

Working Inter-Professionally: Holistic Approach to Primary Care

Integrated Behavioral Health in Maine Summit
Wells Conference Center, University of Maine

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NSI Strategies

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NSI STRATEGIES

Consulting Support for
Integrated Healthcare Environments





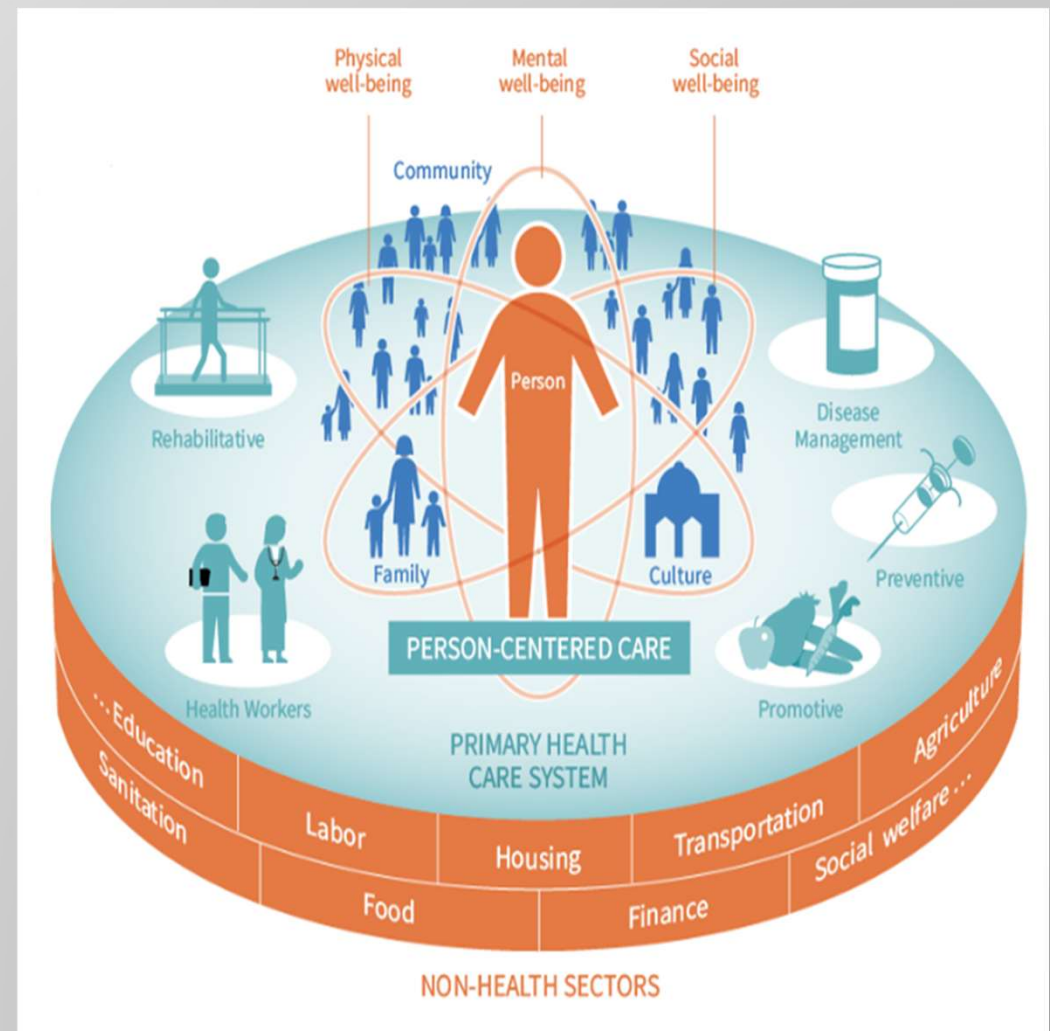
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AMR '09

What is Integrated Care?

The provision and coordination of appropriately **matched interventions** for both **physical health** and **behavioral health** conditions, along with attention to the **social determinants of health**, in the setting in which the person is most naturally engaged, meaning **where a person is seen most frequently or prefers to be**.

