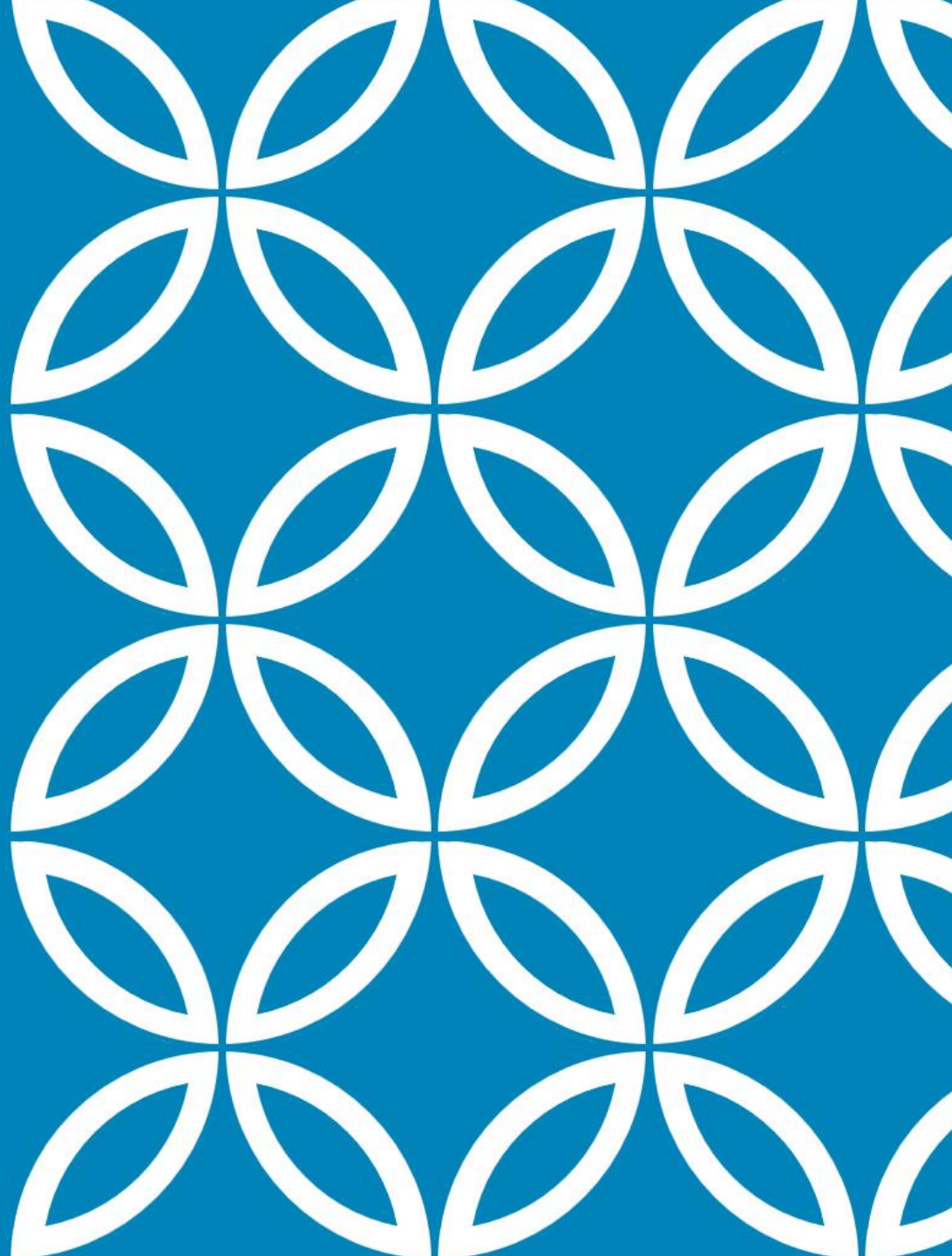


INTEGRATED
CARE:
PSYCHOLOGY
AND MEDICINE
WORKING SIDE-
BY SIDE

Scott Niewinski, Glen Taylor, Laine
Davis, & John Wunderlich



LEVELS OF INTEGRATION

Coordinated		Co-located		Integrated	
Minimal collaboration, siloed care	Basic collaboration at separate locations	BHP on-site, BHP and PCP keep separate schedules, records, and treatment plans	Some systems integration, BHP and PCP keep separate schedules, some shared treatment plans	Close collaboration, shared treatment plans and records, some joint visits on PCP schedule	Close collaboration, shared treatment plans and records, most appointments on PCP schedule

