

Philadelphia Integrated Care Network

The following are the core elements that have been endorsed by the Philadelphia Integrated Care Network (PICN), a group of federally qualified health centers coordinated by the Health Federation of Philadelphia who are implementing a fully integrated model of enhanced primary care. The model is based on principles of behavioral health consultation integrated in primary care and on best practices that have been emerging in the field of psychology for nearly two decades. PICN has embraced these best practices to create a uniquely adapted model at the system level. The intention of putting forth these core elements is to define a minimum standard for replication of the PICN model.

Core Elements

- Applies principles of population-based care using a generalist model of practice
- Provides a primary level of behavioral health intervention that mirrors primary care practice
- Behavioral Health Consultant (BHC) is embedded within the primary care practice and is available for on-demand consultations
- BHC completes, on average, 8 to 10 consultations per day, ranging from 15 to 30 minutes each, as part of a program commitment to providing ready, efficient access to the population*
- BHC is primarily responsible for assisting the primary care provider (PCP) and their patient panel and does not develop an independent therapy caseload
- Behavioral health intervention is based on functional assessment and focuses on improving patient's quality of life and problem solving skills
- Treatment plan reflects behavioral goals targeted at patient's readiness to change and a well-planned visit strategy based on the step-wise and episodic care models familiar to primary care
- BHC uses outcomes (standardized measures) to assess progress
- BH visit documentation is integrated in the medical record and uses SOAP note charting
- BHC and PCP regularly communicate to discuss patient treatment plans and make collaborative decisions regarding patient care management
- BHC appropriately triages to mental health, substance abuse and other community services (but does not directly provide social case management)
- BHC demonstrates adequate knowledge of psychotropic medications and their indications
- PCP makes "warm handoffs" to BHC and incorporates BHC consultation into treatment plan
- PCP has/develops competence in managing a range of psychotropic medications
- Program maintains commitments to ongoing supervision that includes opportunities for direct observation (shadowing) and case review and ongoing training/professional development and quality improvement

*Based on a mature practice, which may require gradual ramping up over a period of 12 to 18 months, and includes both billable and non-billable visits

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