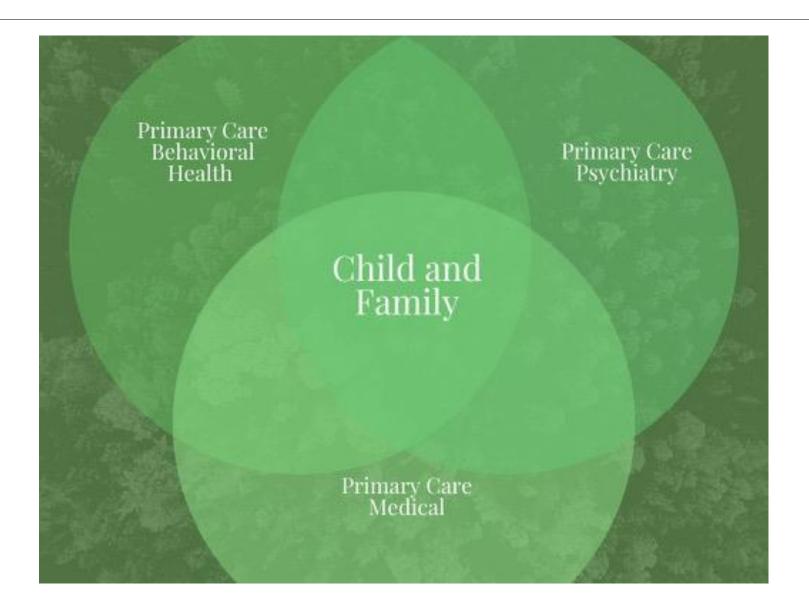


Objectives

- Understanding and definitions of Integrated Care, Interdisciplinary Team, and Interprofessional Team, and how these terms are encompassed together
- Understand how traumatic stressors, such as child maltreatment, impact growth and brain development, and how this can manifest into more global impairments resulting the need and execution of integrated care team
- Understanding coordinated, co-location, and integrated levels of care
- Understanding the importance of various roles and disciplines, teamwork and communication involving child maltreatment
- Understanding what makes integrated care successful
- Understanding the need and implementation of integrated care involving child maltreatment

Integrated Care

- https://www.youtube.com/watch?v=S-029Yf7AYM
- https://www.youtube.com/watch?v=mz4FFE2y8PM



WHAT IS INTEGRATED CARE?

Definition

An approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient. The interprofessional health care team includes a diverse group of members (e.g., physicians, nurses, psychologists and other health professionals), depending on the needs of the patient.

(https://www.apa.org/health/integra ted-health-care)



- Interdisciplinary care: The working collaboration of various disciplines relating to more than one branch of knowledge/medical specialty.
- Interprofessional care: group of individuals from different disciplines working and communicating with each other. In the interprofessional environment each member provides his/her knowledge, skills, and attitudes to augment and support the contributions of others.
- These interwoven complex team functions paves the foundation for Integrated Care
 - "Integrated health"
 - "Coordinated care" or "Collaborative Care Model"
 - "Comprehensive Care"
 - "Seamless Care"
 - "Transmural Care"

Background Information

- By age 16, two-thirds of children in the US are exposed to a potentially traumatic event.
 - Includes over 60%, with three-fourths of all maltreated children found to have been neglected in 2018 (https://www.childstats.gov/americaschildren/maltreatment.asp)
- 1 in 10 children is estimated to meet serious emotional disturbance
- \circ 16% with behavioral health challenges \bigcirc diagnosis
- The impact of toxic stress on children and early brain development
- No one person can meet the complex needs of a child/family

Source: Pires, Fields, & Schober, 2018

Allows for broader access

Truer for pediatrics with multigenerational, traumatized families with child abuse and neglect, compared to adults

Patient/family- PCP relationship already established

Integrated Care

Levels of care

 care coordination and case management, noting that case managers "work with and guide services intrinsic to their specific agency," whereas care coordinators "work with and guide the team process, which includes and is driven by the needs of patients and families for services across the community." (Pires, Fields, & Schober, 2018)

FIGURE 1

How collaboration changes on the BHI continuum^{12,13}

Six levels of collaboration spanning 3 basic models of care

Coordinated care

Level 1: Collaboration between primary care and behavioral health care is minimal. Screening, diagnosis, and treatment occur independently. Contact is limited to specific matters.

Level 2: Providers view one another as resources and communicate periodically about shared patients.

CCM is an advanced level of coordinated care.