DIFFERENCES OF
INTEGRATED CARE



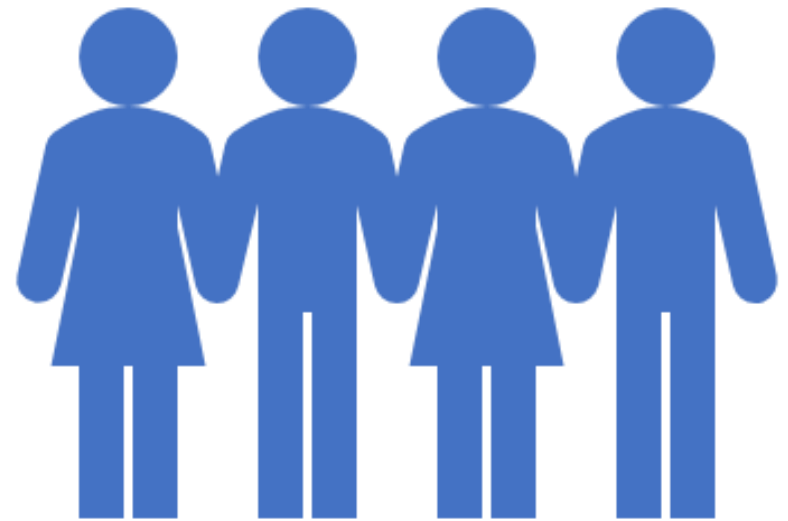
INTEGRATING CARE

Improves access –
“One stop shop!”

Reduces stigma

Improves quality of
care

Lowers overall health
care costs



Family Practice

Primary Care

Hospitals

Pain Clinics

OB/GYN clinics

Rehabilitation units

Cardiology clinics

Long-term care facilities

LOCATIONS FOR INTEGRATION



BEHAVIORAL HEALTH CONSULTANTS (BHC)



Provide screening and brief diagnostic assessments.



Provide evidence-based interventions.



Identify psychosocial needs of a particular population and develop services.



Provide information to medical staff on behavioral issues.

PSYCHOLOGISTS CAN TREAT:

Traditional Mental Health Problems

- ❖ Depression
- ❖ Anxiety/Stress
- ❖ PTSD
- ❖ Eating Disorders
- ❖ ADHD
- ❖ Autism Spectrum
- ❖ Bipolar
- ❖ Schizophrenia
- ❖ Personality Disorders
- ❖ Substance use disorders
- ❖ Psychosomatic Disorders

Chronic Medical Illnesses

- ❖ Diabetes
- ❖ Chronic Pain
- ❖ Hypertension
- ❖ Insomnia
- ❖ COPD
- ❖ IBS
- ❖ End of Life Issues
- ❖ Sexual Problems
- ❖ Obesity
- ❖ TBIs
- ❖ Dementia

60% of psychiatric illnesses are treated in primary care (Pirl, Beck, Safren, & Kim, 2001).

