

# Profiles of Integrated Care: Primary Care Services in a Residential Program

## Description

Talbert House has integrated primary care services into 11 residential programs in 3 counties. These programs serve a variety of individuals, each with different goals. Total residential program capacity is about 800 people at any one time, and the programs serve 3,000–4,000 people a year. The primary care services at each residential program are tailored to the needs of the people in that program. Dental problems are common, and some residential programs have a dental component or a relationship with community providers. Talbert House began co-locating primary care services in the residential programs to reduce more expensive emergency room (ER) use, to increase client retention, to reduce time clients spent away from residential care to get primary care offsite, and to minimize staff time to coordinate and escort clients to offsite care. The evaluation shows that these goals are being met and that clients' physical health outcomes are improving.

## Operational Resources

Originally, Talbert House tried to partner with a community health center or other primary care provider. This would help with sustainability and with connecting clients to a primary care provider that could continue services when clients leave the residential program. Talbert House found a partner, but since many of the clients did not have insurance and billing revenue was low, the partner withdrew from the agreement. Talbert House saw the value of the program and continues to run it. All staff of the program work for Talbert House.

Advanced practice nurses (APN) with training in adult and family practice care provide the primary care services. The APNs can write prescriptions and have received psychiatric training within the program, with some earning psychiatric certification. APN staffing is at just under 2 full-time equivalents (FTE) shared by the 11 sites. There are two part-

(over)

### Program Type



Direct clinical service



Psychosocial/psychoeducational



Agency practice



Workforce development



Other

### Location



Mental health or substance abuse treatment agency



Community



Primary care provider office



Hospital

### Provider



Primary care



Mental health or substance abuse treatment



Consumer



Trainer/consultant



Other

The scales below are meant to be at-a-glance graphic descriptions of this provider's perspectives of issues related to integration projects. For more information, please contact the provider or the Ohio Coordinating Center for Integrating Care.

### Cost



### Staffing



### Ease of Implementation



## Contact information

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time collaborating physicians, one trained in internal medicine and one trained in psychiatry. One FTE support person collects CQI materials, coordinates billing, orders supplies, and performs other clerical work.

## **Financial Resources**

The program received planning and startup funding from The Health Foundation of Greater Cincinnati and in-kind by Talbert House. After the community health center partner withdrew, Talbert House continued the program on its own. It has received a grant from the Fifth Third Foundation. In addition, it has received grants from the Talbert House Foundation to purchase medication and glucometers for clients and for hepatitis C screening. Talbert House is looking at many ways to sustain the program, including billing, finding other community partners, and grant funding.