

Interdisciplinary Collaboration in Action

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Key Points

- I. Interdisciplinary Collaboration is Timely**
- II. Behavioral Health & Communicable Disease Providers: Natural Partners**
- III. Hepatitis A Task Force: Collaboration in Action**

What is Collaboration?

**Collaboration
divides the task
and multiplies
the success.**

- Unknown Source

What is Interdisciplinary Collaboration?

- **Simple answer: collaboration involving multiple professional disciplines**
- **Real answer: there is “NO WRONG DOOR” for NC citizens to get the care they need**

Why is Interdisciplinary Collaboration so Relevant?

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

- Mandy Cohen, MD

Secretary, [NC Department of Health and Human Services](#)

Medicaid Transformation Brings New Opportunities

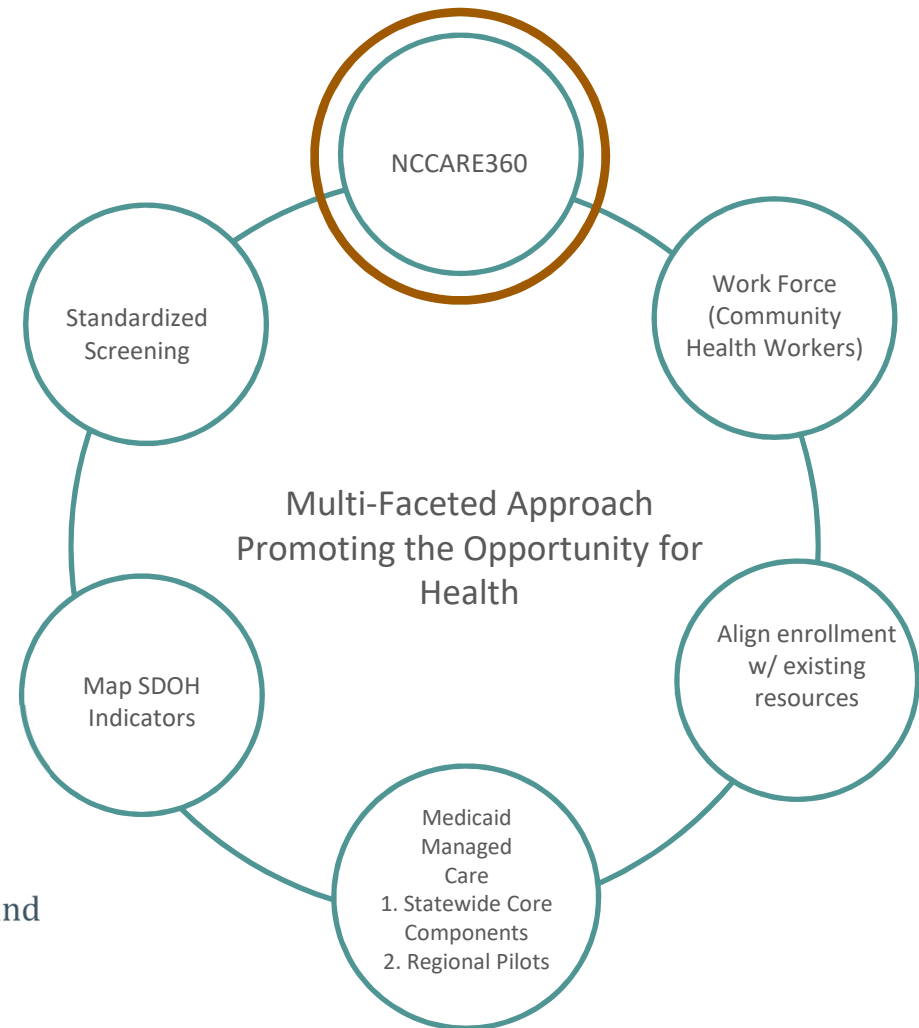
- Truly integrated care has physical health and behavioral health managed by the SAME entity
- [NCCARE360](#)

What is NCCARE360?




