



**CENTER OF EXCELLENCE
for Integrated Health Solutions**
*Funded by Substance Abuse and Mental Health Services Administration
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CHRONIC DISEASE AND TRAUMA

2021


Primary care and behavioral health providers alike can benefit from reviewing this illustrated case study. Focused on a topic critical to the next generation of integrated care provision: Chronic Disease and Trauma, this illustrated case study is part of a two-part series of resources designed to offer an alternative learning pathway for upskilling on key components of integrated healthcare. The other illustrated case study, “Sexual History as a Vital Sign” can be viewed [here](#). Primary Care Development Corporation (PCDC) created this resource in partnership with the SAMHSA Center of Excellence for Integrated Health Solutions. This illustrated case study is printable and can be shared on social media with credit/citation to @PrimaryCareDev.

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Chronic Disease & Trauma




Yael, chronic physical and behavioral health conditions affect millions. Too often, mental health (a component of behavioral health) needs are deprioritized when a patient is experiencing physical health issues. Patients need to be and feel safe when engaged in care. Integrated care that puts patients at the center brings these needs together.



Too right, Brandon. And we know these chronic health conditions are more common for individuals who have experienced discrimination, adverse childhood experiences, and trauma. That's part of why integrated primary and behavioral health care approaches are so successful. Providers have the tools, care teams, and referral pathways to better meet clients where they are at.

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This conversation reminds me of something. Dennis, a friend of mine, is living with lupus. He had to go to the ER recently, and had a terrible experience there.

Dennis was feeling faint and having severe headaches.



The ambulance ride to the ER activated some of his PTSD from his time in the military. But by the time he got to the emergency room, things only got worse...



He was left unattended and couldn't even get helped to the bathroom, even though he saw other patients who were white being helped.



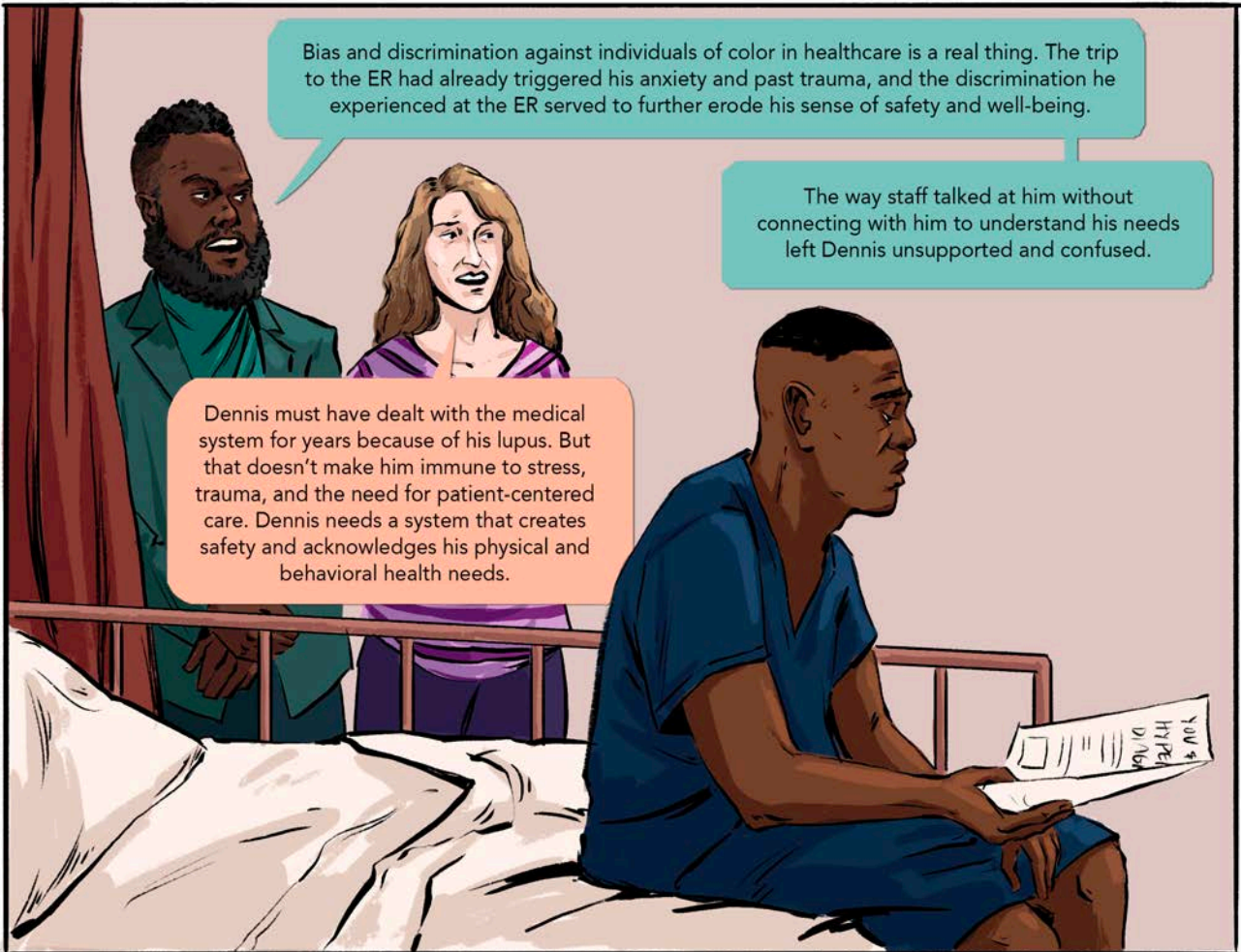
They kept him overnight, and different staff kept coming in and asking questions, but by then he was so tired and confused he could barely keep track. The last thing he remembered was someone coming in and giving him some paperwork about hypertension and telling him to make an appointment with a primary care doctor.

