

# Behavioral Health and Family Medicine Integration

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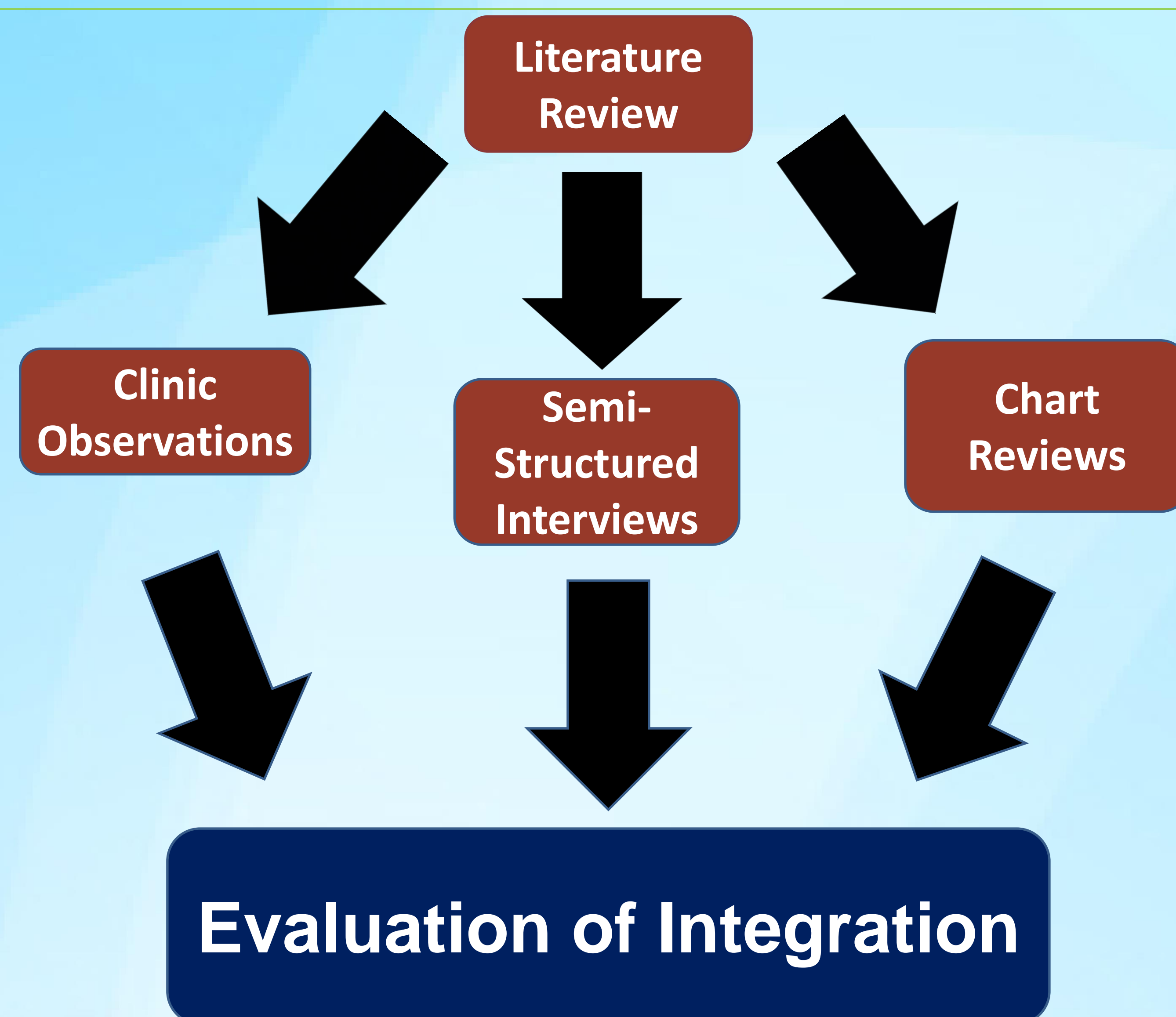
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## Background

- Individuals with a serious mental illness (SMI) are likely to suffer from medical comorbidities and are less likely to seek primary care <sub>1</sub>
- Integrated behavioral health and primary care allows patients with SMI to receive comprehensive care in one location and supports the Triple Aim<sub>2</sub>
- **Research Objective:** Evaluate level of integration at Muhlenberg Mental Health Clinic

## Methods



## Results

**Patient Care:** Patient-centered, comprehensive, and collaborative care for patients.

- Patients involved in own treatment plan
- Providers from both disciplines have met with patients together
- Reduction in emergency department visits

**Communication:** Respectful and frequent communication regarding shared patients

- Weekly meetings held to discuss shared patients
- Medical charts not always forwarded between departments
- Not a high amount of face-to-face interactions

**Shared Mental Model:** All staff members understand, value, and are involved in integration.

- Most staff recognize benefits of integration
- Providers and staff often discuss patients' needs from whole-health perspective during meetings

**Sustainability:** Making plans to continue integration after grant ends

- Concerns from staff members about referring patients to primary care, if it will not exist in the future

**Workflow:** Defined processes for the transition and triage of patients

- Suicidal patient in primary care was able to see psychiatrist during same visit

## What does integration mean to you?



## Conclusions

- Positive efforts being made through frequent meetings, shared attitudes about integration, etc.
- Mental health and primary care are working together to become an integrated care team
- The reverse integration of primary care into mental health creates an one-stop shop for patients with SMI. Patients benefit from integrated care delivered by a team that prioritizes their whole health.

## Future Directions

- Provide ongoing education for providers about behavioral health AND primary care to treat shared patients
- Communicate plans for sustainability to assure staff about the future of the practice
- Improve communication between disciplines regarding shared patients

## Acknowledgements:

Substance Abuse and Mental Health Services Administration (SAMHSA)

References:

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- 2) Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health affairs*, 27(3), 759-769.