

Testimony October 26, 2011**Senator Judy Lee: Chair****Health Services Committee**

I am Cyndy Skorick, Vice President for Clinic Operations-Sanford Fargo. I am the administrative partner for Internal Medicine (Primary Care) Clinics and Behavioral Health in Fargo. I also work closely with the UND School of Medicine Psychiatry and Internal Medicine Residency Programs.

My focus in testifying today is to support health care delivery models that are integrated for physical health and behavioral health needs (mental illness and substance abuse), are accessible to the citizens of North Dakota and offer high quality and affordable care. To address the health needs of North Dakota citizens it is vital to promote integrated models of care that include screening, intervention and education on behavioral health needs. Currently across the state of North Dakota we experience significant waits, delays and gaps in the delivery model for behavioral health. In order to address these gaps, public and private partnerships are needed to advance innovative care, increase services to rural areas and enhance telemedicine capabilities across the state of North Dakota. The delivery models ideally would include patient centered medical home models with integrated behavioral health specialists for consultation, assessment and intervention. We have clearly demonstrated that medical home models improve health outcomes for chronic disease, reduce re-admissions to hospitals and assist consumers with navigating health care needs and services. In addition, up to 70% of identification and treatment of psychiatric conditions such as depression occur in the primary care physician office setting. Early screening and identification of substance abuse, depression and other psychiatric illness is effective and necessary to improve health outcomes.

Daily I work with primary care physicians who have an increased burden of trying to manage complex chronic disease conditions and urgent and chronic psychiatric conditions. Access to case management and other public services is lacking and insufficient. Partnerships between public and private health and human services agencies can capitalize on the strengths of resources such as RN health coaches in primary care and case management for chronic and persistent mental illness in public/community settings. By considering pilot projects that support innovation and seamless healthcare, access to care will improve.

An example of an effective partnership in Fargo is a collaboration and referral relationships with Family Healthcare Center, a federally funded health care program with patients referred to our Internal Medicine Resident Clinic where we deliver integrated psychiatric care and physical health care for persons with chronic disease. The teaching of medical students and residents involves attending Physicians who are both Internal Medicine and Behavioral Health Specialists/Psychiatrists. We do however experience gaps in access to public sector services such as case management for the individuals we serve.

If we are to retain and recruit our high quality family medicine and internal medicine physicians we need both innovation, the spread of best practice models and effective public/private partnerships that address the growing behavioral health needs for the citizens of North Dakota.

Thank you for allowing me to present my testimony, I am available to answer any questions.

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