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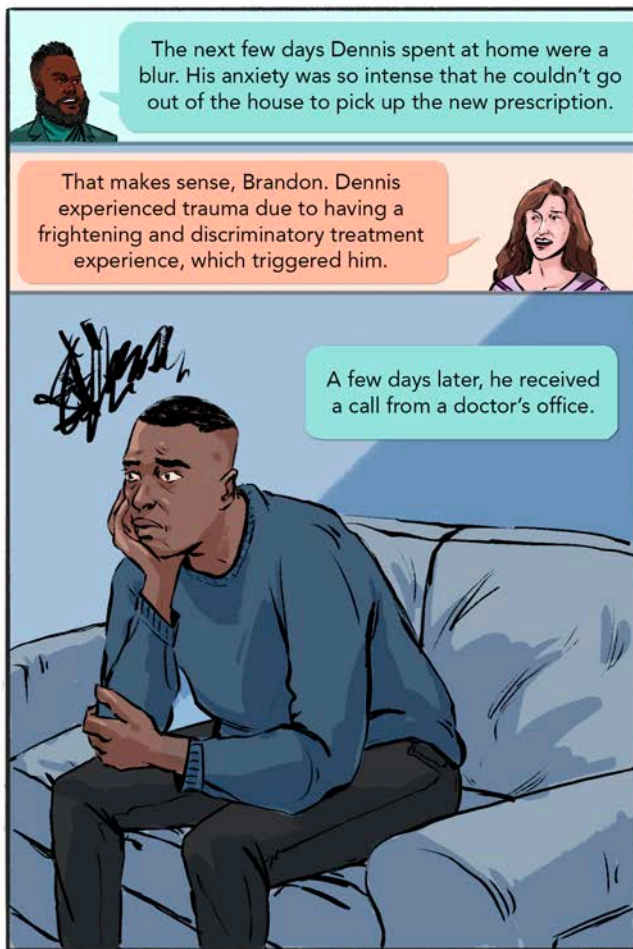
The Importance of Integrated Care in Managing Chronic Health Conditions

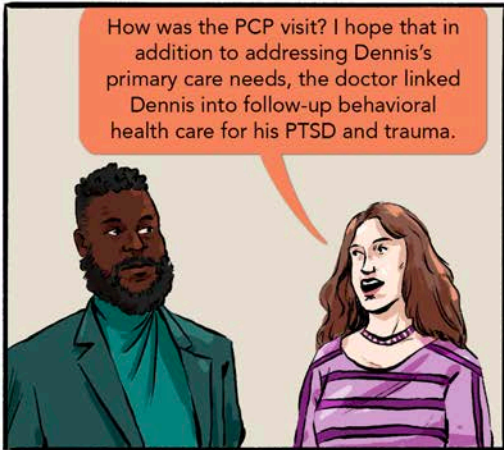
1. Assess a patient's mental health needs when giving a new medical diagnosis. A new chronic condition can exacerbate or cause depression.
2. Maximize opportunities for best practice — link patients into care teams with providers such as behavioral health, nutritionists, peers, and other health professionals alongside physical care providers.
3. Adopt a “no wrong door” approach for patient access to integrated health services. Adopt workflows which empower any provider within a system to initiate wraparound care.
4. Leverage treatment coordination and systems linkage to more successfully support clients living with chronic medical, substance use, and mental health conditions.

