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Integrated Care Systems

Psychiatric News features highly informative content on the emerging practice model of integrated care.

Learn about:

- Predominant models of integrated care and the role psychiatrists play
- Working in integrated care settings
- Payment and delivery models
- APA resources on integrated care and delivery systems initiatives

For new psychiatrists entering the field, understanding the key role of systems of care has never been more important. Research published each month in *Psychiatric Services* will help residents play a vital role in the systems of care where they work, which is why the American Psychiatric Association provides psychiatric residents who are APA Members-in-Training full-text online access to *Psychiatric Services* content as a benefit.



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Professional News

September 20, 2013 | DOI: 10.1176/appi.pn.2013.IC_1

Integrated Care: What Does It Mean for You?

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"Integrated care" is everywhere—in theory, at least, and increasingly in practice. The concept is a feature of the delivery-system improvements in the new health care reform law, and policymakers and many clinicians have converged on the idea that general medical and behavioral health services should be brought together in a patient-centered manner. Today, a small but dedicated and growing cadre of psychiatrists is advancing the cause of integrated care and the participation of psychiatrists in collaborative-care models.

Integrated care "is the right thing to do to improve the care and quality of life for people we take care of."

APA has established a number of initiatives in this area, headed up by the Work Group on Integrated Care of the Council on Healthcare Systems and Financing, chaired by Lori Raney, M.D., medical director of Axis Health System in Durango, Colo., and the Board of Trustees Health Care Reform Strategic Action Work Group, chaired by Howard Goldman, M.D., director of the Network on Mental Health Policy Research (funded by the MacArthur Foundation) and editor of the APA journal *Psychiatric Services*. Work group members include Jürgen Unützer, M.D., who is director of the Center for Advancing Integrated Mental Health Solutions (AIMS) at the University of Washington and one of the pioneers of integration. Along with Wayne Katon, M.D., Unützer began developing models in integrating mental health and primary care and testing them in diverse primary care settings across the country. Previously working on these issues was the APA Board of Directors' Work Group on Psychiatry and Healthcare Reform, chaired by Paul Summergrad, M.D., past-president and chair of psychiatry at Tufts University.

Integrated care system is a new opportunity for psychiatrists—another option on which they can use their license to care for people—but it is not a requirement, and it is not a new specialty. Moreover, psychiatrists can work part time in an integrated care system, maintaining whatever kind of traditional inpatient or outpatient practice they wish (see question 6). There are degrees of integrated care ranging from the original model of general medical and mental health services are offered in the same location; to a model of integrated care—where a psychiatrist working in consultation with other specialists to manage the behavioral health of a defined population of patients is sometimes referred to as "collaborative care," and the two terms—collaborative care—are often used interchangeably. However, for the purposes of this newsletter, the term "integrated care" will be used.



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AH1305

The Gravity of Weight

A Clinical Guide to Weight Loss and Maintenance

Sylvia R. Karasu, M.D., and T. Byram Karasu, M.D.

Foreword by Albert J. Stunkard, M.D.

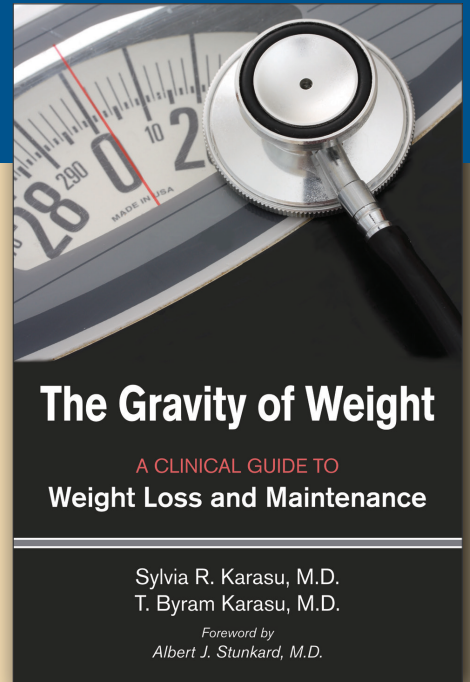
The *Gravity of Weight: A Clinical Guide to Weight Loss and Maintenance*, is a scholarly and critical inquiry into the field of overweight and obesity. Reviewing more than 900 publications, from some of the early classical papers to the most recent research, the authors have integrated the complex psychological and physiological aspects of the mind, brain, and body to explain why the control of body weight is so daunting for so many people.

Written primarily for clinicians in all health-related fields, including physicians, psychologists, nurses, social workers, and nutritionists, as well as for their intellectually curious patients,

The Gravity of Weight explores the controversy regarding obesity as a disease with morbidity and mortality, as well as the complex methodological issues involved in obesity research. The authors delineate the extraordinary metabolic complexities implicated in weight control as well as the importance of circadian rhythms and sleep as they relate to weight and even disorders such as the night eating syndrome. They also investigate the psychological aspects of overweight and obesity, including discrimination against the obese and the fat acceptance movement, and they discuss some of the most common diets as well as the psychotherapeutic, pharmacological, and surgical treatment options currently available for these patients.

Drs. Karasu have drawn from both professional and personal experience to write *The Gravity of Weight: A Clinical Guide To Weight Loss and Maintenance*. Both had fathers who suffered from morbid obesity. One died at the age of 56, while the other lived to be 91. The authors' professional curiosity led them to question how differences in environment, genetics, and overall physical and psychological health can affect one person's longevity and another's early passing.

In searching for the answers to some of the most perplexing questions regarding weight, the authors have created what is perhaps the most comprehensive exploration of the relationship of the mind, brain, body and our environment to overweight and obesity. The resulting text deserves a prominent place in the library of those who work in this field.



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