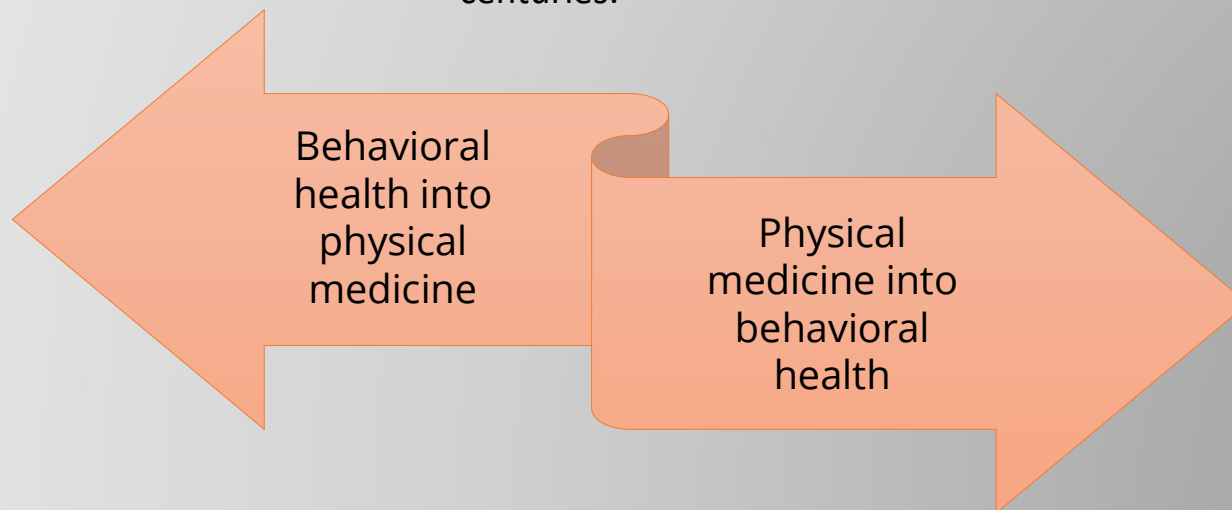
All people served receive a comprehensive array of integrated services and interventions including **primary and secondary prevention** for their needs.



Modern Science Catches Up: Bi-Directional Integration

Ancient Origins

- Philosophers and healers across cultures—like Hippocrates in Greece, Ayurvedic medicine in India, Traditional Chinese Medicine, and the Native American Healing Wheel—have long viewed health as a balance between mental, physical, emotional, and spiritual well-being.
- The idea that **stress, emotions, and trauma affect the body** has been part of holistic traditions for centuries.



Three Models of Integration

- Collaborative Care Model (AIMS, IMPACT, CoCM)
- Primary Care Behavioral Health Model
- Blended and Situational Approaches



COMPREHENSIVE HEALTH INTEGRATION (CHI) FRAMEWORK

Integratedness

Second Edition

NATIONAL
COUNCIL
for Mental
Wellbeing

CENTER OF EXCELLENCE
for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Integratedness:

- **The degree** to which programs or practices are organized to deliver integrated Physical Health (PH) and Behavioral Health (BH) prevention and treatment services to individuals or populations, as well as to address Social Determinants Drivers Of Health (SDOH).
- **Integratedness** is a measure of development of both structural components (e.g., staffing) and care processes (e.g., screening) that support the extent to which “integrated services” in PH or BH settings are directly experienced by people served and delivered by service providers.

- As many as **40 percent** of all patients seen in primary care settings have a mental illness.
- **27 percent** of Americans will suffer from a substance use disorder during their lifetime. **10% Access care.**
- Approximately **67 percent** of patients with behavioral health disorders **do not receive the care they need.**
- **68 percent** of adults with mental illness have **comorbid chronic health disorders**, and 29 percent of adults with chronic health disorders have mental illness.
- **80 percent** of patients with behavioral health concerns present in emergency departments or primary care clinics.