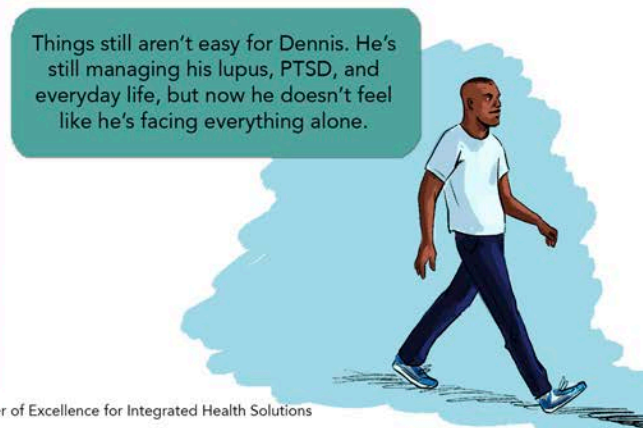
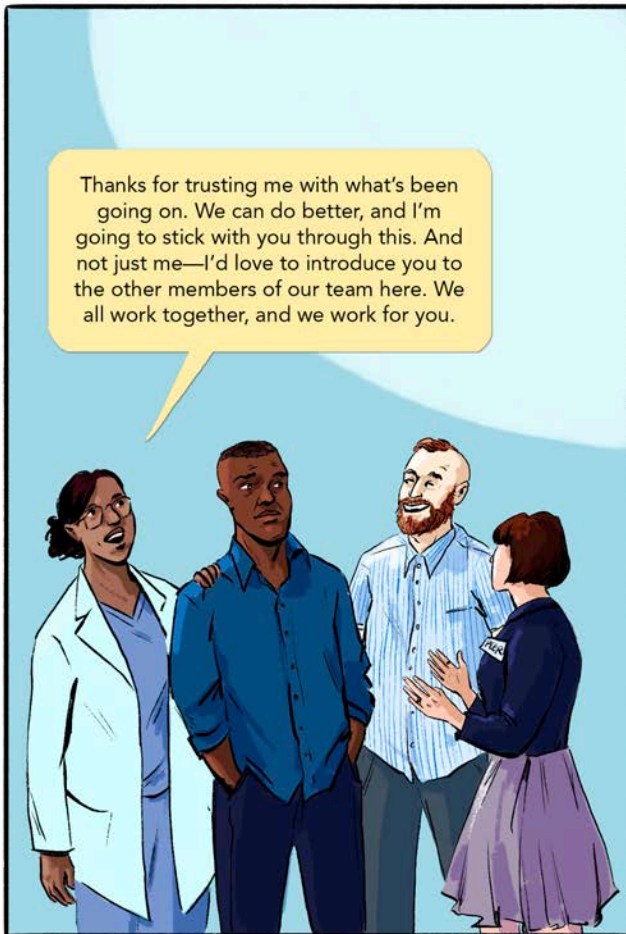
For more, contact cqp@pcdc.org



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Integrated Care Best Practice Tips

1. Integrated care can reduce stigma and disparities associated with treatment for mental disorders.
2. To achieve health equity, health and behavioral care organizations should mitigate the effect of implicit bias in all interaction points of care with patients.
3. Greater treatment coordination and systems linkage is essential to address chronic medical and mental health conditions and substance use.
4. Trauma history must be considered in all chronic disease, mental health, and substance use treatment. Consider utilizing universal screening tools as part of primary care visits.
5. Peers play an irreplaceable role on care teams and can support patients in varied ways, such as via advocacy and shared lived experiences.

For more, contact cqp@pcdc.org

Glossary

Chronic health conditions: defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. *CDC

Hypertension: Also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. *World Health Organization

Integration: Efforts to provide healthcare services that bring together all of the components that make humans healthy. *CFHA

Lupus: Lupus is an autoimmune disease that can cause joint pain, fever, skin rashes and organ damage. There's currently no cure for lupus and it requires life-long management. *Cleveland Clinic

“No wrong door”: an approach that provides a gateway to any wraparound services a client needs such as primary care, social service, or behavioral support within a single or expansive health system regardless of where in the process or system a client currently is.

Peers: or Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged. *SAMHSA.gov

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All art by [K.Mills](#)