Part of a Broader Statewide Framework

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

NCCARE360 Partners:



Three Functions

	Functionality	Partner	Timeline
Resource Directory	Directory of statewide resources that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.		Summer 2019
Data Repository	APIs integrate resource directories across the state to share resource data.	 Expond	Phased Approach
Referral & Outcomes Platform	An intake and referral platform to connect people to community resources and allow for a feedback loop.	 UNITE US	Rolled out by county January 2019 – December 2020

Network Model: No Wrong Door Approach

Understanding Referral Workflows



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

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

- Helen Keller

North Carolina Communicable Disease Statistics 2017

- **HIV - 1,310 adults & adolescents newly diagnosed with HIV, ~40,000 individuals living with HIV/AIDS but ~5,000 people have HIV are undiagnosed¹**
- **Hepatitis C – 186 newly diagnosed acute Hepatitis C, majority of new cases in 20-34 age group and injecting drug use a significant risk factor²**
- **Hepatitis B – 185 newly diagnosed acute Hepatitis B, risk factor is intravenous drug use, and North Carolina’s rate is twice national average³**
- **Hepatitis A (January 1, 2018 – March 11, 2019) – 73 new Hepatitis A cases⁴**

¹HIV in North Carolina 2017, HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch, Division of Public Health, NC DHHS, 2018;

²Hepatitis C in North Carolina, 2017, HIV/STD/Hepatitis Surveillance Unit and the Viral Hepatitis Prevention Unit, Communicable Disease Branch, Division of Public Health, NC DHHS, 2018; ³Hepatitis B in North Carolina, 2017, HIV/STD/Hepatitis Surveillance Unit and the Viral Hepatitis Prevention Unit, Communicable Disease Branch, Division of Public Health, NC DHHS, 2018; ⁴Outbreak of Hepatitis A in North Carolina, Communicable Disease Branch, Division of Public Health, NC DHHS, 2019

Serious Mental Illness (SMI) Statistics

- In 2016, there were an estimated 10.4 million adults aged 18 years or older in the U.S. with SMI¹
 - Represents 4.2% of all U.S. adults
- Around 1 in 4 individuals with SMI also have a substance use disorder^{2, 3}
- Individuals with SMI die 25 years earlier than general population⁴

¹[Mental Illness, Statistics, National Institute of Mental Health, National Institutes of Health. November 2017](#)

²[National Survey on Drug Use and Health, Mental Health, Detailed Tables](#), Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2017.

³[Common Comorbidities with Substance Use Disorders](#), National Institute on Drug Abuse, Webpage March 2019.

⁴[Low Rates of HIV Testing Among Adults With Severe Mental Illness Receiving Care in Community Mental Health Settings.](#) Mangurian C, Cournos F, Schillinger D, Vittinghoff E, Creasman JM, Lee B, Knapp P, Fuentes-Afflick E, Dilley JW. *Psychiatric Services* 2017 May 1;68(5):443-448

Relationship Between Behavioral Health and Communicable Disease Statistics

- Individuals with Serious Mental Illness (SMI) compared to US adult population have elevated prevalence of HIV, Hepatitis B, and Hepatitis C¹
- HIV prevalence for individuals with SMI 8 times US adult population prevalence¹
- Hepatitis B prevalence for individuals with SMI 5 times US adult population prevalence¹
- Hepatitis C prevalence for individuals with SMI 11 times US adult population prevalence¹
- Among state psychiatric patients who were Hepatitis C-seropositive, 36% of patients were Hepatitis A positive²

¹[Prevalence of HIV, hepatitis B, and hepatitis C in people with severe mental illness](#). Rosenberg SD, Goodman LA, Osher FC, Swartz MS, Essock SM, Butterfield MI, Constantine NT, Wolford GL, Salyers MP. Am J Public Health. 2001 Jan;91(1):31-7.


²Prevalence of Hepatitis A, Hepatitis B, and HIV Among Hepatitis C–Seropositive State Hospital Patients. Jonathan M Meyer. Journal of Clinical Psychiatry 64(5):540-5, June 2003

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

Sex	HIV	Hepatitis B	Hepatitis C
Men	7.04%	18.9%	9.16%
Women	8.25%	12.02%	5.43%

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

***[A systematic review and meta-analysis of gender difference in epidemiology of HIV, hepatitis B, and hepatitis C infections in people with severe mental illness](#). Ayano G, Tulu M, Haile K, Assefa D, Habtamu Y, Araya G and Yohannis Z. *Annals of General Psychiatry* 2018 17:16.**



