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Cover Page Footnote

Integrated Delivery of Healthcare and Continuity of Care for Older Mississippians with Mental and Behavioral Health Concerns Tockie V. Hemphill, Social Science Research Center, Mississippi State University. Correspondence concerning this article should be addressed to Tockie V. Hemphill, 1 Research Blvd, Suite #103, Mississippi State, MS 39762. Contact: tvh2@msstate.edu

Integrated Delivery of Health Care and Continuity of Care for Older Mississippians With Mental and Behavioral Health Concerns

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Abstract

The mental health of older adults is of national concern. There is some uncertainty regarding access to care and whether mental and behavioral health care will be readily available in primary care settings. This paper explores the concepts of integrated delivery of care and continuity of care for older adults. The definitions of the two concepts vary in detail, but are similar in purpose. There is an array of strategies presented that outline a continuity of care that involves an integrated delivery system. Relationship development is the core of this system, as well as older adults' ability and willingness to adjust to differing levels of care. Although benefits of this system exist for all stakeholders, challenges may arise. Service providers may be accustomed to managing older adult cases as though these patients were nonbreathing parts on an assembly line. In this purview, older adults should be expected to have some apprehension about the movement of the conveyor belt and the motive of the switch controller. A better way to gauge the process is the availability of an integrated system and continuity of care on the proverbial conveyor belt.

The 2009–2010 Behavioral Risk Factor Surveillance System (Centers for Disease Control and Prevention [CDC], 2013) revealed that 6.9% of adults 65 years and older have frequent mental distress. About 25% of adults 65 years and older had some type of mental health concern, such as a mood disorder that is not a consequence of normal aging (CDC, 2009). The 2021 Disability and Health Data System (CDC, 2023), reported 22.3% of U.S. adults 65 years and older responded *yes* to "ever had depression." Almost 15% indicated that they have had 14 or more mentally unhealthy days in the past 30 days. In 2022, the state of Mississippi could expect the average total cost for an adult aged 65 and older with schizophrenia and other psychotic disorders to be $31,595 per beneficiary (Centers for Medicare & Medicaid Services, 2024).

Of greater concern is the health care delivery system to address these mental and behavioral health challenges with older adults as this population increases. The 2022 U.S. Census Bureau reported that 513,184 Mississippians were 65 years and older. Between 2010 and 2021, there was a 29.3% increase in Mississippians 65 years and older, with an estimated 663,581 at least 60 years old (Dugan et al., 2023). In addition, Dugan and colleagues reported that there are three times as many older Black Mississippians (65+) compared to the national average. The goals of this paper are to explore the concepts of integrated care and continuity of care, describe the benefits of having these systems in place, and identify a model that can be adopted for seamless health care services for older adults in Mississippi.

Definitions

Integrated Care

Integration should be viewed from different perspectives: users, providers, senior managers and policy makers, organizations, and professionals (World Health Organization [WHO], 2008) and could be defined by "who does what at what levels of a health system" (p. 5). Kodner and Spreeuwenberg (2002) had a patient-centered perspective of integrated care. Similar to Kodner and Spreeuwenberg, WHO (2024) has now adopted the concept of integrated people-centered care and suggested that this renewed focus is needed for equity, quality, responsiveness, efficiency, and resilience.

Continuity of Care

Evashwick (1989) described continuity of care as "a concept involving an integrated system of care that guides and tracks patient[s] over time through a comprehensive array of health services spanning all levels of intensity of care" (p. 30). Hong Kong's continuum of care for older adults involves the provision of social services, community care, and residential care at different levels for each individual (Kwan et al., 2006). Continuity essentially means without a break, which will require unique action planning. Strategies targeting funding, administrative, organizational, service delivery, and clinical would be most useful for obtaining and maintaining continuity of care (Kodner & Spreeuwenberg, 2002).

Integrating Mental Health Services

WHO (2007) suggested that integrating mental health services with primary health care reduces stigma, improves access to care, reduces chronicity and improves social integration, provides better human rights protection, provides better health outcomes, and improves human resource capacity. This may prove to be beneficial in a high need, low state like Mississippi.

The Health Resources and Services Administration (HRSA) identified three tiers of health professional shortage areas (HPSA) in the United States: Primary Care, Dental Health, and Mental Health (HRSA, 2024a). Mississippi has 386 HPSAs for the 82-county state: 153 Primary Care shortage areas; 148 Dental Health shortage areas; and 85 Mental Health shortage areas (HRSA, 2021; HRSA, 2024b). Each HPSA discipline is given a score of 0–26, with the higher scores representing the highest needs. Almost 40% (144) of Mississippi's HPSAs received scores between 14–26 (HRSA 2024b). See the Figure 1.

Figure 1

HPSA Score by Discipline

Discipline	Score Category	Facility	Geographic Area	Population Group	Total
Primary Care	14 - 25	50	3	26	79
Dental Health	14 - 26	27	6	12	45
Mental Health	14 - 25	19	1		20

Note: Data from the Health Professional Shortage Areas Dashboard. https://tableau.hrsa.gov/views/HPSADesignWithTabs/Summary?embed_code_version=3&iframeSizedToWindow=true&%3Aembed=y&%3Atabs=n&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link

More detail can be seen by following the link under Figure 1 that displays HPSA subtitles, such as rural health, tribal health and federally qualified health centers, as well as specific details by county. These data reveal the urgency for the establishment, funding, and sustainability of an integrated delivery and continuity of care system for older Mississippians.

Proposed Model

Services for older adults should be individualized and flow with distinct needs as Kwan et al. (2006) suggested. All levels of care would be based upon these continual individual needs. This author concurs with Kodner and Spreeuwenberg (2002) that more structured forms of integration can be used with older adults with a combination of mental health issues and chronic disabilities. Training, from the clinical aspects and from a networking perspective will benefit both the caregiver and the older adult. Because technology is advancing so rapidly, brain wave technology will aid in understanding the satisfaction of older adults who have very limited abilities to communicate (For more information, see http://emotiv.com/). Joint decision making assures a locus of control and is important for a purpose driven life. For the proposed model, relationship building and needs assessment will be the core of all care with assessments from the perspective of the older adult, family, and providers. If the older adult, family, and providers cannot come to an agreement, they would benefit from having an assigned mediator who would be provided as a standard of care in an integrated system. Like any system, if there are no resources available, if there are no personnel, then the system would not work. Thus, recruiting and hiring qualified best fit employees would be key to sustaining the model, and in the words of Kodner and Spreeuwenberg (2002) "create connectivity, alignment and collaboration within and between the cure and care sectors," (p. 3). The exploration of integrated health care and continuity of care for older adults has led this author to believe that relationship building, needs assessments and monitoring, individualized services, and mediation

are the best ways to approach the concepts. Finally, this proposed model would not be successful without the execution of the Older American's Act and its updated regulations that help older Mississippians age in place as feasible (Administration on Community Living, 2024).

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