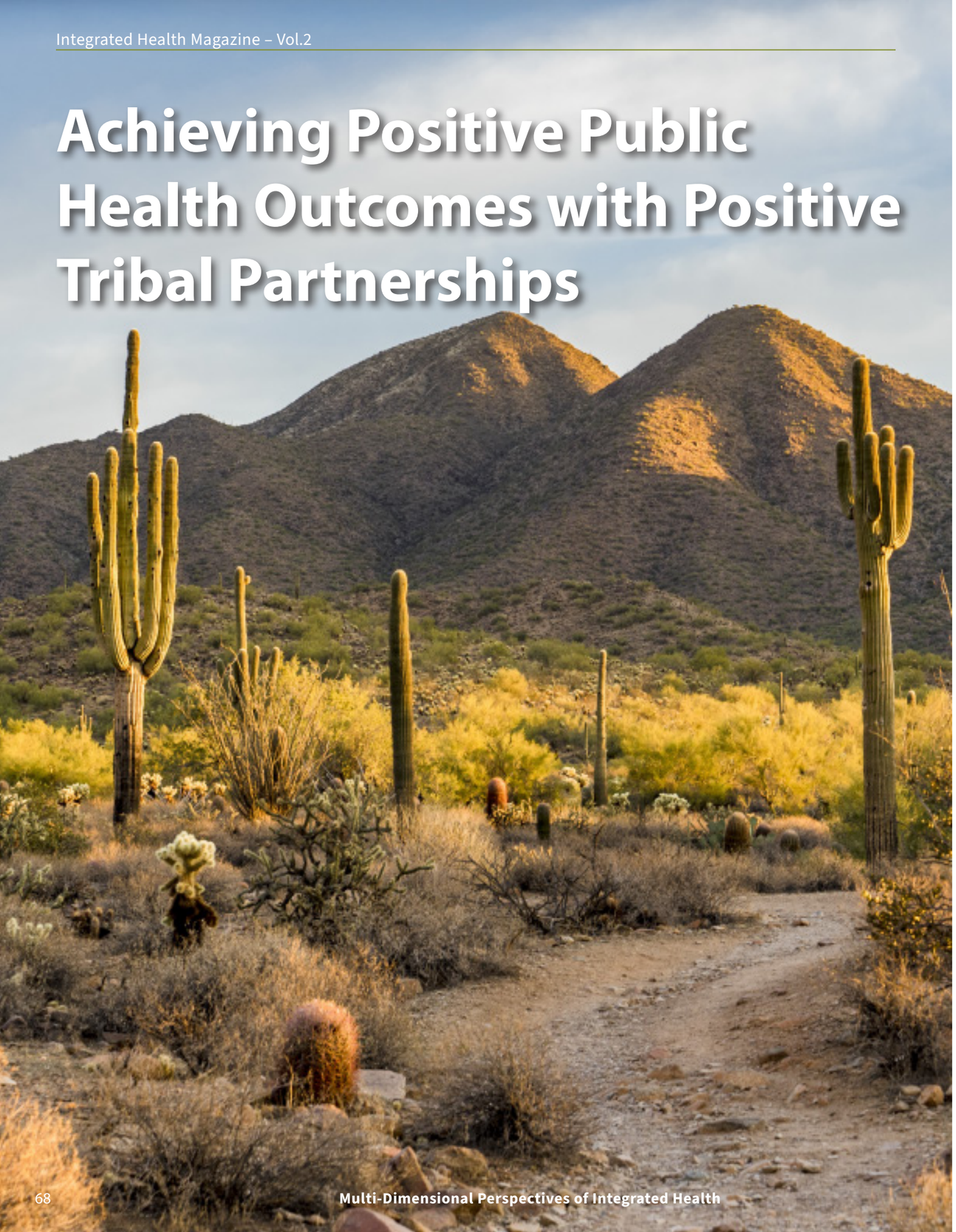
The goal of the AADBH is to help practitioners in our field be the best they can be. We want integrated behavioral health providers to have their skills highlighted and respected by the backing of a behavioral health board that wants to ensure that all stakeholders are trusted by their patients, clients, organizations, and colleagues.

Membership

Current benefits to memberships are special access to our national Listserv, opportunities for publication, and more.

Contact us at **www.AADBH.org** to join.