A Look Primary Care Focused Data



More than a **quarter of adults** with physical health problems also suffer from mental illness



Mental illness is common, yet underrecognized and undertreated – 25% of primary care patients have depression or anxiety



Patients with mental illness frequently present to primary care with physical health symptoms (e.g., fatigue, insomnia, palpitations)

Primary care providers, focusing on physical ailments, can overlook psychological causes



Primary care providers recognize only half of all mental illnesses

Among patients with recognized illness, only half are offered medication

Golden Opportunities

Contact with **primary health care** was highest in the year prior to suicide with an average contact rate of 80%.

At one month, the average rate was 44%.

The lifetime contact rate for mental health care was 57%, and 31% in the final 12 months. In general, women and those over 50 years of age had the highest rates of contact with health care prior to suicide.

Opportunities to impact substance use disorders

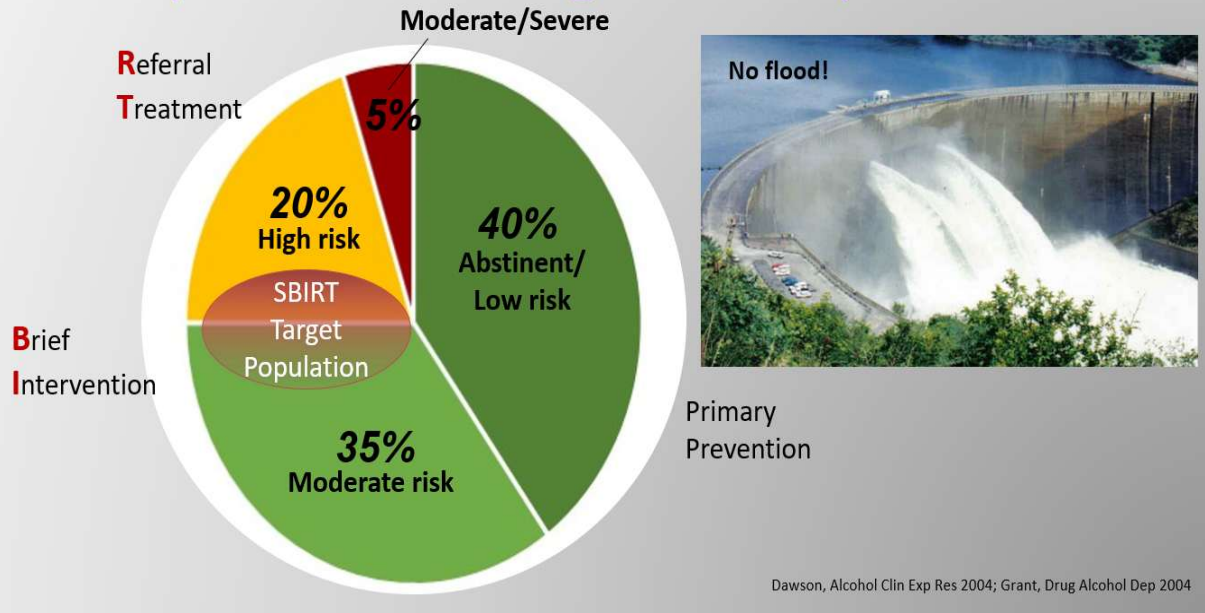
- In a screening study in three primary care clinics providing care for more than 14,000 patients annually, 23% of the participants had a current SU disorder.
- As many as **five out of six patients** who meet diagnostic criteria for alcohol use disorder go unrecognized in primary care settings
- Integrated care is good at treating chronic health conditions!
- Integrated Care is good at utilizing pharmacological interventions!
- 10% of the people in our country with a substance use disorder get treatment 😞!!



SBIRT

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Impact of Screening in Primary Care



- With SBIRT, we screen out the 80% who do not have a problem.
- We likely know most of the 2 – 3 % who have a serious problem.
- We have an opportunity to provide a prevention intervention to the 17 – 18% mild-moderate.



