

INTEGRATED CARE: PSYCHOLOGY AND MEDICINE WORKING SIDE- BY SIDE

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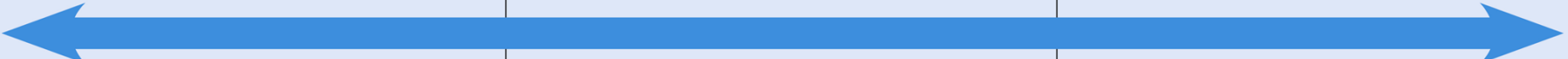
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LEVELS OF INTEGRATION

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



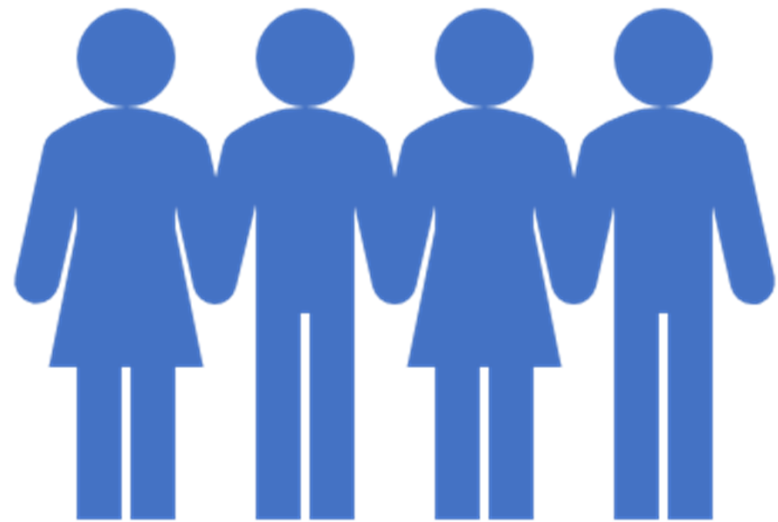
INTEGRATING CARE

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.

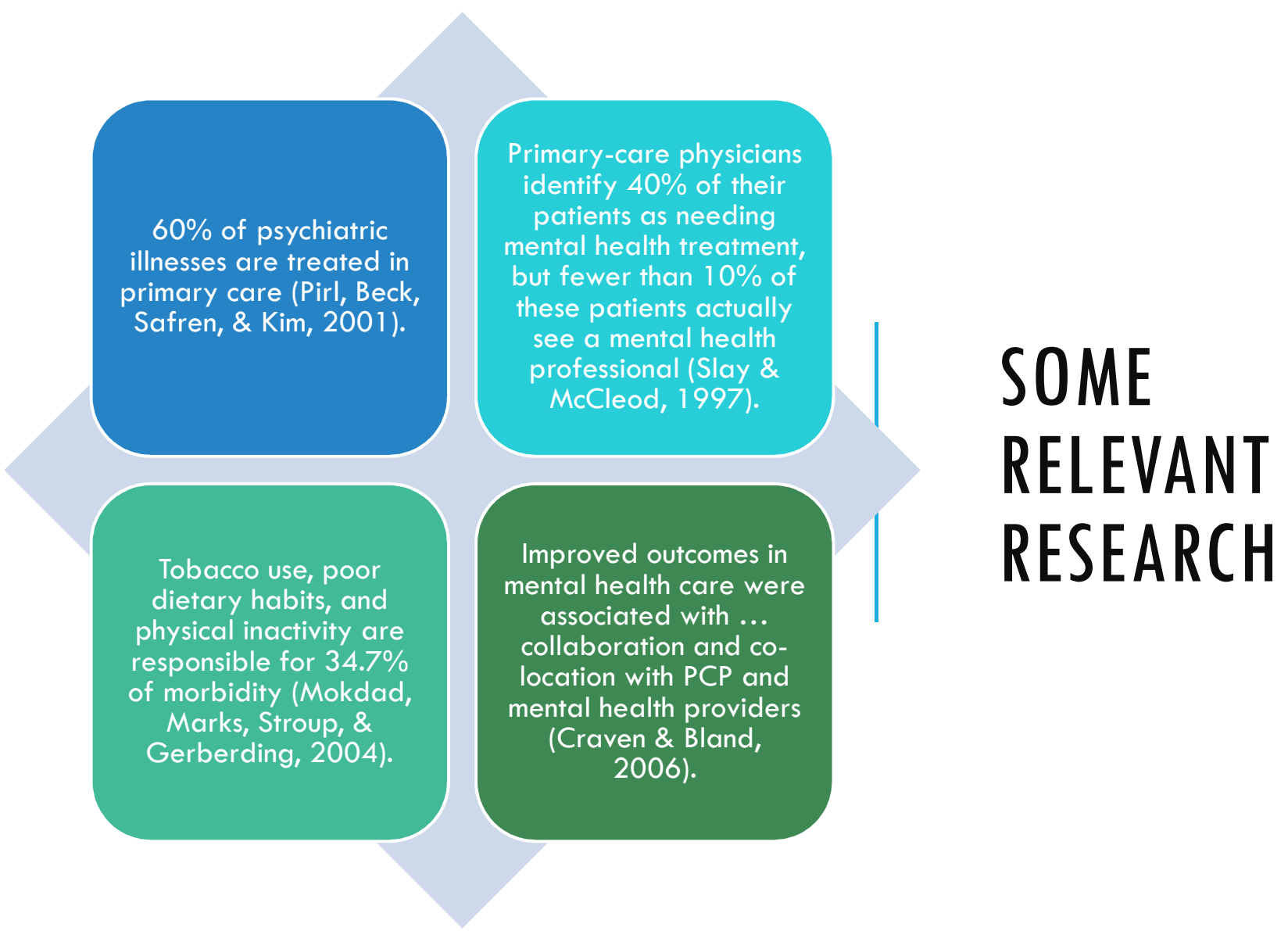
PSYCHOLOGISTS CAN TREAT:

