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Embedding Specialty Services Into Primary Care

Drs. Hoffman and von Zabern have described an innovative model for integrating specialty care into a primary care setting.¹ The genesis of this model rests on the premise that there are not enough specialists available to evaluate and treat all primary care patients with the particular specialty problem/disease. From the practice perspective, the key is to refer only the most complex patients to the specialist.

Integrating mental health into primary care is another example. A Cochrane systematic review revealed that behavioral health care providers practicing within primary care decreased referrals to specialists.² However, the

magnitude of the changes was modest and inconsistent and not likely to be applicable in other populations.

A similar case could be made for assigning a geriatrician, cardiologist, and a diabetologist to primary care. The interactions could be in the form of scheduled direct patient care, on-site curbside consultations, and satellite clinic video case conferences with nurses and physicians. The outcome is to broaden the primary care provider's level of expertise and comfort in caring for a more complex population without referring the patient.

The VA has assumed a leadership role in organizational change for such initiatives for embedding geriatrics and mental health into primary care. The challenge is to determine their utility and generalizability to other systems. ●

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