

QUALITY IMPROVEMENT TIPS FOR INTEGRATED CARE SETTINGS

TYPES OF INTEGRATION

Coordinated Care (off-site)

Level 1: Minimal Collaboration

Patients are referred to a provider at another practice site, and providers have minimal communication

Level 2: Basic Collaboration

Providers at separate sites periodically communicate about shared patients

Co-located Care (on-site)

Level 3: Basic Collaboration

Providers share the same facility, but maintain separate cultures and develop separate treatment plans for patients

Level 4: Close Collaboration

Providers share records and some system integration

Highly Integrated Care

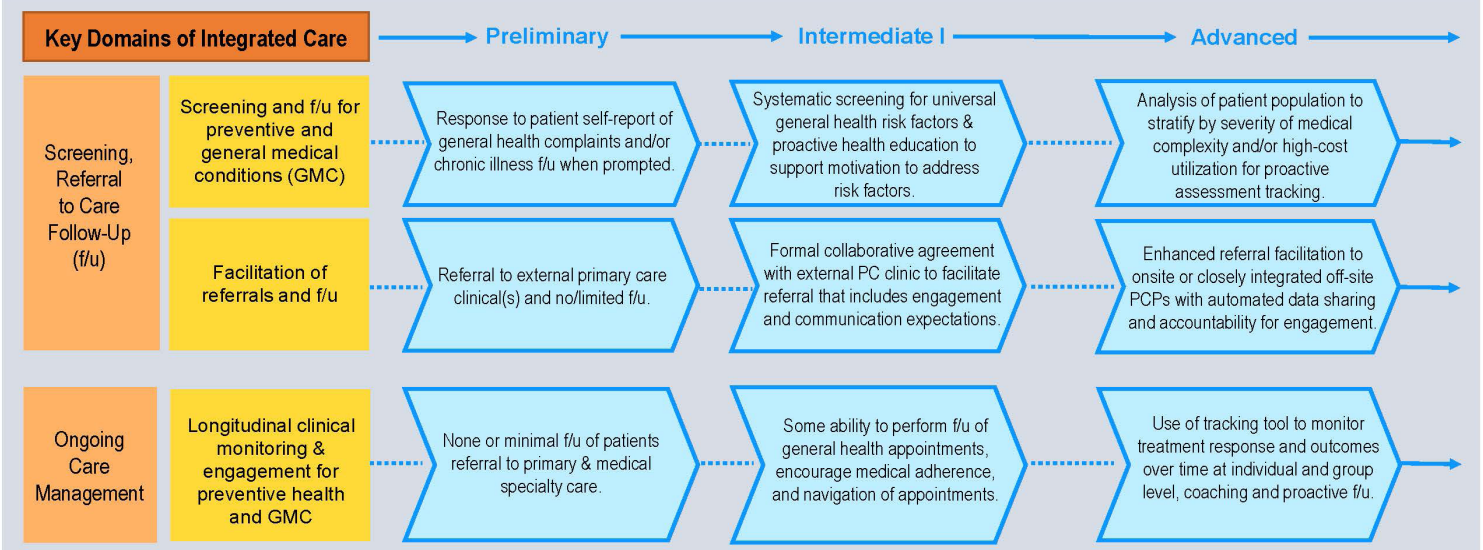
Level 5: Close Collaboration

Providers develop and implement collaborative treatment planning for shared patients but not for other patients

Level 6: Full Collaboration

Providers develop and implement collaborative treatment planning for all patients

INTEGRATION CONTINUUM



OVERCOMING DATA SHARING CHALLENGES

Facilitate robust population health management (PHM). Celebrate ways PHM highlights organizational impact and new ways to improve care.

Allow multi-disciplinary input on patient care plans through structured meetings and creating a culture of collaboration.

Decrease duplicate testing.

Coach staff to identify the individual role they can play in avoiding medication errors.

QI CONSIDERATIONS FOR INTEGRATED SETTINGS CHECKLIST

- ✓ Physical and behavioral health staff collaborate on chronic disease management AND common conditions.
- ✓ Physical and behavioral health staff all contribute to shared outcomes and measures.
- ✓ Clinicians are familiar with effective, brief interventions and screenings.
- ✓ Population health data is reviewed regularly to determine what services are necessary.
- ✓ Key staff are prepared to successfully support integrated care.
- ✓ Warm and efficient patient hand-offs are provided between service lines. (both virtual and in-person)
- ✓ Barriers for patients to see an initial provider are minimized. (i.e. same day appointment availability)
- ✓ Physical space designed in a way that facilitates integration.

BRINGING IT ALL TOGETHER

Look for Opportunities for Improvement:

- Do patients understand the restrictions and protections regarding sharing of their patient health information (PHI)?
- Are all levels of staff provided with upskilling on motivational interviewing techniques?
- What tools, trainings or scripts are available to aid with difficult conversations?
- How regularly are consent rates monitored and data shared broadly with all involved staff members?

Support Best Practices:

- Earn buy in from all staff on the value of patient consents and collecting PHI
- Build trust with patients by clearly communicating what consents for PHI are and how PHI is used



Stability and success for your integrated care setting!



Stronger data and tracking give the ability to celebrate organizational and staff “wins”



More informed retention and recruitment efforts



Positioned for funding opportunities



Building trust

Contact us to discuss how our services can help your care teams.

Email: cqp@pcdc.org

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Sources:

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