Achieving Positive Public Health Outcomes with Positive Tribal Partnerships



Dr. Brenda Granillo
Associate Research Professor

Dr. Brenda Granillo is a thought leader in public health leader and integrated health. Dr. Granillo is a goal-oriented executive with demonstrated experience in planning, developing, and implementing innovative programs and solutions to serve diverse needs. Dr. Granillo is well-versed in strategic planning, executing new implementations and ongoing operation of services, training, quality assurance and support. Dr. Granillo is the Founder and CEO of EP Elite Consulting a Company that provides public health emergency preparedness and integrated behavioral health services to vulnerable populations. Dr. Granillo is a Principal Researcher and an Adjunct Professor with the College of Social and Behavioral Sciences at the University of Arizona. Dr. Granillo earned her bachelor's degree from Northern Arizona University, a master's degree in public health from the University of Iowa and a doctoral degree in Behavioral Health from Arizona State University.

Dr. Brenda Granillo, Associate Research Social Scientist at Southwest Institute for Research on Women at the University of Arizona, has accomplished many amazing goals over the years. One of these is her work with Native American tribes in the intermountain west region which includes the states and tribes of Arizona, Colorado, Nevada, New Mexico, Utah and Montana, to improve their responses to a variety of hazardous health and safety conditions.

Dr. Granillo's goal was to lead the effort around strategic planning for expanding their programs around capacity, infrastructure, workforce development and community engagement.

She said it was one of the greatest projects she has worked on because it was the first strategic plan for tribal programs ever in the United States. "The State Health Department endorsed it and we went to the Centers for Disease Control and presented it to their Tribal Consultation Advisory Committee," said Dr. Granillo. "We were marked as one of the best practice models because no one had ever done it. So that was pretty cool."

They formalized fantastic relationships which she said cannot be underestimated. "If you don't establish a relationship, you will never get to the next step. Tribal people are inherently resilient people, so instead of coming in with looking at where there are gaps, I always try to come in with the lens of 'What are your strengths and where are your assets?'"

"There's a huge misconception on what informal consultation is versus formal consultation. The policies are there –every state and federal entity has to have them, but they're missing that sort of preparatory phase that's required."

Dr. Granillo was recently named a co-investigator on a policy project called Evidence for Action: COVID as a Window of Opportunity to Normalize Medications for Opioid Use Disorder Access. "Because of COVID, some of the policies were relaxed around access to opioid use disorder treatments," she said.

"So we're looking at that as a window of opportunity for the patient and the provider, and we developed a proposal which got funded through the Foundation for Opioid Response Efforts (FORE.)

"FORE asked us to find out what the barriers and challenges our tribal nations are facing. I said, 'Well, wait a minute, we're doing a community participatory research study and we didn't develop this proposal with our tribal partners.'"

The first thing she suggested was to have a conversation with the Intertribal Council of Arizona to see if they were even interested. "What I'm teaching my colleagues now in working with our tribal populations and what I hope to accomplish over this next year is instead of just going straight to our tribal consultation policy, let's develop an educational and learning framework on how to first work with our tribal populations."

LEARN MORE

To find out more about this project, go to https://cpac.arizona.edu/23-c.

Dr. Nancy's Integrative Medicine

Visit Our Website: drnancysintegrativemedicine.com

We believe that personalized care and relationship building are the basis of improving health outcomes.

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VIRTUAL BRAIN HEALTH CENTER

Brain Health and Mental Health: An Integrated Health Perspective

Brain health and mental health are two critical components of overall human health that are inextricably linked. A precise understanding of the complex interplay between the physical health of the brain and the psychological well-being of the mind is crucial in comprehending the holistic nature of well-being. Multiple factors influence brain health, with biological factors being significant contributors. Genetic predispositions can either serve as protective measures or put individuals at risk for various neurological and cognitive conditions.

Also, imbalances in neurotransmitters, which are chemicals responsible for transmitting signals in the brain, or hormonal disturbances, can significantly affect brain functionality. Understanding these factors is crucial for healthcare professionals to provide comprehensive care for individuals with mental health and brain-related issues.
Maintaining optimal brain health is a crucial aspect of overall health and wellbeing. However, the numerous factors that can impact brain health can be complex and multifaceted, ranging from genetic predisposition and environmental factors to lifestyle choices and co-morbid health conditions. Understanding the interplay of such factors is key to developing effective strategies for preserving cognitive health and minimizing the risk of neurological disorders.

