Case Studies of 6 Safety Net Organizations that Integrate Oral and Mental/Behavioral Health Services with Primary Care Services

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ABSTRACT

- The systematic linkages between oral, physical, and mental health are receiving increased attention due to an increased emphasis on management of chronic disease
- FQHCs provide co-located primary care, oral health, mental/behavioral health, and pharmacy services in several Federally Qualified Health Centers (FQHCs)
- Co-location does not equate to integration but is an enabler of interdisciplinary, integrated care
- The objectives of this study were to:
  - To describe system components of integration and referral
  - To outline organizational strategies used by safety net providers to integrate
  - To understand the impact of co-location of services and clinical providers on integration
  - To define the importance of other factors (eg, integrated electronic health record) to the effectiveness of integration

METHODS

- Qualitative study using a selective case study methodology conducted in 2018
- FQHCs that provided at least 20% of patients with each of primary care, oral health, and mental/behavioral health services (as described in the 2016 Uniform Data System) were solicited and agreed to participate
- Out of more than 1,400 FQHCs, approximately 30 met all criteria and were interviewed and included in this study
- The philosophy of integrated service delivery is reflected in the physical design of the health centers, in the institutionalized patient management and administrative processes, and in the formal and informal interactions among organizational staff.

RESULTS

- • The system interactions between oral, physical, and mental health are receiving increased attention due to an increased emphasis on the management of chronic disease.
- • FQHCs provide co-located primary care, oral health, mental/behavioral health, and pharmacy services in several Federally Qualified Health Centers (FQHCs).
- • Co-location does not equate to integration but is an enabler of interdisciplinary, integrated care.
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REFERENCES


CONTACT

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Table 1. Six Levels of Integration in the SAMHSA-HRSA Framework

Table 2. Structural Characteristics of the 6 FQHCs

Table 3. Processes Enabling Integrated Service Delivery in the 6 FQHCs

Table 4. Workforce Placement and Clinical Activities in the 6 FQHCs

CONCLUSIONS AND IMPLICATIONS

- Integration is an ongoing process in organizations with broad scopes of services, complex patient populations, and growing size.
- • FQHCs have a unique opportunity to expand access to needed primary care, oral health, and behavioral healthcare services for the chronically ill, mental health diagnoses, or substance use disorders.
- • Although efforts at integration might be more exigent in safety net organizations serving medically complex people, patients in any health care system would similarly benefit from integrated care.

Figure 1. The Valentijn et al. Model

Figure 2. The Valentijn et al. Model

Figure 3. The Valentijn et al. Model

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Figure 13. The Valentijn et al. Model

Figure 14. The Valentijn et al. Model