

BACKGROUND

- Individuals with spinal cord injury (SCI) are at increased risk for psychiatric comorbidities.
- The standard model of care, including a primary care provider with dispersed specialist referrals, often fails to meet their complex needs.
- Co-locating family medicine, behavioral health, and integrative medicine provides an innovative solution by streamlining care.
- The Chanda Center for Health (CCFH) provides integrated primary care and integrative medicine services for individuals with SCI.
- Denver is unique with a specialized hospital and Medicaid waiver.

MIXED-METHODS

Chart Review:
40 CCFH & 167 DH

Semi-Structured Interviews:
12 Participants & 5 Providers

Analysis

STUDY AIMS:

1. We aimed to examine participant and health care provider experiences surrounding primary care at CCFH.
2. We also compared characteristics and outcomes for people with SCI at CCFH and at non-SCI-specialized medical homes at Denver Health (DH).

Integration of a family physician at an integrative health center for people with spinal cord injuries is perceived positively, with desire for more collaboration between primary care and their behavioral health and integrative providers.

DISCUSSION

- The generalizability of this unique model may be dependent on the SCI-specialized hospital in Denver for referrals and the existence of a Medicaid waiver which allows for reimbursement for integrative modalities.
- Collaboration was severely limited during the study period due to COVID-19.
- These positive perceptions may reflect the differences in quantitative outcomes like decreased ED visits, though quantitative impact on psychiatric outcomes requires further investigation.
- The significant difference between the patient populations who utilize these services warrants further investigation into the bias influencing and barriers to accessing the services at CCFH and qualifying for the Medicaid waiver that reimburses for these integrative modalities.

QUANTITATIVE RESULTS

Table 1: Comparison of characteristics of patients between traditional care (Not Integrated Care at DH) and integrated care (Integrated Care at CCFH). N is the number of patients with available information for the corresponding variable.

	Not Integrated Care at DH		Integrated Care at CCFH		p-value
	N	Value	N	Value	
Age (mean (SD))	167	46.63 (18.57)	40	42.75 (13.48)	0.11
Sex = Male (%)	167	112 (67.1)	40	27 (67.5)	1
Language = English (%)	167	137 (82.0)	40	39 (97.5)	0.03
Race = White (%)	150	104 (69.3)	38	37 (97.4)	< 0.001
Hispanic = Yes (%)	167	68 (40.7)	40	7 (17.5)	0.01
Flu status = Completed (%)	165	71 (43.0)	40	9 (22.5)	0.03
Colorectal cancer screening status = Not Due (%)	79	28 (35.4)	13	1 (7.7)	0.06*
Cervical cancer screening status = Not Due (%)	79	28 (35.4)	13	1 (7.7)	0.06*
BMI (mean (SD))	152	28.40 (8.68)	6	28.00 (15.19)	0.31

*p-value was calculated using Fisher's exact test due to small cell count

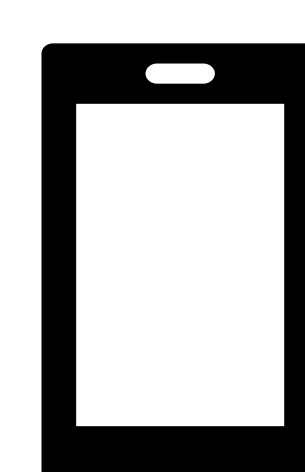
Table 3: Comparison of secondary outcomes of patients between traditional care (Not Integrated Care at DH) and integrated care (Integrated Care at CCFH). N is the number of patients with available information for the corresponding variable.

	Not Integrated Care at DH		Integrated Care at CCFH		p-value
	N	Value	N	Value	
PHQ4 (median (range))	132	1 (0-12)	6	0 (0-9)	0.52
Count of primary care visits (median (range))	167	5 (0-36)	40	1 (1-13)	<0.001
Schizophrenia = Yes (%)	167	3 (1.8)	40	0 (0.0)	-
Schizoaffective disorders = Yes (%)	167	1 (0.6)	40	0 (0.0)	-
Bipolar affective disorder = Yes (%)	167	2 (1.2)	40	1 (2.5)	-
Recurrent depressive disorder = Yes (%)	167	20 (12.0)	40	2 (5.0)	0.26*
Unspecified mood [affective] disorder = Yes (%)	167	1 (0.6)	40	0 (0.0)	-
Phobic anxiety disorders = Yes (%)	167	1 (0.6)	40	0 (0.0)	-
Other anxiety disorders = Yes (%)	167	38 (22.8)	40	5 (12.5)	0.22
Obsessive-compulsive disorder = Yes (%)	167	1 (0.6)	40	0 (0.0)	-
Reaction to severe stress, adjustment disorders = Yes (%)	167	28 (16.8)	40	2 (5.0)	0.1
Somatiform disorders = Yes (%)	167	1 (0.6)	40	0 (0.0)	-
Eating disorders = Yes (%)	167	1 (0.6)	40	0 (0.0)	-

*p-value was calculated using Fisher's exact test due to small cell count

Table 2: Comparison of primary outcomes of patients between traditional care (Not Integrated Care at DH) and integrated care (Integrated Care at CCFH). N is the number of patients with available information for the corresponding variable. A patient may receive multiple opioid orders of the same drug, so we provided counts for both the number of overall prescriptions and the number of unique drugs prescribed.

	Not Integrated Care at DH		Integrated Care at CCFH		p-value
	N	Value	N	Value	
Count of emergency department visits (median (range))	167	0 (0-33)	40	0 (0-3)	<0.001
Count of hospitalizations (median (range))	167	0 (0-13)	40	0 (0-1)	<0.001
Count of opioid orders (median (range))	167	1 (0-63)	40	0 (0-21)	0.04
Count of unique opioid orders (median (range))	167	1 (0-7)	40	0 (0-2)	0.07



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