Six Federally Qualified Health Centers Integrating Oral Health, Behavioral Health, and Primary Care Services

Margaret Langelier, MSHSA, Simona Surdu, MD, PhD, and Jean Moore, DrPH, FAAN
Oral Health Workforce Research Center, Center for Health Workforce Studies, University at Albany

ABSTRACT

Background: The systemic 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. Co-location does not equate to integration but is an enabler of interdisciplinary, integrated care. The objectives of this study were to understand: (1) system components of integration and referral, (2) organizational strategies used by safety net providers to integrate services, and (3) impacts of co-location of services and clinical providers on integration. The results of this study support the need to focus on improving electronic health records to ensure the effectiveness of integration.

Methods: The 6 FQHCs included in this study were recruited to participate via snowball sampling. They had co-located primary care, oral health, mental/behavioral health, and pharmacy services. A qualitative case study methodology was used to understand system components of integration and referral, organizational strategies used by safety net providers to integrate services, and impacts of co-location of services and clinical providers on integration.

Results: The FQHCs exhibited structural characteristics and clinical and administrative processes indicative of integrated organizations when measured by the objectives of integration in 2 published frameworks: Valentijn and co-authors designed the first and the US Substance Abuse and Mental Health Services Administration (SAMHSA)/Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions constructed the second. The efforts of the FQHCs fit those described by Valentijn including using integrated electronic health records (functional integration); incorporating integration as a primary organizational goal (organizational integration); having leadership that encouraged innovation (organizational integration); and using hiring practices to assure identification with the organizational mission (system integration).

Conclusion: The systemic 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. Co-location does not equate to integration but is an enabler of interdisciplinary, integrated care. The objectives of this study were to understand: (1) system components of integration and referral, (2) organizational strategies used by safety net providers to integrate services, and (3) impacts of co-location of services and clinical providers on integration. The results of this study support the need to focus on improving electronic health records to ensure the effectiveness of integration.

REFERENCES (cont.)