The integration of Behavioral Health into the Primary Care setting is a movement which is gaining momentum due to the passage of the Affordable Care Act in 2010. The following resource contains useful information about Integrated Health Care for Primary Care Providers.

What is Integrated Care?
Integrated Care occurs when providers and health care professionals consider all health conditions of a patient at the same time. Integrated care, which is often tailored to be more specific to individual patients, takes into consideration multiple aspects of the patient’s condition and allows for an increased understanding of the whole person.

Why is Integrated Care important?
Individuals with serious mental health disorders or addiction disorders have a shorter life expectancy than the general population. On average, individuals with serious mental illness who receive care from public mental health systems die at least 25 years earlier (up from 10-15 years earlier in the early 90s).

1. Up to 75% of all mental health care is delivered in the primary care setting.
2. In 2009, of the 472 million prescriptions written for psychotropic medication 59% were written by general practitioners, 23% by psychiatrists and 19% by other physicians and non-physician prescribers.
3. Pain and Depression: Patients who reported multiple physical symptoms of pain were 60% more likely to have a mood disorder.
4. Substance Abuse: 30% of patients have risky drinking behavior yet only one in three patients get identified in Primary Care.
5. In pediatric primary care, PCPs write 70%-80% of psychotropic prescriptions.
6. Behavioral Health Can Be Complicated: For any given year, more than 25% of US adults have a diagnosable mental health problem, yet fewer than half get any kind of treatment for it. The figures are similar for children.
7. Stigma Impacts us all: There is still a stigma in seeing a “shrink”, and many patients would rather discuss and be treated for behavioral health issues by their PCP.
8. Lack of supports and resources: the average wait to see a psychiatrist for a non-emergency appointment was 54 days for patients with private health insurance and 90 days for those covered by government programs.

What are the benefits of Integrated Care?
- Allows health care providers to coordinate patient diagnoses and treatments to complement each other and improve overall delivery and quality of care.
- Reduces likelihood of negative medication interactions and harmful effects of co-prescribed medications.
- Reduces the number of tests run and repetition of tests and procedures done for each patient.
- Promotes accessibility of patient information in one place, allowing providers to more easily monitor health conditions and coordinate treatments to reduce treatment interference.
- Reduces amount of paperwork patients must complete, thereby reducing error and confusion involved with paperwork.

How does integrating Behavioral Health Care and Primary Health Care work?
- Telepsychiatry or consultative services
- Embedded behavioral health team members within primary care
- Co-location of behavioral health and primary care services

The Four Quadrant Clinical Integration Model (see page 2)

The Four Quadrant Clinical Integration Model is a population-based tool which outlines appropriate strategies for integrating healthcare for individuals based on their level of need. Individuals are assigned to one of four quadrants depending on their physical health and behavioral health needs. At different points in their lives individuals may move between quadrants based on their health needs at a given time.

- **Quadrant 1**: Individuals with low behavioral health and low physical health complexity or risk; may be best served in primary care with behavioral health staff on site.
- **Quadrant 2**: Individuals with high behavioral health and low physical health complexity or risk; may be best served in a specialty behavioral health system that coordinates with primary care.
- **Quadrant 3**: Individuals with low behavioral health and high physical health complexity or risk; may be best served in primary care with behavioral health staff on site. It may be advisable to consult with a behavioral health specialist who has expertise in treating individuals with co-morbid chronic medical illnesses.
- **Quadrant 4**: Individuals with high behavioral health and high physical health complexity or risk; may be best served in both specialty behavioral health and primary care/medical specialty systems; these patients may require a behavioral health case manager along with a disease care manager who work together in coordination with one another and other members of the team.

About the Virtual Guidance Program
JPS Health Network is proud to offer a new behavioral health clinical guidance resource to all primary care providers in our region. The JPS Behavioral Health Virtual Resource service offers:
- Telephone consultation with a behavioral health clinical team member
- Referral to community resources benefitting behavioral health patients
- Online reference library of behavioral health education materials
## Behavioral Health Integration
### Four Quadrant Model

### Quadrant II
**BH ↑ PH ↓**
- Severe mental illness with mild to no physical health issues.
- Behavioral health specialist responsibility for coordination w/ PCP
- Remain in Specialty Behavioral Health care

**Examples:**
- Schizophrenia
- Schizoaffective Disorder
- Psychosis
- PHQ-9 Score of > 15

### Quadrant I
**BH ↓ PH ↓**
- Mild or no physical/behavioral issues
- Remain in PCP Care (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health specialist available for assistance.
- Virtual Psychiatric consultation

**Examples:**
- Situational Depression with no physical complaints
- Depression stabilized with appropriate dosage of antidepressant
- PHQ-9 Score of 0 to 10

### Quadrant IV
**BH ↑ PH ↑**
- High Risk/ Severe Mental Illness as well as High Risk/ Severe Medical Illness
- Full Integration with collaboration between BH and PCP.
- PCP-based behavioral health specialist available for assistance.
- Remain under the care of PCP and BH specialty

**Examples:**
- Unstable Bipolar Disorder with uncontrolled Diabetes
- Unstable Schizophrenia with uncontrolled Hypertension
- PHQ-9 Score of > 15

### Quadrant III
**BH ↓ PH ↑**
- Severe medical issues with mild or no behavioral health issues.
- Remain in PCP care (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health specialist available for assistance.
- Virtual Psychiatric consultation

**Examples:**
- Stable Depression with uncontrolled diabetes
- Stable Bipolar Disorder with uncontrolled hypertension
- BH diagnosis secondary to general medical condition
- PHQ-9 Score of 5 to 15