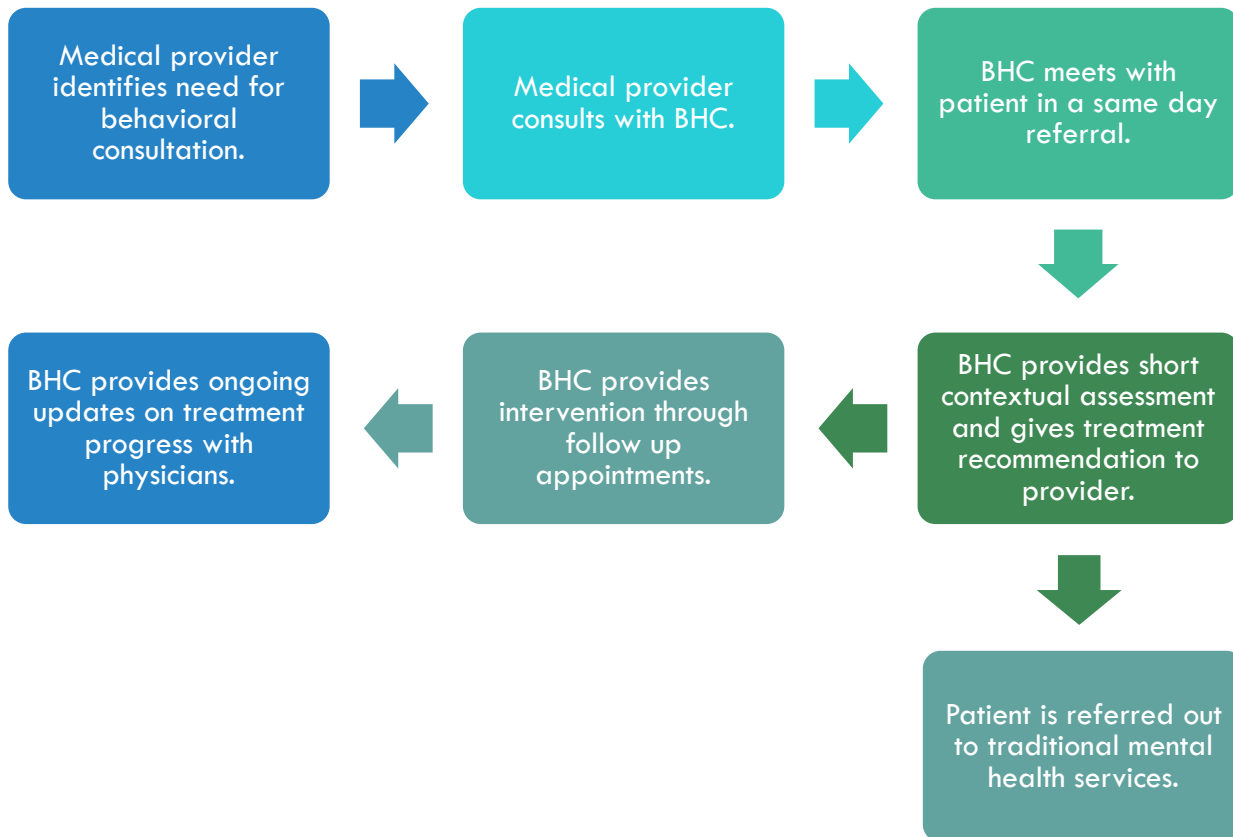
Primary-care physicians identify 40% of their patients as needing mental health treatment, but fewer than 10% of these patients actually see a mental health professional (Slay & McCleod, 1997).

Tobacco use, poor dietary habits, and physical inactivity are responsible for 34.7% of morbidity (Mokdad, Marks, Stroup, & Gerberding, 2004).

Improved outcomes in mental health care were associated with ... collaboration and co-location with PCP and mental health providers (Craven & Bland, 2006).

**SOME
RELEVANT
RESEARCH**

BHC PROCESS



OBSERVATIONS FROM A REFORMED SKEPTIC...

Our community has been historically underserved by mental health providers at a disproportionate rate vs. metropolitan areas.

Residents are aging in place and we are not experiencing dynamic growth in population.

Health care has traditionally been provided by tenured primary care physicians, who are also aging in place. We've had some success with new recruits as well as some terrific nurse practitioners.

- Many residents depend on and receive excellent care from this outstanding team, but...

OBSERVATIONS FROM A REFORMED SKEPTIC...

There can be distrust in “outside providers”

Access to professionals can be challenged by real world issues such as lack of transportation, distance and time to next available appointment.

Our journey with the integrated care approach has been beyond rewarding from a Mission realization perspective:

- PCP's are no longer solely bearing the load of mental health care (this is not an indictment on their care but an acknowledgement of their practice demands!)
- Immediate, positive feedback from PCPs! This pilot has exceeded expectations.
- Increased access – immediate service and disposition management
- We are looking forward to adding two interns later this year, with the expectation of recruiting a full time team member.

QUESTIONS?

FOR MORE INFORMATION,
TALK TO YOUR FRIENDLY
NEIGHBORHOOD BHC TODAY!

