

Effective Implementation of Integrated Primary Care and Behavioral Health

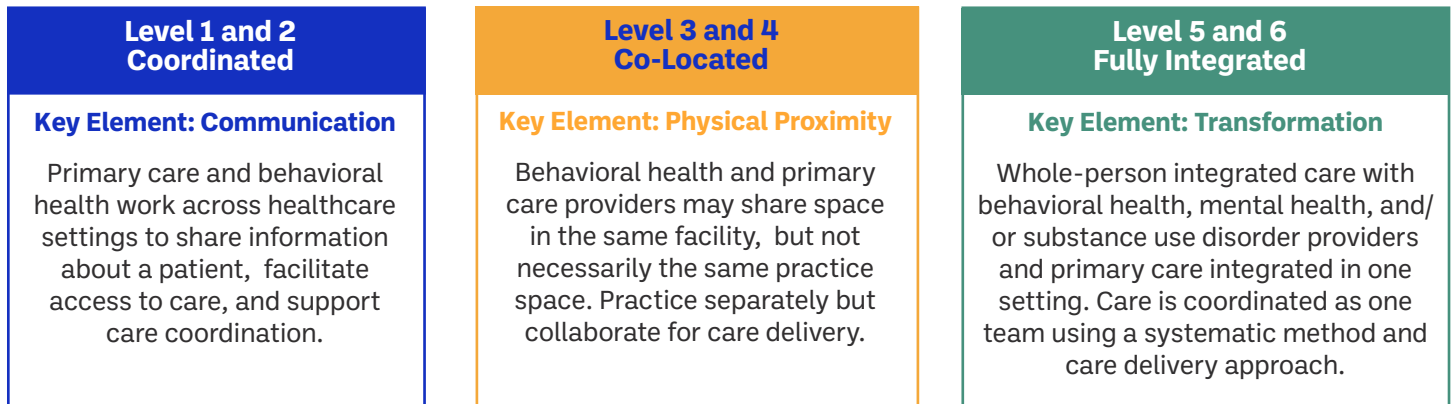
Communication and teamwork are crucial for healthcare professionals in the successful integration of primary and behavioral health care.

When care teams are trained on evidence-based models and use a shared approach, patients receive clear, aligned messages and recommendations. This consistency can help build trust and encourage patients to communicate honestly and openly with providers. Strong communication between providers helps maintain this alignment and supports a coordinated, person-centered care experience.

