

Improving Outcomes: An Integrated Care Model for Individuals with Intellectual and Developmental Disabilities

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Background/Significance

- The prevalence of mental illness among individuals with intellectual and development disabilities (IDD) is greater than that of the general population.
- There is limited access to mental healthcare for adults with IDD and patients often find themselves transitioning into the adult healthcare system with minimal support and few care options.
- Integrated care models can improve access to mental healthcare by building collaborative relationships between primary care providers (PCPs), behavioral health specialists, and care management.
- The University of Cincinnati Primary Care Network, The University of Cincinnati Department of Psychiatry, Cincinnati Children's Hospital Medical Center, and Hamilton County Developmental Disabilities Services have partnered to form an integrated care clinic with a focus on identifying individuals with complex psychosocial needs and assisting them in transitioning to adult care.

Methods

- Patients were enrolled in integrated clinic model and an individual needs assessment was completed. This assessment included a survey on satisfaction of prior medical care.
- The integrated model provided access to: Primary care, psychiatry, care management, behavioral specialist, Physical medicine/rehabilitation, and UC specialty physicians.
- Patients were assessed at intake with the Behavior problems index short form, which assessed the severity and frequency of maladaptive behaviors.



- Each patient was provided with a treatment plan as demonstrated in figure 1.
- Follow up assessments were done with the BPI-S and patient satisfaction survey at six months and 12 months following intake appointment.

