



INTEGRATED CARE LEXICON

A resource for healthcare providers

The future of healthcare lies in addressing the needs of the whole person. These key terms and definitions will help you prepare for a service delivery system that centers on the coordination and integration of behavioral health, intellectual/developmental disabilities (I/DD) and primary care services.

Key integration terms

Integration (of behavioral health, I/DD and primary care)

Whole-person care that results from a practice team of primary care and behavioral health clinicians who work together with individuals and families providing person-centered care using a systematic and cost-effective approach for a defined population. This care may address mental health and substance use conditions, intellectual/developmental disabilities, health behaviors/treatments (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms and ineffective patterns of health care utilization.[^]

Integrated care

Tightly integrated, on-site teamwork with a unified care plan as the standard approach to care for designated populations. Connotes organizational integration, as well as care integration, involving social and other services. Emphasis is on the incorporation of services into a single entity. "Altitudes" of integration: 1) integrated treatments, 2) integrated program structure, 3) integrated system of programs and 4) integrated payments. (Based on information from the Substance Abuse and Mental Health Services Administration [SAMHSA])[^]

Collaborative care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to achieve goals, e.g. in collaborative care of depression (Unützer et al, 2002). Emphasis is on active communication and sharing of clinical documentation between providers to jointly care for an individual.[^]

Whole-person care

The coordination of health, behavioral health, intellectual/developmental disabilities and social services in a person-centered manner with the goals of improved health outcomes and more efficient and effective use of resources. Emphasis is on the orientation of the treatment provider to consider all domains of an individual's life when assessing and addressing needs.^{1^} *

¹ See <http://safetynetinstitute.org/wp-content/uploads/sites/2/2014/04/National-Approaches-to-Whole-Person-Care-in-the-Safety-Net-Final-March2014.pdf>

Additional important terms

Behavioral health home

A state option from section 2703 of the Affordable Care Act, a behavioral health home (BHH) is an innovative, integrated healthcare service delivery model that is recovery-oriented, person- and family-centered and promises better consumer experiences and outcomes than those achieved in traditional services. The behavioral health home service delivery model is an important option for providing a cost-effective, long-term “home” to facilitate access to an inter-disciplinary array of behavioral health, medical and community-based social services and supports for both adults and children with chronic conditions. Required components of a BHH include: comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, referral to community and support services and health information technology.^{2*}^

Bidirectional care

The integration and coordination of primary care services into and with mental health (MH)/substance use (SU)/IDD services/settings and integrating MH/SU/IDD services into primary care settings.* (Smoky Mountain LME/MCO, 2015)

Co-located care

BH and/or I/DD and primary care (PC) providers (i.e. physicians, nurse practitioners) physically delivering care in same practice location. This denotes shared space, not a specific service or kind of collaboration. In co-location, some functions, including billing, employment and/or records, remain separate. (Adapted from Blount, 2003) ^

Coordinated care

The organization of consumer care activities among two or more participants (including the person being served) involved in care to facilitate appropriate delivery of healthcare services. Involves activation of personnel and other resources needed to carry out required care activities and often managed by the exchange of information among participants responsible for different aspects of care (AHRQ, 2007).^

Integrated behavioral health or behavioral health primary care

Combines medical, I/DD and BH services for physical health problems individuals bring to their MH/SU/IDD provider, including physical symptoms and health behaviors related to their MH or SU disorders, or intellectual/developmental disabilities. For any problem, they have come to the right place – “no wrong door” (Blount). Primary care provider used as a consultant to BH/I-DD colleagues. (Smoky Mountain LME/MCO, 2015; adapted from Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).^ *

Integrated primary care or primary care behavioral health

Combines medical, I/DD and BH services for problems individuals bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SU disorders or intellectual/developmental disabilities. For any problem, they have come to the right place – “no wrong door” (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).^

Shared care

Predominately Canadian usage. PC and MH professionals (typically psychiatrists) working together in shared system and record, maintaining one treatment plan addressing all individuals’ health needs. (Kates et al, 1996; Kelly et al, 2011)^

All definitions drawn from Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: AHRQ Publication No. 13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at <http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>. (except otherwise noted with *)

^Denotes minor wording changes by Smoky Mountain LME/MCO 2015 to support more inclusive language and/or clarity.

² Adapted from <http://www.ct.gov/dmhas/cwp/view.asp?a=2900&Q=528136&PM=1>

Supporting terminology

Behavioral healthcare

An umbrella term for care that addresses any behavioral problem bearing on health, including MH and SU conditions, stress-linked physical symptoms, consumer activation and health behaviors. Occurs in all kinds of care settings and done by clinicians and health coaches of various disciplines or training.^

Intellectual and developmental disability care

Services and supports to individuals with an I/DD (and their families) who may be at risk for institutional care to maintain health, safety and wellbeing and to live a productive and inclusive life in the community of their choosing. These services and supports are provided by a variety of direct support professionals (including family members, in some cases) and in a variety of community settings. In cases of co-occurring mental illness or substance use, outpatient MH/SU services may also be provided to assist this population in integration. (Smoky Mountain LME/MCO, 2015) *

Mental health care

Care to help people with mental illnesses (or at risk) to suffer less emotional pain and disability and live healthier, longer, more productive lives. Done by a variety of caregivers in public and private settings such as specialty MH, general medical, human services and voluntary support networks. (Adapted from SAMHSA)^

Person-centered care

The experience (to the extent the informed, individual desires it) of transparency, individualization, recognition,

respect, dignity and choice in all matters, without exception, related to one's person, circumstances and relationships in health care – or “nothing about me without me” (Berwick, 2011).^

Patient-centered medical home

An approach to comprehensive primary care for children, youth and adults – a setting that facilitates partnerships between individuals and their personal physicians, and when appropriate, the individual's family. Emphasizes care of populations, team care and whole-person care – including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, consumer experience and reduced cost. (Joint Principles of PCMH, 2007).^

Primary care

Primary care is the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with consumers and practicing in the context of family and community. (Institute of Medicine, 1994)^

Substance use care

Services, treatments and supports to help people with addictions and substance use problems suffer less emotional pain, family and vocational disturbance and physical risks – and live healthier, longer, more productive lives. Done in specialty SU, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Terminology to avoid

Integrative care

This term refers to practices also commonly referred to as “holistic medicine.” (Smoky Mountain LME/MCO, 2015)*

“Reverse” integration/“reverse” co-location

Previously used to refer to physical health coming into an agency serving MH/SU/IDD populations and now considered offensive by some. (Smoky Mountain LME/MCO, 2015)*