Integrated Care Models and Frameworks

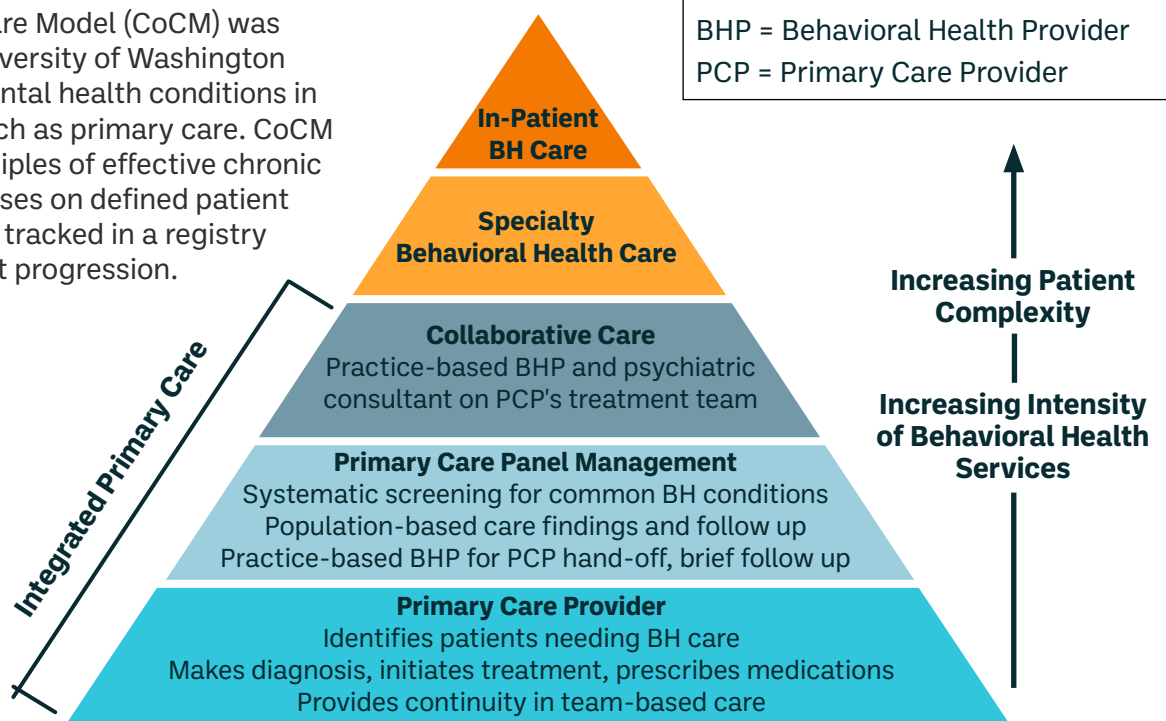
Levels of Integration¹

By reviewing the six levels of integration within an organization, team members better understand the current state of integrated care and assists in mapping out the future state, with the goal of achieving fully integrated care.



Collaborative Care Model²

The Collaborative Care Model (CoCM) was developed at the University of Washington to treat common mental health conditions in medical settings, such as primary care. CoCM is based on the principles of effective chronic illness care and focuses on defined patient populations who are tracked in a registry to monitor treatment progression.



Comprehensive Health Integration Framework³

The Comprehensive Health Integration Framework, is a bi-directional framework that provides a suite of evidence-based resources to guide physical or behavioral health organizations through sustainable physical health/behavioral health integration.

Eight Domains of Integration



Screening, Referral, and Follow-up



Interdisciplinary Teamwork



Prevention and Treatment of Common Conditions



Systematic Measurement and Quality Improvement



Continuing Care Management



Linkage with Community and Social Services



Self-Management Support



Sustainability

Communication Between Medical and Behavioral Health Providers⁴

One of the key considerations for successful implementation of any integrated care model is interdisciplinary communication and collaboration.

Professional training, geographic location, social networks, roles within organizations, and past experiences influence communication. It's important to consider the key language differences between medical and behavioral health providers, in efforts to communicate effectively.



Medical Providers



Behavioral Health Providers

<ul style="list-style-type: none"> • Allergies • Diabetes • Asthma • Routine Check-ups 	<ul style="list-style-type: none"> • Chest Pain • Anxiety • Depression • BH Referrals 	Conditions Treated	<ul style="list-style-type: none"> • Anxiety • Bipolar Disorder • Depression • Eating Disorders • Substance Use • Trauma
<ul style="list-style-type: none"> • When did the pain start? • On a scale of 1-10, how much does it hurt right now? • How often do you forget to take your medications? 		Language Differences	<ul style="list-style-type: none"> • How have you been feeling this week? • Why do you think that may be? • Tell me about your childhood.
<ul style="list-style-type: none"> • More quantitative • Questions typically elicit shorter answers 		Summary	<ul style="list-style-type: none"> • More qualitative • Use words that demonstrate emotion • Painting a picture with words

Implement Multi-Disciplinary Team Huddles

- Keep huddles short. Aim for 10 minutes or less.
- Set an agenda. Have a clear list of topics to discuss around care needs.
- Encourage participation in team huddles and ensure that all team members have an opportunity to speak.

Optimize Warm Hand-offs

- Consider developing an on-call schedule to help team members identify who may be available to provide support when needed.
- Prioritize asking team members if they are available and ready for a quick consult prior to initiating a warm hand-off.
- Identify a standardized method to document warm hand-offs and their outcomes.



Support the Care Team

- Encourage sharing across the team and support the spirit of inquiry by designating time for questions.
- Foster learning by discussing successes and challenges as team.
- Praise others on the team and acknowledge their work and contributions.

References

1. Heath, B, Wise Romero, P., & Reynolds, K. (2013). SAMHSA-HRSA Center for Integrated Health Solutions A Standard Framework for Levels of Integrated Healthcare. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf
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4. KGH Interpretation. (2022, November 16). *Diverging Disciplines: Medical vs. Mental Health Interpretation* [Video]. YouTube. <https://www.youtube.com/watch?v=PKLH6F9JlJE>
5. JSI. (January 17, 2025). *Advancing Team-Based Care - Huddles* [Video]. YouTube. <https://www.youtube.com/watch?v=pduFx1e9NTU>
6. Primary Care Development Corporation. (2024). *Conversations that Count: Curbside Consultations* [Tip sheet]. <https://www.pcdc.org/wp-content/uploads/Conversations-that-Count-4.24.24-Tip-Sheet--Final.pdf>

*This tip sheet was developed in connection with, and inspired by, the webinar **Effective Implementation of Integrated Primary Care and Behavioral Health in a Community Health Center Setting: Key Components and Considerations** held on May 21, 2025. For further context, please visit the [Center of Excellence for Integrated Health Solutions \(CoE-IHS\) webpage](#) or the [Primary Care Development Corporation website](#).*