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Integrated Care Systems

Psychiatric News features highly informative content on the emerging practice model of integrated care.

Learn about:

- Predominant models of integrated care and the role psychiatrists play
- Working in integrated care settings
- Payment and delivery models
- APA resources on integrated care and delivery systems initiatives

For new psychiatrists entering the field, understanding the key role of systems of care has never been more important. Research published each month in *Psychiatric Services* will help residents play a vital role in the systems of care where they work, which is why the American Psychiatric Association provides psychiatric residents who are APA Members-in-Training full-text online access to *Psychiatric Services* content as a benefit.



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Professional News

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Integrated Care: What Does It Mean for You?

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"Integrated care" is everywhere—in theory, at least, and increasingly in practice. The concept is a feature of the delivery-system improvements in the new health care reform law, and policymakers and many clinicians have converged on the idea that general medical and behavioral health services should be brought together in a patient-centered manner. Today, a small but dedicated and growing cadre of psychiatrists is advancing the cause of integrated care and the participation of psychiatrists in collaborative-care models.

Integrated care "is the right thing to do to improve the care and quality of life for people we take care of."

APA has established a number of initiatives in this area, headed up by the Work Group on Integrated Care of the Council on Healthcare Systems and Financing, chaired by Lori Raney, M.D., medical director of Axis Health System in Durango, Colo., and the Board of Trustees Health Care Reform Strategic Action Work Group, chaired by Howard Goldman, M.D., director of the Network on Mental Health Policy Research (funded by the MacArthur Foundation) and editor of the APA journal *Psychiatric Services*. Work group members include Jürgen Unützer, M.D., who is director of the Center for Advancing Integrated Mental Health Solutions (AIMS) at the University of Washington and one of the pioneers of integration. Along with Wayne Katon, M.D., Unützer began developing models in integrating mental health and primary care and testing them in diverse primary care settings across the country. Previously working on these issues was the APA Board of Directors Task Force on Psychiatry and Healthcare Reform, chaired by Paul Summergrad, M.D., past-president and chair of psychiatry at Tufts University.

Integrated care system is a new opportunity for psychiatrists—another option on which they can use their license to care for people—but it is not a requirement, and it is not a specialty. Moreover, psychiatrists can work part time in an integrated care setting, maintaining whatever kind of traditional inpatient or outpatient practice they wish to (see question 6). There are degrees of integrated care ranging from the original model of general medical-liason psychiatry practiced in the hospital setting; to co-located care, in which general medical and mental health services are offered in the same location; to a model of integrated care—where a psychiatrist working in consultation with other specialists to manage the behavioral health of a defined population of patients (sometimes referred to as "collaborative care," and the two terms—collaborative care—are often used interchangeably. However, for the purposes of this newsletter, the term "integrated care" will be used.



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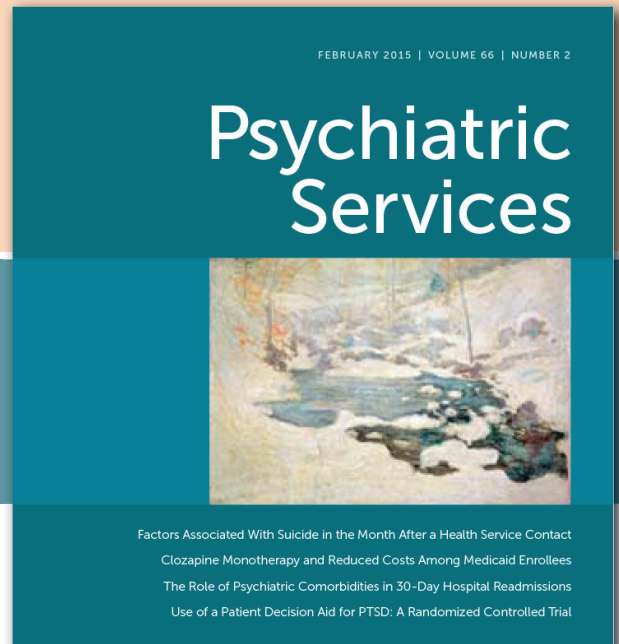
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