

Amplifying Integrated Care: “There Is No Health Without Mental Health” - WHO

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10:00 a.m., Central Time Zone



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About the Presenter

- Presenter has multiple affiliations: Founder and CEO of [Integrated Care Counsel, LLC](#), Hampton Faculty Fellow with Spirit of Eagles, SAMHSA Grant Reviewer, NASW National LGBTQ+ Committee member and employment as a licensed independent behavioral health clinician.
- Presenter has no conflicts of interest from funding or affiliation-related activities.



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Objectives

Amplifying Integrated Care: “There is no health without mental health” - WHO

This 90-minute virtual session will cover what constitutes integrated care, the shift from fee-for-service to value-based care, the Collaborative Care Model, resource hubs, practice frameworks and expanding perspectives.

Objectives:

- 1) Participants will be able to define integrated care within the context of mainstream medicine.
- 2) Participants will learn about the Collaborative Care Model as an integrated care best practice.
- 3) Participants will learn integrated care practice frameworks and expanding care perspectives.



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Reflecting on Gratitude

Let's check-in...

What are you are grateful for?



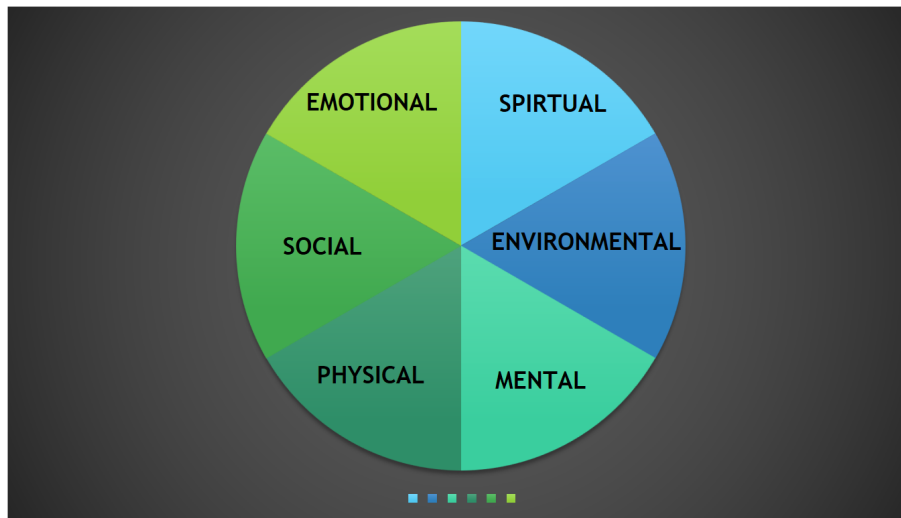
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INTEGRATED CARE MODEL



- What is it?
- holistic perspective



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- What is it?
- delivery system perspective



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- What is it?
- clinical perspective

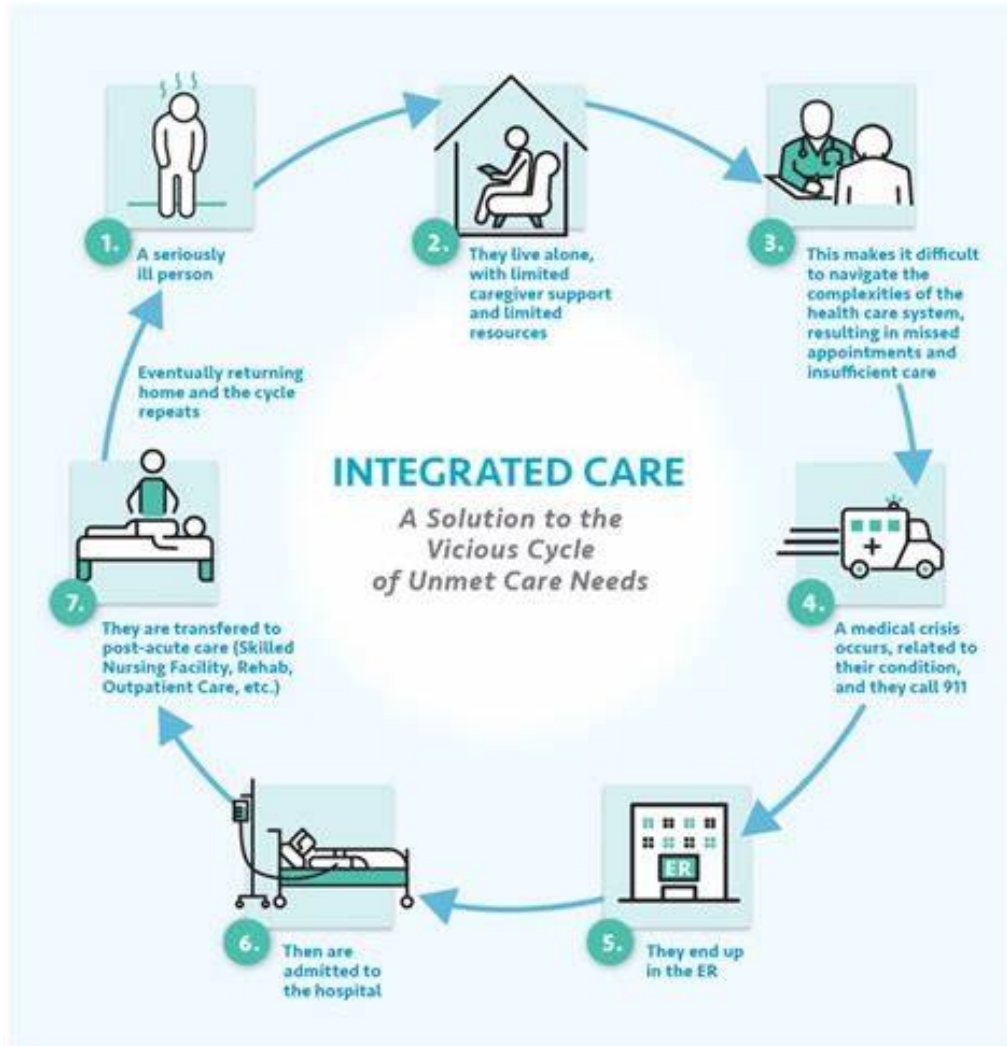


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- What is it?
- care coordination perspective



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- What is it?
- data-sharing technology perspective

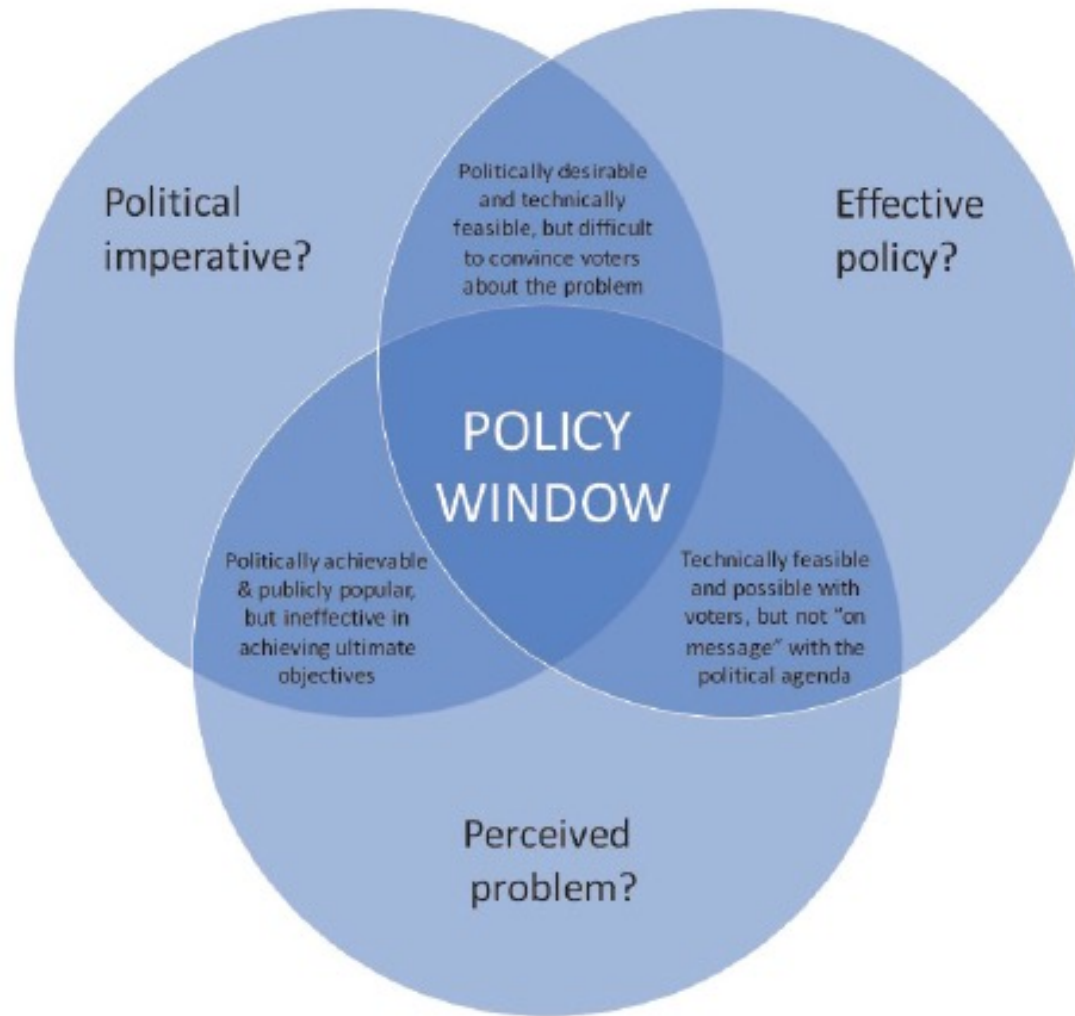


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- What is it?
- policy-practice perspective

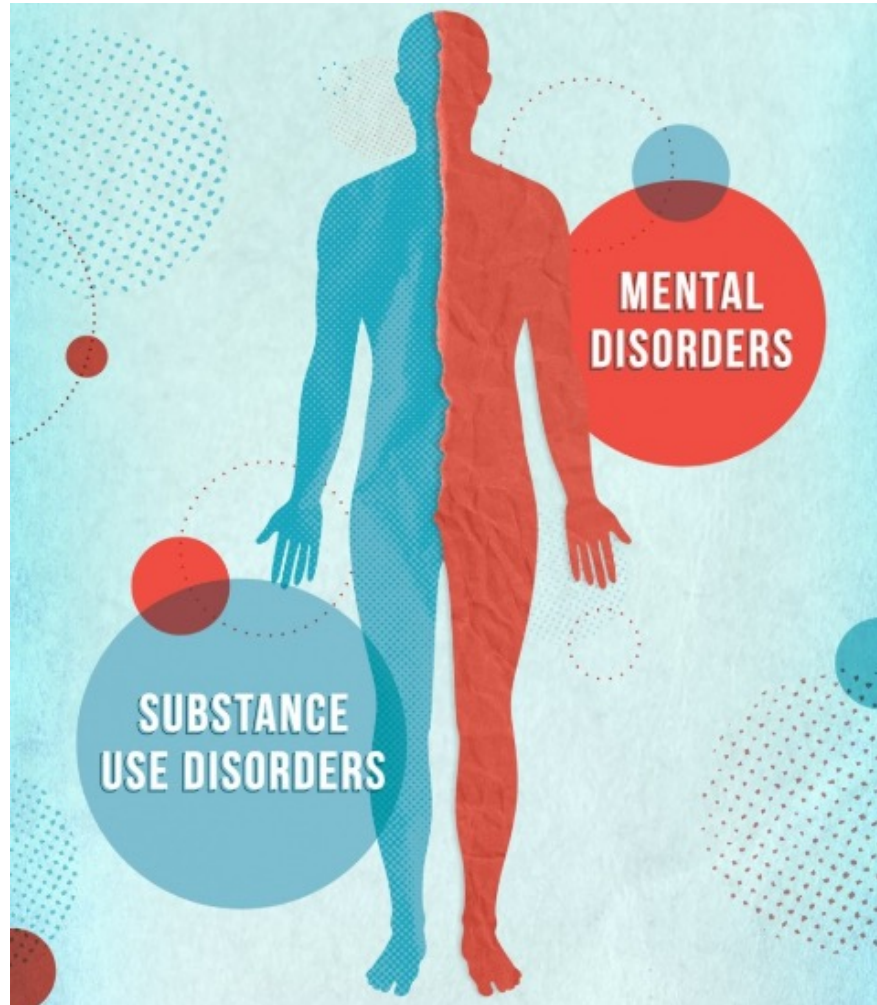


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- What is it?
- historical perspective:
Mental Health (MH)
+
Substance Use Disorder (SUD)

=
Behavioral Health (BH)

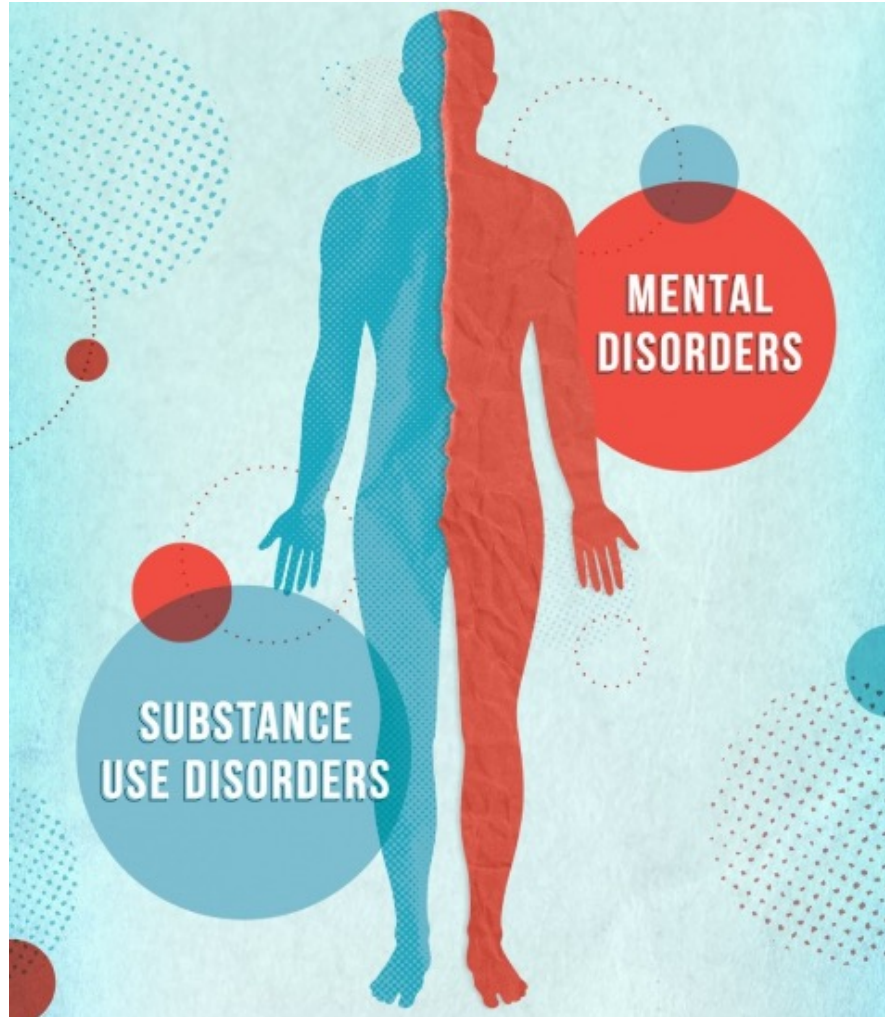


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- “**Any mental illness (AMI)** is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).
- **Serious mental illness (SMI)** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.”
- “**Substance use disorder (SUD)** is a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.”

