

Integrated Care Workforce Today and Tomorrow – Dan Carey Opinion for Panel Discussion

The workforce today doesn't look a whole lot different than it has ever looked with health clinics driving the majority of care in an integrated care environment and behavioral health coming a long side to address the mental healthcare. If the reimbursement model stays the same, this is the model that will likely stay.

I think the workforce must change if we are concerned at all about outcomes. If the workforce is to change, it is going to take someone demonstrating the effectiveness the CHW staff and community based skills staff on the overall care of the patient and integration of health across a healthcare community, not just an organization or a clinic to a specialist (psychiatrist). If you think about a 4X4 matrix with behavioral health needs up the side and physical health needs across the bottom with severity of impairment ranked from the point of origin using a none, low, mod, high rating, one can get a sense of the various levels of complexity.

Mental Health Needs	HIGH	3	4	5	6
	MOD	2	3	4	5
	LOW	1	2	3	4
	NONE	0	1	2	3
		Physical Health Needs			
		NONE	LOW	MOD	HIGH

However, a third dimension makes the issue even more complicated. The third dimension is the patient's ability or even willingness to seek out healthcare due to one or more of the factors associated with the social determinants of health. Our current strategy for integration might be fine for a typical, fairly motivated patient that has the ability to get to a clinic, but what about those whose SDOH or complexity of their illness prevents that? I can see a future where at certain levels of complexity (including consideration of SDOH), either a CHW or a community-based skills staff will be involved in the patient's care to help facilitate the collaboration and communication between providers within the healthcare community. These staff could help facilitate communication, monitor medication compliance, assist in the monitoring of vital signs, help create healthy habits, facilitate follow up and referral appointments, among other things. If we are serious about outcomes, the workforce has to move this direction because what we have is mostly what we have always had and that just isn't enough.