The Comprehensive Health Integration (CHI) Framework

INTEGRATED HEALTH

COE RESOURCE

MDI RESOURCE

February 13, 2025

SHARE



Download

CHI White Paper ↓

Framework Self-assessment Tool ↓

Self-assessment Guide ↓

Definitions and Examples Handbook ↓

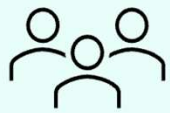
Comprehensive Healthcare Integration (CHI) *Framework*

The CHI Framework is intended to build on and advance comprehensive application of previously used frameworks:

- a. **Four Quadrant model** (2006, revised)
- b. **SAMHSA Six Levels of collaboration/Integration** (SAMHSA, 2013)
- c. **IPAT**: Integrated Practice Assessment Tool (Michigan Health Endowment Fund, 2019)
- d. **AHRQ**: Agency for Healthcare Research and Quality – A Framework for Measuring Integration of Behavioral Health and Primary Care <https://integrationacademy.ahrq.gov/products/behavioral-health-measures-atlas/integration-framework>
- e. **MeHAF**: Site Self-Assessment Survey (Maine Health Access Foundation, [n.d.]) **MeHAF** MAINE HEALTH ACCESS FOUNDATION
- f. **PCMH**: Patient Centered Medical Home <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/distinction-in-behavioral-health-integration/>
- g. **GHI Framework**: General Health Integration (GHI) Framework for BH organizations - Eight Domains (Chung, 2020) <https://www.thenationalcouncil.org/resources/advancing-integration-of-general-health-in-behavioral-health-settings-a-continuum-based-framework/>

*Fundamentals of
Motivational
Interviewing for
Challenging
Conversations about
Health Behavior
Change - Michael
Madson, Ph.D.*

CHI's Principles of Integrated Care



Person
Centered



Systematically
Measurement
Informed



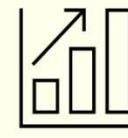
Interdisciplinary
Team Care



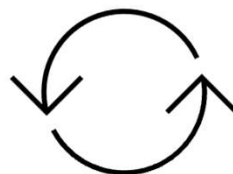
Engagement
with the
Broader
Community



Evidence
Based
Interventions



Accountable
and Tied to
Value



Bidirectional



TheNationalCouncil.org

NATIONAL
COUNCIL
for Mental
Wellbeing



CHI: Eight Domains of Integration

Trauma Informed Primary Care (Annie Derthick, PhD)



Integrated Screening, Referral, and Follow-up

“Screening and Brief Intervention for Substance Use Disorders in Primary Care” [Cara Struble, Ph.D.](#)



Prevention and Treatment of PH/BH Conditions

“Managing Suicide Risk in Primary Care” [Jennifer Blossom, Ph.D.](#)



Care coordination and Care Management



Self-Management Support



Multi-Disciplinary Teamwork

“Reducing burnout in health care” (Kelley Strout, PhD)



Systematic Quality Improvement

“Managing psychiatric crises in primary care” [Jennifer Scott, LCSW](#)



Linkage with Community and Social Services



Sustainability

CHI's Three Integration Constructs

Integration Construct 1: Screening and Enhanced Referral

- Optimizes screening and “enhanced” referral processes
- Does not require significant investment
- Best practice for smaller practices/programs with fewer resources

Integration Construct 2: Care Management and Consultation

- Includes robust program commitment to a set of screening and tracking processes with associated on-site care coordination and care management

Integration Construct 3: Comprehensive Treatment and Population Management

- Typically requires comprehensive PH and BH staffing in a single organization (hospital, independent clinical practice, FQHC, etc.)
- Measures improved health outcomes along the Domains

Eight Evidenced Based Integration Domains Within Each of the Three Integration Constructs



Characteristics of the CHI Framework

- ✓ Broad application to both PH and BH settings, and adult and child populations
- ✓ Evidence-based domains of integration
- ✓ Measurable standards for integration
- ✓ Self-Assessment Tool
- ✓ Flexibility of achieving successful progress in integration
- ✓ Connection of progress in integration to metrics demonstrating value
- ✓ Connection of payment methodologies to improving value by improving and sustaining integration