- National Institute of Mental Health



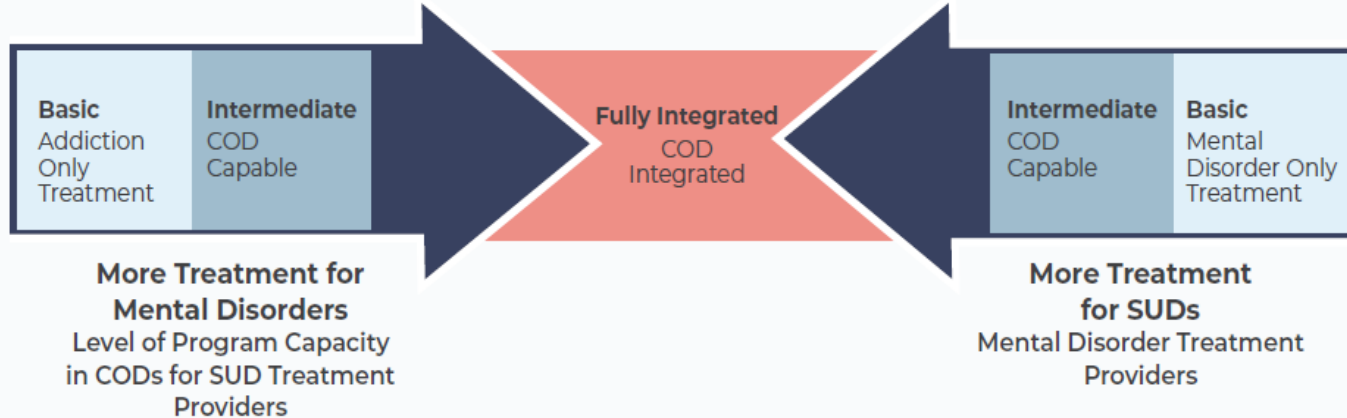
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EXHIBIT 2.5. Levels of Program Capacity in CODs



- Treatment settings exist along a continuum

Reference: SAMHSA, "Substance Use Disorder Treatment for People With Co-Occurring Disorders *UPDATED 2020*, Treatment Improvement Protocol, TIP 42



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- What is it?
- Current (typical) perspective
- “There is no health without mental health”
- World Health Organization

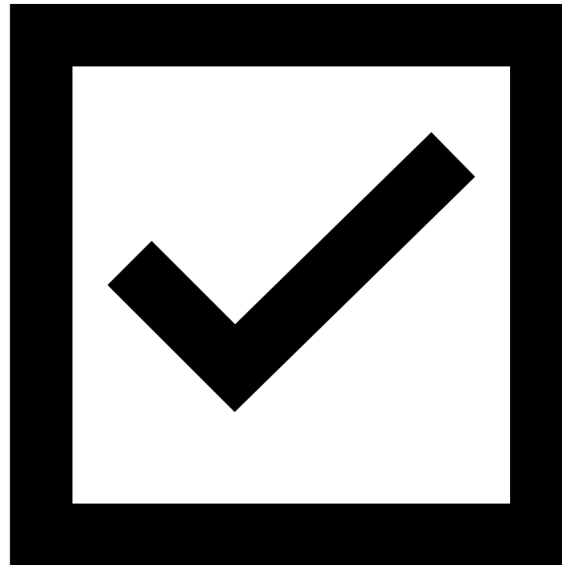


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Poll



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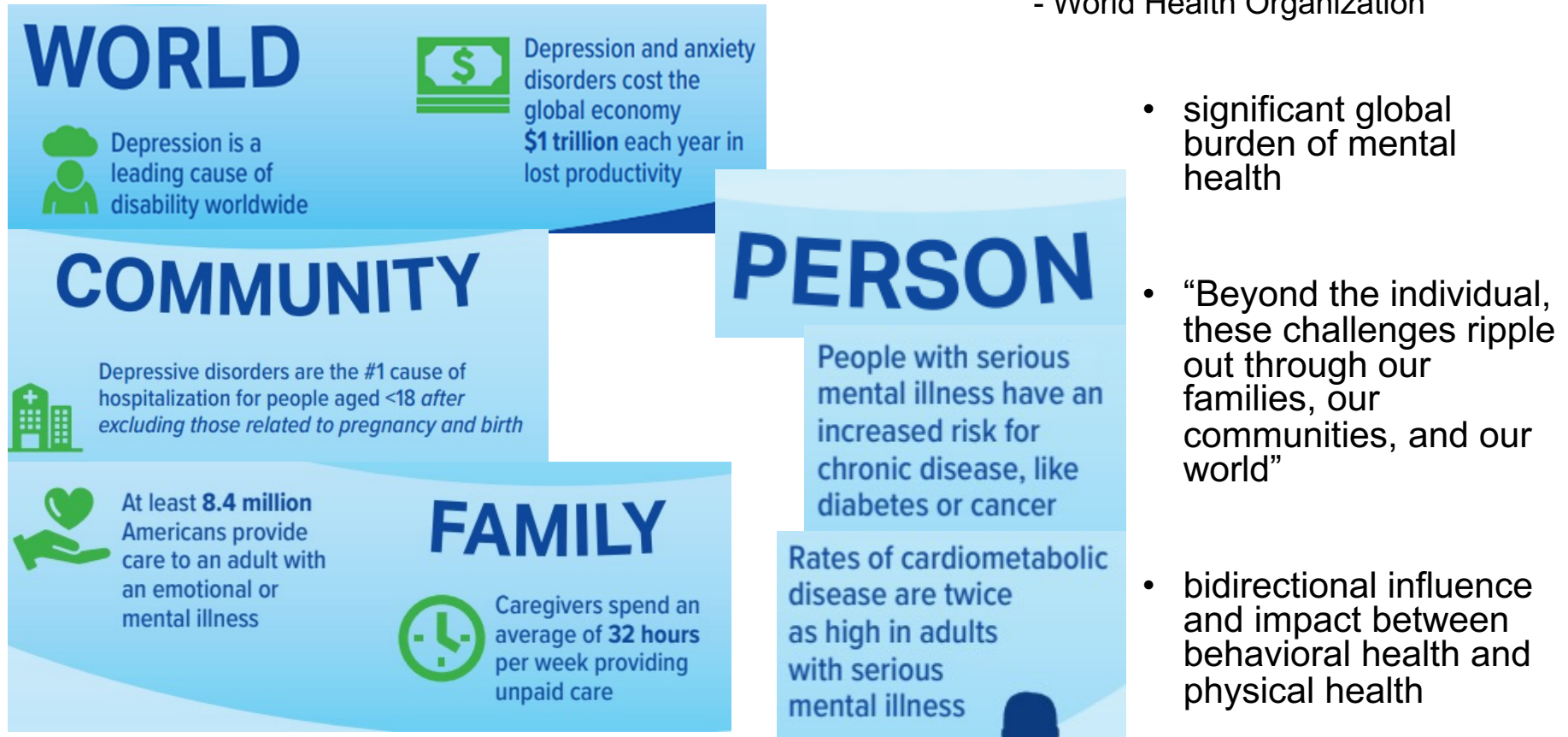
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Prevalence Data

“There is no health without mental health”

- World Health Organization



References: National Alliance on Mental Illness



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Prevalence Data

“There is no health without mental health”

- World Health Organization

Co-Occurring AMI and Substance Use Disorder (SUD)

1 in 12 adults 8.4%

aged 18 or older had both AMI and an SUD in the past year. Over one third of adults aged 18 or older who had AMI also had an SUD in the past year.

Trauma-informed care should be the standard among all programs providing COD services. Trauma is exceedingly common among people with co-occurring mental disorders and SUDs and, if untreated, can make recovery very challenging. For more information about integrating trauma-informed services, like assessments and treatments, into COD programming, see TIP 57, *Trauma-Informed Care in Behavioral Health Services*, as well as Chapters 3 and 6 of this TIP.

- Almost 1 in 4 U.S. adults aged 18 or older experience any mental illness (AMI) each year
-23.1% or 59.3 million U.S. adults
- 1 in 20 U.S. adults experience a serious mental illness (SMI) each year
-6.0% or 15.4 million U.S. adults
- More than 1 in 6 U.S. adults aged 12 or older had a substance use disorder (SUD) in the past year
-17.3% or 48.7 million U.S. adults
 - About 1 in 5 had a severe disorder
 - About 1 in 5 had a moderate disorder
 - More than half had a mild disorder

References: SAMHSA: 2022 National Survey on Drug Use and Health (NSDUH) & National Council for Mental Wellbeing: 2022 Access to Care Survey Results & SAMHSA, “Substance Use Disorder Treatment for People With Co-Occurring Disorders *UPDATED 2020*, Treatment Improvement Protocol, TIP 42



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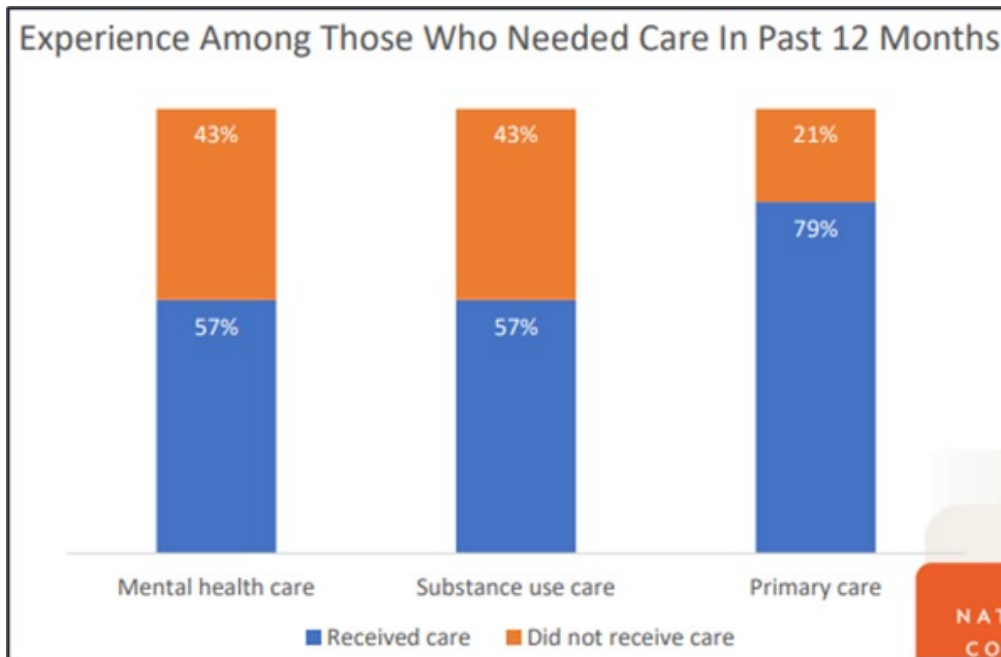
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Access to BH Care

“There is no health without mental health”

- World Health Organization



- Many Americans did not receive needed BH care over the past 12 months
 - 2x as many as those who had unmet physical health care needs
- Among those who received BH care, a majority had trouble getting it, commonly due to:
 - inconvenient appointment options
 - having to reach out to multiple providers
 - waiting too long to be seen

References: SAMHSA: 2022 National Survey on Drug Use and Health (NSDUH) & National Council for Mental Wellbeing: 2022 Access to Care Survey Results



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Whole Health

DEFINITIONS

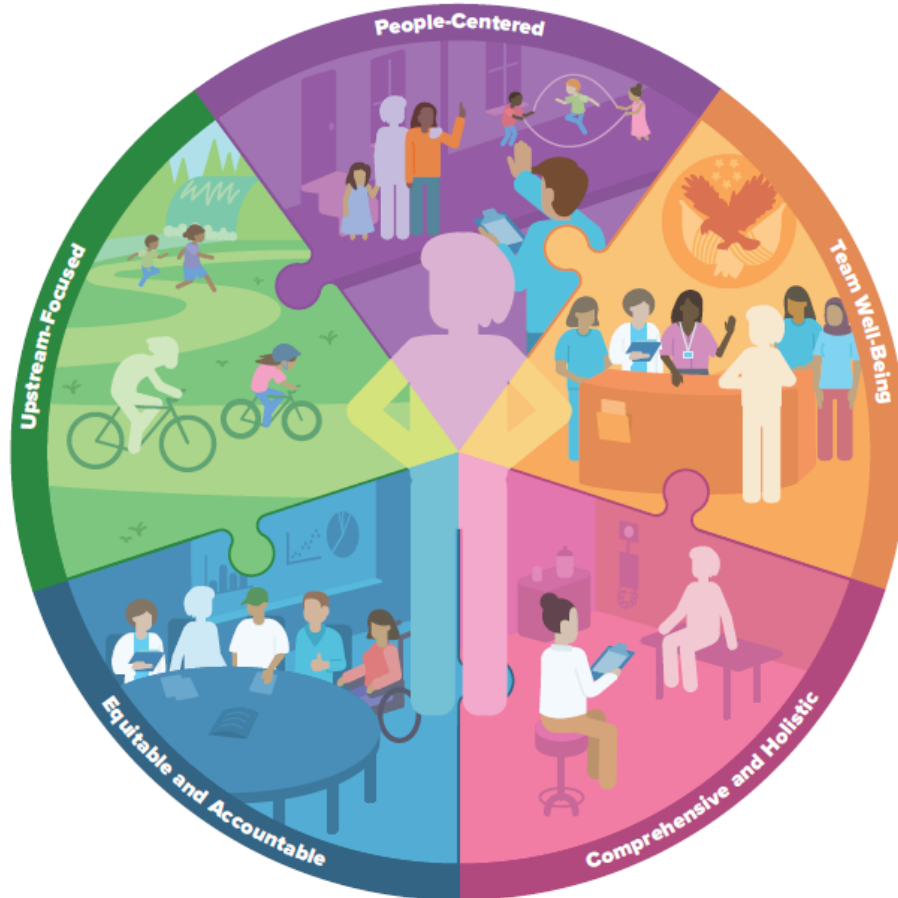


FIGURE 2-2 The foundational elements of whole health.

- **whole health**—physical, behavioral, spiritual, and socioeconomic well-being as defined by individuals, families, and communities.
- **whole health care**—an interprofessional, team-based approach anchored in trusted longitudinal relationships to promote resilience, prevent disease, and restore health. It aligns with a person’s life mission, aspiration, and purpose.
- **whole health system**—a collaborative health delivery system that encompasses conventional medical care, comprehensive and integrative health, community programs, social services, and public health. It addresses the five foundational elements of whole health (people-centered, holistic and comprehensive, upstream-focused, equitable and accountable, and team well-being).

Reference: “Achieving Whole Health: A New Approach for Veterans and the Nation (2023), National Academies Press, [Achieving Whole Health: A New Approach for Veterans and the Nation | The National Academies Press](#)



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Integrated Care

- What is it?