Figure 1

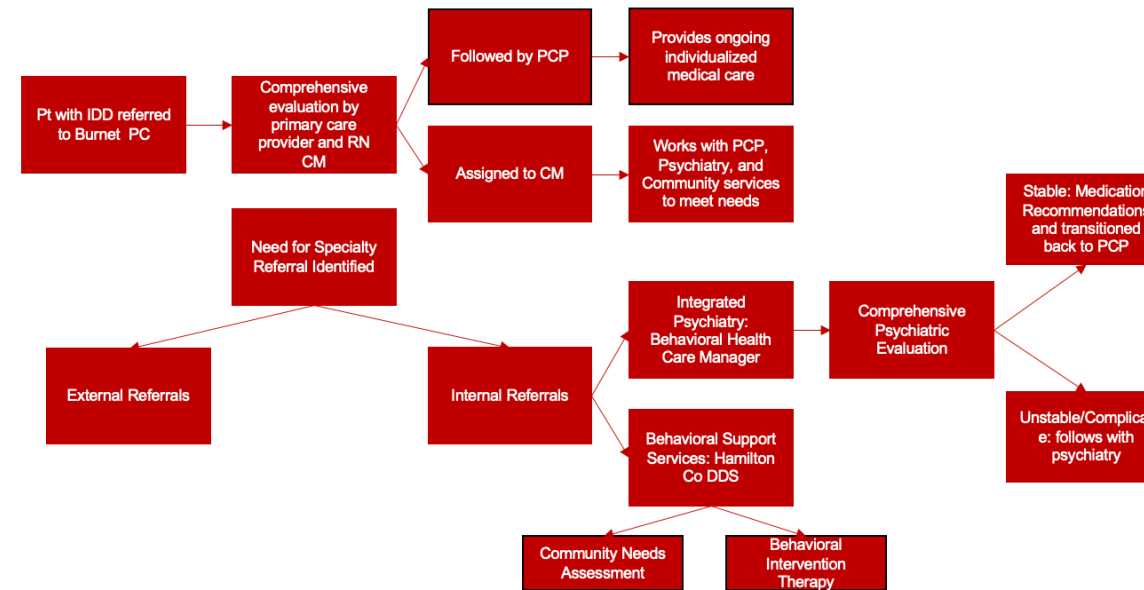


Figure 2

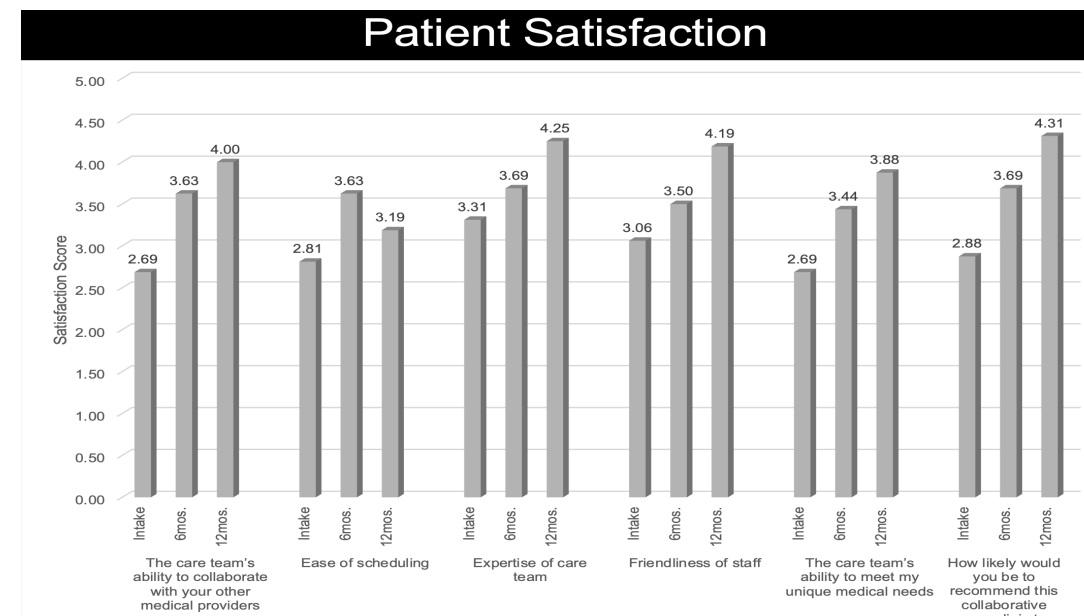
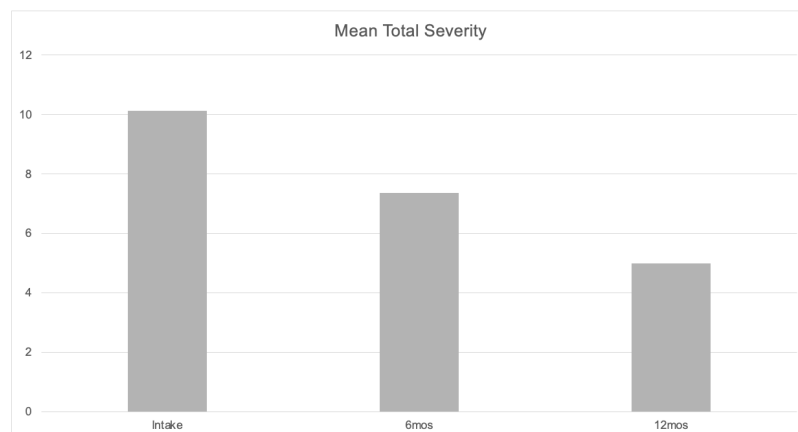


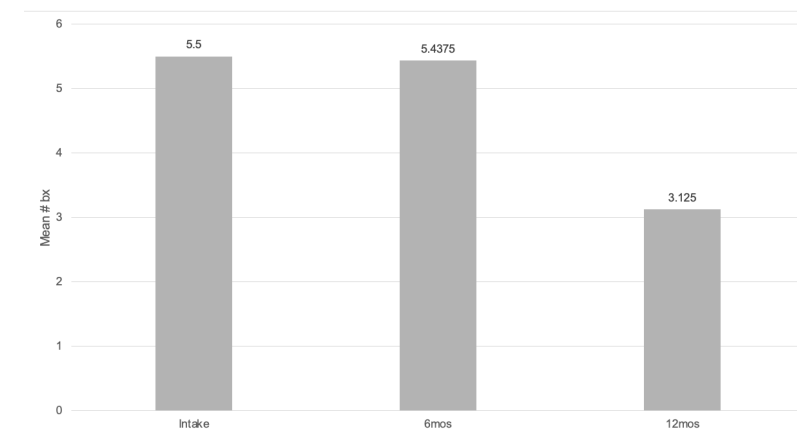
Figure 3

The Behavior Problems Inventory for Individuals with Intellectual Disabilities



*Significant at p value of 0.001 with medium effect size

The Behavior Problems Inventory for Individuals with Intellectual Disabilities



*Significant change with p value of 0.018

Results

- Following patient enrollment in the integrated care model there was a statistically significant improvement on the self reported satisfaction survey in the areas of care team's ability to coordinate care, expertise of care team, friendliness of clinic staff, care team's ability to meet unique medical needs, and likelihood to recommend the current care team to others. Figure 2
- On review of BPI-S scores at intake, six months, and 12 months there was statistically significant improvement in clinical outcomes with a reduction in the frequency and severity of maladaptive behaviors. Figure 3

Conclusions

- Further investigation is required in comparing outcomes to other nonintegrated care models and work needs to be done to expand sample size.
- Despite limitations, this early data is suggestive that integrated models of care should be considered in the IDD population, especially those with complex mental healthcare needs.

Resources

- Hughes-McCormack, L. A., Rydzewska, E., Henderson, A., MacIntyre, C., Rintoul, J., & Cooper, S. A. (2017). Prevalence of mental health conditions and relationship with general health in a whole-country population of people with intellectual disabilities compared with the general population. *BJPsych open*, 3(5), 243–248. <https://doi.org/10.1192/bjpo.bp.117.005462>
- Reising V, Diegel-Vacek L, Dadabo Msw L, Corbridge S. Collaborative Care: Integrating Behavioral Health Into the Primary Care Setting. *J Am Psychiatr Nurses Assoc*. 2021 Aug 25;10783903211041653. doi: 10.1177/10783903211041653. Epub ahead of print. PMID: 34431726.