Components of CHI

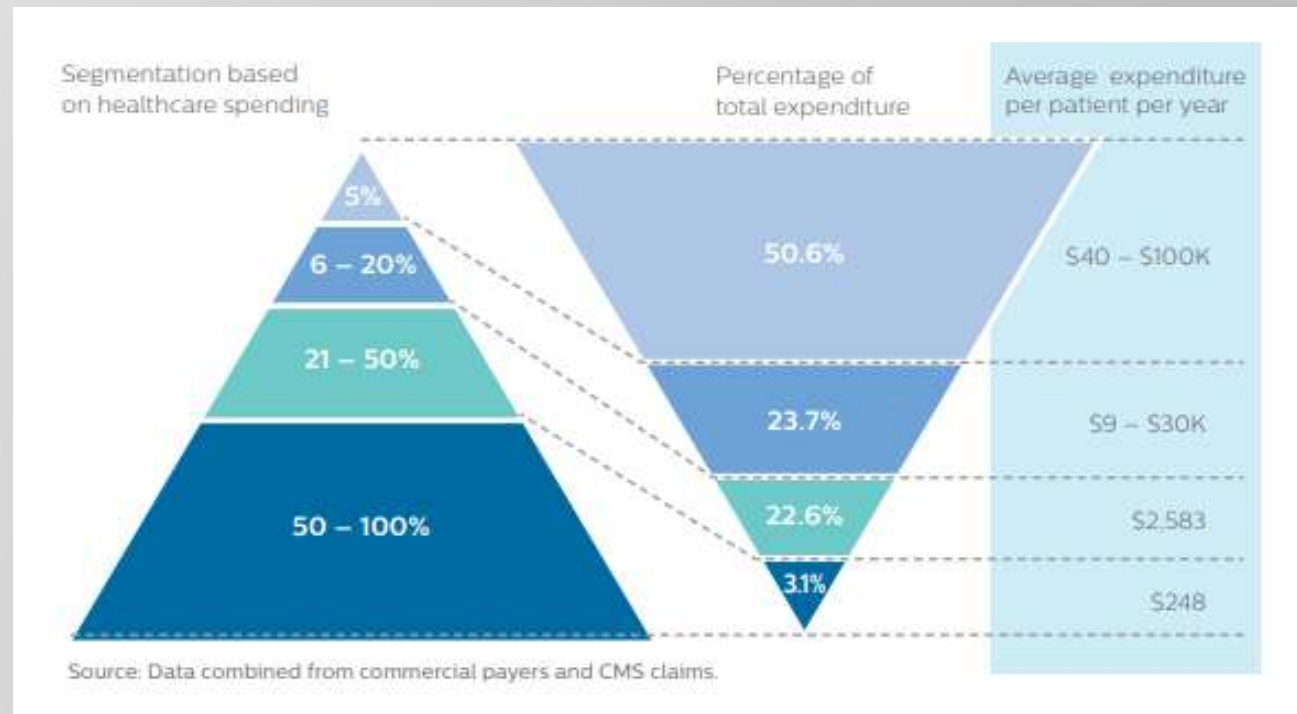
Eight Domains –Care processes related specifically to addressing physical health and behavioral health issues in an integrated manner.

Three Constructs -Each Integration Construct describes an organized approach that has several evidence-based or consensus supported core service elements for “integratedness” tied to the indicators on the Eight Domains, each of which can be implemented flexibly depending on the capabilities of a provider organization and the priority needs of the population served.

Integration Metrics –Measuring the degree of “integratedness” in care delivery and the improvement in outcomes from implementing integration that ties each Integration Construct to Value.

Integration Payment Methods –Demonstrating how to cover costs of implementing and sustaining integration for each Integration Construct

Moving from Episodic “Sick Care” to Population Health Management



Pareto Principle (80/20 Rule)

- 80% of health care costs are often incurred by 20% of the population — typically those with chronic or complex conditions.
- 20% of patients may account for 80% of provider visits or hospitalizations.



Why Inter-Professional Work Matters

No single provider can meet the whole person's needs—health is physical, mental, social, and environmental, and more.

A holistic approach requires ***shared goals***, open communication, and collaborative problem-solving.

A Continuum of Healthcare Teams



Multi-disciplinary Team = hierarchical, each role separate, some communication, parallel processes.



Inter-disciplinary Team = interdependent, maintain distinct professional responsibilities & assignments, must make **dramatic adjustments in their orientation** to co-workers.



Trans-disciplinary Team = shared decision making, **every member can do everyone else's role if needed**, one process, much communication.

