

Washtenaw Community Health Organization

Integrated Health

In developing **partnerships between mental health and primary care**, The WCHO has a proven track record in four clinics in Washtenaw County. As project consultants to both public community mental health (CMH) and primary care, we have developed local partnerships to create medical homes via collaboration between community mental health and primary care in a county without a federally qualified health center.

What is the value?

"Roughly one in five mentally ill persons appears to develop diabetes - about double the rate of the general population" (New York Times, 06 12 06).

Psychiatric clients die at a younger age than the general population and their incident of physical health problems tends to be higher (Holmberg, 1988).

Nearly 70% of all healthcare visits have primarily a psychosocial basis (U.S Dept HHS, Surgeon General Report, 2001)

The seriously mentally use the emergency room six (6) times more frequently than the general population.

The evidence tells us that persons with serious mental illness have unmet basic health care needs while primary health care practitioners are not in a position to address the mental illness needs of their patients.

Implementing Integrated Care

In Washtenaw County, Michigan, our partnerships have resulted in following new options and benefits for clients as well as for the mental health and primary care provider systems treating them:

- **Improved overall care for a vulnerable population receiving all services in a medical home**
- **Increased productivity in primary care as mental health staff assist with multi-problem patients**
- **New options for stable CMH clients to mainstream into primary care for all of their services**
- **Lower cost to the public mental health system as stable clients exit specialty care**

Creating partnerships and implementing a system of integrated care requires a climate of trust through collaborative decision-making and careful attention to the needs of each stakeholder. We can assist in both arenas - trust building and implementation - by bringing to your organization the following:

- Analysis to determine the best model for your community, to embed mental health practitioners in primary care settings, to integrate primary care into community mental health, or another model you prefer.
- Planning sessions to establish the "must haves" for all stakeholders in the process.
- Review of financing options available and methodology for return-on-investment analysis.
- Implementation using a four-phase process of (1) engagement (2) operational launch (3) implementation and midcourse adjustments and (4) evaluation and sustainability as discussed in our Manual: *Raising the Bar...* (Koster & Reynolds, 2006).
- Lessons learned from our experience with four private primary care clinics.
- Successful implementation through a thoughtful planned change process.

The *Encompass* Option

We offer the option to incorporate our reliable, integrated electronic health record, *Encompass*. Drawing from the best of both worlds, *Encompass* was developed by a solid Michigan technology company with a customer base that includes Fortune 500 companies as well as end user input from a local primary care clinic, homeless shelter health clinic and CMH primary care nurse practitioner. It has been field tested at all three sites.

Encompass contains a mental health and a medical health record that has the capability of producing a unified plan of care, displaying all diagnoses, medications and plans of care from all providers interacting with the client.

Encompass provides full Computerized Physician Order Entry (CPOE) as well as practice management tools including reports on utilization, insurance; billing; caseloads; functions to control access, as well as your customized reports .

By adopting the *Encompass* data system, you will have the opportunity to link with national projects to evaluate outcomes against aggregate benchmarks from cumulative data sources as well as an invitation to become a national partner in developing best-practice norms for integrated health care.

Holmberg, S. (1988) Physical health problems of the psychiatric client. *Journal of Psychosocial Nursing*, 26(5), 35-39.

Koster, V. and Reynolds, K (2006) *Raising the bar: Moving towards integration of health care*. NCCBH publishers

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