Case Studies of 6 Safety Net Organizations That Integrate Oral and Mental/Behavioral Health With Primary Care Services

Margaret Langelier, MSHSA, Simona Surdu, MD, PhD, Nubia Goodwin, MPH

Objective: To describe benchmark strategies used by safety net provider organizations to integrate health services delivery for patients including screening for and identifying medical, dental, and mental health conditions during health care encounters and directing referrals to appropriate clinical providers.

Design/Methods: This report presents findings from 6 case studies of Federally Qualified Health Centers (FQHCs) located in 5 states (New Mexico, Ohio, New York, Colorado, Missouri) and the District of Colombia. The study is limited to qualitative data. Researchers examined case study interview notes to identify common strategies that drive service integration for patients in participating organizations. Finally, researchers used the Valentijn *et al* and the US Substance Abuse and Mental Health Services Administration/ Health Resources and Services Administration (SAMHSA/HRSA) hypothetical frameworks for integration to describe qualitative project findings.

Results: Cases studies provided valuable insight into common practices and strategies that facilitate the provision of integrated health care services for patients. Researchers found that the physical design of the FQHC was important in streamlining health care services. All FQHCs offered co-located medical, oral, behavioral, and social support services. The implementation and use of an integrated electronic health record was a primary and substantive tool for effective service integration. Case study participants also emphasized the importance of designing organizational systems and processes with enough flexibility to accommodate individual patient needs. Other findings showed that training staff in specialized approaches to care delivery is important. Staff should also be encouraged to build teams, network with other providers, and use frequent ad-hoc communication about common patients to accomplish consultation and referral. An engaged workforce that was comfortable with team-based service delivery was viewed as a driver of efficient, high-quality care. Case study participants recognized that various public programs and funding streams were benchmarks for supporting and validating integrated care methods for populations with chronic medical and/or mental illness.

Finally, researchers identified best practices for integrating services such as setting common goals amongst leadership and providers, hiring staff who identify with the organizational mission, providing staff training, establishing and encouraging formal and informal communication processes and organizational engagement with the external community of healthcare providers in the region.

Conclusions: FQHCs have a unique opportunity to expand access to needed healthcare services for patients with complex health needs. This study identified various themes and best practices shared among the case study participants, which describe their efforts to integrate services and establish a comprehensive health home for patients. The final technical report provides case study examples that may help FQHCs and other types of service organizations in their efforts to provide integrated healthcare services. A second advantage of this case study report is that it provides an organized guide of benchmark characteristics of integrated organizations to enable internal evaluation of efforts at integration.

Key Words: Integrated services, Special patient populations, FQHC, Case studies

HWRC Website Link: http://www.oralhealthworkforce.org/ohwrc-reports-briefs/