> "Maintaining optimal brain health is a crucial aspect of overall health and wellbeing."

Lifestyle Factors: When discussing brain health, it is essential to consider the adage "you are what you eat." Optimal brain performance is directly influenced by essential nutrients derived from a balanced diet, including omega-3 fatty acids. In addition to nutrition, physical activity is crucial since it promotes oxygen-rich blood flow throughout the brain, which enhances its efficiency. However, various pitfalls such as substance abuse or chronic sleep deprivation can rapidly degrade brain health, thereby emphasizing the importance of a healthy lifestyle.

Environmental Factors: External factors, such as prolonged exposure to harmful toxins or physical traumas like concussions, play a decisive role in brain health. Given their potential impact, protective measures against environmental adversities are paramount for maintaining optimal brain health. Therefore, minimizing exposure to harmful environments and taking appropriate precautions to avoid physical traumas are crucial factors to ensure brain health.
Biological Factors: Just like with brain health, genetics play a foundational role in determining our overall mental health trajectory. Scientists have discovered that specific genes code for behaviors and traits that can impact one's mental health, such as depression, anxiety, and other mental illnesses. As such, understanding these genetic factors and their implications can help guide intervention and treatment for people affected by mental health issues. Therefore, garnering further research on biological factors such as genetics is essential for better patient outcomes.

Dr. Krystal Culler
Founder of Virtual Brain Health Center

Dr. Culler is the trailblazing Founder of the Virtual Brain Health Center and is on a mission to revolutionize brain care for everyone. As a Doctor of Behavioral Health and a holistic brain health expert, she brings nearly two decades of unparalleled expertise in working with individuals, families, providers, and advocacy organizations specializing in brain-related diagnoses. With her groundbreaking work in translational and applied brain health science, she has garnered prestigious international and national awards.

Factors Impacting Mental Health

Mental health is a complex and multifaceted issue, influenced by numerous biological, psychological, social, and environmental factors. Understanding the interplay between these factors is essential for developing effective interventions and improving mental health outcomes for individuals.

Biological Factors: Our genetics can determine an individual's susceptibility to mental health conditions such as depression or anxiety. Studies have shown that certain genes contribute to the development and progression of these conditions, highlighting the importance of ongoing research in this area.

Psychological Factors: Coping skills, past traumas, and learned behaviors can all contribute to an individual's overall mental resilience and well-being. Addressing these factors in mental health interventions can be pivotal for promoting positive outcomes.

Social and Environmental Factors: As social creatures, humans are deeply influenced by their environment and social support systems. The environment we were raised in, our socioeconomic status, and our current living situation can all act as either buffers or stressors for our mental health. It is critical to consider these factors when developing mental health interventions to promote lasting positive outcomes.

The Interplay between Brain Health and Mental Health

The intricate interplay between brain health and mental health is a dynamic and complex relationship that should be carefully examined. Although distinct in their own ways, mental health and brain health are intimately intertwined. Diseases affecting the brain can result in psychological disorders and behavioral changes. For instance, dementia can lead to multiple behavioral abnormalities.

Long-term mental health disorders can negatively impact cognitive functions, memory retention, and brain structures. Nevertheless, the brain's remarkable adaptability through neuroplasticity offers a glimmer of hope. Neuroplasticity enables the brain to reconfigure and forge new connections, opening new avenues for recovery, resilience, and ultimately healing. It is crucial for healthcare providers, researchers, and industry leaders to work together to better understand the complex relationship between mental health and brain health, in efforts to develop more effective treatments and management techniques.

Future Directions in Brain and Mental Health

As we look towards the future of brain and mental health, promising developments are on the horizon. The consistent advancement of neuroimaging techniques has been instrumental in revealing the complexities of the brain. This has given rise to innovative intervention strategies that hold the potential to enhance treatment efficacy. Moreover, the emergence of personalized medicine, complemented by genetic insights, provides opportunities for tailored treatment for each patient's unique needs.

