

Benefits through Primary Care Behavioral Health Integration

Integrated Care Model Comparison

Models of Integrated Care		
Coordinated Care (Communication Emphasis)	Co-located Care (Proximity Emphasis)	Integrated Care (Practice Transformation Emphasis)
“I’ll send you my patient.”	“I’ll stop by your office and refer you my patient.”	“ <u>We</u> will co-manage <u>our</u> patient.”
Routine screenings for behavioral health problems conducted in primary care.	Medical and behavioral health services located in same clinic allowing spontaneous interdependent consultations.	Medical and behavioral health services provided together at the same location through a seamless mechanism to the patient with structured referrals and interdependent consultations.
Existing referral relationship between behavioral health and primary care but practitioners maintain responsibility primarily for their own aspect of a patient’s care.	Referral processes in place for medical patients needing behavioral health attention.	One unified treatment plan with both behavioral and medical components (shared medical record).
Routine exchange of information between practitioners.	Enhanced informal communication due to proximity of providers.	Working, unified team using shared protocols adjusting care for population health.
Primary care doctor delivers brief behavioral health interventions but specific type will vary by provider.	Consultation between the behavioral health and medical provider to increase mutual skill levels but both remain in individual silos.	Treatment teams composed of physicians, extenders and behavioral health professionals with consistently implemented care processes.

Source: (Blount, 2003)