

Track 1: Nuts and Bolts of Integrated Care

Bi-Directional Integration: Bringing Primary Care into the Behavioral Health Setting

Moderator:

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Panelists:

Deborah Ekstrom, President and CEO, Community Healthlink
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Nancy Paull, CEO, Stanley Street Treatment and Resources (SSTAR)

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Successful Integration

Integrated Care Programs must address the following domains in order to be successful:

- Clinical
- Operational
- Financial

(C. J. Peek)

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Primary, Secondary, and Tertiary Care

Primary Care - involves the widest scope of health care

Secondary Care - is the health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists.

Tertiary care - Medical care or procedures that are performed by specialized physicians and teams in specially equipped hospitals. Advanced cancer care, burn treatment, and advanced surgeries are examples of tertiary care.

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Primary Care

- **Accessibility** as the first contact with the health care system
- **Comprehensiveness** - Accountability for addressing a vast majority of personal health care needs
- **Coordination of care** across settings, and integration of care for acute and chronic illnesses, mental health, and prevention
- **Continuity** - Sustained partnership and personal relationships over time with patients known in the context of family and community

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Challenges for Bringing Primary Care into Mental Health and Substance Abuse Treatment Settings

Minimizing barriers to access

- Same day appointments
- Patients not “discharged” for no-shows
- No intakes for primary care

Improving coordination

- Normalizing routine, bidirectional, sharing of records with entire health care system
- Proactive discharge planning for BOTH psychiatric and medical hospitalizations

Attracting and retaining clinicians with the right skills

- PCPs, with strong communication skills and SDM skills
- RNs/MAs with high levels of professionalism and flexibility

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