Digital health platforms are playing a vital role in bridging geographical barriers to care, ensuring that remote locations can access quality healthcare services, including telemedicine options. These advancements are shaping the landscape of brain and mental health, and their potential impact on patient outcomes holds significant promise for the future. As industry professionals, it is our responsibility to keep a close eye on these developments and continue to work towards delivering the highest quality of care to our patients.

LEARN MORE

To connect with Dr. Krystal Culler, contact her on LinkedIn: linkedin.com/in/drkrystalculler or visit: virtualbrainhealthcenter.com

VIRTUAL BRAIN
HEALTH CENTER

Brain care for all.

Welcome to your destination for brain care at the Virtual Brain Health Center.

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Our Mission?

To make brain health accessible to all.

With our virtual approach, we're here to empower everyone to experience a brain-healthy lifestyle through our expert-guided programs and educational content.

Discover the wonders of your brain and how your lifestyle influences it. Join us to redefine what it means to be brain-healthy.

Contact us - virtualbrainhealthcenter.com

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BEHAVIORAL HEALTH STUDIES

To learn more visit: www.cgi.edu

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POST-GRADUATE EDUCATION IN THE FIELD OF INTEGRATED BEHAVIORAL HEALTHCARE

Cummings Graduate Institute for Behavioral Health Studies (CGI) is a private, nonprofit, DEAC accredited university offering online, post-graduate education in the field of integrated behavioral healthcare, including the Doctor of Behavioral Health (DBH) degree, continuing education, and certificate programs with specializations including trauma informed care, healthcare leadership, women's health, gerontology, and military families and veterans.

CGI is dedicated to disrupting healthcare by preparing entrepreneurial integrated care professionals through innovative and affordable quality distance education programs, grounded in the Biodyne Model, and focused on delivering human-centered care, population health improvements, and medical cost savings.

Cummings Graduate Institute's signature program, the DBH, prepares integrated care professionals to deliver whole-person care to diverse communities and improve access to quality healthcare for all.

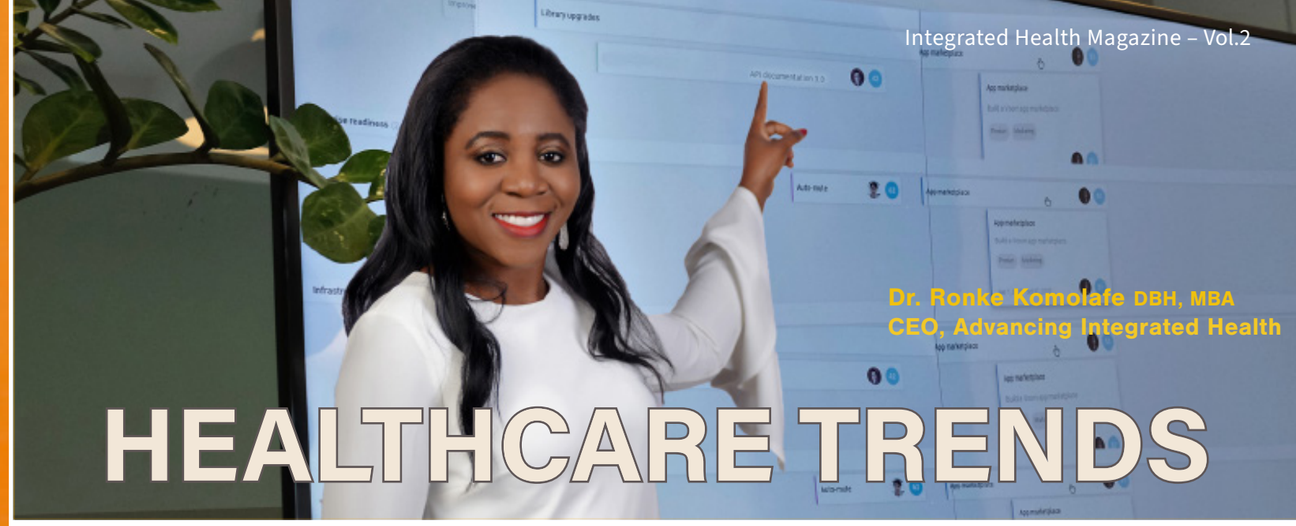
Students are trained as doctoral level experts in integrated behavioral healthcare and are prepared to deliver patient-centered care, work in interdisciplinary teams, employ evidence-based practice and quality improvement approaches, and utilize informatics in medical settings.

