Catching Up With …

Scott Glassman

Scott Glassman is a clinical assistant professor and associate director of the master's degree program in mental health counseling at the Philadelphia College of Osteopathic Medicine (PCOM). He has jointly overseen the establishment of medical homes in the Philadelphia area for the delivery of mental healthcare services, a unique program in the United States.

Dr. Glassman also served as a consultant for the family medicine department at PCOM. He is a member of the Motivational Interviewing Network of Trainers. He has presented on brief adaptations of motivational interviewing at the Pennsylvania Osteopathic Medical Association's annual clinical assembly and the Mercy-Fitzgerald Hospital Grand Rounds.

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Medical Home News: *Tell us about the program that you have set up.*

Scott Glassman: For the past 14 years, we have had a program to train students in behavioral health services. Our students often see referrals from primary care physicians for behavioral health needs. Predominantly, these are patients from underserved populations in North and West Philadelphia who would not normally have access to extended care. They are all insured; we have a high Medicaid population, and many dual-eligible folks. They typically receive six to eight sessions of cognitive behavior therapy, stress management, or other care that addresses common problems. But primarily there are short-term 30 minute sessions that are delivered at four primary care centers in the area. We don't characterize them as clinics as we're not a free clinic model. We refer to them as healthcare centers. We are not an academic training center for PCOM students. The model has become a centerpiece for patient-centered medical homes.

Medical Home News: *Why do you believe the medical home is a good place to deliver mental health services?*

Scott Glassman: The kinds of services that are being delivered are quite consistent with patient-centered medical homes and the team-based approach that is required. There are many disciplines that are required; in addition to the psychology and medical students that are involved, we are preparing to add a certified diabetes educator, and one of our centers has a physician assistant. We also have an embedded psychologist on one of our teams to provide assessment and behavioral health interventions for patients in need of mental health services. She supervises psychology students providing services as well. We also provide wellness information and try to make it more of a wellness community.

Medical Home News: *Could you talk about some of the specifics of the care patients receive?*

Scott Glassman: We do screenings; we have expanded our depression screenings, and we also screen for other common problems like anxiety disorders. Our osteopathic medical students and psychology students often partner to do psychosocial assessments as well. We often find a lot of depression among patients who have diabetes; they're twice as likely to have it than patients without diabetes. The more chronic conditions you have, you're more likely to experience a psycho-social stressor. We also screen for substance abuse. Our centers will typically refer out for that type of problem, however. And we have two pathways for services. One is a referral that we would fill out during a visit, and the other is a handoff to a physician and attending fourth-year osteopathic student. They serve as a bridge to services and will refer to specialty health providers for what patients need. As far as the patient-centered medical home piece, we integrate those services with wellness programs and wellness group visits that involve patients. We'll invite a small group of them in to receive peer support and education about their condition.

Medical Home News: *How do the facets and philosophy of osteopathic medicine play into providing services in a medical home setting?*

Scott Glassman: They do go together well, particularly with how important exercise and diet are in managing hypertension, obesity and diabetes. They all naturally need to be addressed. And when it comes to mental health issues, also examining the complicating factors of depression and anxiety. Moreover, when there are positive outcomes in health, they tend to be among patients who are more physically active, mindful of their diet, and more engaged in treatment.

(continued on page 11)

Why Physicians Don't Join Medical Homes...continued from page 5

There were important differences in patient characteristics between those attached and not attached to a medical home, and these differences may explain some of the findings despite our attempts to control for differences in our modeling. There were also differences in physician characteristics, but we chose not to control for these differences in our regression modeling. Physicians self-selected to join medical homes; we hypothesized that differences in physician characteristics were entwined with differences in care delivery between the models, and controlling for them would have put us at risk of overadjustment.

Even though Ontario boasts universal coverage for primary care, we found significant variation in chronic disease management and prevention based on whether patients are attached to a medical home. Some unattached patients simply need a family physician. The new Ontario government has pledged universal access to primary care, but the policy levers for ensuring such access are still unclear. Other patients who are seeing fee-for-service physicians are less likely to receive recommended care. Strategies are needed to support these fee-for-service physicians and address gaps in care.

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Options range from outreach facilitation to compulsory practice accreditation. At the same time, policymakers will need to address the role of walk-in clinics, weighing the benefits (access to care for acute concerns) with the harms (fragmented or absent chronic disease management and prevention). Physicians currently practicing in a medical home can address gaps in care for this underserved population by accepting unattached patients and offering support to
fee-for-service physicians, such as mentorship or assistance with quality improvement activities.

Almost a decade after their introduction, medical home reforms in Ontario have left behind a large group of patients who are more likely to be poor, urban, and new immigrants and who have traditionally received lower quality care. Strategies are needed to improve care for these patients either through improved primary care attachment or improved services with their existing physician.

This article was adapted from a study that was published in the November/December issue of the journal Annals of Family Medicine.

Catching Up With...continued from page 12

Medical Home News: *Do you have any outcomes data?*

Scott Glassman: We're in the process of analyzing data right now. We do know more than 60 patients who have shared medical appointments have reported a high level of satisfaction. They felt they were cared for, as opposed to care as usual. They also thought it was helpful for other people to connect who also have similar health conditions. People feel these contacts give them a greater spark, and that there is a motivational component to make healthy changes, or to start making those changes.

Medical Home News: *Tell us something about you many people wouldn't necessarily know.*

Scott Glassman: One of the things I've been working on over the past couple of years is that I've been running 5K races. I'd like to run half-marathons in the future, but I have not quite reached that bar, but it's in the future. I decided that since I have spent my professional life on healthy living, it is a motivating factor to not be just administrative and sedentary.

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