Integrating Behavioral Health into the Physical Health Care System
Vision

Integration of focused behavioral health services with advanced expertise in primary care offices, will result in:

• Better healthcare outcomes for both physical and mental health compared to traditional primary care

• Additional expertise to patients and increased confidence in all team members, affecting patient and provider satisfaction.

• Patients will gain access to the right services, at the right time, at the right level, at the right place.
Data Supporting the Vision

- 40-60% of patients with behavioral health disorders are treated exclusively in primary care
- 30-50% of those referred for O/P BH services by a PCP actually make it to their 1\textsuperscript{st} appointment
  - Of those who do – the mean number of sessions is 2
- For patients truly needing specialty care beyond what can be provided by PCP:
  - Integrated behavioral health care enhanced care coordination and goals of the medical home are advanced
Different Levels of Integration

- **Co-located care**
  - BH professional is located in the same practice

- **Full Integrated Care**
  - BH professional is part of the treatment team

- **Collaborative care model**
  - Model implemented by a team with psychiatry consults
Key Elements: Co-Located Care

- Behavioral Health Professional (BHP) located in same area as ancillary service provider
- Psychiatric disorders scope
- Referral written or scheduled with front desk
- BHP has regular/fixed schedule of sessions
- Written communication with provider / unscheduled verbal exchanges
Key Elements: Integrated Care

- BHP embedded member of Primary Care Team
- Behavioral medicine scope
- Brief, in person and telephonic interventions
- Referral via warm hand-off
- Flexible schedule
- Huddles and verbal contact over shared care plan
Key Elements: Collaborative Care Model

- Measurement-based care
  - Symptoms and treatment response routinely assessed with standardized measures
  - BH care manager led coordination with regular assessment of treatment adherence
  - Support of self-management
  - Regular communication with PCP
  - “Treatment to target” for patients who fail to improve as expected
  - Panel review with consulting psychiatrist and BH care manager
    - Make treatment recommendations and convey to PCP
Integration of Behavioral Health into Primary Care

The Collaborative Care Approach

- PCP
- Patient
- BHP/Care Manager
- Consulting Psychiatrist

Core Program

New Roles

Additional Clinic Resources

Outside Resources

Other Behavioral Health Clinicians

Substance Treatment, Vocational Rehabilitation, CMHC, Other Community Resources

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Big Picture:
Behavioral Health Strategic Plan

- Integrating Behavioral Health with Primary Care is a key strategy to developing a BH System of CARE
- Integration is a key to success for Zero Suicide Initiative
- Integration will increase access for people who haven’t received care, meeting them where they are at
- Integration will increase patient and provider satisfaction
- Integration will decrease the stigma in receiving BH care
- Integration is a sustainable model for providing BH care
While the scope of services needed to support the population is significant, it is important to understand that no one health system should try to own it all. Partnerships are critical to completing the continuum, and notation next to each service depicts where MidMichigan might lead, partner or simply support.