Type	Collaboration	Role Boundaries	Care Planning
Multidisciplinary	Low	Separate	Individualized
Interdisciplinary	Moderate	Distinct but connected	Jointly coordinated
Transdisciplinary	High	Blended/shared	Fully integrated

The Inter-disciplinary Team

- Team members contribute **based on the needs of the person**, not just their job title.
- A **behavioral health provider might help manage diabetes-related stress**, while a **nurse may screen for depression**.
- There is **role fluidity**
- The team may **co-create roles with the individual receiving care**, honoring cultural values and lived experience.
- Decision-making is **collaborative**—no discipline dominates.





Essential Skills for Behavioral Health Clinician

- Speed
- Language
- New roles
- New levels of collaboration with colleagues
- Pro-active from re-active and “selling” our services
- Short term brief interventions
- Ability to diagnose, tx plan, and document in 20 min



The Two Sentence Curbside Consult

8 Tips for the Behavioral Health Clinician to concisely present a Warm Hand Off to a Primary Care Provider

What to leave in	What to leave out
Ask the PCP if they are available and ready for a quick consult. The BHP adjusts to the pace of the PCP to avoid disrupting the PCP's pace.	<i>Prior</i> to your consult, determine what information the PCP needs to know. Leave out the other information and be ready to answer if the PCP wants a deeper dive into your clinical formulation and assessment.
Presenting problem. The PCP may want to know important demographics such as age, gender, culture and the main care concerns. Know this before you start the consult. PCPs only want to know information that will directly impact how they approach the patient.	Background and details of how you arrived at the diagnosis. Pertinent negatives are not usually necessary. (One important pertinent negative might be 'patient is not suicidal.')
Specific data such as a PHQ-9 score and presenting symptoms.	PCPs may not have time to hear the dynamics behind the symptoms, so start with a symptom list and allow the PCP to ask for more detail if they require it.



Stepping out of the old system...to create a new



- **Front Desk Staff** – Not “just out there.”
First point of trust. Trauma-informed greeters. Set the tone for safety.
- **Finance Team** – Not “just up there.”
Partners in access and retention. Removing financial barriers is care.
- **Oral Health/Dental Providers** –
"Four out of five dentists recommend behavioral health!"
Mouth-body-mind connection is real. Stress, trauma, and neglect show up in teeth too.
- **Primary Care-Based Behavioral Health Consultants (BHCs)** –
Embedded, immediate support. Bridging mind-body in **real time**.
- **BHCs Treating Physical Health Conditions** –
Chronic disease, pain, insomnia, substance use—behavioral tools enhance physical healing.
- **Care Managers (Not Just Case Managers)** –
They track outcomes, build relationships, and weave care into “real” life.
- **Psychiatrist as Consultant** –
Supports the team, not just the diagnosis. Available when needed, not siloed.
- **Primary Care Provider as Consultant** –
Humble experts, open to team input. It’s not “my patient,” it’s “our care.”
- **Peer Specialists / Recovery Specialists** –
Lived experience = lived wisdom. They model hope and walk with people.
- **Community Health Workers / Patient Navigators** –
Bridge culture, language, trust. They **know the community**—because they are the community.

One Thing?

- Scheduling
- Relationships
- Build Trust
- Role Fluidity
- Policies and Procedures
- SBIRT
- Suicide Prevention
- BHCs treating physical health conditions



Its about changing the system
for our communities



“You never change things by fighting the existing reality.

To change something, build a new model that makes the
existing model obsolete.”

-R. Buckminster Fuller

Thank you!



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Additional Tools & Resources

- **The Comprehensive Health Integration (CHI) Framework:**
<https://www.thenationalcouncil.org/resources/the-comprehensive-health-integration-framework/>
- **Pew: How Licensed Counselors Could Help Address Harmful Substance Use: Underutilized workforce could be leveraged to play critical role in prevention and treatment:**
<https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/11/how-licensed-counselors-could-help-address-harmful-substance-use>
- **Integrated Care Financing:**
<https://www.thenationalcouncil.org/resources/financing-the-future-of-integrated-care/>
- **University of San Francisco California – Social Interventions Research & Evaluation Network (SIREN)**
<https://sirennetwork.ucsf.edu/>

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