

AMS Workgroup

Obesity, Mental Health, and Addiction



GAPS/BARRIERS

- I. Lack of awareness/denial that Obesity, Addiction and Mental health disorders are chronic diseases and evidence-based treatment is available. The failure to recognize these conditions as chronic disease results in stigma in the community as well as the health care system.
- II. Limited Access to treatment for these conditions
 - ✘ Lack of adequately trained specialist workforce.
 - ✘ Certain populations are especially affected, including youth, minorities, maternal, LGBTQ, rural areas.
 - ✘ Social determinants are a major factor – transportation, economic, employment.
 - ✘ Uninsured-Underinsured.
- III. Poor communication between primary care and specialist providers.
- IV. Lack of Training of primary care clinicians to assess and manage these disorders in their practices.
 - ✘ Lack of consistent screening for Obesity, MH or SUD.
- V. Inconsistent, limited and sometimes complete lack of coverage for screening, prevention and evidence-based treatments.
 - ✘ Preventive strategies and screening.
 - ✘ Nutritional counseling and obesity surgery.
 - ✘ Intensive behavioral therapy, inpatient and outpatient treatment and medications for all these disorders.

OPPORTUNITIES/SOLUTIONS

- I. Education to combat stigma and change policy.

- ✗ Community (identify existing education resources such as NAMI, AFSP, etc.
 - ✗ Op-ed's, Newspaper/TV articles, PSA's.
 - ✗ Funding entities to increase our voice and reach.
 - ✗ Health insurance decision makers, public and private.
 - ✗ Political leaders and legislators.
- II.** Education to combat stigma, increase knowledge, diagnostic and management skills.
- ✗ All undergraduate and graduate education.
 - ✗ Medical school, residency and fellowship education.
 - ✗ Current primary care clinicians.
 - Comfort and confidence in screening.
 - Comfort and confidence in management of appropriate patients in primary care.
 - Pro-actively identify and communicate with specialty resources.
- III.** Encourage standard of care in all well-child and adult annual visits to include screening for mental health, obesity and substance use issues with appropriate insurance coverage.
- IV.** Increase communication between primary care and specialists (clarify misunderstandings related to HIPAA as a reason for non-communication).
- V.** Build network and relationships with community resources.
- VI.** Expand workforce to include nutritionists, trauma-based therapists, peer recovery specialists, community health workers, alcohol & drug abuse counselors, etc.
- VII.** Increase use of telemedicine and mobile health.
- VIII.** Identify what the true financial barriers are to treatment for obesity, MH, SUD, including options for people without insurance.