

LESLIE ROBISON, PH.D  
PALOUSE MEDICAL PS,  
PULLMAN WA

# INTEGRATED CARE: A CASE STUDY



# OBJECTIVES

---

- Present an alternative approach to integrative care practice
- Present a practice approach that addresses the full scope of a practice – not just limited to mental health patients.
- Share some practical clinical interventions that can be used in any medical practice

# GOALS OF INTEGRATED CARE

- Improved care/outcomes
  - Time management
  - Decreased medication utilization
  - Decrease ER Visits
  - Providers working at top of degree
  - Improved patient & provider satisfaction
- \*\*\* Provider mental health/burn out prevention \*\*\*

# BEHAVIORAL HEALTH CARE INTEGRATION

---

## Why Integrated care?

- Over 50% lifetime prevalence for MH disorders
- 25% at any point in time
- Higher with COVID-19

## Types of care

- Coordinated care
- Co-located care
- Integrated Care
- E.g. AIMS: University of Washington

# THE PROBLEM: THINK ABOUT YOUR PATIENT PANEL...

---

- “time bandit”
- “just want pain/sleep meds”
- “not sure why they are here or what they want me to do”
- “they just want another referral/surgery”
- “problem/med list a mile long”
- “if they would just take their medications as prescribed”
- “how did they get scheduled for only 15 minutes?”
- “I just don’t have the energy for this today”

# MEDICAL CONDITIONS & RELATED PSYCH ISSUES

---

- Insomnia – the universal symptom
- Cancers – anxiety, depression, treatment side effects, aversions
- GI issues – anxiety, anxiety, anxiety, medication use, avoidance, pain
- Pain – depression, sleep, activity level, non-pharmacological interventions
- Diabetes – diabetic distress, health behaviors, treatment adherence, adjustment
- Neurological – conversion (40%), pain, depression



# PSYCH ISSUES WITH MEDICAL PRESENTATION

- Somatization
- Hypochondriasis
- Conversion
- Malingering
- Factitious (Munchausen)
  
- E.g. Marital issues and foot fungus

# COMMON "NON-PSYCHIATRIC" CLINICAL ISSUES

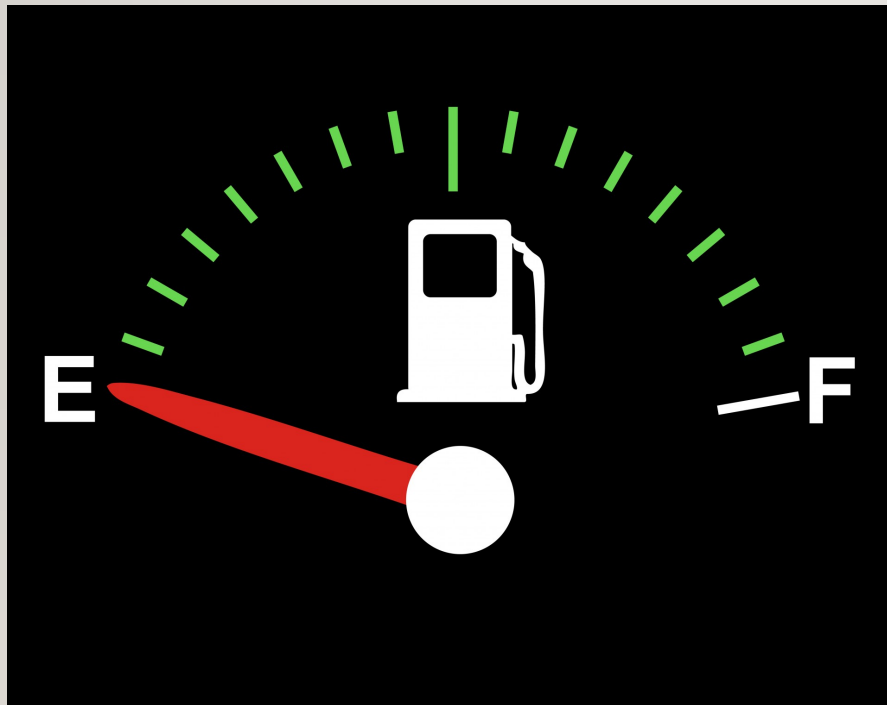
---

- Grief
- End of Life – palliative care, death with dignity, family stressors
- Caregiver issues (school bus)
- Adjustment to chronic health problems (hurricane)
- Disability – psychological vs. physical (psychological construct)
- Medication adherence (try a short-term agreement; patient expectations)
- Treatment planning (patient's goals vs provider goals)
- Health behaviors (smaller & more achievable goals)



# AUTOMOTIVE THEORY OF HEALTH

---



This Photo by Unknown Author is licensed under [CC BY](#)



This Photo by Unknown Author is licensed under [CC BY-NC](#)



# CONCLUSION

---

- What is taking your “gas” in the clinical day?
- Where would you like to spend your fuel?
- What are you doing to make sure your gas tank fills up?
- Would a small change in your practice lead to a large change in fuel efficiency?
  
- Questions????

