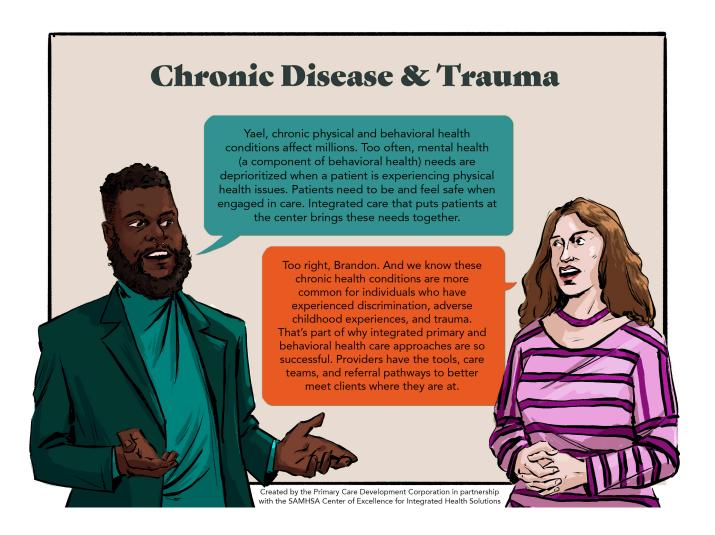


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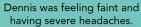
This resource has been developed through the <u>Center of Excellence (CoE) for Integrated Health Solutions</u>, funded by a grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content expressed in this resource do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substances Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

In Spring 2021, Primary Care Development Corporation (PCDC) created the below resources in partnership with the SAMHSA Center of Excellence for Integrated Health Solutions. Primary care and behavioral health providers alike can benefit from reviewing the illustrated case studies and best practices. These "Graphic Narratives" are designed to offer an alternative learning pathway for upskilling on key components of integrated healthcare. The graphics are printable and can be shared on social media with credit/citation to @PrimaryCareDev.





This conversation reminds me of something. Dennis, a friend of mine, is living with lupus. He had to go to the ER recently, and had a terrible experience there.







The ambulance ride to the ER activated some of his PTSD from his time in the military. But by the time he got to the emergency room, things only got worse...



He was left unattended and couldn't even get helped to the bathroom, even though he saw other patients who were white being helped.



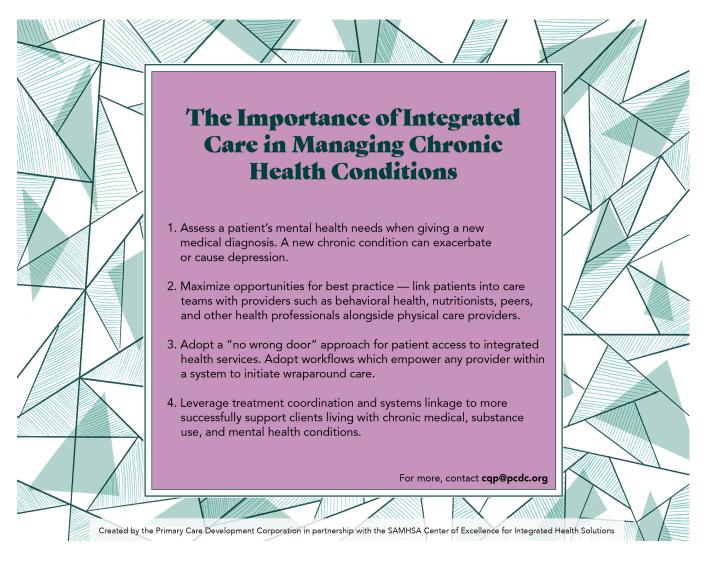
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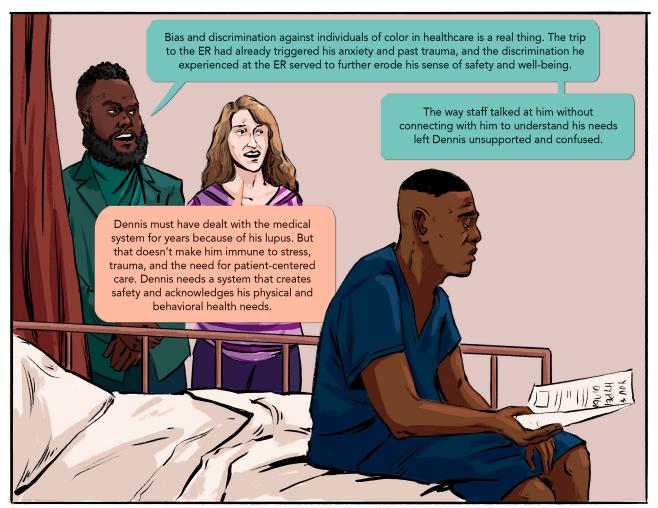






They kept him overnight, and different staff kept coming in and asking questions, but by then he was so tired and confused he could barely keep track. The last thing he remembered was someone coming in and giving him some paperwork about hypertension and telling him to make an appointment with a primary care doctor.

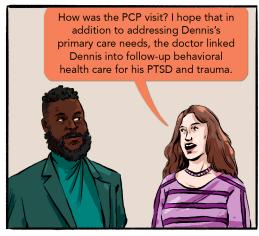




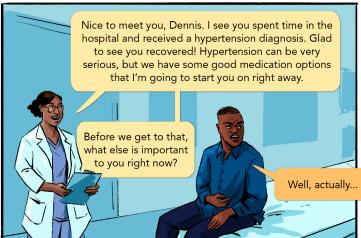
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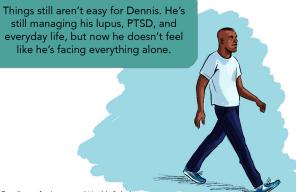




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Thanks for trusting me with what's been going on. We can do better, and I'm going to stick with you through this. And not just me—I'd love to introduce you to the other members of our team here. We all work together, and we work for you.

Things started looking up from there.
Dennis had 100 reasons to not re-engage in care, but his visit with Dr. Smith actually went pretty well.
And he even got to talk with a peer support specialist the same day.



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## Integrated Care Best Practice Tips

- 1. Integrated care can reduce stigma and disparities associatied with treatment for mental disorders.
- 2. To achieve health equity, health and behavioral care organizations should mitigate the effect of implicit bias in all interaction points of care with patients.
- Greater treatment coordination and systems linkage is essential to address chronic medical and mental health conditions and substance use.
- 4. Trauma history must be considered in all chronic disease, mental health, and substance use treatment. Consider utilizing universal screening tools as part of primary care visits.
- 5. Peers play an irreplaceable role on care teams and can support patients in varied ways, such as via advocacy and shared lived experiences.

For more, contact cqp@pcdc.org

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## **Glossary**

Chronic health conditions: defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. \*CDC

Hypertension: Also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. \*World Health Organization

Integration: Efforts to provide healthcare services that bring together all of the components that make humans healthy. \*CFHA

Lupus: Lupus is an autoimmune disease that can cause joint pain, fever, skin rashes and organ damage. There's currently no cure for lupus and it requires life-long management. \*Cleveland Clinic

"No wrong door": an approach that provides a gateway to any wraparound services a client needs such as primary care, social service, or behavioral support within a single or expansive health system regardless of where in the process or system a client currently is.

Peers: or Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged. \*SAMHSA.gov

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