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:

Reference: SAMHSA-HRSA Center for Integrated Solutions, 2013

- foundational standard perspective



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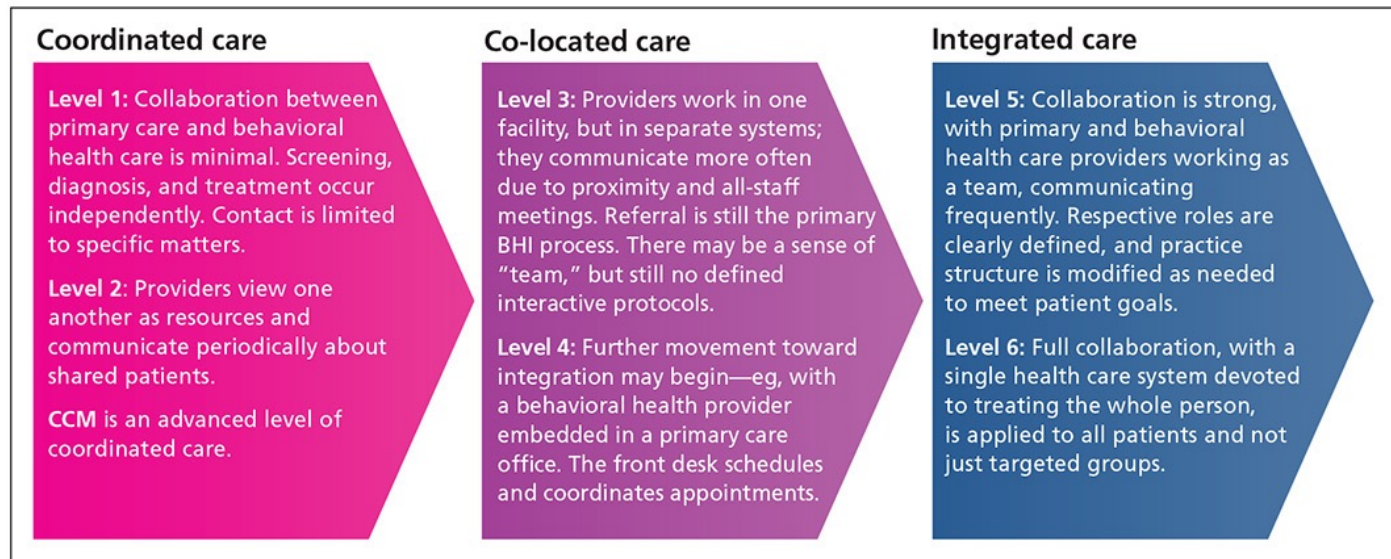
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FIGURE 1

How collaboration changes on the BHI continuum^{12,13}

Six levels of collaboration spanning 3 basic models of care



BHI, behavioral health integration; CCM, collaborative care model.

- What is it?
- basic perspective

Reference: Rajesh, R. & Tampi, R. & Balachaandran, S. (2019). “The case for behavioral health integration into primary care,” The Journal of Family Practice, 68(5), 278-284



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TABLE 1
Behavioral health integration: 3 models of care^{11,12}

	Coordinated care	Co-located care	Integrated care
Physical setting	Primary care office conducts routine screening of behavioral health	Medical and behavioral health services located in same facility	Medical and behavioral health services located in same facility or separate locations
Initiation of BHI care	Referral relationship between primary care and behavioral health settings	Referral process for medical cases to be seen by behavioral health clinicians	One treatment plan with behavioral and medical elements
Nature of BHI interaction	Routine exchange of information between both settings to bridge cultural differences, usually via a case/care manager	Enhanced informal communication process between primary care provider and behavioral health provider due to physical proximity	A team working together to deliver care using a prearranged protocol

BHI, behavioral health integration.

- What is it?
- foundational perspective

Reference: Rajesh, R. & Tampi, R. & Balachaandran, S. (2019). "The case for behavioral health integration into primary care," The Journal of Family Practice, 68(5), 278-284



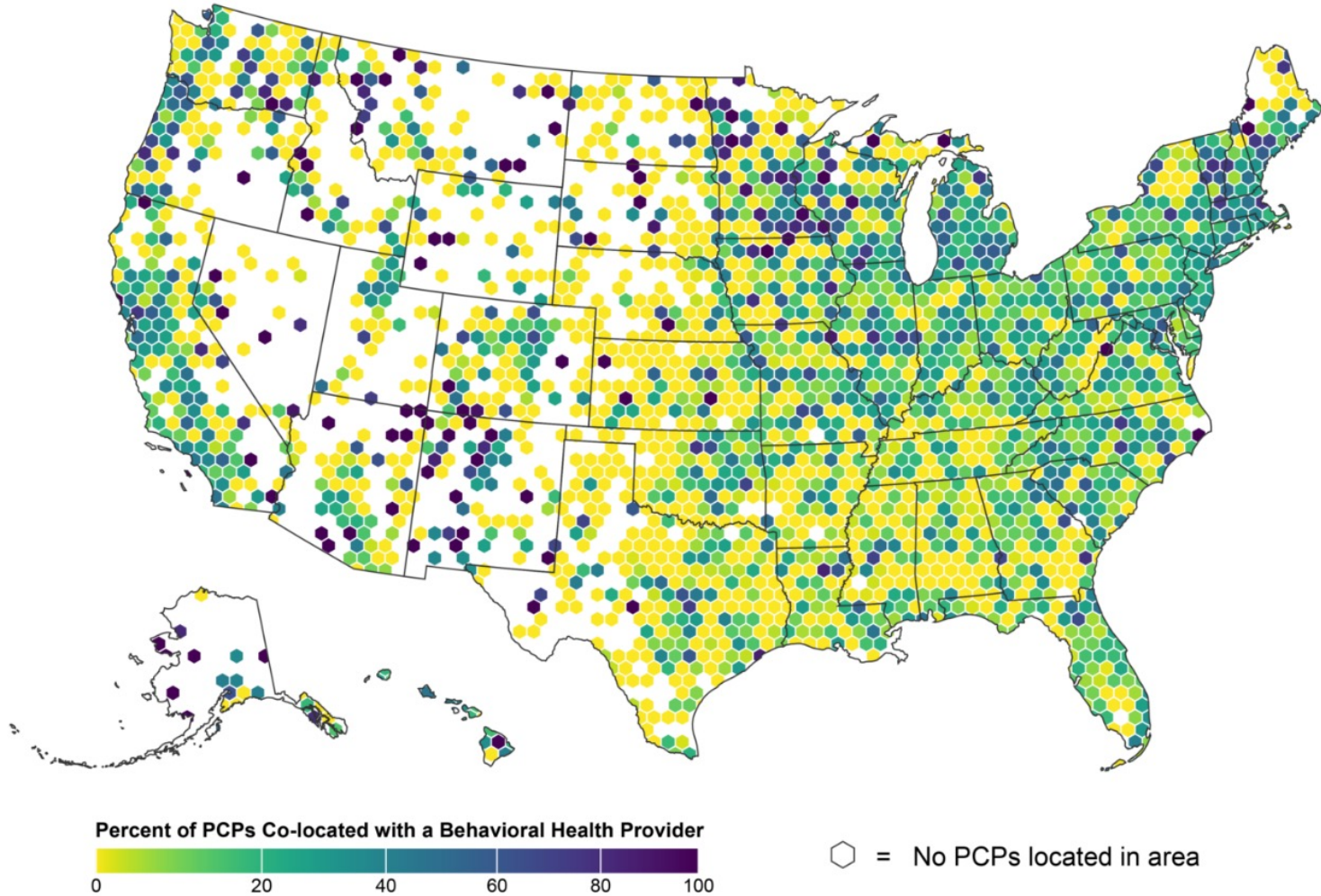
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Integrated Care – Current State

Percentage of Primary Care Physicians Co-Located with Behavioral Health Providers



Reference: [What is Integrated Care? - Collaborative Family Healthcare Association \(cfha.net\)](http://www.cfha.net)

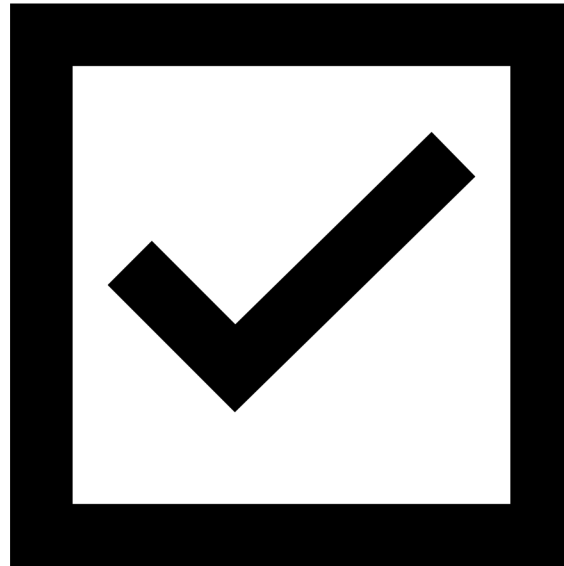


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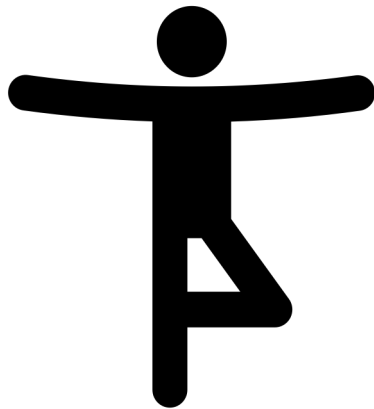


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Triple Aim



- Institute for Healthcare Improvement (IHI) developed Triple Aim of Health Care in 2007
- Recognized by National Committee for Quality Assurance and the Joint Commission
- 3 overarching goals that span all levels of care in the healthcare system:
 - *reducing costs*
 - *improving health outcomes*
 - *improving patient experience* (including quality of care and patient satisfaction)

Reference: [The Triple Aim of Healthcare and CCM \(chartspan.com\)](http://chartspan.com)



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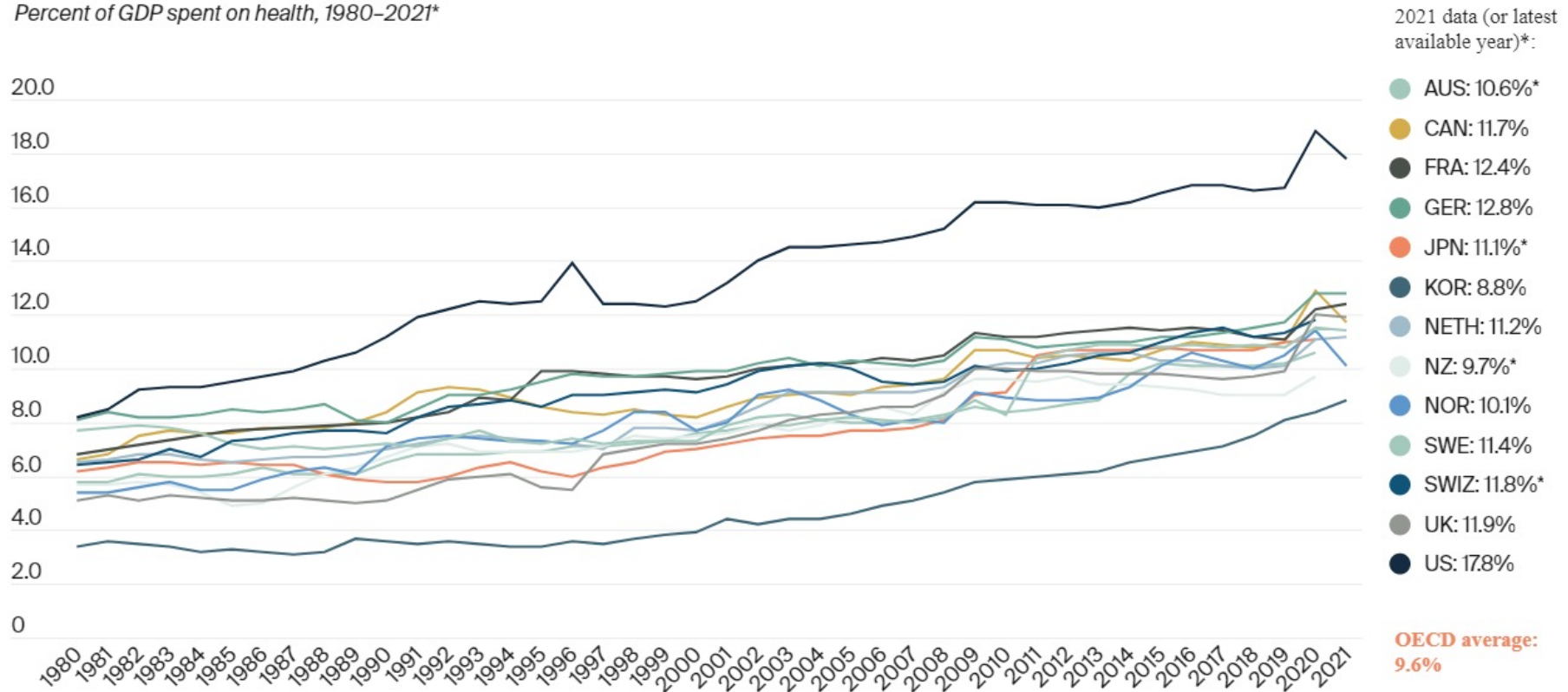
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Healthcare Spending

The U.S. is a world outlier when it comes to health care spending.

Percent of GDP spent on health, 1980–2021*



Reference: [U.S. Health Care from a Global Perspective, 2022 | Commonwealth Fund](#)

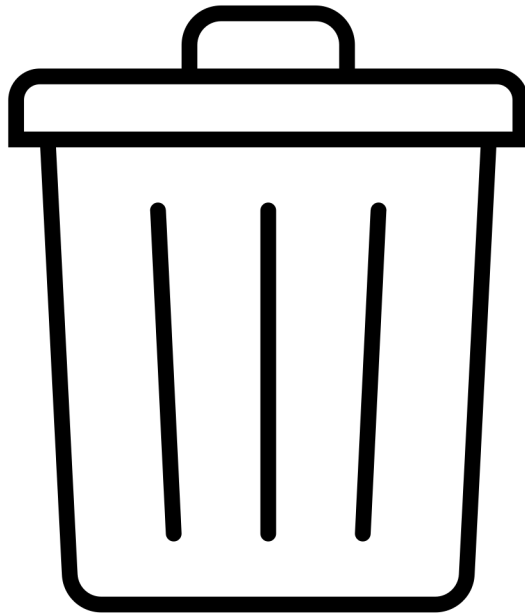


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Healthcare Waste



- Roughly 20 to 25% of American health care spending is wasteful
- “The estimated waste is at least \$760 billion per year. That’s comparable to government spending on Medicare and exceeds national military spending, as well as total primary and secondary education spending.”

