

Integration of Behavioral Health Services with Primary Care

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I. Benefits of Integrated Care

A. Improved Financial Outcomes

1. Increase physician productivity
 - a. Decreased time needed for physician with patient in exam room
 - b. Decreased time in communication between providers
2. Additional revenue for behavioral health clinicians
3. More efficient utilization of clinic space
4. Better contracting capabilities

B. Improved Patient Care

1. Better communication between medical and behavioral clinicians
2. Shorter wait times for services
3. Shorter-termed therapies
4. Better coordination of pharmaceutical therapies
5. Improved patient compliance with medical treatment



C. Improved Physician Satisfaction and Retention



1. Reduced stress
2. Improved income

II. Misconceptions About Integrated Care: What is NOT Integration

- A. Proximity or shared facility
- B. Common corporate umbrella and/or administrative services
- C. A convenient referral system
- D. Common medical record system



III. Components of Integrated Care

A. A shared, truly integrated medical record

B. Proactive integration by providers of both disciplines

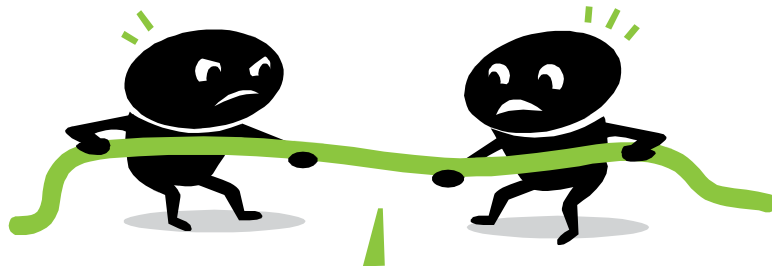
C. Instant consults and simultaneous (face-to-face) visits

D. Consistent communication among team members



IV. Common Barriers to Implementation

- A. Lack of a shared medical/behavioral record
- B. Relationships between disciplines (often subtle and unspoken)
- C. Tendency of medical clinicians to expect control
- D. Competitive characteristics of many clinicians



E. Management Issues

1. Billing

2. Scheduling

F. Dramatic differences in staffing for clinician types



G. Cultural differences between medicine and behavioral health clinicians

1. Needs
2. Traditions
3. Styles
4. Conventions



V. Requirements for Successful Learning

A. We must learn to break obstructive habits

1. Physician avoidance of behavioral issues
2. Forgetting that we have a collective “tool kit”
3. Lack of sensitivity to the perspective of “other side”



B. Behavioral health clinicians must conform to the nature of the overall practice by:

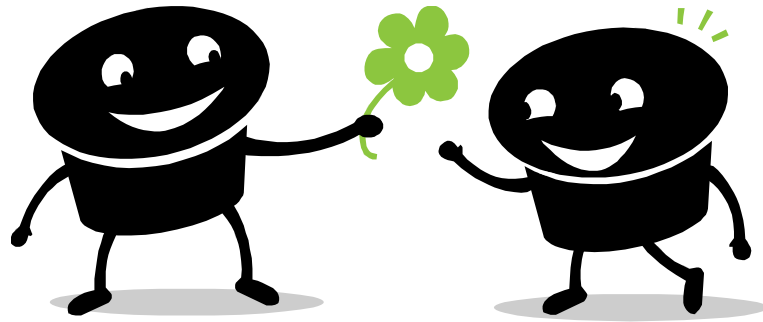
1. Providing more immediate feedback (charting)
2. Improving conciseness and focus of documentation
3. Focusing visits
4. Moving to shorter, more focused visits

VI. A Look at Various Models and Their Success



- A. Large health system in western U.S.
- B. Multi-site rural community health center
- C. Two-site rural community health center
- D. Maine practices

Questions



Thank you