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BRIDGING THE CULTURES OF BEHAVIORAL HEALTH AND PRIMARY CARE

How we might be different

- Definition of disease may be different
- Goal of treatment may be different
- Tools to achieving treatment goals may be different
- Episodes of care may be different

How we are the same

- Share goal of improving the welfare of the patient
- Benefit from sharing resources
- We need each other

Building on our common goals

- Attitudes: understanding what each other does
- Education: PC increasing knowledge base of MH diseases
- Proximity: co-locating services
- Sharing: co-managing patients

Moloka`i Community Health Center
Background

- New start FQHC in 2004
- 2 FPs by Sep 2005
- Hired Clinical Psychologist by 2006
- Small but highly motivated staff
- No choice

Moloka`i Community Health Center

Results

- Worked very well
- Shared patients through consultation and joint visits
- Weekly case review for shared patients
- Anecdotal evidence that patients appreciated the model

Lone Star Circle of Care

Background

- New start FQHC in 2003
- Primary care growth from 2 to 21 providers
- Mental Health professionals growth from 1 in 2005 to 7 currently
- Larger, multi-site organization
- Space an issue

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Results

- Works best in locations in which geographical integration is present
- Shared patients through side bar consultation, formal referral and co-management
- >12 months of data to indicate improvement in patient outcomes

Keys to Success

- Recruit motivated PC and MH staff
- Educate existing staff
- Geographic co-location
- High level of availability to colleagues
- Interdisciplinary team meetings – case review
- Pro-active care coordination with qualified support staff