References: [The Huge Waste in the U.S. Health System - The New York Times \(nytimes.com\)](#) & [Waste in the US Health Care System: Estimated Costs and Potential for Savings | Health Care Quality | JAMA | JAMA Network](#)



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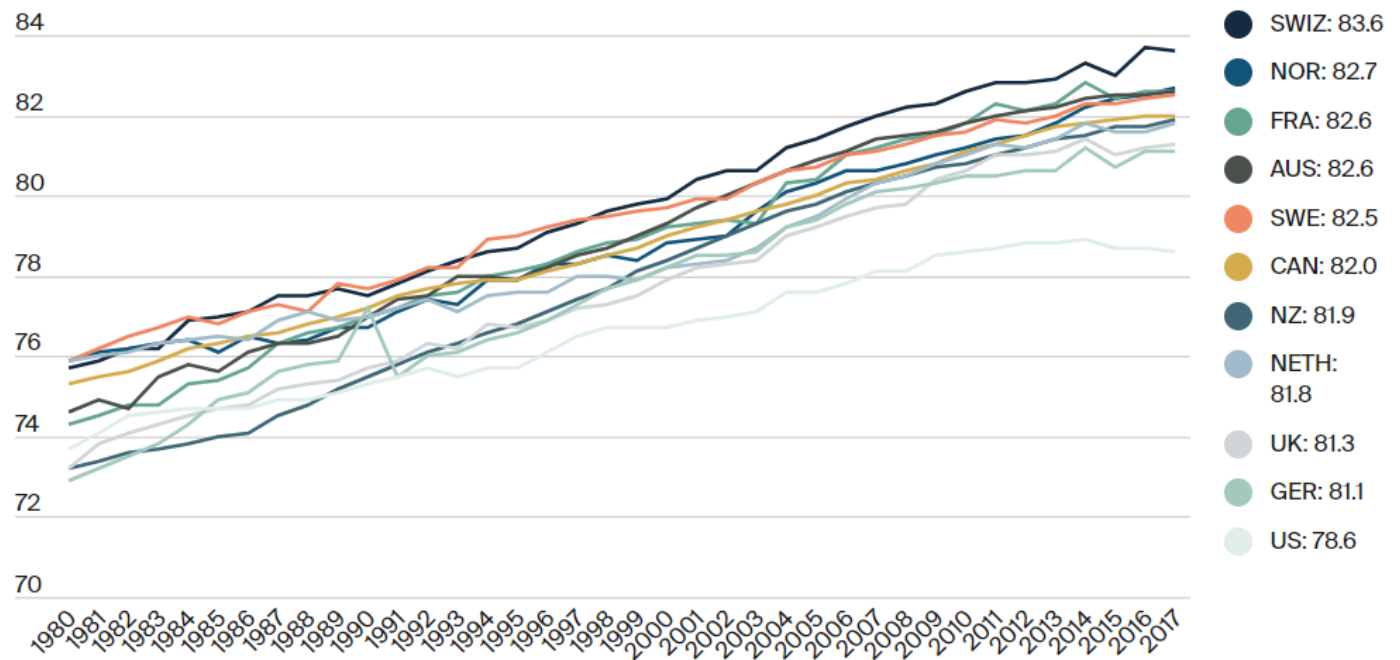
Healthcare Outcomes

The U.S. Has the Lowest Life Expectancy

Years

Legend shows 2017 data

OECD average: 80.7



Reference: [U.S. Health Care from a Global Perspective, 2022 | Commonwealth Fund](#) & [U.S. Health Care from a Global Perspective, 2019 | Commonwealth Fund](#)



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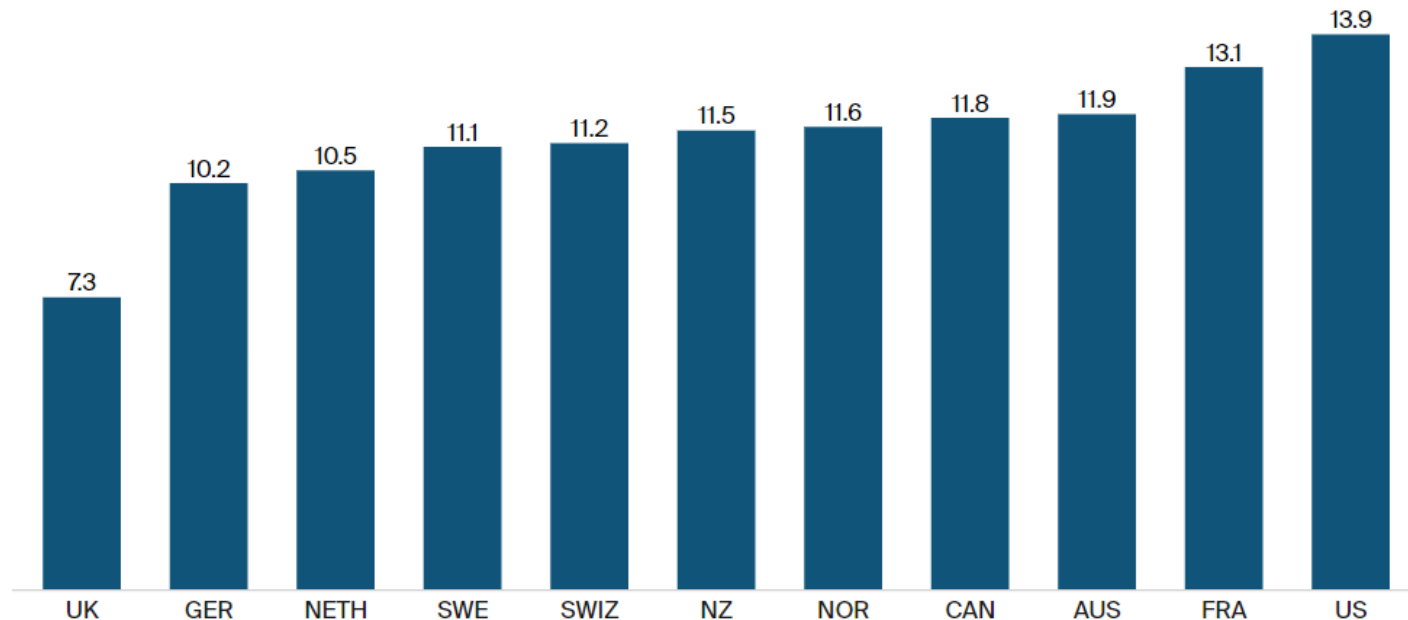
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Healthcare Outcomes

Suicide Rates Are the Highest in the U.S.

Deaths per 100,000 population (standardized rates)

OECD average: 11.5



Reference: [U.S. Health Care from a Global Perspective, 2022 | Commonwealth Fund](#) & [U.S. Health Care from a Global Perspective, 2019 | Commonwealth Fund](#)



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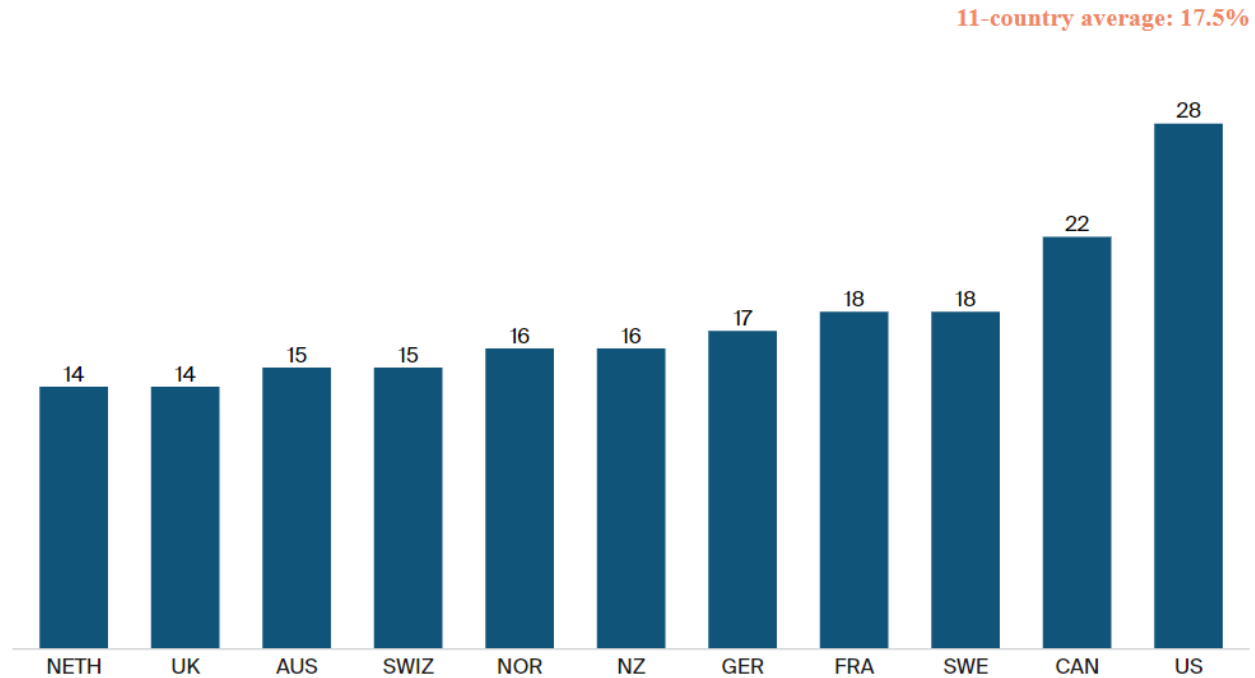
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Healthcare Outcomes

U.S. Adults Have the Highest Chronic Disease Burden

Percent (%)



Reference: [U.S. Health Care from a Global Perspective, 2022 | Commonwealth Fund](#) & [U.S. Health Care from a Global Perspective, 2019 | Commonwealth Fund](#)



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Expanding to Quadruple Aim



- In 2018, a 4th goal was proposed to be added
- Institute for Healthcare Improvement (IHI) embraced this change
- Expanding Triple Aim to Quadruple Aim:
 - improving lives of providers, with a focus on preventing burnout and supporting mental health

References: [The Triple Aim Plus More - PMC \(nih.gov\)](#) & [From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider - PMC \(nih.gov\)](#)



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Expanding to Quintuple Aim



- In 2022, a 5th goal was proposed to be added
- Institute for Healthcare Improvement (IHI) embraced this change
- Expanding Quadruple Aim to Quintuple Aim:
 - Increasing health equity

References: [On the Quintuple Aim: Why Expand Beyond the Triple Aim? | Institute for Healthcare Improvement \(ihi.org\)](#)



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Expanding to Quintuple Aim



- “If we draw the Triple Aim as a triangle and the Quadruple Aim as a square or a cross, we can think of the Quintuple Aim as points on a star — a North Star that may guide our health system forward. There is connectivity between all the points. The aims are synergistic. They build upon one another. They are interdependent.”
- Achieving health equity entails advancing “medical equity”

References: [On the Quintuple Aim: Why Expand Beyond the Triple Aim? | Institute for Healthcare Improvement \(ihi.org\)](#) & [The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity | Health Disparities | JAMA | JAMA Network](#) & Wanbo, W., Will, D. & Wang, F. (2024). “Medical Equity, The Eventual Goal of Health Care,” *Science Insights* 44(4), pp. 1341-1352.



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Quintuple Aim



- “The trust crisis in health has been a long time coming. The coronavirus crisis, the ongoing political polarization of America, and the lack of affordability have all contributed to the erosion of trust in the medical profession”
- “One study found that more than 50 cities across the country have neighborhoods that are 5 miles apart but have a 20-year discrepancy in life expectancy... There are certain resources that are required to be healthy and those resources are not evenly distributed”
- “Not to mention that 80% of what drives health is not medical, she said: environment, economy, education, and employment, to name a few, all affect a person’s health—which is why public health is so critical.”
- “But with public health—just as with private health care—trust is a concern. Fewer people trust the system, and a lot of them choose to use social media for their health questions rather than humans.”

References: [On the Quintuple Aim: Why Expand Beyond the Triple Aim? | Institute for Healthcare Improvement \(ihi.org\)](#) & [The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity | Health Disparities | JAMA | JAMA Network](#) & [The health care system is incomprehensible to 90 million Americans, CVS exec says | Fortune Well](#)



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Check-In

Questions?

Comments?

Key insights?

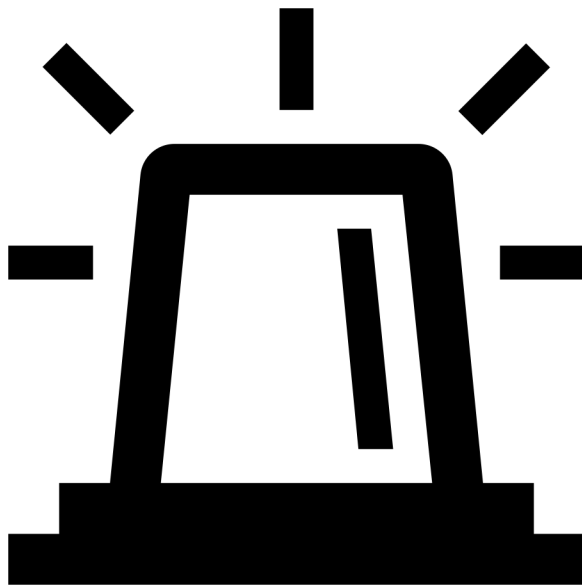


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Adverse Events in Healthcare



- AE is a harmful and negative outcome that happens when a patient has been provided with medical care – outcomes ranging from medication side effects, injury, psychological harm or trauma, or death
- Adverse events (AE) frequently occur in any medical system
- AE: globally at least 1 in 10
- U.S.: 19% increase in AE from 2021-2022 resulting in permanent, severe harm or death

References: [Adverse Events - StatPearls - NCBI Bookshelf \(nih.gov\)](#)



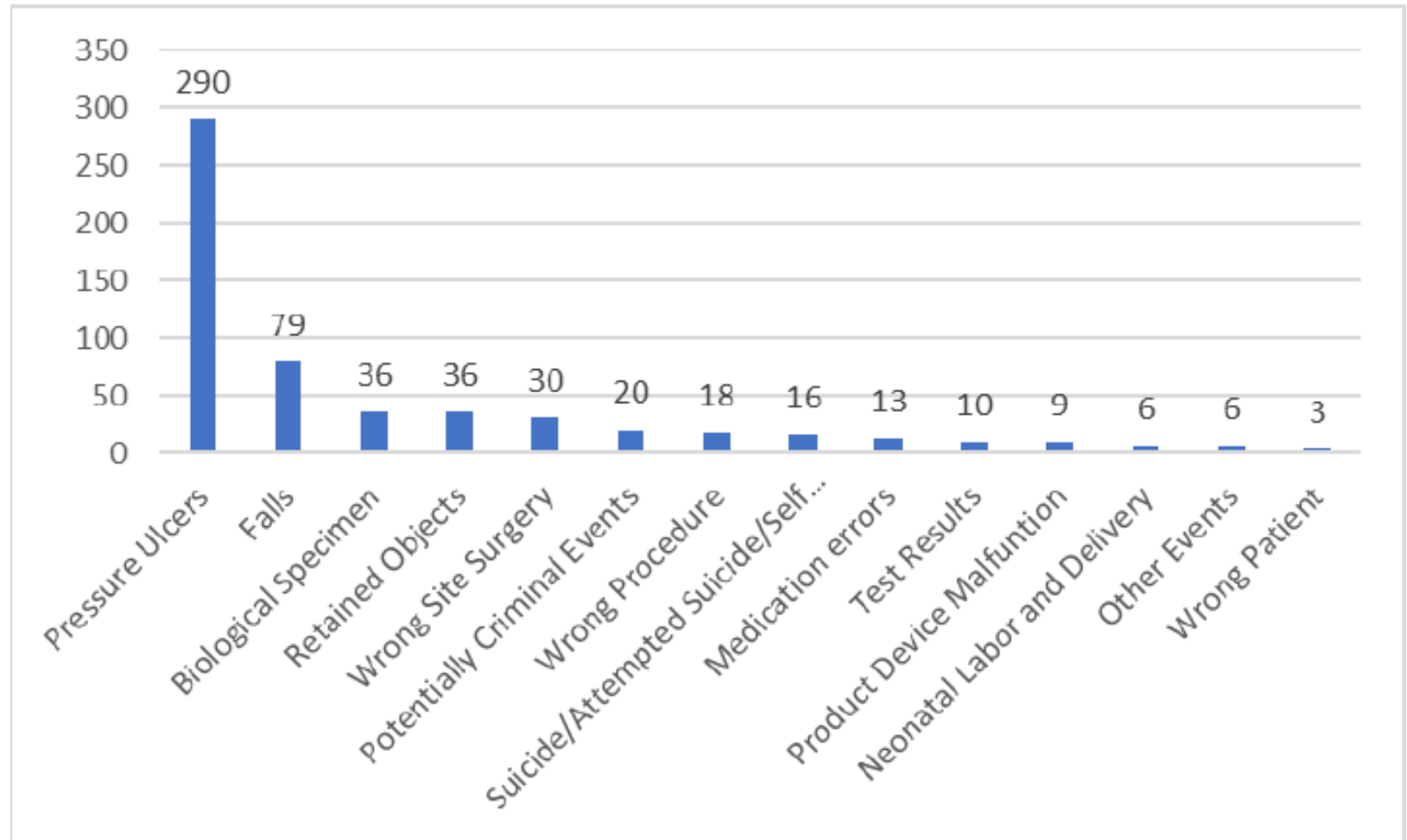
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Adverse Health Events