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

- Stephen Covey

Hepatitis A in North Carolina

- **Increase in Hepatitis A cases occurred first in Mecklenburg County in April 2018.**
- **Cases among three risk groups**
 - people who use injection or non-injection drugs
 - individuals experiencing homelessness
 - men who have sex with men

[Mecklenburg County's Response to the Hepatitis A Outbreak: An Effective, Action-Driven Collaborative Task Force, Hepatitis A Outbreak, Communicable Disease Branch, Division of Public Health, NC DHHS, 2019](#)

Mecklenburg's Initial Actions

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

Interdisciplinary Collaboration in Action: Hepatitis A Task Force

- [Mecklenburg County Health Department](#)
- [NC Division of Public Health](#)
- [Cardinal Innovations Healthcare](#)
- [Alliance Health](#)
- [Eastpointe](#)
- [Wake County Health Department](#)
- [Wayne County Health Department](#)
- [NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services](#)
- [NC Division of State Operated Healthcare Facilities](#)
- **Chief Medical Office of Behavioral Health and IDD, NC DHHS**

Bringing in New Collaborators . . . NC MedAssist Event

- **NC MedAssist held Over the Counter Medication event at the Camino Community Center in Charlotte November 2018. Task Force arranged to have simultaneous Hepatitis A vaccine clinic.**
- **Collaboration involved interagency staff**
 - 6 Mecklenburg County Health Department (school health) nurses gave vaccines
 - Cardinal Innovation’s Integrated Health Nurse Manager greeted and identified/triaged individuals to vaccine area
 - Division of Public Health staff included nurses and a program consultant for data entry and Spanish translation.

Bringing in New Collaborators . . . NC MedAssist Event

- **Participants included individuals who were homeless and people from Spanish-speaking populations**
- **82 Hepatitis A vaccines given!**

[Mecklenburg County's Response to the Hepatitis A Outbreak: An Effective, Action-Driven Collaborative Task Force,](#)
Hepatitis A Outbreak, Communicable Disease Branch, Division of Public Health, NC DHHS, 2019

Next . . . Alcohol Drug Abuse Treatment Centers (ADATCs)

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

Concerns and Responses

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

ADATCs: Interdisciplinary Collaboration in Action

- Division of Public Health supplies Hepatitis A vaccines for ADATCs
- Division of State Operated Healthcare Facilities provides vaccine compliant storage (refrigerator with temperature logs)
- ADATCs and Division of Public Health identify personnel and register them in the [North Carolina Immunization Registry](#)
- Division of Public Health created aliases for each ADATC to remain compliant with substance use disorder privacy laws
- [Standing order](#) set for Hepatitis A vaccines provided by Division of Public Health*

*[Standing Orders Templates for Administering Vaccines, Immunization Action Coalition](#), Webpage Updated March 7, 2019

Lessons Learned so far...

- **No single agency can do prevention alone**
- **Keep media informed**
- **Try every strategy**
- **Build trust in the community**
- **Vaccinate high risk populations in clinical care**

[Mecklenburg County's Response to the Hepatitis A Outbreak: An Effective, Action-Driven Collaborative Task Force, Hepatitis A Outbreak, Communicable Disease Branch, Division of Public Health, NC DHHS, 2019](#)

Hepatitis A Task Force Next Steps

- **Wake County pilot will involve the Wake County Health Department, Alliance Health and an Assertive Community Treatment (ACT) team.**
- **Wayne County Health Department and Eastpointe will focus on facility-based crisis, homeless shelters, and other community sites.**
- **All ADATCs implement Hepatitis A standing orders by May 1**

Bigger Challenges . . .

- Integrated management of behavioral health and communicable diseases needed¹
- Individuals with SMI must be prioritized for HIV and Hepatitis C testing initiatives and Hepatitis B and Hepatitis A vaccinations²
- Increase screening for HIV and Hepatitis C in SMI populations²

¹[A systematic review and meta-analysis of gender difference in epidemiology of HIV, hepatitis B, and hepatitis C infections in people with severe mental illness.](#) Ayano G, Tulu M, Haile K, Assefa D, Habtamu Y, Araya G and Yohannis Z. *Annals of General Psychiatry* 2018 17:16.

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Takeaways

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- II. Behavioral Health & Communicable Disease Providers: Natural Partners**
- III. Hepatitis A Task Force: Collaboration in Action**

THANK YOU Collaborators!

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

Questions?

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

- Charles Darwin

Thank you!