



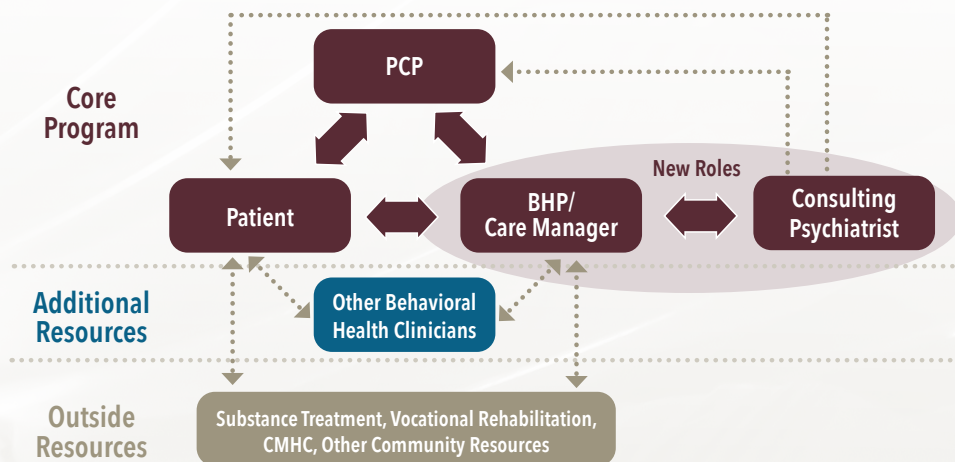
What is Integrated Care?

Definition

The care that results from a practice team of primary care and behavioral health clinicians working together with patients and families using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.¹

Who's on the team?

Integrated care teams are typically made up of the patient, a primary care provider (PCP), a behavioral health provider (BHP), and a psychiatrist in a consultative role, with the addition of other team members, such as community health workers, as designated under a specific model. The diagram to the right demonstrates the relationships of integrated care team members.



How can integrated care differ for tribal communities?



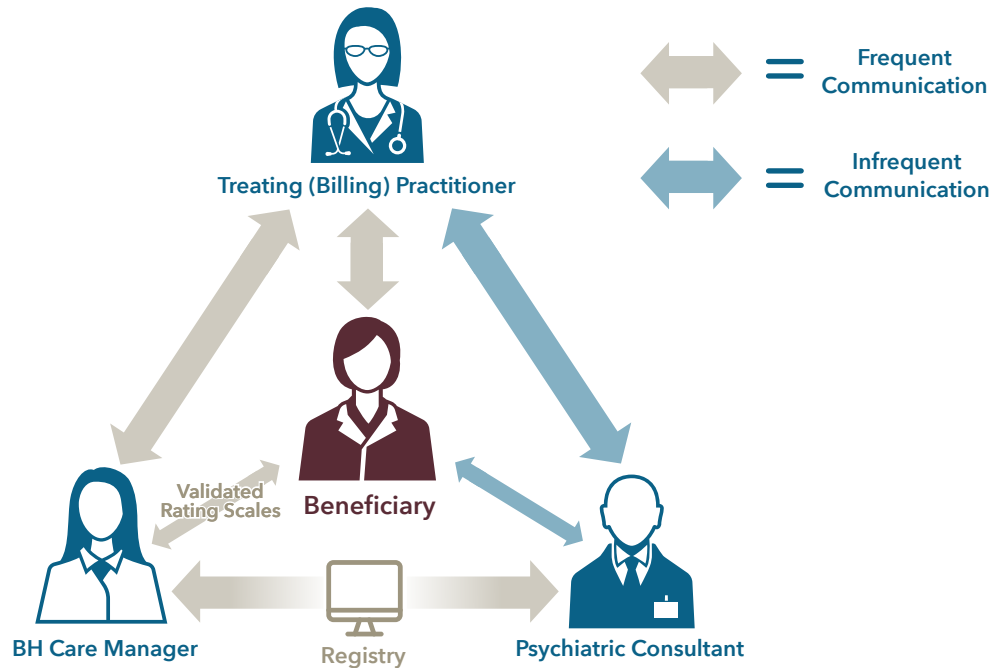
Tribal communities have unique resources, including traditional and cultural methods of healing, that should be considered and incorporated into the integrated care approach based on patient preference. In addition, there may be unique social issues affecting behavioral health within the context of tribal communities. Models that include processes for incorporating traditional healing practices and addressing social determinants of health offer a more robust and effective approach within tribal communities. This approach can be understood as four-way integration, as opposed to the two-way integration approach found in the definition above. The figure to the left illustrates the components of this four-way integration.

¹ Agency for Healthcare Research and Quality. (2013). *Lexicon for behavioral health and primary care integration: Concepts and definitions developed by expert consensus.* <https://integrationacademy.ahrq.gov/sites/default/files/2020-06/Lexicon.pdf>

What are common models of integrated care?

The two most commonly used models of integrated care are the Collaborative Care Model (CoCM) and the Primary Care Behavioral Health (PCBH) model.

The CoCM is a population health approach that adds a behavioral health provider and psychiatric consultant to the primary care team, treats specific behavioral health conditions (e.g., depression, anxiety, attention deficit disorder, substance use conditions), uses a registry to track patients over time, and applies measurement tools to treat patients according to defined targets (such as depression remission).



The PCBH model is typically staffed by a behavioral health consultant (BHC) who works side by side with the PCP to address a wide array of problems in the primary care setting through the use of warm handoffs. The BHC may see patients in follow-up but tends to limit these visits to a maximum of six. The issues they address may include behavioral health concerns as well as physical health conditions. Below is a partial list of services that a BHC may offer.

- Managing stress, anxiety, sadness, and more
- Managing pain
- Taking medication as prescribed
- Managing medical conditions, such as diabetes and high blood pressure
- Understanding one's own relationship with substances
- Improving exercise and healthy eating
- Tobacco cessation
- Managing insomnia

How do I get started?

Every clinic needs to evaluate the current patient behavioral health needs that are not being met, the willingness of the PCPs to help increase access to behavioral health services, the level of support from clinic leadership for integrating care, and the extent to which the care team has the capacity and willingness to implement an integrated care model. Integrated care can have remarkable results in tribal clinics and lead to significant benefits.