Figure 1: Events by category 2022



References: "Adverse Health Events in Minnesota ANNUAL PUBLIC REPORT SEPTEMBER 2023," Minnesota Department of Health

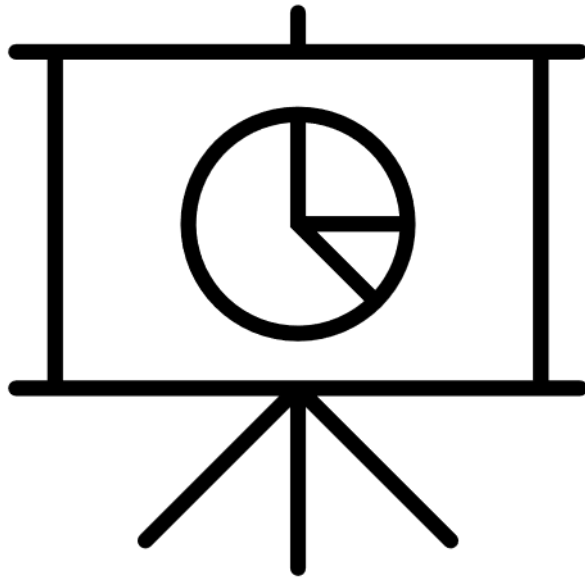


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Value-Based Care



- What is it?
- **VBC is not 1, but 2 transformations simultaneously:**
 - (1) a financial transformation, which changes how care is paid for
 - (2) a clinical transformation, which changes how care is delivered
- Transforming the financial model without changing the clinical model (or vice versa) is insufficient at best



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Value-Based Care

Fee-for-service

- Success measured by maximizing volumes and revenues
- Limited standardization around clinical evidence and widespread quality and cost variation
- Focus on improving efficiency of acute services



**VOLUME
&
QUANTITY**

- Why?
- FFS reimburses health care providers based on the # of patients seen, services provided, tests completed, or procedures conducted
- FFS rewards individual providers for both volume and quantity of services provided — ‘productivity’

References: [Moving Toward Value-Based Care — What It Means for Social Work - Social Work Today Magazine](#)



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Value-Based Care

Value-based payment

- Success measured by outcomes
- Integrated care delivery and treatment pathways
- Consistency with evidence-based care and utilization practices
- Focus on reducing total cost of care



**OUTCOME
&
QUALITY**

- Why?
- “Because each provider is required to bill individually [in fee-for-service], the model actually disincentivizes team-based care and the provision of preventive services... Value-based care reimburses for both team-based care and preventive services, which include both early detection and intervention. Intervening early often leads to better health outcomes, as well as lower costs.”

Reference: [Moving Toward Value-Based Care — What It Means for Social Work - Social Work Today Magazine](#)



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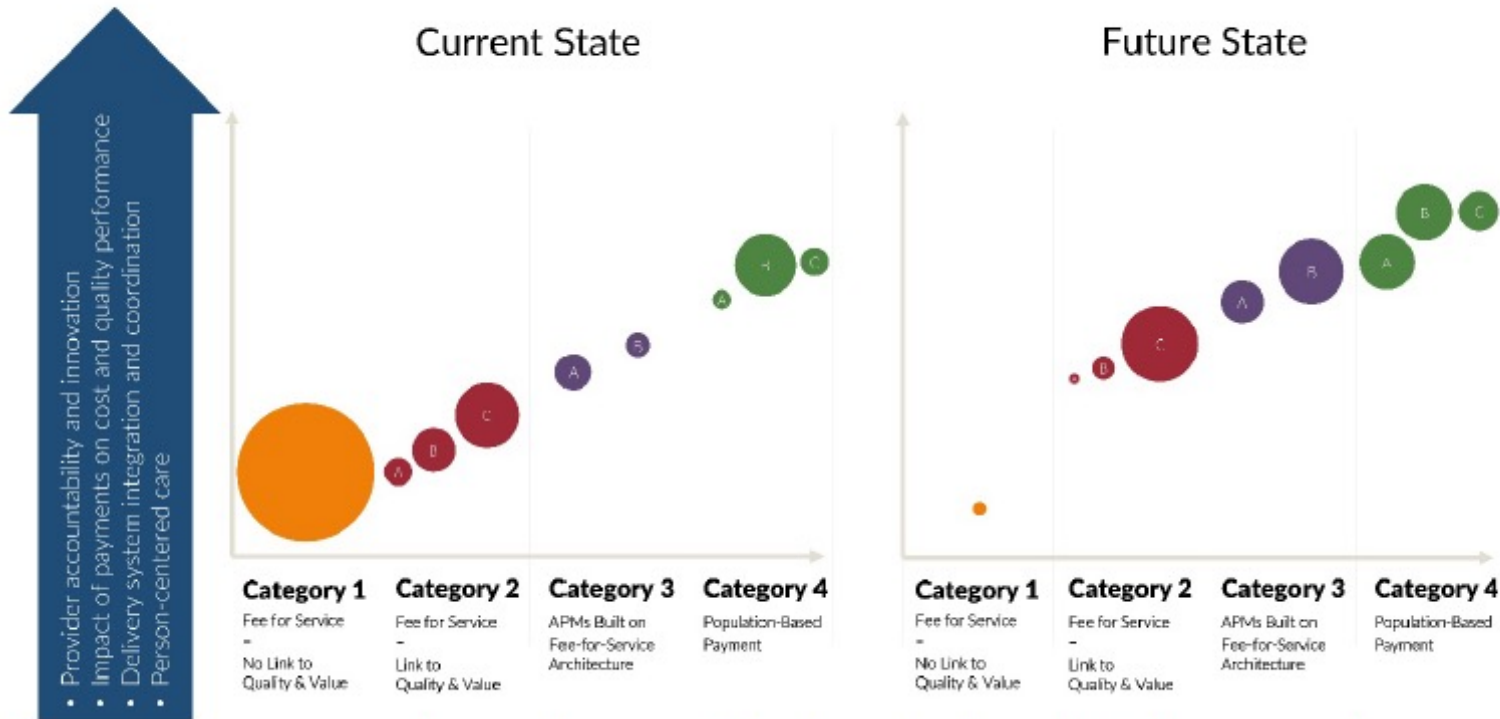
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Value-Based Care



Figure 3: Payment Reform Goals



References: Health Care Payment Learning & Action Network, "An Alternative Payment Model APM Framework":



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Activity

On Value



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Integrated Care - Roadmap

- CONTINUUM-BASED FRAMEWORK FOR BEHAVIORAL HEALTH INTEGRATION (BHI) IN GENERAL HEALTH SETTINGS

Approaches to Integrating Physical and Behavioral Health Care

Coordinated Driven by communication		Colocated Benefits from proximity		Integrated Fully transformed care	
Screening	Consultation	Care management /navigation	Colocation	Health homes	System-level integration
Primary care providers (PCPs) identify patients with behavioral health needs and refer them to services	Behavioral health consultants work with patients to meet care goals established by PCPs	Behavioral health care managers embedded within primary care practice monitor patients' care plans and treatment progress and coordinate behavioral health care with patients and PCPs	PCPs and behavioral health providers operate from same facility and collaborate as needed	Health homes offer ongoing care management and coordination, referrals, and support for patients with complex needs, addressing range of health needs, including behavioral	PCPs and behavioral health providers from same facility coordinate and collaborate under one management system; communication, culture of respect, collaboration are key
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Vermont's Hub and Spoke Model	Collaborative Care Model and Comprehensive Primary Care Plus Model	Common in FQHCs, like the Cherokee Health Systems and Golden Valley Health Centers	Medicaid Health Homes	Intermountain Healthcare

Data: Adapted from Center for Health Care Strategies, *Integrating Behavioral Health Care into Primary Care: Advancing Primary Care Innovation in Medicaid Managed Care* (CHCS, Aug. 2019); and SAMHSA-HRSA Center for Integrated Health Solutions, "Standard Framework for Levels of Integrated Healthcare," n.d.

Source: Celli E. Horstman, Sara Federman, and Reginald D. Williams II, "Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis" (explainer), Commonwealth Fund, Sept. 15, 2022. <https://doi.org/10.26099/eatz-wb65>



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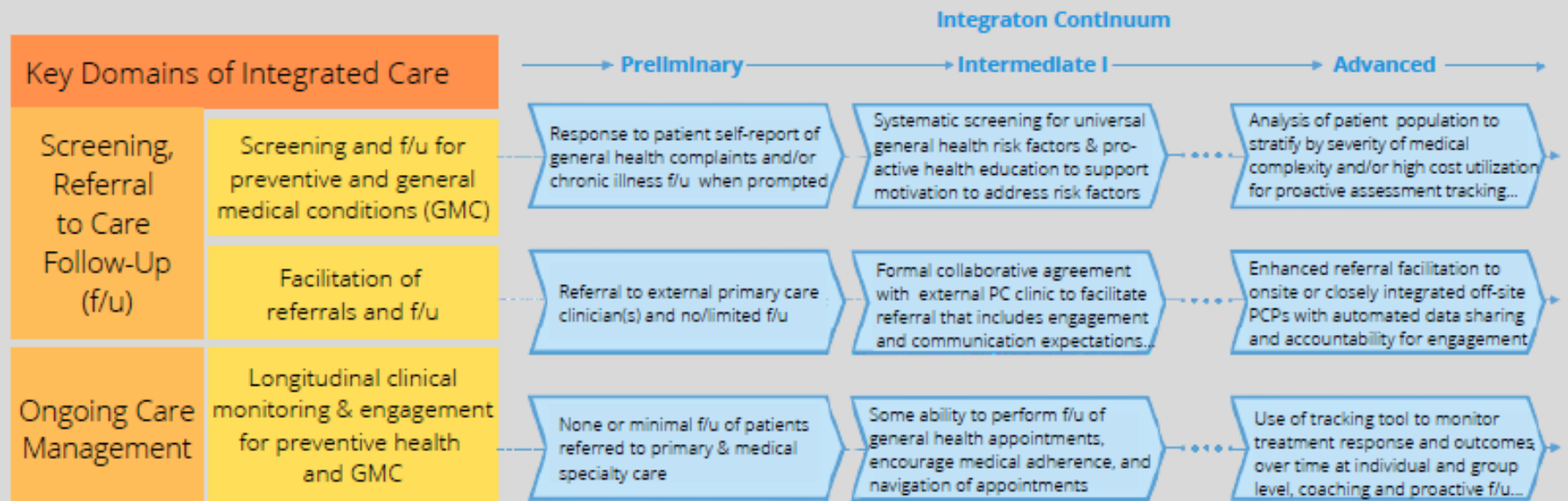
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Integrated Care – Roadmap

- A CONTINUUM-BASED FRAMEWORK FOR GENERAL HEALTH INTEGRATION (GHI) IN BH SETTINGS

Figure 1: The Framework's Structure Illustrated

An abbreviated version of the framework—not the full working model, only a partial representation of its structure—illustrates two of the eight domains. The complete framework, depicting all domains and elements, appear in Appendix A.



Reference: Copyright 2020, The New York Community Trust



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Integrated Care – Roadmap

- Comprehensive Healthcare Integration (CHI) Framework

THREE INTEGRATION CONSTRUCTS

Each Integration Construct describes an organized approach that has several evidence-based or expert-consensus supported core service elements drawn from the eight Domains for “integratedness” that can be implemented flexibly depending on the mission, resources, incentives and capabilities of a provider organization. The term “CONSTRUCT” is defined as an idea or theory containing various conceptual elements and implies that the core elements of integratedness in each Construct can be adapted with some degree of consistency by organizations whose initial targets may range more basic to more advanced integratedness based on available resources.



