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Briefing Series on the Role of Psychology in Health Care *Integrated Health Care*

- Reliance on integrated, interprofessional health care teams, which include psychologists, enables our evolving health care system to address the physical, psychological, and social aspects of health. This compelling approach to service delivery contributes to achieving the “triple aim” of health care reform by improving patient access, quality of care, and cost effectiveness.¹⁻²
- Integrated health care is characterized by a high degree of collaboration and communication, along with shared leadership and decision-making authority, among a team of health care professionals. The goal is to develop and implement a comprehensive treatment plan to address the overall health care needs of the patient.²
- The interprofessional health care team may be composed of a diverse group of members (e.g., physicians, psychologists, nurses, physician assistants, social workers, and physical therapists), depending on the needs of the patient. Advantages of team-based care include a wider, more diverse professional skill set, which results in a more robust set of intervention strategies.³
- The benefits of integrated health care extend to patients, caregivers, and providers, as well as to the health care system. This approach has proven effective in decreasing misdiagnoses, increasing timeliness of treatment, and reducing depressive symptoms. Sensitivity to issues of multicultural diversity has also been a key benefit of care.⁴⁻⁹
- Individuals across the lifespan can benefit from integrated health care delivered in multiple settings. These settings include: primary care, specialized medical (e.g., rehabilitation units and surgical centers), long-term care, and community-based health and social service sites. Integrated health care teams have long been used effectively by the Department of Veterans Affairs and many long-term care and geriatric primary care settings.⁹⁻¹²

| How Psychologists Can Contribute

- As experts in human behavior, psychologists work individually and on integrated, interprofessional teams to prevent disease and promote the health and wellness of individuals across the lifespan. Psychologists identify practices that contribute to disease and behaviors that enhance healthy lifestyles, functional capacity, and treatment adherence.^{1, 3, 11-12}
- Psychologists provide early intervention and wellness services, including behavioral health assessment and treatment, to help individuals cultivate the skills necessary to prevent and effectively manage physical health conditions and a range of mental and behavioral health and substance use disorders.^{3,9,13}

- A significant and growing number of psychologists (e.g., in such areas as health, clinical, counseling, family, and rehabilitation psychology and geropsychology) provide interprofessional, team-based care in pediatric, adult, older adult, and family-oriented health care settings in both the public and private sectors.¹⁴ In integrated health care settings, psychologists can diagnose and treat mental and behavioral health problems (e.g., depression, suicide risk, anxiety disorders, and addiction), which can co-occur with physical health conditions. Psychologists can also help differentiate normal processes from pathology, side effects of medications, adjustment reactions, pain, and insomnia or a combination of these problems.^{3, 15}
- Psychologists can also contribute their competence and expertise in areas such as training, consultation, and supervision; program development and evaluation; quality improvement; leadership and team coaching; and outcome evaluation. Patients' family members and significant others and other health care professionals can benefit from consultation with psychologists.^{3, 14}
- Given the current focus on population health, psychologists are also involved in assessing local population needs for health services to develop and evaluate program interventions to meet those needs. For example, this includes identifying communities that are exceedingly high users of hospital emergency room care so that more appropriate and cost-effective outreach services can be provided to them, thereby benefitting both the communities and the health care system.³
- Psychologists are at the forefront of developing empirically based interventions that are responsive to specific individual, community, and population characteristics. They can utilize their research expertise to design, implement, and evaluate team care and patient outcomes to help ensure continuous quality improvement. Together with the other contributions noted above, psychologists have become indispensable members of integrated health care teams.³

References

1. Runyan, C. N. (2011). Psychology can be indispensable to health care reform and the patient-centered medical home. *Psychological Services*, 8, 53-68.
2. Brown Levey, S.M., Miller, B., & deGruy, F. V. (2012). Behavioral health integration: An essential element of population-based health care redesign. *Translational Behavioral Medicine*, 2, 364-371.
3. American Psychological Association Presidential Task Force on Integrative Health Care for an Aging Population. (2008). *Blueprint for change: Achieving integrated health care for an aging population*. Retrieved from <http://www.apa.org/pi/aging/blueprint.html>
4. Callahan, C. M., Boustani, M. A., Unverzagt, F. W., Austrom, M. G., Damush, T. M., Perkins, A. J., et al. (2006). Effectiveness of collaborative care for older adults with Alzheimer's disease in primary care. *Journal of the American Medical Association*, 295, 2148-2157.
5. Chen, H., Coakley, E. H., Cheal, K., Maxwell, J., Costantino, G., Krahn, D. D., et al. (2006). Satisfaction with mental health services in older primary care patients. *American Journal of Geriatric Psychiatry*, 14, 371-379.
6. Gilbody, S., Bower, P., Fletcher, J., Richards, D., & Sutton, A. J. (2006). Collaborative care for depression: A cumulative meta-analysis and review of longer-term outcomes. *Archives of Internal Medicine*, 166, 2314-2321.
7. Rittenhouse, D. R., & Shortell, S. M. (2009). The patient-centered medical home: Will it stand the test of health reform? *Journal of the American Medical Association*, 301, 2038-2040.
8. Collins, C., Hewson, D. L., Munger, R., & Wade, T. (2010). *Evolving models of behavioral health integration in primary care*. New York, NY: Milbank Memorial Fund.

9. Zeiss, A. M., & Karlin, B. E. (2008). Integrating mental health and primary care services in the Department of Veterans Affairs Health Care System. *Journal of Clinical Psychology in Medical Settings*, 15, 73-78.
10. Department of Veterans Affairs. (2008). *Uniform mental health services in VA medical centers and clinics* (VHA Handbook 1160.01). Washington, DC: Veterans Health Administration.
11. DeGruy, F. V., & Etz, R. S. (2010). Attending to the whole person in the patient-centered medical home: The case for incorporating mental health care, substance abuse care, and health behavior change. *Families, Systems, & Health*, 28, 298-307.
12. Karlin, B. E., & Duffy, M. (2004). Geriatric mental health policy: Impact on service delivery and directions for effecting change. *Professional Psychology: Research and Practice*, 35, 509-519.
13. Bartels, S. J., Coakley, E. H., Zubritsky, C., Ware, J. H., Miles, K. M., Arean, P. A., et al. (2004). Improving access to geriatric mental health services: A randomized trial comparing treatment engagement with integrated versus enhanced referral care for depression, anxiety, and at-risk alcohol use. *American Journal of Psychiatry*, 161, 1455-1462.
14. Frank, R. G., McDaniel, S. H., Bray, J. H., & Heldring, M. (Eds.). (2004). *Primary care psychology* (pp. 3-21). Washington, DC: American Psychological Association.
15. Oxman, T. E., Dietrich, A. J., & Schulberg, H. C. (2005). Evidence-based models of integrated management of depression in primary care. *Psychiatric Clinics of North America*, 28, 1061-1077.

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