

Learning collaborative approach can enhance integration of behavioral, general medical services

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(Medical Xpress) -- The successful use of a learning collaborative approach in a national initiative to promote integration of care between community health centers (CHCs) and community mental health centers (CMHCs), is reported in the July issue of the *American Psychiatric Association's journal Psychiatric Service*. Current regulatory and reimbursement separation of CHCs and CMHC, which create a safety net for Americans with low incomes, can be particularly problematic for people with serious mental illness, who have increased rates of premature mortality.

An ideal [health care](#) system would deliver fully integrated behavioral and general medical services, providing treatment in primary care when appropriate and seamless collaboration with specialty care when needed. In fact, integration of care is a central goal of the health care reform legislation. However, effecting this level of organizational change is a difficult undertaking. The learning collaborative is an established framework for disseminating innovations in health care and helping practitioners learn new strategies for providing care. This approach is increasingly being used to promote the adoption of evidence-based practices in mental health care.

The learning collaborative initiative in the study, which was sponsored by the National Council for Community Behavioral Health Care, brought together CHC-CMHC pairs that had existing relationships and were

seeking to improve collaboration. Specific aims were to increase the capacity of CHCs to identify patients with depression and bipolar disorder, with substance use disorders, and at elevated risk for suicide and to deliver evidence-based depression treatment to their patients, as well as to ensure that CMHC patients with metabolic side effects of antipsychotic medications received appropriate general medical care.

The year-long process involved an initial learning session with expert faculty at which the CHC-CMHC teams identified specific quality improvement goals and engaged in self-assessments. In the year that followed, the teams compiled interim reports, participated in quarterly conference calls with faculty, submitted a final report, and met at a final learning congress. Fifteen CHC-CMHS pairs were involved in this observational study, which used mixed methods and monitored patient-level health indicators.

All the teams increased capacity on one or more patient health indicator. Teams that developed effective communication and problem-solving strategies showed more progress. Challenges identified by participants included cross-agency communication, separate financing systems and regulatory structures, inability to track patient outcomes and analyze data even in organizations with electronic health records, and competing initiatives and “change fatigue.”

The authors conclude, “Given the substantial overlap of the changes needed to implement integrated mental health care and patient-centered health care homes, we hope that these efforts can be woven together as we advance an agenda of cost-effective patient-centered integrated care.”

Provided by American Psychiatric Association

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