For some psychologists, what drives them is the chance to help improve the lives of their patients. For Robin Henderson, PsyD, the goal is much bigger than that: She wants to improve the mental and physical health of all of eastern Oregon.

As acting director of a public-private collaborative called the Central Oregon Health Council, she is determined to achieve the Triple Aim — better care, better health and lower costs — for the region’s most low-income, high-risk, high-need population. That’s on top of her day job as director of behavioral health services at St. Charles Health System and her role as a member of the American Hospital Association’s Governing Council. It’s also why, she laughs, “I’m always emailing people at seven in the morning and 10:00 at night.”

Coordinating care
The Central Oregon Health Council’s goal is to create what the state calls a coordinated care organization and integrate health care delivery and funding streams across a variety of settings.

Over the last two years, multiple organizations — including PacificSource Health Plans, a coalition called HealthMatters of Central Oregon, a federally qualified health center called Mosaic Medical, and St. Charles — have taken on one project after another. So far, they’ve tackled inappropriate emergency room usage, created a neurodevelopment assessment clinic for babies who leave the neonatal intensive care unit and integrated psychologists into primary care, among other efforts.

Psychologists are integral to all of the collaborative’s efforts. Psychologists are part of what the group calls health engagement teams, which include physicians, social workers, nurse care coordinators and community health workers. “In the beginning, I would get calls from physicians with psychologists in their clinics and they would say, ‘I don’t know if I need this,’” says Henderson. “Six months later, they were saying, ‘You can never take this away!’”

At one clinic, the psychologist noticed that physicians were writing many prescriptions for attention deficit hyperactivity disorder medications. She persuaded the physicians to refer patients to her for a quick screening before they got out their prescription pads. In the first week alone, says Henderson, she found that one patient actually had anxiety and another was psychotic.

The projects are also helping to improve patients’ physical health.

Take the council’s emergency department diversion project, an effort prompted by the fact that many of the region’s residents use the emergency room (ER) in lieu of more appropriate health care settings.

“They don’t want to be in the ER, but they have no other option,” says Henderson, explaining that most of the so-called “high utilizers” are Medicaid recipients. “Maybe they don’t have a primary care home. Maybe they were kicked out of their primary care home. Maybe they have a mental health condition, but haven’t been connected to mental health services.”

To change that, the health engagement team meets routinely to look at what’s bringing people back to the emergency room again and again. Together they come up with solutions to whatever problems they identify. Since psychologists are embedded in the primary care clinics, they’re able to do brief assessments and interventions and provide what Henderson calls “a warm handoff” to more specialized care as necessary.
As a result, emergency room utilization dropped by almost 50 percent with the first cohort and by 77 percent in the latest one. And although assessing cost savings is difficult, St. Charles saw a 66 percent drop in costs from the year before the project began. (A full report is available at www.cohealthcouncil.org/resources/reports.)

Now the list of possible projects is growing to include better integrating psychologists in cardiac rehab. “It’s like playing the game Whac-A-Mole,” says Henderson. “You hit one; something else pops up over here.”

**Enhancing access**

Henderson isn’t just making sure residents get the right care. Since earning her clinical psychology doctorate from George Fox University in 1996, she has also spent her career making sure psychological care is there when they need it.

When she first arrived at St. Charles Health System a decade ago, for example, she discovered there were no acute psychiatric services east of the Cascade Mountains. “That’s a 32,000 square mile region, the size of 13 East Coast states,” she says. Henderson took action, designing, fundraising and building two psychiatric units — one a 15-bed unit and the other a five-bed unit for acute cases. Today she manages those two facilities, plus an outpatient clinic with services in 13 locations, acute social work services across two hospitals, consultations with five psychiatrists, an employee assistance program and spiritual care services.

“My role as a leader is to facilitate an environment where my staff can provide the most effective, efficient care they can.”

Although Henderson worked in private practice after she was licensed, she quickly gravitated to a hospital setting. She served as clinical director of the adolescent psychiatric unit at Woodland Park Hospital, then became the director of behavioral health services at Eastmoreland and Woodland Park Hospitals before heading to St. Charles in 2001.

“I like the collaboration of care in hospitals,” says Henderson, who credits her psychology training for teaching her how to make decisions quickly based on often conflicting information from a wide range of sources. “And I feel that as a psychologist, I went to school to work with the sickest of the sick.”

Henderson’s work to gain prescriptive privileges for psychologists is part of that same urge to ensure access to care in a region that includes urban, rural and even frontier areas. “I got involved in prescriptive privileges legislation not because I wanted to prescribe myself, but because I saw a critical shortage of providers, especially in rural Oregon,” says Henderson, a past president of the Oregon Psychological Association. “I saw that primary care providers were hungry for that expertise.” In 2010, a prescriptive privileges bill made it all the way to the governor’s desk, where it was vetoed.

Henderson’s efforts to improve care go beyond her home state of Oregon, too. For the past five years, she has been a member of the American Hospital Association Governing Council’s section on psychiatry and substance abuse services. The group looks at policy changes and makes recommendations to inform the broader agenda—a process that Henderson says has been fascinating in the run-up to health care reform.

“It’s almost like being part of a think tank,” says Henderson, who will complete a term as chair in January. “It has really helped me understand what’s going on at the federal level and use it to inform my practice at the state level.”

When she’s not working, Henderson loves to cook and enjoy the outdoors with her husband and nine- and 10-year-old sons. Making the community a healthy place for her boys is part of what motivates her, she says.

“We get to live in one of the most beautiful places on the planet,” says Henderson, who describes the high desert resort community of Bend as the “Vail of Oregon.” “We have the opportunity to be one of the healthiest communities in the nation if we just work together to change the trajectory of where we’re headed. That’s what drives me and the rest of the Health Council so hard to make these projects work.”