



Coordinate, Collocate, Collaborate

How to Achieve True Clinical Integration

By David Applegate, M.D.; Susan Padrino, M.D.;
and Faith Tarver, Vice President of Behavioral Health

WHAT IS CLINICAL INTEGRATION?

“[Clinical integration is] the means to facilitate the coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-focused.”

—The American Medical Association



What is Clinical Integration?

Today, you can check into a hospital anywhere in the country, and your name, address, phone number, and insurance information will be in the computer system. Your clinician will have a list of the medications you're taking, your allergies, and your medical history.

Likewise, a pharmacist filling your prescription should notice if something you're already taking conflicts with your new medication—another example of care integration.

This protected patient health information (PHI) is shared among medical networks through software programs, to help ensure continuity of care. It would seem, then, that everyone should be on the same page regarding your healthcare and that your care is clinically integrated. But clinical integration as defined is the bare minimum. And it's not enough.

Instantaneous access to information is the beginning of coordinated care but does not replace communication—between the patient and providers and among the providers themselves. The more complex a person's health, the more crucial this communication is. And that complexity often—at least 75 percent of the time, according to the American

Academy of Family Physicians—involves behavioral health.² These issues can stem from “chronic disease management, mental health issues, substance use, smoking or other tobacco use, and the impact of stress, diet, and exercise on health.”²

Impacting health even further are Social Determinants of Health—“nonmedical factors that influence health outcomes,”³ including things like education, employment, housing, income, food insecurity, access to care, and transportation.

Any one of these challenges can be daunting to patients. Yet we expect patients themselves to be the glue that coordinates all their healthcare services. True clinical integration provides the connections to coordinate services, keeps the patient at the center of all the efforts, and allows providers to share in joint clinical decision-making for the best interest of the patient. No single patient, provider, case manager, behavioral health clinician, or advocate can do all this on their own; it requires effective teamwork.

Fully integrating behavioral health in primary care is the gold standard for care.

—Sarina Schrager, MD, MS, editor, FPM Journal

Collaborative Care: Body Meets Mind

How do you feel? Mental and physical health are inextricably linked. Chronic physical conditions are twice as likely to trigger anxiety and depression. Likewise, mental illness can cause a whole host of physical issues that can affect the heart, lung, immune system, and how we handle pain.⁴

Clinical integration brings behavioral health to the primary care setting, resulting in an improved experience for patient and physician, while improving the health outcomes of patients and reducing hospital ER visits—win, win, win.²

In a study published in June of 2023 by the *Journal of the American Medical Association*, The U.S. Preventive Services Task Force (USPSTF) recommends that all asymptomatic adults between ages 19 and 65 be screened for anxiety by their general practitioners⁵ The USPSTF is a body of independent medical experts whose recommendations

guide doctors and insurance companies. This recommendation comes after a 2016 recommendation to screen all adults for major depressive disorder.⁶

Unfortunately, barriers to care—including patient resistance to treatment and medication adherence—mean less than half of those identified with mental health issues seek treatment. According to JAMA, racism, wealth inequity, treatment costs, and misdiagnoses contribute to lack of follow-up care. But one of the biggest systemic barriers is a “lack of connection between mental health and primary care...”⁵

It Takes a Team

Coordination

Care Coordination has the potential to improve the effectiveness, safety, and efficiency of the American healthcare system. Well-designed, targeted care coordination can improve outcomes for everyone, as it ensures the patient has someone working directly with them to oversee all their healthcare and match their healthcare needs with the right resources. The care coordinator and the patient form a team to work together.

Collocation

Collocated care is often used to describe the presence of the multidisciplinary care team in the same physical space. For example, locating x-rays, labs, pharmacy, specialty providers and/or mental health providers within a primary care office. This allows added opportunity to provide clinical integration. For instance, access is easy when the patient can just walk down the hall to see their mental health therapist. And if that therapist or patient has a question about a medication or physical condition, they can quickly speak with the PCP, psychiatrist, or a pharmacist for that answer. The specialist,

patient, and PCP can work more effectively as a team by “incorporat[ing] the natural and informal interactions that occur by increasing physical proximity of primary care and mental health.”⁷

Collaboration

Collaborative care takes care integration up a notch. Not only is the specialty care—most commonly behavioral health care—collocated with physical health care, but the teams set aside time to talk to each other and engage in shared decision-making about their mutual patients. This interdisciplinary team is essential for people with complex needs. The providers work together with each other and the patient to determine the treatment plan that best meets the patient’s holistic care needs.

Solving for Why: The Evolving AbsoluteCare Model

AbsoluteCare treats a specific subset of the populations. We work with Medicaid and Medicare plan partners to identify members with high ER and hospital inpatient utilization. Typically, these members have up to 13 diagnoses and take 10 different medications. More than three-quarters report having food insecurity; many have unstable housing and experience illiteracy. And more than half of our members have diagnoses of mental illness and/or substance use disorders.