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).

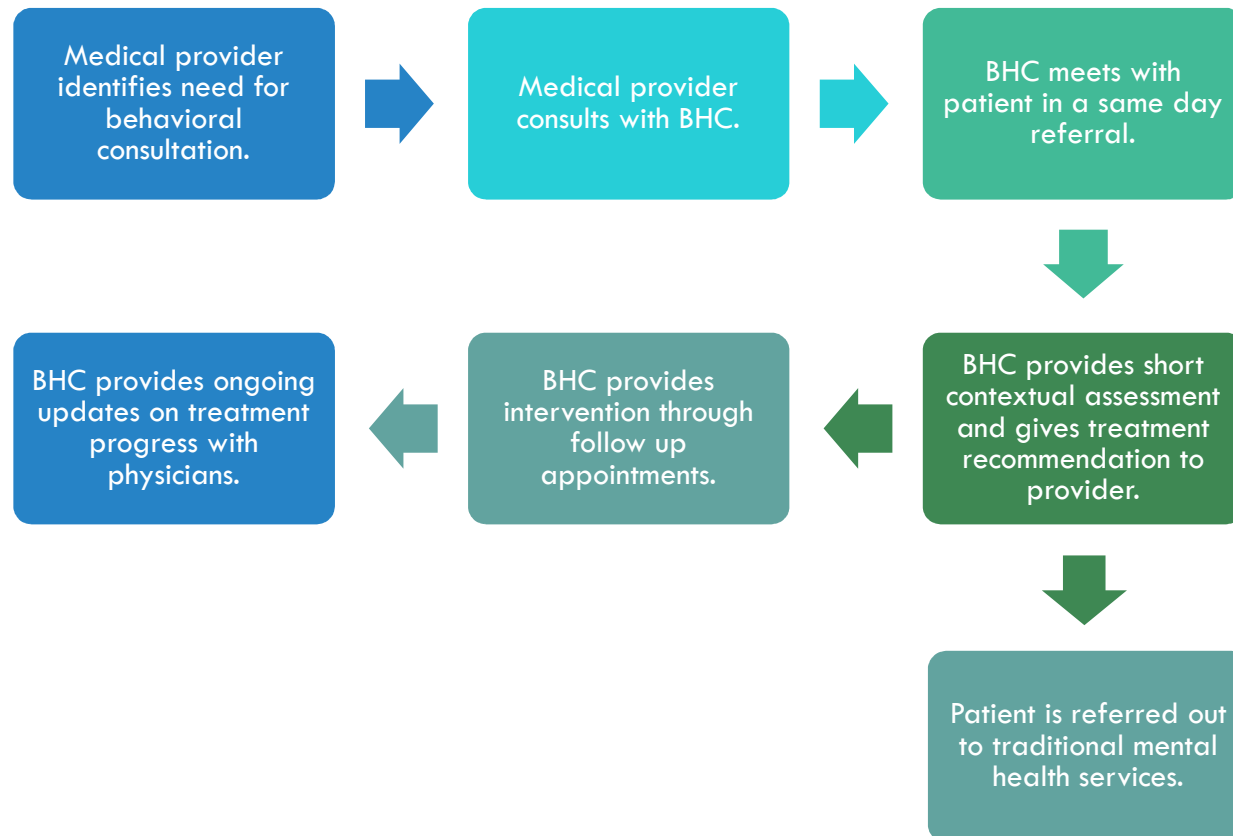
Primary-care physicians identify 40% of their patients as needing mental health treatment, but fewer than 10% of these patients actually see a mental health professional (Slay & McCleod, 1997).

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



BENEFITS OF INTEGRATED BH SERVICES: THE PHYSICIAN PERSPECTIVE (MILLER- MATERO ET AL., 2016)

Primary care physicians may be motivated to integrate BH services into their clinics knowing that other physicians believe that it directly and indirectly improves patient care and physician stress

Top reasons physicians believed their patients followed through with a visit with an integrated psychologist included that they recommended it (79.5%) and that patients can be seen in the same primary care clinic (76.9%)

Overwhelming majority of physicians were satisfied with having access to an integrated psychologist (97.4%)

Physicians believed integrated care directly improves patient care (93.8%), is a needed service (90.3%), and helps provide better care to patients (80.9%)

Having an integrated psychologist reduces the physicians' personal stress level (90.1%)

QUESTIONS?

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



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