

Study on Integrated Team-Based Care finds Improved Healthcare Quality at Lower Costs

10-Year Study Measures Impact of Mental Health Integration

SALT LAKE CITY, UTAH, USA, August 23, 2016 /EINPresswire.com/ -- Evidence from a 10-year study conducted by [Intermountain Healthcare](#) shows it is possible to deliver high quality patient care while simultaneously reducing costs using team-based care within an integrated delivery system.

Among adult patients in the Intermountain integrated health care system, receipt of primary care at integrated team-based care practices compared with traditional practice management practices was associated with higher rates of some measures of quality of care, lower rates for some measures of acute care utilization, and lower actual payments received by the delivery system, according to a study appearing in the August 23/30 issue of [JAMA](#).

Prior to the study limited evidence was available to support the utility of medical home and accountable care integration with mental health and primary care teams. Brenda Reiss-Brennan, Ph.D., A.P.R.N., of Intermountain Healthcare, Salt Lake City, UT and colleagues assessed the association of integrating physical and mental health over time in team-based care (TBC) practices with patient outcomes and costs. The study included adult patients who received primary care at 113 Intermountain Healthcare Medical Group primary care practices from 2003 through 2005 and had yearly encounters with Intermountain Healthcare through 2013, including some patients who received care in both TBC and traditional practice management (TPM) practices.

Of the 113 practices observed over the study period (2010- 2013), 102 practices were classified annually as TBC (n = 27) or TPM (n = 75). The analysis included 113,452 patients (average age, 56 years; women, 59 percent). The researchers found that patients treated in TBC practices compared with those treated in TPM practices had higher rates of active depression screening (46 percent for TBC vs 24 percent for TPM), adherence to a diabetes care bundle (25 percent for TBC vs 20 percent for TPM), and documentation of self-care plans (48 percent for TBC vs 8.7 percent for TPM). They also had a lower proportion of patients with controlled hypertension (85 percent for TBC vs 98 percent for TPM), and no significant differences in documentation of advanced directives (9.6 percent for TBC vs 9.9 percent for TPM).

Rates of health care utilization were lower for TBC patients compared with TPM patients for emergency department visits, hospital admissions, ambulatory care sensitive visits and admissions, and primary care physician encounters, with no significant difference in visits to urgent care facilities and visits to specialty care physicians.

Payments to the delivery system were lower in the TBC group vs the TPM group (\$3,401 for TBC vs \$3,516 for TPM) and were less than investment costs of the TBC program.

"The study suggests the value of coordinated team relationships within a delivery system emphasizing the integration of physical and mental health care," the authors write.

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Program, Institute for Healthcare Leadership, Office of Research, and Office of Population Health. Senior author on the study was Brent James, MD, MStat, Chief Quality Officer and Executive Director Intermountain Institute for Healthcare Delivery. Please see the JAMA article for other authors, additional information, including author contributions and affiliations, financial disclosures, etc.

Intermountain Healthcare is a Utah-based, not-for-profit system of 22 hospitals, 185 clinics, a Medical Group with some 1,300 employed physicians, a health plans division called SelectHealth, and other health services. Helping people live the healthiest lives possible, Intermountain is widely recognized as a leader in transforming healthcare through high quality and sustainable costs. For more information about Intermountain, visit intermountainhealthcare.org.

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