



Integrating Behavioral Health in Primary Care Practice

Robin J. Landwehr, DBH, LPCC, NCC

Behavioral Health and Substance Use Disorder Program Manager

Community HealthCare Association of the Dakotas

What I'll Cover

Discuss	Discuss barriers to behavioral health
Explain	Explain the benefits of an integrated care model
Describe	<p>Describe the team and each member's role</p> <ul style="list-style-type: none">•Healthcare professionals•Organizational leadership•Community partners



Barriers to Care

Access and
Affordability

Social
Determinants of
Health

Stigma

Specialists/Provider
Shortage

Time

Shortage of
support services



What is the Integrated model?



- Behavioral Health Consultant (BHC) integrates into primary care
 - Evidence-based approach - SAMHSA-HRSA and best practice according to Surgeon's Generals Report on Mental Health <https://www.samhsa.gov/integrated-health-solutions>
 - Referrals are through "warm handoffs" by PCP and outside agencies
 - Co-Location v. BHI



SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)



Benefits of Integrated care?

- Medical-Cost Offset
 - In 2010, the total national healthcare expenditure for the U.S. was 2.6 TRILLION dollars, up from 265 billion in 1980 . In 2019, the NHE was 3.8 Trillion. By 2028, healthcare spending is projected to grow by 5.4% and reach 6.2 Trillion (Centers for Medicare & Medicaid Services, 2021).
- When full integration is implemented into a primary care setting, there is a 20-30% reduction in medical and surgical costs (Cummings and O'Donohue, 2011).
 - Why?
 - Physician's time is leveraged – Time is money!
 - Interventions that help improve outcomes are started immediately using focused behavioral techniques



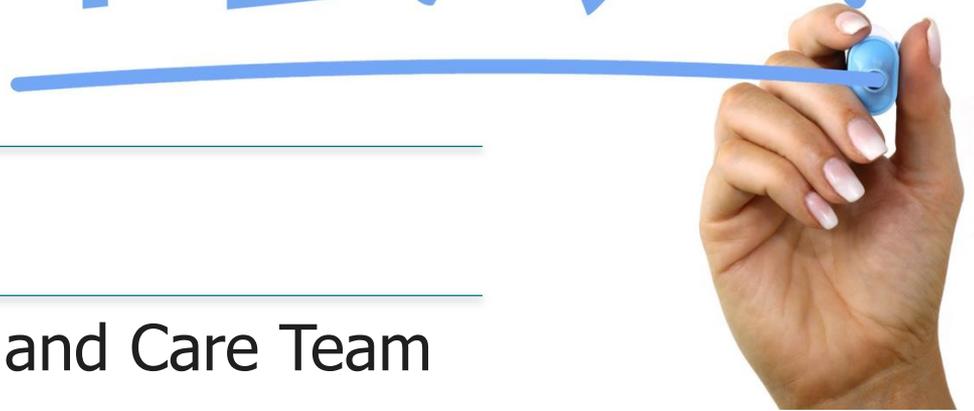
Benefits of Integrated care?



- We work with:
 - Mental health/substance abuse concerns
 - The Big Five (Heart Disease, Diabetes, Cancer, COPD, Stroke) and other health conditions
 - We screen for: Depression, Anxiety, Adult ADHD, Alcohol/Drug use, Bipolar Disorder, Postpartum Depression, et al. Behavioral health disorders added to a healthcare concern leads to poorer outcomes
- Not traditional therapy simply added to primary care
 - Client is the PCP
 - Interventions in exam rooms: 15-20 minutes
 - Brief, skill-based follow-ups



TEAM



Patient

Primary Care Provider (PCP) and Care Team

Behavioral Health Consultant

Organizational Leadership

Community Partnerships

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Patient and the Primary Care Provider

- Patient Care Improvement/Satisfaction
- Patients like to receive all their care, medical or otherwise, from their primary care facility. 85% of psychotropic medications are prescribed by a PCP supports this assertion. Other reasons patients choose this route:
 - Less stigma in primary than a “mental health facility”
 - Patients have an already established, trusted relationship with their PCP.
 - Increases the amount of treatment options available.
- PCPs and the medical community see the benefit of this type of care
 - BCP right on site for immediate consult for the PCP
 - BCP has more time to address behavioral health issues than the PCP
 - BCP able to identify the need for, and refer the patient to, “specialty mental health care”
 - BCP intends to be as helpful to the PCP as they are to the patient!



Behavioral Health Consultant Perspective

- The Counseling You Always Wanted to do.
 - Accessibility, Interim services
 - BHC throughout the life cycle
 - Ability to f/u during routine appointments. Change of focus can take place easily
 - Model matches research regarding length of service
 - “In a naturalistic study of over nine thousand clients in therapy, a large majority ended treatment by the fifth session and the modal number of psychotherapy visits was *just one* (Brown & Jones, 2005)” from Strosahl, Robinson, & Gustavsson, 2012).



Community Partnerships/Leadership

- Community Partnerships
 - Who is providing specialty services not appropriate for primary care?
 - Shared referrals
 - Shared funding
- Leadership Characteristics
 - Commitment to the model. A belief that this is the right way to do healthcare.
 - Construct a culture of integration with expectations, hiring practices, training, etc.
 - Administrative support for the team



Things to consider

Behavioral Health Consultant v. Therapist

Dimension	PCBH	Specialty Behavioral Health (BH)
Model of Care	Population-based	Client-based
Primary Care Receivers	PCC, then patient	Client, then others
Key goals	<ol style="list-style-type: none"> 1. Promotes PCC efficiency and increases impact on many patients. 2. Supports small change efforts in many patients. 3. Prevents morbidity in high risk patients. 4. Achieves medical cost savings. 	<ol style="list-style-type: none"> 1. Provides intensive services to fewer clients with high acuity in order to resolve MH and SA issues. 2. Less capacity to delegate resources to prevention in less acute clients.
Therapist model	Part of an array of primary care services to many clients.	A specialized and separate referral service available to few clients.
Care Manager	PCC	Specialty behavioral health provider
Dominant modality	Consultation	Specialty behavioral health treatment
Access to care	Same day, every day	Determined by resources, usually with some waiting periods.
Cost per episode of care	Potentially decreased	Highly variable, related to client condition.

Things to consider

Privacy and Confidentiality Differences

Situation	Specialty	Consultation
Documentation	Private. Often therapist-only. Psychotherapy notes. No disclosure without release.	In common EMR. Visible to all medical staff. Must get over the fear of disclosing info to others.
Caseloads	When therapy is over, case is closed;	Case is never closed. Can be intermittent throughout lifecycle
Contract	Contract for therapy services.	No contract. No new intake.
Role	Specialist/Therapist	Another primary care provider



Things to consider

- Workplace culture in healthcare
 - Quick/Direct
 - There are no ferns in an exam room
 - They practice on each other
 - Team-based vs. Individual
 - PCP is the Lead



Wrap-Up

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Resources

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