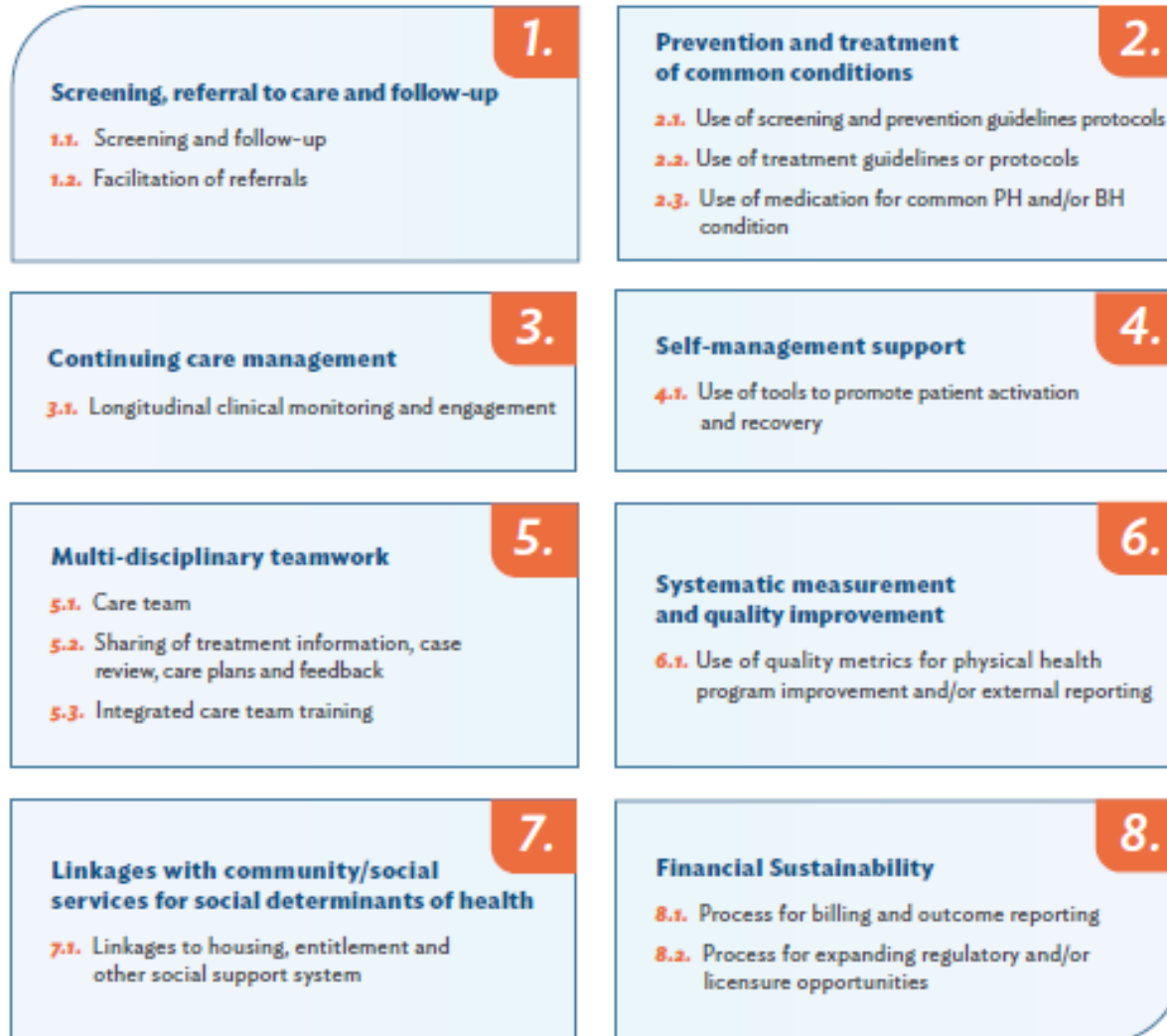
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Integrated Care – Roadmap

CHI Framework Domains & subDomains



- Comprehensive Healthcare Integration (CHI) Framework



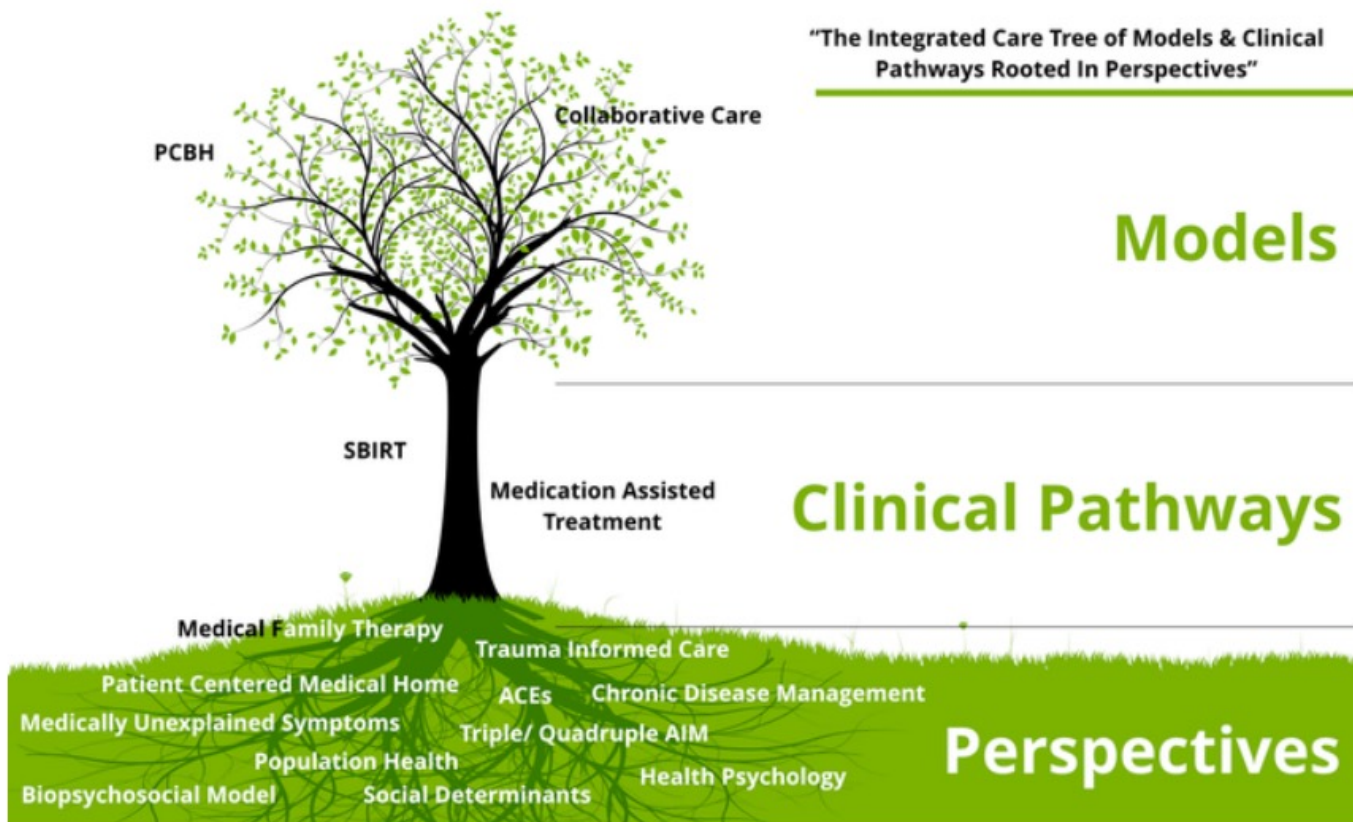
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Integrated Care

"The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives"



- “One way to think about integrated care is to consider the models, clinical pathways and perspectives that make up these efforts to bring together parts of the healthcare delivery system that traditionally work in silos.”

Reference: [What is Integrated Care? - Collaborative Family Healthcare Association \(cfha.net\)](http://www.cfha.net)



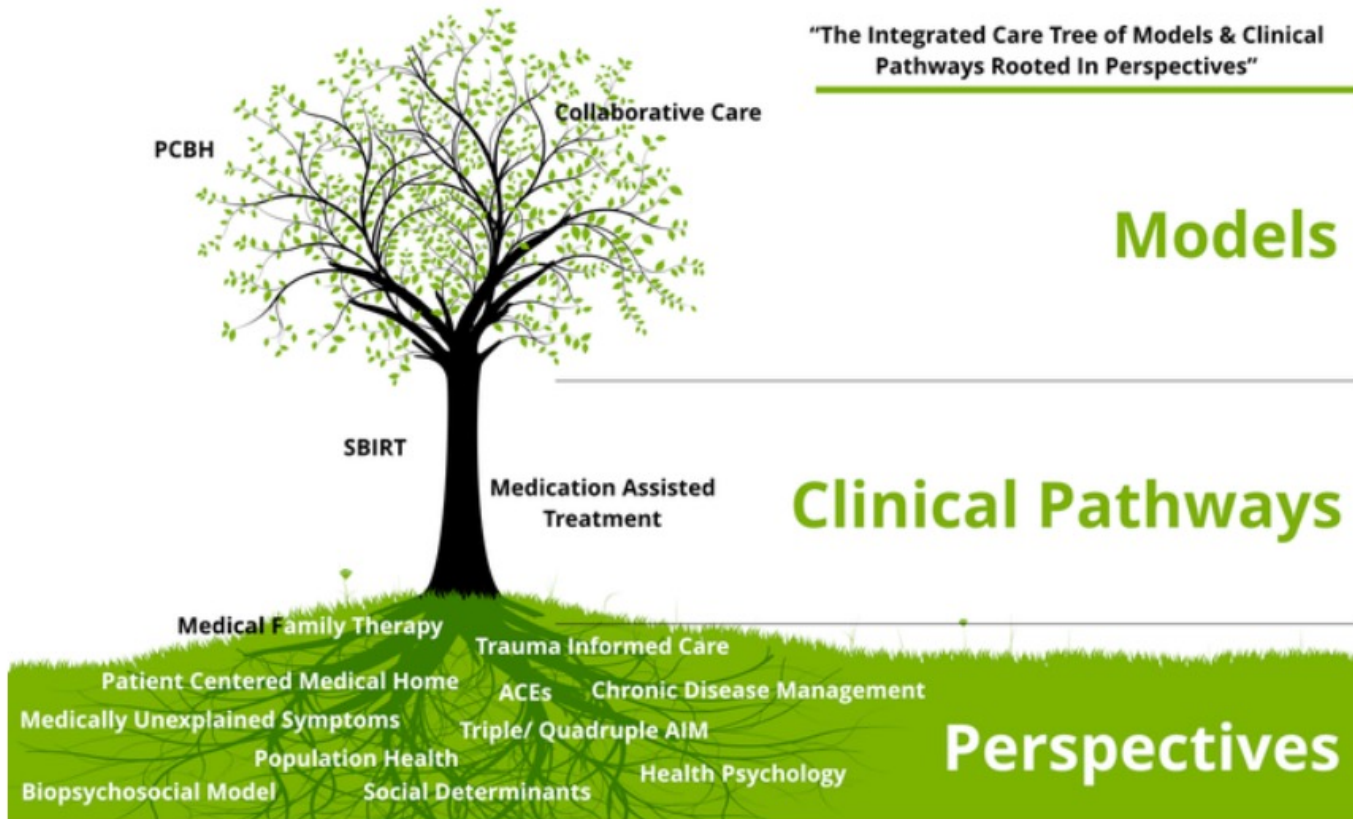
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Integrated Care

"The Integrated Care Tree of Models & Clinical Pathways Rooted In Perspectives"



- “One way to think about integrated care is to consider the models, clinical pathways and perspectives that make up these efforts to bring together parts of the healthcare delivery system that traditionally work in silos.”

- **PCBH**

(Primary Care Behavioral Health)

G = Generalist

A = Accessibility

T = Team-based

H = High productivity

E = Educator

R = Routine

Reference: [What is Integrated Care? - Collaborative Family Healthcare Association \(cfha.net\)](#) & Reiter, J.T., Dobbmeyer, A.C. & Hunter, C.L. (2018). “The PCBH Model: An Overview and Operational Definition,” *Journal of Clinical Psychology in Medical Settings*, 25: 109-126.

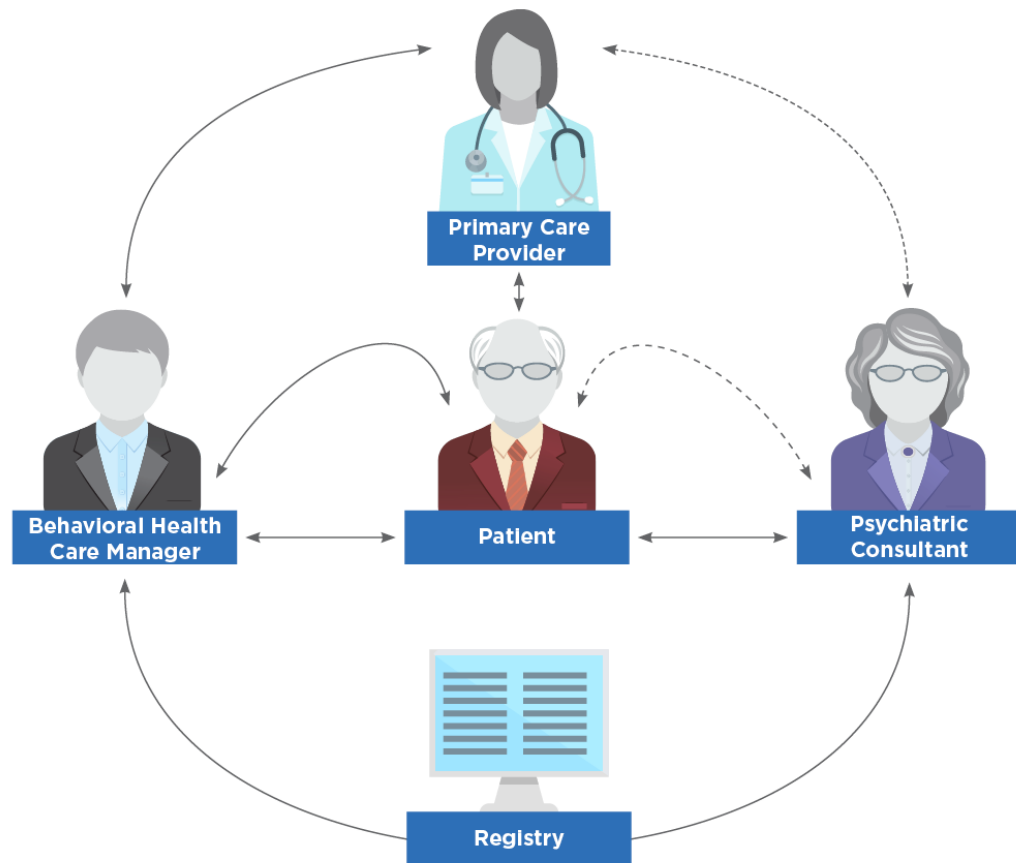


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Integrated Care – CoCM or CCM



- “CoCM requires a team of providers. Trained Primary Care Providers (PCP) work with embedded Behavioral Health Care Managers (BHCM) to provide evidence-based medication or psychosocial treatments. The PCP and BHCM are supported by a Psychiatric Consultant who meets regularly with the BHCM for Systematic Caseload Review (SCR), where they consult on patients and adjusts treatment for those who are not improving as expected.”