Co-located care

Level 3: Providers work in one facility, but in separate systems; they communicate more often due to proximity and all-staff meetings. Referral is still the primary BHI process. There may be a sense of "team," but still no defined interactive protocols.

Level 4: Further movement toward integration may begin—eg, with a behavioral health provider embedded in a primary care office. The front desk schedules and coordinates appointments.

Integrated care

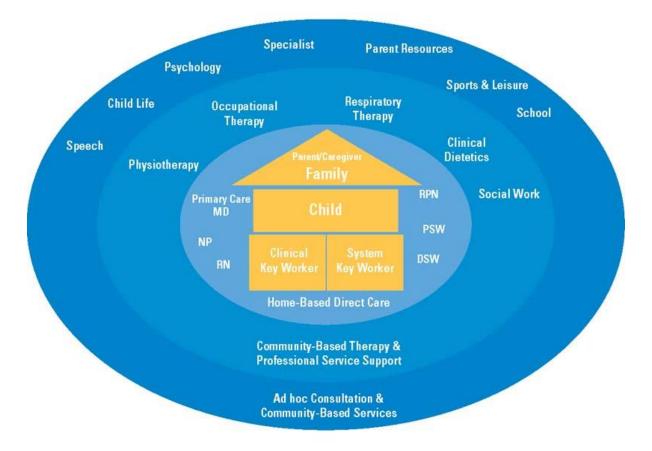
Level 5: Collaboration is strong, with primary and behavioral health care providers working as a team, communicating frequently. Respective roles are clearly defined, and practice structure is modified as needed to meet patient goals.

Level 6: Full collaboration, with a single health care system devoted to treating the whole person, is applied to all patients and not just targeted groups.

BHI, behavioral health integration; CCM, collaborative care model.

Source: Rajesh, R., Tampi, R, Balachandran, S. (2019).

FIGURE 1.
Conceptual model of the Integrated Complex Care Model



DSW = developmental services worker; MD = physician; NP= nurse practitioner; PSW = personal support worker; RN = registered nurse; RPN = registered practical nurse.

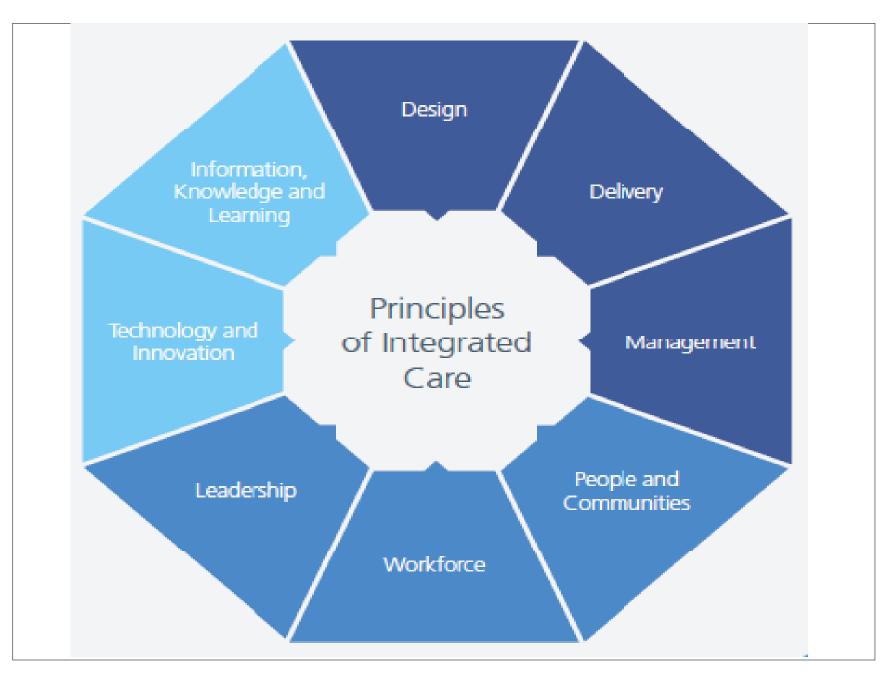
ROLES AND DISCIPLINES

COMMUNICATION

TEAMWORK

Essential Competencies & Functions

Antonelli, R.C.
 McAllister, J.W. & Popp, J.
 (2009)





Why Implement Integrated Care Approach

Evidence suggests:

effectiveness of integrated care models for child mental health have demonstrated positive effects in terms of improved mental health outcome, decreased caregiving stress, and improvements in practice scope and skills for primary care teams (Naftolin, et al. 2017)

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WHY INTEGRATED CARE?



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