

# Integrative Healthcare Settings

## Integrative Healthcare Settings Information Guide



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## OVERVIEW

This Information Guide is the first of a two-part series on integrative healthcare. Recognition for the need of integrated health settings arose, in part, out of increased awareness of the high barriers to accessing care experienced by some refugee populations with mental health concerns and those with fewer socioeconomic resources.

Refugee communities may be at risk for untreated mental health conditions or poor health outcomes due to especially high cultural stigma of accessing mental health services and/or acute physical health conditions resulting from exposure to torture or poverty.<sup>1</sup> This substantially heightened risk of co-occurrence of serious physical illness and mental health concerns further underscores the need for more responsive health systems. These barriers further underscore the need for more responsive health systems.

This guide will discuss common components and structures included in approaches to integration, demonstrate the benefits to community stakeholders of integrating mental and primary healthcare, and explain the potential implications of a lack of integration. Ultimately, the guide will outline practical recommendations for integrating care.

<sup>1</sup>NYS Health Foundation, p. 1

# COMPONENTS OF INTEGRATED CARE

Due to the need to understand and address particular local contexts, there is no “one size fits all” approach to integrated care. However, many integrated care programs, including programs across all levels of collaboration, incorporate several or all of the following components into their care models.

**Structured, extensive, ongoing collaboration** between mental health and primary care providers is a fundamental component of integrated care

**Inclusion of community agencies and service care providers:** resettlement agencies, universities, and faith-based organizations can help facilitate access to a range of health services by assisting with transportation, interpretation, service provider trainings, or patient navigation programs



**Incorporation of sociocultural and educational programming:** trainings and self-help groups focused on staff and patient cultural competency, health literacy, legal matters, and other social components enriches patient self-efficacy and outcomes

**Utilization of a Health Navigators program:** care facilitators provide “specialized care coordination and preventive services.”<sup>2</sup> (Learn more about implementing a Navigators program in our InfoGuide on Clinical Approaches to Integrative Healthcare.)

**Partnership relationships:** patients are considered experts in their own care and share decision-making responsibilities as “active participants in deciding their health and treatment goals”<sup>3</sup>

**Uniformed electronic records:** primary and mental health care providers can access patient notes and medication histories to streamline effective treatment plans

**Infusion of health education programming:** emphasize normalization of physical, mental, social, and spiritual health as vital components of overall health and wellness.

# LEVELS OF CARE INTEGRATION

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions' [A Review and Proposed Standard Framework for Levels of Integrated Healthcare](#) <sup>4</sup>

## THE SIX LEVELS OF INTEGRATION

### Coordinated Care

#### LEVEL 1: Minimal Collaboration

- ◆ Primary and behavioral health providers work in separate facilities with separate communication systems
- ◆ Communication is rare and limited to service provider needs
- ◆ Collaboration is minimal and defined by a limited understanding of other service providers' roles
- ◆ Low emphasis on understanding each other's organizational culture

#### LEVEL 2: Basic Collaboration at a Distance

- ◆ Primary and behavioral health providers work in separate facilities with separate communication systems
- ◆ Communication is periodic and relates to specific patient issues
- ◆ Consider other healthcare providers as primarily external resources
- ◆ Less focus on understanding each other's organizational culture

### Co-located Care

#### LEVEL 3: Basic Collaboration Onsite

- ◆ Primary and behavioral health providers work in the same facility but maintain separate communication systems
- ◆ Communication is regular and relates to services and referrals
- ◆ Collaborate to promote effective referrals and make use of each other's resources
- ◆ Some informal identification with a larger, shared organizational culture

#### LEVEL 4: Close Collaboration Onsite with Some System Integration

- ◆ Primary and behavioral health providers work in the same facility and share some communication systems
- ◆ Communication is regular and includes coordinated treatment plans
- ◆ Collaborate to consult on patient needs and treatment plans
- ◆ Share basic guidelines of roles and organizational culture as part of a team

### Integrated Care

#### LEVEL 5: Close Collaboration Approaching an Integrated Practice

- ◆ Primary and behavioral health providers work in the same facility and work to maximize shared components of communication systems
- ◆ Communication is frequent and includes regular team meetings
- ◆ Collaborate to build team relationships
- ◆ Extensive understanding of roles and organizational culture

#### LEVEL 6: Full Collaboration in a Transformed Integrated Practice

- ◆ Primary and behavioral health providers work in the same facility and effectively share most or all communication systems
- ◆ Communication is consistent and extends across organizational levels
- ◆ Collaborate to strengthen team culture and influence
- ◆ Have shared vision and interdependent roles and organizational cultures

# WHY INTEGRATE? BENEFITS AND IMPLICATIONS

## BENEFITS OF INTEGRATED CARE

### FOR CLIENTS

- ◆ Increased participation in treatment (collaborative care) and more trusting relationships with providers
- ◆ More accurate diagnoses
- ◆ Better health outcomes
- ◆ Fewer logistical barriers to care (e.g., transportation, interpretation)
- ◆ Access to a wider breadth of services, including specialist care, social support groups, and alternative therapeutic modalities
- ◆ Decreased mental health stigma
- ◆ Enhanced health literacy
- ◆ Lower cost of care
- ◆ Access to culturally-appropriate and trauma-informed care

### FOR CLINICS

- ◆ Increased collaboration and support among providers
- ◆ More accurate diagnoses
- ◆ Better patient outcomes
- ◆ More effective referrals and appointments
- ◆ Improved patient follow-up
- ◆ Lower long-term cost of care
- ◆ Stronger communication and records systems
- ◆ Access to ongoing professional development and cultural trainings for providers
- ◆ Training in trauma-informed care

### FOR COMMUNITY AGENCIES

- ◆ Increased client health outcomes
- ◆ Fewer obstacles to client care (e.g., transportation, interpretation)
- ◆ Strengthened network of community advocates
- ◆ Higher client health literacy
- ◆ Streamlined services and support for case management
- ◆ Possible access to interpretation services through network resource-sharing



Many integrated care settings offer alternative therapeutic modalities, such as massage.