←→ Frequent contact

←-----→ Infrequent contact

References: [About Collaborative Care - AIMS Center \(uw.edu\)](#) & [Psychiatry.org - Learn](#)

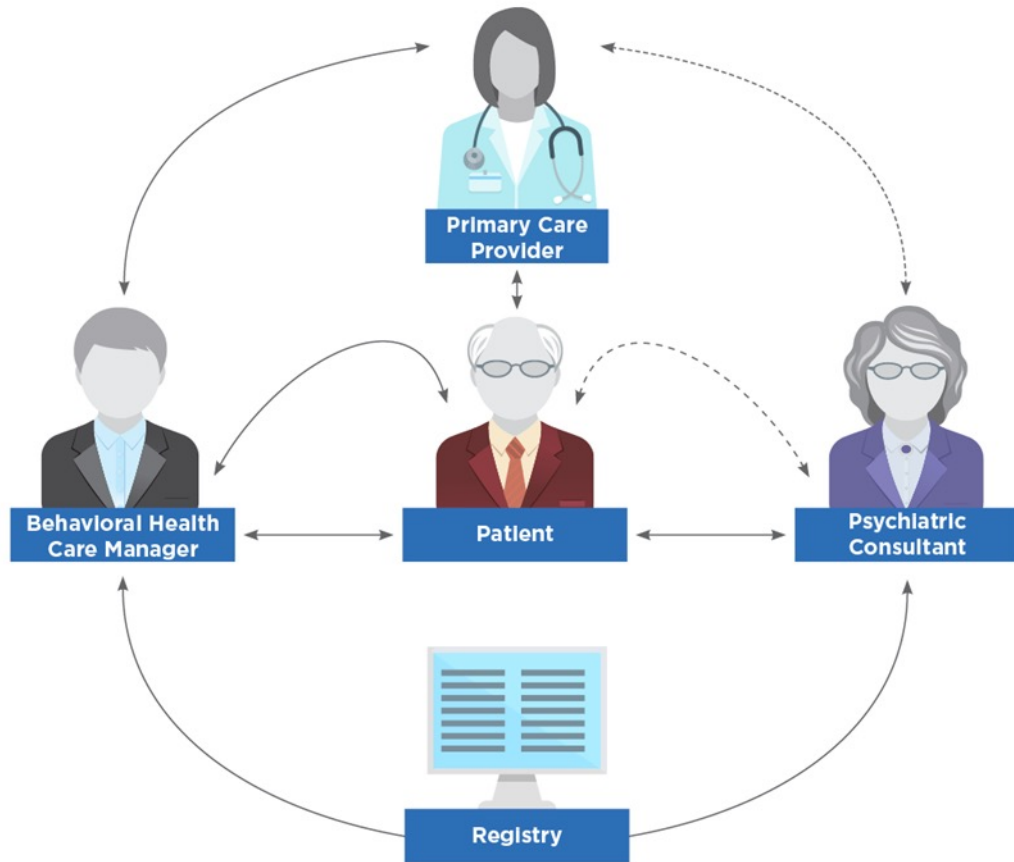


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Integrated Care – CoCM or CCM



- CoCM Principles of Care

1. Patient-Centered Care
2. Population-Based Care
3. Measurement-Based Treatment to Target
4. Evidence-Based Care
5. Accountable Care

←→ Frequent contact ←-----→ Infrequent contact

Reference: [About Collaborative Care - AIMS Center \(uw.edu\)](#) & [Psychiatry.org - Learn](#)



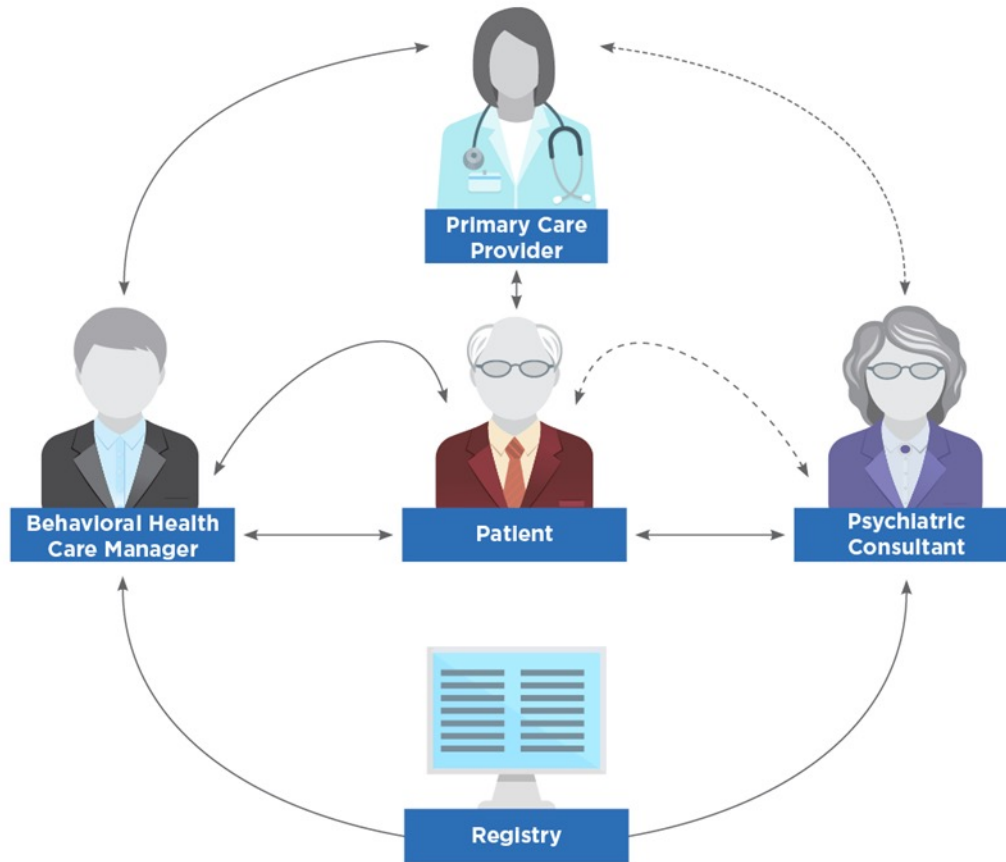
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Integrated Care – CoCM or CCM

- CoCM Readiness Checklist
 - 10 questions



←→ Frequent contact ←-----→ Infrequent contact

References: [About Collaborative Care - AIMS Center \(uw.edu\)](http://www.aimscenter.org/about-collaborative-care) & [Collaborative Care Readiness Checklist - AIMS Center \(uw.edu\)](http://www.aimscenter.org/collaborative-care-readiness-checklist)

Resource Hubs

- [About NAMI | NAMI](#)
- [About Collaborative Care - AIMS Center \(uw.edu\)](#)
- [Access Community Health Centers Integrated Primary Care Consulting Psychiatry Toolkit - National Council for Mental Wellbeing \(thenationalcouncil.org\)](#)
- [The Comprehensive Healthcare Integration Framework \(thenationalcouncil.org\)](#)
- [Advancing Integration of General Health in Behavioral Health Settings: A Continuum-Based Framework - National Council for Mental Wellbeing \(thenationalcouncil.org\)](#)
- [What is Integrated Care? - Collaborative Family Healthcare Association \(cfha.net\)](#)
- [Navigating Value-based Payment | AHA](#)
- [National Center of Excellence for Integrated Health Solutions | SAMHSA](#)
- [Center of Excellence - National Council for Mental Wellbeing \(thenationalcouncil.org\)](#)



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Integrated Care workforce challenges

GOAL

To develop and scale innovative solutions for addressing the workforce barriers integrated care organizations face from the ongoing pandemic and as demands increase for integrated mental health, substance use treatment and general health services.

WORKFORCE CHALLENGES



**Recruitment
of providers**



**Retention
of providers**



**Increased
demand**
for mental health
& substance use
treatment



**Telehealth
&
technology
access**



**Training
&
onboarding
challenges**



**Funding
challenges &
insufficient
Medicaid
reimbursement**

References: [Homepage - National Council for Mental Wellbeing \(thenationalcouncil.org\)](https://www.thenationalcouncil.org/)



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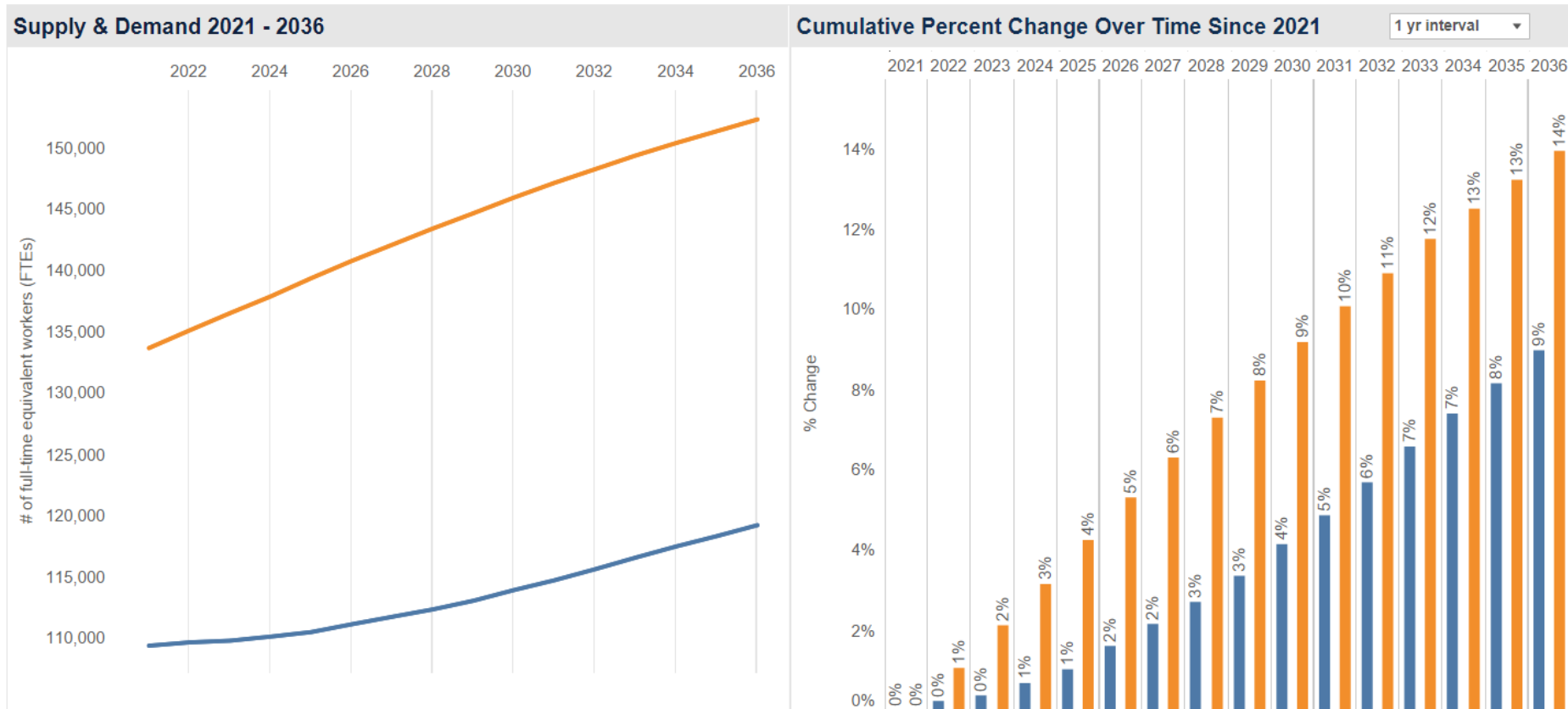
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Integrated Care workforce challenges

■ Supply
■ Demand

- Presumption: Availability of PC staff & Engagement of PC staff



References: Health Resources & Services Administration, HRSA: [Workforce Projections \(hrsa.gov\)](https://www.hrsa.gov/workforce-projections)



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Integrated Care workforce challenges

What impact do primary care staffing shortages currently have on patient experience, access, and clinical quality?

		Serious problem (%)	Moderate problem (%)	Minor problem (%)	Not a problem (%)	
Access	Global	63	31	5	1	Global
	U.S. Only	69	26	4	1	U.S. Only
	Outside U.S.	53	41	5	1	Outside U.S.
Patient experience	Global	49	44	6	1	
	U.S. Only	48	45	7	1	
	Outside U.S.	51	43	5	1	
Clinical quality	Global	34	48	15	2	
	U.S. Only	32	49	17	3	
	Outside U.S.	37	47	14	1	

References: Navigating the Clinician Shortage Crisis, May 2024, NEJM



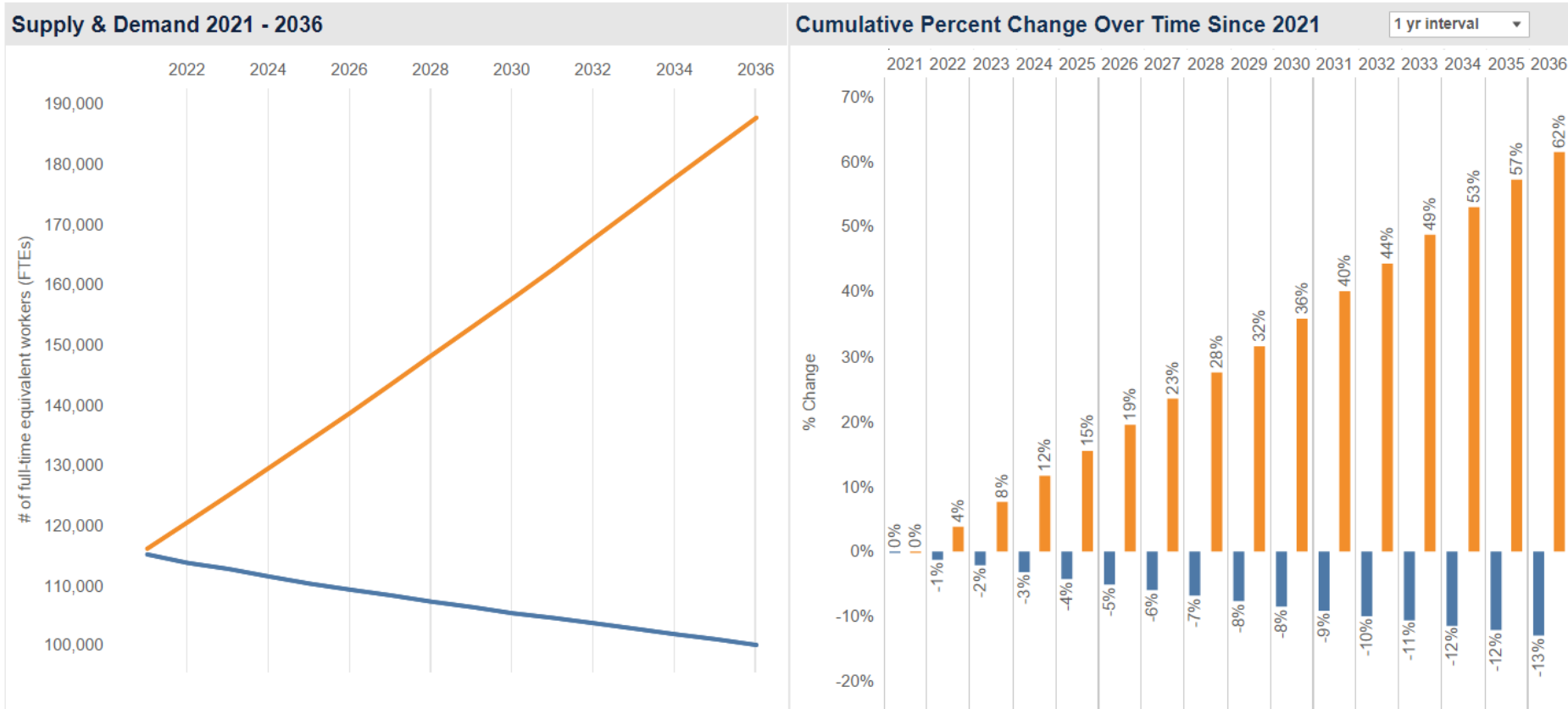
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Integrated Care workforce challenges

- Presumption: Availability of BH staff & Engagement of BH staff



References: Health Resources & Services Administration, HRSA: [Workforce Projections \(hrsa.gov\)](https://www.hrsa.gov/workforce-projections)



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Practice Perspectives – Interprofessional & Multilevel



- Public Health
- Medical
- Behavioral Health
- Allied Health Professions
- Social Work
- Anthropology
- Sociology
- Design
- ...



