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Combining mental and physical health care in Deschutes County is saving lives

Feb. 14, 2013, (Bend) — *People with serious mental illness die 25 years earlier than others, largely due to treatable medical conditions. This is a stark reality that tugged at Deschutes County mental health care providers.*

Deschutes County Health Services had been treating patients with serious mental illness using a wide array of behavioral health services such as supported employment, homeless outreach, residential support, case management, and jail-to-community transitions. But many of their patients' physical health care needs were not being met.

"Now, patients are getting what they need at the Health Services Annex" ~ Travis Sammon

Adults who have a serious mental illness are more likely to have high blood pressure, asthma, diabetes, heart disease and stroke.

"It was frustrating to be helping patients with their mental health and addiction challenges only to see them not getting their physical health needs met," says Travis Sammon, L.C.S.W., supervisor of the county's Assertive Community Treatment. "Many people with serious mental illness, such as schizophrenia and bi-polar disorder can't manage or don't recognize physical health issues.

Mental and physical health services are usually offered at different locations, which contribute to the lack of coordination. Managing multiple appointments at different sites creates a barrier to care for Oregonians with serious mental illness. As coordinated care organizations (CCOs) were forming, Sammon says that the time was right for a coordinated approach to patient care offering mental and physical health care all in one place. As part of Pacific Community Solutions CCO, Deschutes County Health Services and Mosaic Medical began offering mental and physical health care at one location in Bend.

Now, patients are getting what they need at the Health Services Annex, says Sammon.

For example, a woman, about 35 years old, was showing signs of schizoaffective and bi-polar disorders – both illnesses characterized by severe mood problems.

"We were scratching our heads about how best to help her," says Sammon.

Tina Busby, M.D., family physician from Mosaic Medical, who is part of the Annex team, got involved. She sent the patient to an endocrinologist, who found that the patient had Graves' disease, an autoimmune illness that can cause or worsen mood issues. The patient is receiving treatment for Graves' and her mental health issues have subsided.

"It's like, 'Why weren't we doing this kind of care before?' " says Sammon.

Combining mental and physical health in the same location has given patients a level of trust in their primary care providers most have never had. The coordinated effort led by Marc Williams, lead psychiatrist for Health Services, as well as Busby and others, is showing great potential.

"Patients are more comfortable in their mental health care setting. Often when I saw mental health care patients they wouldn't come back for follow-up appointments. Now they are," Busby says.

Another important element of integrated physical and mental health care is the peer support specialists who pick up and accompany patients to doctor visits. They ensure patients keep appointments more consistently and help the patients better understand their medical care. Many patients are getting physical health care for the first time in their lives.

The outcome of this combined care is already beginning to show. The county had averaged one death per month of a person with severe mental health issues. There has been only one such death in the past 14 months.

Says Busby: "I have found that figuring out novel ways to treat patients and meet their needs can have a big impact."



Travis Sammon, supervisor of Deschutes County's Assertive Community Treatment and Patricia von Riedl, peer support specialist, Deschutes Behavioral Health.

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