

Workforce Development: Key Considerations for Engaging Staff in Organizational Integration Efforts

There are significant cultural differences between primary care and behavioral health settings, which may impede efforts to integrate primary care staff or activities into behavioral health organizations. Organizational leaders may need to emphasize the importance of integration and engage staff in making these changes to help ensure the successful integration of primary care and behavioral health services.

This tip sheet describes common challenges and example solutions related to integrating primary care into behavioral health organizations.

Dr. Hisham Hafez, the Executive Director and Chief Medical Officer of The Greater Nashua Mental Health Center, shows his commitment to the goals of integration by walking clients to nutritional counselors and taking blood pressure readings in his office. These actions have helped convince staff, who were initially resistant, to understand integration was not a “passing trend.”

TIPS TO ENGAGE ALL STAFF IN INTEGRATION EFFORTS	EXAMPLES
Explain the importance Describe to staff why integrating primary care is important.	Highlight information and literature about adverse health outcomes for individuals with mental illness.
Connect to client needs Use your own data to talk about the prevalence of comorbid health conditions, such as hypertension and diabetes, in your community.	Ask staff to reflect on their client population and the challenges they see related to physical health issues.
Celebrate all staff Validate the experience, expertise, and contribution of all team members (mental health, behavioral health, substance abuse, and peer/lay support).	Provide information about each person’s important role in producing the best outcomes for clients.
Begin with “easy wins” Start integration efforts with staff who are willing, instead of spending time and energy convincing staff who are more resistant to change.	Providers who are newer to the field may be less resistant new roles or relationships.
Involve everyone Think creatively about who can support integration.	Consider whether a receptionist could help by for example, asking clients about their primary care provider.
Celebrate success Identify success stories that can be used to engage staff in the work.	Highlight the improvement in quality of life or health outcomes of clients who have been touched by primary care.

Additional Resources: [Integrated Behavioral Health Project \(IBHP\) Toolkit](http://www.ibhp.org/uploads/file/IBHPIinteragency%20Collaboration%20Tool%20Kit%202013%20.pdf)

<http://www.ibhp.org/uploads/file/IBHPIinteragency%20Collaboration%20Tool%20Kit%202013%20.pdf>

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for Medicare-Medicaid enrollees. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. Please submit any feedback on this brief or topic suggestions for other briefs to RIC@Lewin.com.

Last Updated: May 15, 2014