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Expanding Perspectives

Sites and Settings of Narration

Modes of Narration

- Narrative Medicine

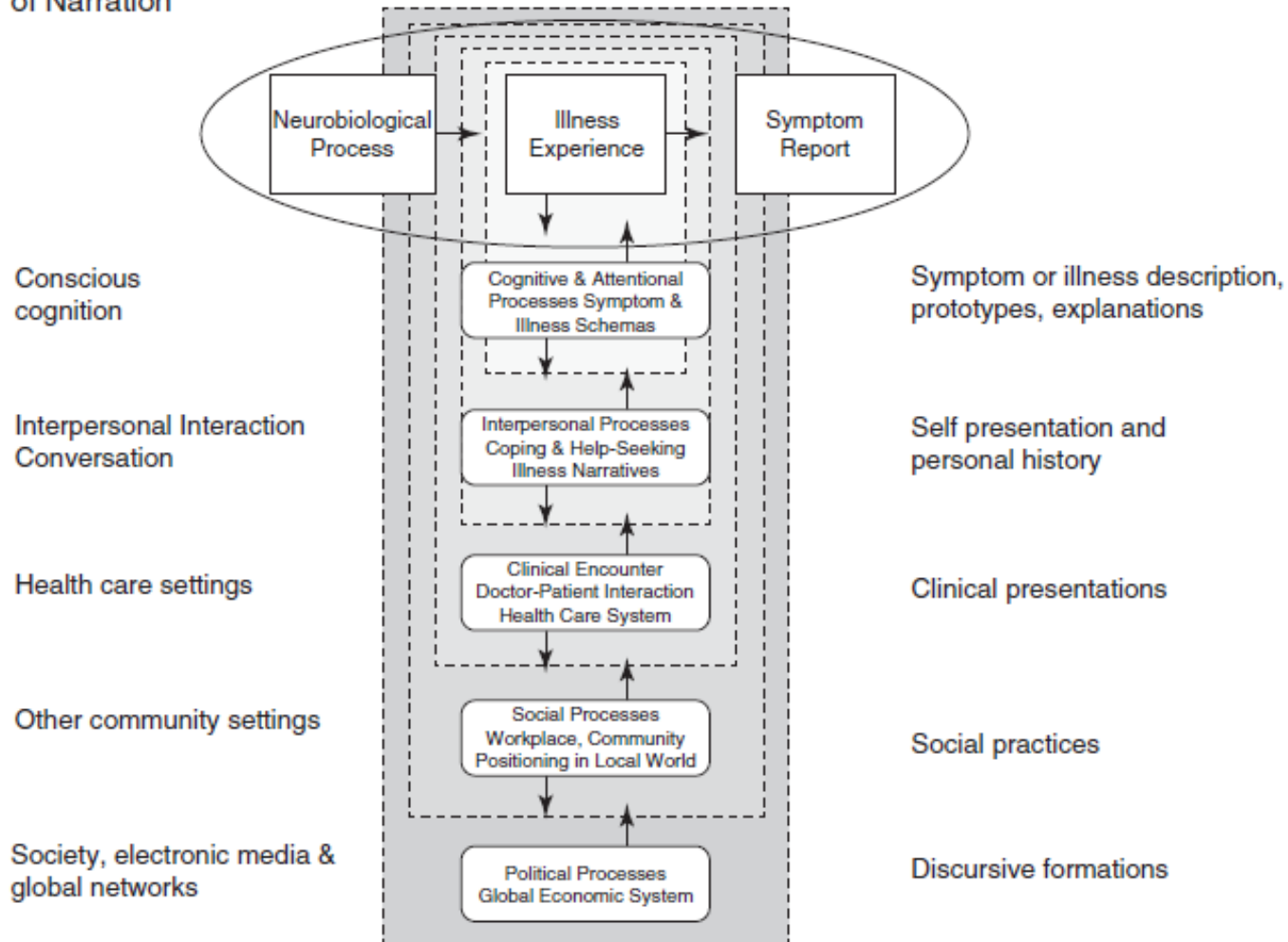


Fig. 14.1 The narrative mediation of illness experience



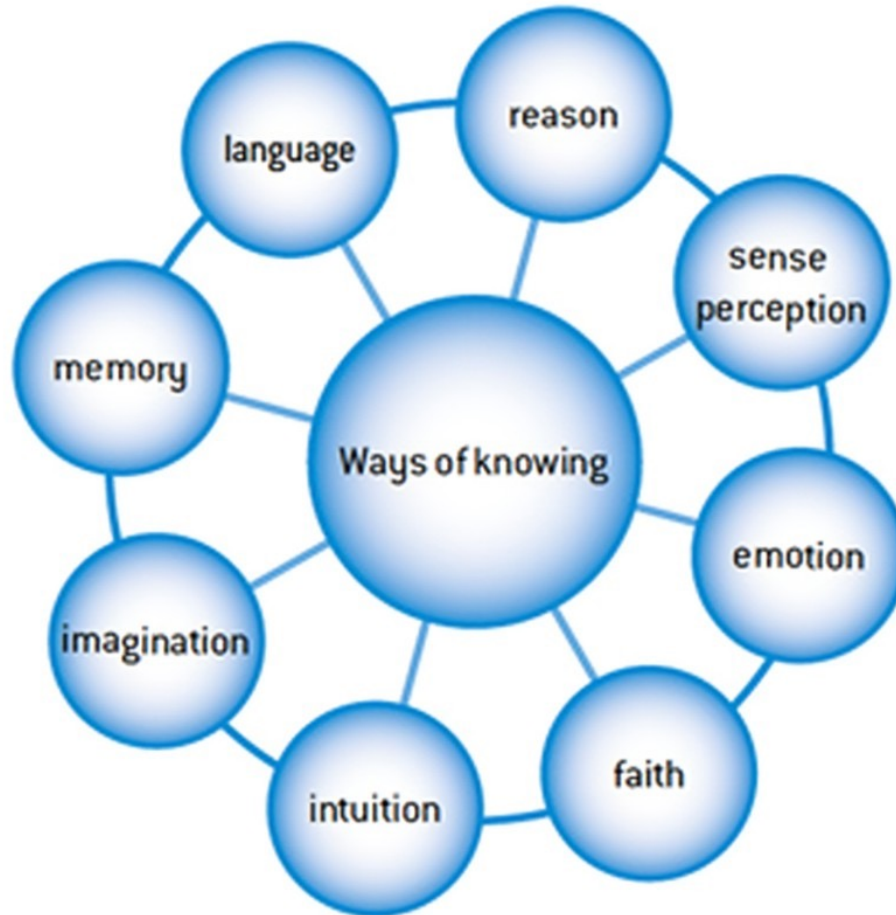
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Reference: Kirmayer, L.J., Gómez-Carrillo, A., Sukhanova, E. & Garrido, E. (2023), "Narrative Medicine," *Springer Nature*

Expanding Perspectives



- Many Ways of Knowing

- Biomedicine
- Alternative knowledge systems
- ...



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Expanding Perspectives

4 J. E. BALESTRERY

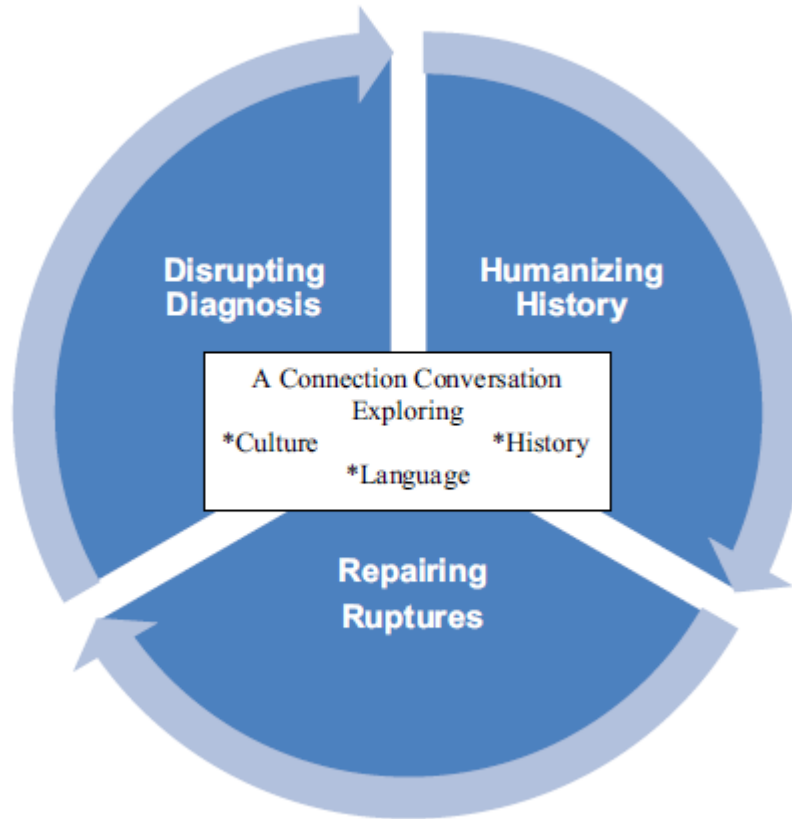


Figure 1. Connection First framework.

- Explanatory Models
- “explanatory models might be described as culturally determined beliefs that individuals hold about misfortune, suffering, illness and health.”
- disease vs illness
- biomedicine vs alternative knowledge systems
- “Closing the Empathy Gap: *Connection First* before ‘Intake’” (Balestrery, 2023)

References: Balestrery, J.E. (2023). “Closing the Empathy Gap: *Connection First* before ‘Intake,’” *Social Work in Health Care* & Dinos, S., Ascoli, M., Owiti, J.A. & Bhui, K. (2017). Assessing explanatory models and health beliefs: an essential but overlooked competency for clinicians,” *BJPsych Advances* (23)

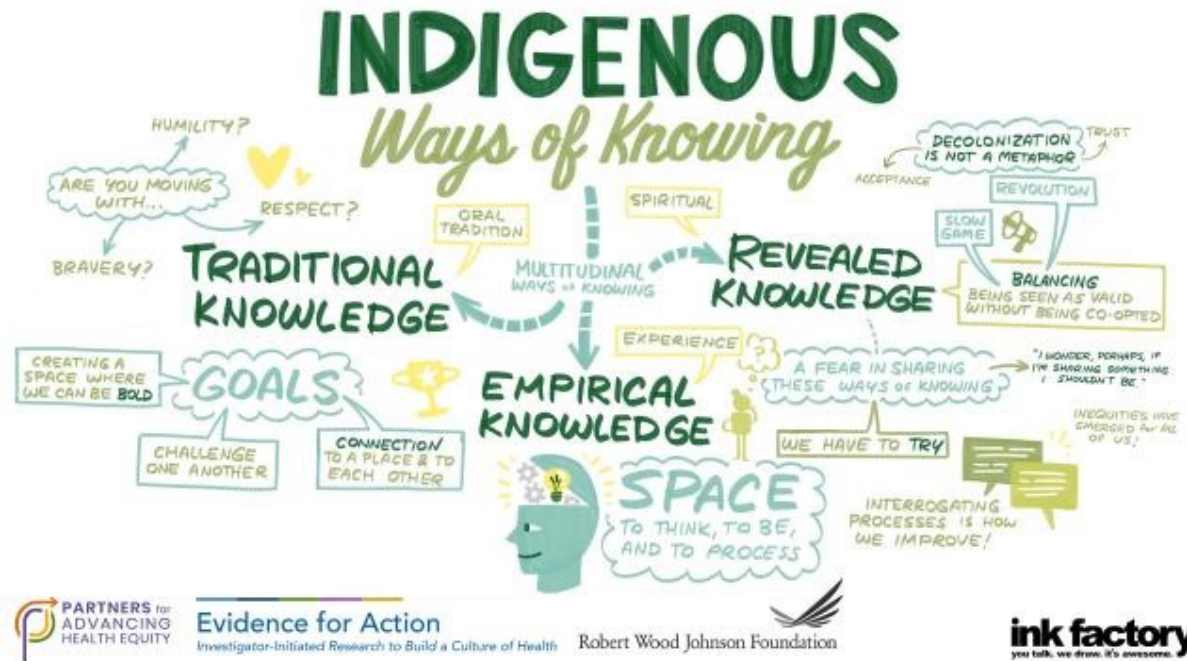


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Expanding Perspectives



- Co-Production of Knowledge (CPK)
- Different epistemologies and ideologies constitute CPK
 - Indigenous Knowledge (IK)
 - Western Science (WS)
- Implications for practice
 - Monocultural, multi-cultural, intercultural health systems
 - Cultural safety

Reference: Balestrery, J.E. (2023). "Linking the Global Indigenous Landscape: A Social Work Sustainability Perspective with Co-Production of Knowledge," in K. Majumdar, R. Baikady & A.A. D'Souza (Ed.s) *Indigenization Discourse in Social Work, International Perspectives*, Springer: [Linking the Global Indigenous Landscape: A Social Work Sustainability Perspective with Co-production of Knowledge | SpringerLink](#)



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Expanding Perspectives

“To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together”¹

——— Mi'kmaw Elder Albert Marshall

@ShakeUpTheEstab

I. Bartlett C, Marshall M, Marshall A. Two-Eyed Seeing and Other Lessons Learned Within a Co-learning Journey of Bringing Together Indigenous and Mainstream Knowledges and Ways of Knowing. *Journal of Environmental Studies and Sciences*. 2012 November. 2:331-340

- **Two-Eyed Seeing**™: coined by an Indigenous Elder in Canada – It originates within context of Integrative Science which can translate to Integrative Practice...
- It is about learning to use both these eyes together, for the benefit of all.
- This Elder describes the Guiding Principle of “Trees holding hands”:
- “Go into the forest, you see the birch, maple, pine. Look underground and all those trees are holding hands. We as people have to do the same.”



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Take Aways

- Integrated Care is...
 - A framework with a lot of moving parts in support of whole-person health
 - A framework whose efficacy is measured by the Quintuple Aim
 - Bringing real value across all levels (micro-, mezzo-, macro-)
 - Expanding the model of care to include diverse knowledge systems & practice perspectives



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Take Aways

→ LISTENING
LEARNING
LEVERAGING
LIAISONING
LEADING

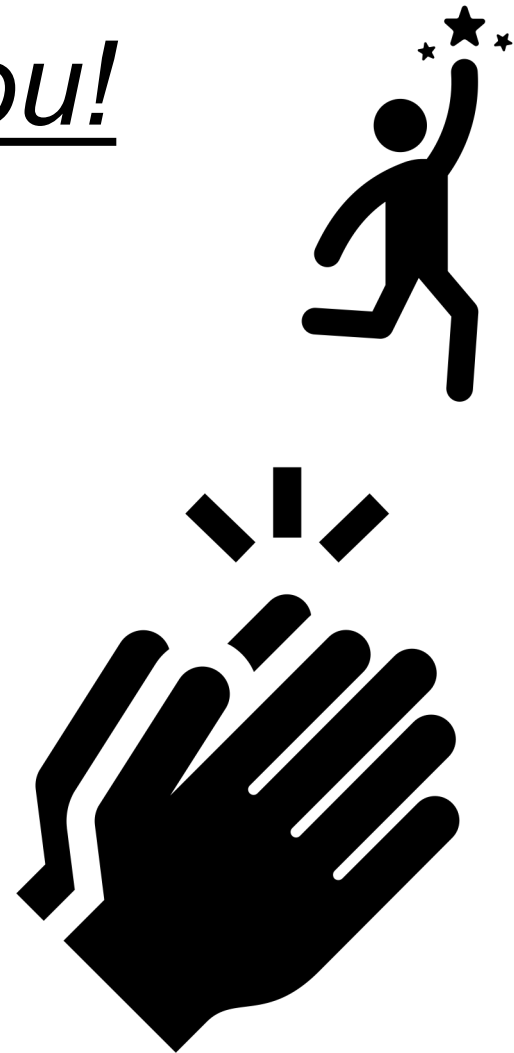


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Thank You!



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