## POTENTIAL IMPLICATIONS OF FRAGMENTED CARE

### FOR CLIENTS

- ◆ Less autonomy in treatment
- ◆ Higher risk of inaccurate diagnosis and inappropriate treatment
- ◆ Lower health outcomes
- ◆ More barriers to care
- ◆ Less diversity of services
- ◆ Increased mental health stigma
- ◆ Lower health literacy
- ◆ Higher cost of care
- ◆ Exposure to care that is not culturally-appropriate or trauma-informed

### FOR CLINICS

- ◆ Decreased collaboration and lack of support
- ◆ Higher risk of inaccurate diagnoses
- ◆ Lower patient outcomes
- ◆ More missed referrals and appointments
- ◆ Decreased patient follow-up
- ◆ Higher cost of care
- ◆ More opaque and incomplete records
- ◆ Less access to interdisciplinary experts and fewer opportunities for trauma-informed trainings

### FOR COMMUNITY AGENCIES

- ◆ Decreased client health outcomes
- ◆ Increased focus on logistic barriers to care
- ◆ Fewer relationships with potential community advocates
- ◆ Lower client health literacy
- ◆ Greater need to provide trainings on health systems and community resources
- ◆ Lower possibility of access to affordable interpretation services

# PRACTICAL CONSIDERATIONS IN INTEGRATION

<p style="text-align: center;"><b>CREATE AN ORGANIZATIONAL VISION, MISSION, AND GOALS</b></p> <ul style="list-style-type: none"> <li>◆ Incorporate client voices in the development of a clear, guiding vision and mission for integration</li> <li>◆ Complete a <u>population-based needs assessment</u> to foster understanding of the WHO, WHAT, WHEN, WHERE, WHY, and HOW of care</li> <li>◆ Use the information gleaned in the assessment to establish specific quantifiable goals</li> <li>◆ Create a <u>consensus lexicon</u> defining shared vocabulary and structural supports</li> <li>◆ Articulate a business plan that can be shared with potential community partners to make a compelling case for integrated care</li> </ul>	<p style="text-align: center;"><b>DEVELOP INTER-PROFESSIONAL TEAMS</b></p> <ul style="list-style-type: none"> <li>◆ Define clear and equal roles for staff across levels and disciplines</li> <li>◆ Establish screening, referral, and communication procedures</li> <li>◆ Outline best practice guidelines</li> <li>◆ Strive to co-locate services</li> <li>◆ Plan consistent, frequent team meetings with formal communication procedures</li> <li>◆ Incorporate a Health Navigators program (See NPCT’s Clinical Approaches to Integrated Care for recommendations.)</li> <li>◆ Develop a plan for ongoing staff training</li> </ul>
<p style="text-align: center;"><b>FOSTER VALUES-BASED TEAM CULTURE</b></p> <ul style="list-style-type: none"> <li>◆ Determine explicit core values guiding achievement of vision, mission, and goals</li> <li>◆ Consider adapting from the following values recommended by the <u>California Institute for Mental Health</u>: <ul style="list-style-type: none"> <li>◆ Person-centered care, including recognition of the client’s expertise and focus on building his or her problem-solving skills</li> <li>◆ Recovery-based care focused on transformational healing</li> <li>◆ Wellness-focused care that is future-oriented and holistic</li> <li>◆ Family-inclusive care that values family members’ potential contributions to healing and wellness</li> <li>◆ Cultural inclusion and cultural humility</li> </ul> </li> </ul>	<p style="text-align: center;"><b>INTEGRATE INFORMATION SYSTEMS</b></p> <ul style="list-style-type: none"> <li>◆ Enable access to system-wide health information for all providers</li> </ul>
<p style="text-align: center;"><b>ESTABLISH MONITORING SYSTEMS AND GUIDELINES</b></p> <ul style="list-style-type: none"> <li>◆ Define measures of success in achieving clinical and business goals</li> <li>◆ Establish avenues for communicating efforts and results</li> <li>◆ Schedule regular meetings to evaluate results and modify procedures and practice</li> </ul>	<p style="text-align: center;"><b>DIVERSIFY GOVERNANCE AND PARTNERSHIPS</b></p> <ul style="list-style-type: none"> <li>◆ Ensure representation of a variety of stakeholder groups with a focus on client inclusion</li> <li>◆ Incorporate sociocultural support structures such as client-led, self-help groups and alternative therapies</li> <li>◆ Map community resources and promote partnerships with local and regional organizations, governments, and leaders</li> </ul>
<p style="text-align: center;"><b>CREATE A SUSTAINABILITY PLAN</b></p>	<ul style="list-style-type: none"> <li>◆ Measure current sustainability potential by completing the Center for Integrated Health Solutions’ <u>PBHCI Sustainability Checklist</u></li> <li>◆ Gather relevant stakeholders to plan around possible barriers to sustainability in areas such as funding, staffing, and clinical practice</li> </ul>



# REFERENCES AND SUGGESTED RESOURCES

## REFERENCES

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## RESOURCES

- ◆ Jacobsen and O'Connor's [Population Needs Assessment](#)
- ◆ The National Integration Academy Council's [consensus lexicon toolkit](#)
- ◆ The National Partnership for Community Training's Clinical Approaches in Integrative Healthcare InfoGuide
- ◆ SAMHSA-HRSA Center for Integrated Health Solutions' [infographic overview](#) of integration, [Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers](#), [PBHCI Sustainability Checklist](#), and [Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration](#)

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