Do you need an integrated health improvement and growth assessment?

Contact us at info@advancingih.com

- **Evaluate and Implement your EHR**
- **Evaluate integrated care models for success**
- **Complete continue business improvement**
- **Develop digital health strategies**
- **Develop digital health quality measures**

ADVANCING INTEGRATED HEALTH
Integrated Physical & Behavioral Health



Mental health has become a focal point in healthcare, driven by increased awareness and the lingering effects of the global pandemic. Telehealth services, which saw explosive growth during the pandemic, continue to dominate the mental health market, offering accessibility and convenience.

This year, there's a significant shift towards integrating technology with mental health care, through apps and digital platforms providing therapy, mindfulness, and stress management resources. Another emerging trend is the focus on workplace mental health, with companies increasingly investing in employee well-being programs. Artificial Intelligence (AI) is also gaining traction in diagnosing and treating mental health conditions, promising personalized care and predictive analytics.

The market is expected to see continued growth in digital mental health solutions, including artificial intelligence, emphasizing data security and patient privacy. Additionally, there will likely be an increased focus on mental health inclusivity, addressing the needs of diverse populations and reducing stigma across all communities. The mental health market is evolving rapidly, embracing technology and broader societal shifts to meet the growing demand for mental health services and integrated care.

The Venture Capitalist and Private Equity Firms' investment in mental health has decreased as of the third quarter of 2023. The prediction is that we will continue to see diverse portfolios, strategic partnerships, acquisitions, global expansion, increased investment, and growth of mental health companies in the upcoming years. Contact us at info@advancingih.com for more information on market analysis and trends on the following topics:

1. **Behavioral Health**
2. **Women's Health**
3. **Digital Health and Artificial Intelligence**
4. **Integrated Health**
5. **Mental Health and Well Application**
6. **HIPAA Security & Privacy Risk Assessments**
7. **Electronic Health Record**
8. **Population Health & Patient Engagement Software**
9. **Telehealth Solutions**
10. **Connected Health & Medical Devices**
11. **Scalable Integrated Health Modalities**
12. **Regulatory Projections & Funding Allocations**
13. **Value-based Payment Models**
14. **Clinically Integrated Health Networks**
15. **Healthcare Mergers & Acquisitions**
16. **Health IT Mergers & Acquisitions**
17. **Healthcare VC Funding**
18. **Collaborative Partnerships**
19. **Medicaid States-level RFPs**
20. **Health Info Exchange & Interoperability**

GRATITUDE
POSITIVELY THANKFUL

Created by Dr. Ronke Komolafe, MBA

Gratitude enriches mental health by fostering a positive mindset, which can reduce stress and anxiety by shifting focus away from negative thought patterns. It cultivates a sense of well-being and happiness, as acknowledging the good in life can enhance mood and encourage resilience.

Practicing gratitude can strengthen social bonds and support networks, which are essential for a healthy emotional well-being.

Set the intention to show gratitude to yourself and others to improve your emotional wellbeing.

DAY 1 GRATITUDE ABOUT WORK

- I am grateful for my experiences.
- I appreciate my strength and resilience.
- I am thankful for my body and health.
- I am grateful for my life.
- I am grateful I can see, hear, talk, and walk.

DAY 2 GRATITUDE ABOUT FAMILY

- I am grateful for the love of my family.
- I appreciate spending time with my family.
- I am grateful for all I call my family.
- I value the experiences I share with my family.
- I am grateful for the support of my family.

DAY 3 GRATITUDE ABOUT FRIENDS

- I am grateful for the support of my friends.
- I appreciate my friends.
- I am thankful for the memories I share with my friends.
- I am grateful for the love I receive from my friends.
- I am proud of my friends.

DAY 4 GRATITUDE ABOUT WORK

- I am grateful for the opportunity my job provides.
- I appreciate the collaborative environment at work.
- I am thankful for the financial security my job brings.
- I value the moments of achievement in my career.
- I am proud of the positive impact my work has on others.

DAY 5 GRATITUDE ABOUT YOUR COMMUNITY

- I am grateful for the sense of unity that my community fosters.
- I appreciate the people in my community.
- I am thankful for the local first responders.
- I value community leaders and volunteers.
- I am happy with how we support one another.