Co-Location and Integrated Care Panel

Moderator

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President/CEO

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Panelists

- Jill Hinton, PhD

  Licensed Psychologist and Clinical Director

  Easter Seals United Cerebral Palsy

- Michael Lancaster, MD

  Director

  Behavioral Health Program

  NC Community Care

- Marilyn Pearson, MD

  Health Director

  Johnston County Health Dept

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Integrated Care

- is a team-based approach to healthcare that brings together a mental health counselor and primary care provider to address the biopsychosocial spectrum of care for an individual's health spanning from wellness prevention to chronic disease management (Blount, 2003; Cummings, & O'Donohue, 2011; Curtis & Christian, 2012).

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Integrated Primary Care

Integrated primary care is a service that combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care providers. It allows patients to feel that, for almost any problem, they have come to the right place.

Alexander Blount

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Integrated Primary Care

- Clinical:
  - Team approach to treating biopsychosocial
  - MH provider is part of the medical team
  - Provides combination of brief health interventions and psychotherapy visits
  - Screening for mental health / substance abuse is part of ongoing routine visits
- Operational: Shared documentation, tightly coordinated care

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Why bring together the two systems or "integrate" care?

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Why Integrate Care?

- Behavioral health issues affect quality of life
  - SPMI population die at younger ages (25 years less than average life expectancy) than people with non-major mental illness diagnoses
    (Morbidity and Mortality in People with Serious Mental Illness Report, 2008)
  - SPMI population less likely to be linked to a primary care home

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Why Integrate Care?

- Access to MH/DD/SA services in NC is inadequate-especially for most vulnerable
- Coordination of care is limited
- Concurrent MH/DD/SA conditions complicate treatment of other medical conditions

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ON-SITE Integrated Care Team

NP's PA's

Physician

Receptionists

Behavioral Health Therapists

Patients

Nurses and Medical Assistants

Psychiatrists

Medical Records

All supported by common chart, documentation standards, billing procedures, and clinic management system

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Band of Collaboration

- Minimal collaboration
- Basic collaboration
- Co-location
- Close collaboration
- Fully Integrated system

Peek, C.J. (2007). Integrated Care: Aids to Navigation.

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Co-located

- Clinical:
  - MHC is located on-site in primary care office but maintains an independent “psychotherapy” office.
  - Continues to provide traditional “50 min” appointment.
  - Limited biopsychosocial interplay
- Operational:
  - Separate organizations
  - Charting and scheduling is separate

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National Resources

- National Council
- SAMSHA
- The Collaborative Care Research Network (CCRN)
- Collaborative Family Health Association
- www.icarenc.org

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