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Assessing the Effectiveness of Integrated Interventions:
Terminology and Approach 533
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It may appear self-evident that the integrated care of patients who have a complex or chronic illness is a necessity whose proper application will result in better health outcomes achieved as economically as possible. The uncritical application of integrated interventions produced disappointing results that prompted health care providers and theorists to revisit the underlying concepts and methodologies that were used. There is a realization that the complexity of the intervention and the target patients are such that existing methods of study need to be complemented by in-depth exploration using non-traditional methods, including qualitative ones. Recent developments in theoretic constructs give promise of better answers to the question, “What works for whom in what context?”.

Epidemiologic Trends and Costs of Fragmentation 549
Roger Kathol, Steven M. Saravay, Antonio Lobo, and Johan Ormel

Concurrent general medical and psychiatric illnesses frequently occur in the same individual, yet are assessed and treated in health care systems worldwide as though a relationship between the two did not exist. This article reviews evidence about the negative impact that segregated behavioral health and medical business practices, care management, and clinician intervention have on
clinical, functional, and financial outcomes. It discusses integrated care models that lead to health improvement and decrease the total cost of care. Finally, it delineates general steps that are needed to move from a fragmented to an integrated health system.

The Metabolic Syndrome, Depression, and Cardiovascular Disease: Interrelated Conditions that Share Pathophysiologic Mechanisms

Rijk O.B. Gans

This article introduces the metabolic syndrome as a clinical phenotype with consequences for diagnosis and treatment that go beyond the different clinical specialties involved. A life-course approach is suggested as a means of understanding the complex interrelations between the metabolic syndrome, depression, and cardiovascular disease. Pathophysiologic mechanisms that these conditions share are discussed in detail. These considerations provide arguments for a more integrative approach to patients in general that surpass the current disease-centered services such as endocrinology, psychiatry, and cardiology.

Vulnerability in the Elderly: Frailty

Joris P.J. Slaets

In scenarios that predict the future of health service delivery in the Western world, the rapid increase in frail elderly patients is seen as one of the major challenges of health care in addition to the care of the chronic medically ill. In this article the relation between age, frailty, comorbidity, and disability is elaborated further, a method to detect frail patients quickly is introduced, and its relation to complexity is explored. An argument for patient-tailored integrated care in frail elderly patients is made. At the same time, the argument will be made that standard evidence-based care can be delivered for patients who have a negative screen on frailty.

Symptoms, Syndromes, and the Value of Psychiatric Diagnostics in Patients Who Have Functional Somatic Disorders

Kurt Kroenke and Judith G.M. Rosmalen

Half of all outpatient encounters are precipitated by physical complaints, of which one third to one half are medically unexplained symptoms, and 20% to 25% are chronic or recurrent. Many of the patients suffer from one or more discrete symptoms, whereas others have functional somatic syndromes. Individual symptoms and somatic syndromes are associated with impaired quality of life, increased health care use, and diminished patient and provider satisfaction. This article provides an overview of (1) unexplained symptoms and somatization; (2) limitations of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition in classifying
somatoform disorders; (3) predictors of psychiatric comorbidity in patients who have physical symptoms; and (4) measurement and management of symptoms.

Disease-Focused or Integrated Treatment: Diabetes and Depression

Leonard E. Egede

Diabetes and depression are chronic debilitating conditions that are associated with significant morbidity, mortality, and health care costs. Most patients who have diabetes are treated in primary care settings; however, multiple studies have shown that recognition and treatment of depression is less than optimal in this setting. This article reviews the literature on the adverse health outcomes of the coexistence of diabetes and depression, the challenges of treating coexisting diabetes and depression in a fragmented health care system, and the need for integrated care as a strategy to improve the quality of care for patients with complex medical illnesses (eg, patients who have coexisting diabetes and depression).

Models of Integrated Care

Lawson R. Wulsin, Wolfgang Söllner, and Harold Alan Pincus

This article describes the range of options for integrating medicine and psychiatry, with a focus on the advantages and limitations of each model. The models were developed in different countries with specific health care cultures. This article illustrates the range of in- and outpatient options as currently practiced, with case reports from practitioners when possible, and describes qualifications for practicing in each model, the settings, the patient populations, the relevant financial issues, and the advantages and disadvantages of practicing in each model. It closes with comments on the next steps for advancing integrated care and the barriers to be overcome.

Case and Care Complexity in the Medically Ill

Peter de Jonge, Frits J. Huyse, and Friedrich C. Stiefel

The concept of complexity is described increasingly in the medical literature and refers to the care needs of patients who have multimorbid conditions and the organizational structure of health care systems. This article provides an overview of the literature on this concept and discusses the need to reconcile case and care complexity. Case complexity has been operationalized in several ways. Conversely, the operationalization of care complexity has drawn much less attention. As an example, an empiric model to describe the interrelations of several indicators of care complexity is presented.
The Complexity of Communication in an Environment with Multiple Disciplines and Professionals: Communimetrics and Decision Support

John S. Lyons

Accurate and efficient communication among all the parties is an important component of providing efficient and effective medical care to patients who have complex needs. The evolution of clinimetric measurement approaches designed to be congruent with the clinical process into communimetric tools designed to communicate the clinical process to wider audiences allows the use of technology to support improved care. Computerized medicine offers many opportunities for speeding up the communication of data and thereby improving the efficiency and effectiveness of medical care. The use of communimetric tools within this information environment represents an important opportunity to bridge the quality chasm.

Identifiers, or “Red Flags,” of Complexity and Need for Integrated Care

Frits J. Huyse, Friedrich C. Stiefel, and Peter de Jonge

Because complex medical patients are a subgroup of the medical population and because complexity assessment involves extra effort, preselection of these patients through identifiers is necessary. There is no best identifier for complexity, and the one most suitable for the population served should be selected. This article provides a table with potential identifiers and discusses the difference between disease-oriented screening and treatment and a more generic approach such as complexity screening and complexity management.

Operationalizing Integrated Care on a Clinical Level: the INTERMED Project

Friedrich C. Stiefel, Frits J. Huyse, Wolfgang Söllner, Joris P.J. Slaets, John S. Lyons, Corine H.M. Latour, Nynke van der Wal, and Peter de Jonge

During the last 10 years the INTERMED method has been developed as a generic method for the assessment of bio-psychosocial health risks and health needs and for planning of integrated treatment. The INTERMED has been conceptualized to counteract divisions and fragmentation of medical care. Designed to enhance the communication between patients and the health providers as well as between different professions and disciplines, the INTERMED is a visualized, action-oriented decision-support tool. This article presents various aspects of the INTERMED, such as its relevance, description, scoring, the related patient interview and treatment planning, scientific evaluation, implementation, and support for the method.
Reflections and Perspectives
Friedrich C. Stiefel and Frits J. Huyse

Complex patients who have biopsychosocial comorbidities represent a major challenge for the current health care system. Unlike standard medical situations for which medical care can be based on an evidence-based approach, complex patients require a broader concept of care. As demonstrated throughout this issue, such an integrated approach that takes into account the concepts of case- and care complexity is not only possible, it is cost-effective. Integrated care, however, needs assessment tools and a communications-based approach that fosters exchange and collaboration between different medical disciplines and professions and patients.