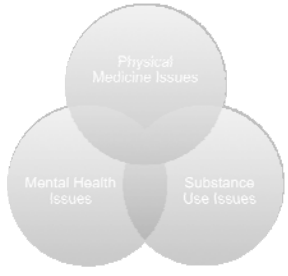


**Integrated Care
in the
Real World**

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Integrated Care



The diagram consists of three overlapping circles. The top circle is labeled 'Physical Medicine Issues'. The bottom-left circle is labeled 'Mental Health Issues'. The bottom-right circle is labeled 'Substance Use Issues'. All three circles overlap in a central region.

**Barriers to Integrated Care in
the Primary Care Setting**

- Lack of time
- Lack of skills
- Beliefs and attitudes about substance misuse and mental health
- Lack of confidence in treatment
- Lack of communication with SUD/MH providers
- HIPAA/42 CFR Part 2
- Billing and funding

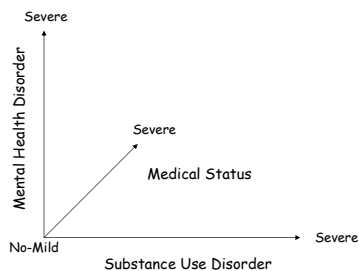
Our Model

- Co-located services
- Adaptation to medical model of service delivery
- SBIRT
- Use of EBPs
- "Open" cases

Goals

- Development of screening tools for mental health AND substance abuse
- Level of care based on 3-Dimensional Model
- Change in level of care in relation to responsiveness to care and new assessment data
- Self-sustaining

3-Dimensional Integrated Care Model



Preliminary Results

- Screening approximately 2,000 pts/year
- Providing treatment to approximately 15%
- 64% of those with >5 visits showed improved HADS
- Overall medical utilization decreased by 13%
- For pts seen \geq 5 sessions, decreased by 33%

Research Issues

- Validation of 3-Dimensional Model
- Exploration of Staged Treatment and effect on compliance issues and responsiveness to care
- Use of medical case management
- Stages of Change interventions and impact on treatment
- Effect of integrated care on medical utilization
- Cost-effectiveness
- Co-location vs. co-adaptation