Our strategy for treating these members includes, first and foremost, excellent care. We call it care beyond medicine™ because it includes addressing SDoH needs that includes addressing barriers to transportation, literacy, food insecurity, and housing instability; treating behavioral health issues; and managing complex chronic physical health conditions.

Once engaged with the AbsoluteCare team in the community or in our centers, members have access to resources that include immediate care services from nurses and same-day providers, primary care providers, nurse care managers, SDoH specialists, licensed behavioral health clinicians, Community Health Workers, and psychiatric providers. Our model intentionally dedicates time for the team to work together, leverage strengths, and develop an individualized plan of care for the whole person.

This care is coordinated, colocated, and collaborative. Our model is clinically integrated in every way, not only in our physical locations with IV infusion, mental health care, treatment for drug use, an onsite pharmacy, and SDoH specialists, but we take these services into the community with our resource specialists, community-based nurse practitioners, transportation drivers, care managers, and health coordinators.

We manage complex conditions without sending our members to external specialists, achieving good outcomes.

Here's how we know it works. AbsoluteCare continues to:

- ✓ Hit quality metrics and benchmarks
- ✓ Meet HEDIS measures
- ✓ Increase PCP visits
- ✓ Decrease unnecessary specialist visits
- ✓ Significantly decrease emergency room and inpatient utilization

Room for Improvement

Big changes require measured steps. Disrupting the status quo for our members means taking them from the fragmented healthcare experience they're accustomed to and meeting all their needs—medical, psychosocial, and social—with one core team.

AbsoluteCare has three aims to get us there:

1. Improve communication and joint decision-making through collaborative care rounds with our primary care providers and our mental health and psychiatric service providers.
2. Decrease the stigma around mental health services by increasing our ability to holistically assess and serve our members.
3. Meet our members where they are, whether they come to us or we go to them in the community, in their homes, or in other care settings.

Meeting these three clinical integration goals will vastly improve the member experience. At the same time, it will make a significant impact on reducing healthcare costs.



Clinical Integration: A Member's Story

Mr. M walked through our AbsoluteCare center doors in September of 2020. The pandemic was in full swing, and Mr. M had some pressing needs, not the least of which were food and shelter. These led him to frequent the local emergency room, where he would find both.

He had a history of physical and behavioral health issues that fed each other.

Childhood exposure to lead paint exacerbated and possibly caused a host of mental health problems: intellectual disability, adjustment disorder, ADHD, and schizoaffective disorder. He was also prone to substance use.

Finding secure housing was our immediate priority, so Mr. M's team went to work on solutions. First, we secured a discounted extended rate at a local hotel. His AbsoluteCare care manager walked the grounds of his new living quarters with him to make sure he felt safe and aware of his new surroundings. We then secured access to food, initially via gift cards.

Thanks to the help of his niece and to quick interventions and compassion from his care team, Mr. M has remained housed and out of the emergency room. Most important, he sees his care team, including his psychiatric nurse practitioner and his mental health therapist, regularly to ensure he gets the services to meet his holistic healthcare needs.

About AbsoluteCare

AbsoluteCare offers health services tailored to the most vulnerable members of society using a risk-bearing, PCP-driven care model. We treat the most clinically complex members of the communities we serve—many of whom face behavioral health, substance use, and SDoH challenges. We tend to the needs of the high-risk population who persistently represent a disproportionate amount of unnecessary utilization and cost, regardless of whether they are engaged with other PCPs.

We deliver this care in our Comprehensive Care Centers and in the communities we serve. In over 20 years, AbsoluteCare has achieved unprecedented outcomes by addressing medical and psychosocial issues, and life's hardships that exacerbate chronic health conditions and complicate access to care. AbsoluteCare is headquartered in Columbia, Maryland, and currently operates in seven markets: Baltimore and Prince George's County, MD; New Orleans, LA; Cleveland and Columbus, Ohio; and Philadelphia and Pittsburgh, PA. We have treated tens of thousands of chronically ill individuals, living up to the mission of providing care that goes beyond medicine™.

For more information, visit [absolutehealth.com](https://www.absolutehealth.com).

1 <https://www.aha.org/system/files/research/reports/tw/10feb-clinicinteg.pdf>, February 2010.

2 <https://www.aafp.org/pubs/fpm/issues/2021/0500/p3.html#fpm20210500p3-b1>, May/June 2021.

3 https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, accessed July 2023.

4 <https://www.health.harvard.edu/blog/collaborative-care-treating-mental-illnesses-in-primary-care-2020052719918>, May 2020.

5 <https://jamanetwork.com/journals/jama/fullarticle/28062503>, June 2023

6 <https://www.cnn.com/2023/06/20/health/uspstf-anxiety-depression-adults/index.html>, June 2023.

7 <https://www.sciencedirect.com/science/article/pii/S1555415520303858#>, January 2021.