Integrated Behavioral Health in Primary Care

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BACKGROUND

- Behavioral health conditions significantly affect the overall health of primary care patients.[1,2]
- Yet, in Boston Medical Center's Adult Primary Care and Family Medicine Clinics, barriers exist for effective behavioral health care, including the lack of systematic BH screening and the delivery of most behavioral health services in another department and location (the Department of Psychiatry clinic).
- These gaps have led to missed opportunities for early identification of BH conditions as well as limited access and coordination of care.

1.Wang PS, Lane M, Olson M. et al. Twelve-month use of mental health services in the United States: Results from the National Cormorbidity Survey Replication. Arch Gen Psych 2005;62:629-40.
2. Blount A. Integrated primary care: Organizing the evidence. Families, Systems & Health Sum;21:121-33.

AIM

1. **To improve early identification of depression and unhealthy substance use by screening primary care patients.** Our goal is to administer an annual behavioral health screen to 50% of patients.
2. **To improve access to psychotherapy and substance use counseling by offering these services on-site in Primary Care.** Our goal is to book 45% of new patient visits with Primary Care social workers within 14 days of the referral.
3. **To improve the quality of on-site care for patients with depression and unhealthy substance use** with team training and collaborative care models**.** Our goal is to achieve a 50% or more reduction in PHQ9 score (in 6 months) for 50% of the patients enrolled in depression care management.

METHODS

1. **BH Screening:** To identify behavioral health conditions in our patient population, we developed a standardized approach to screening our patients.

Front desk:
- Gives screen to patient
- Single-item alcohol and drug questions and PHQ-2

Practice assistant:
- Scores screen, gives follow-up tool for any (+) response
- AUDIT, DAST-10 and/or or PHQ-9

Provider:
- Scores follow-up tool, if given
- As needed, conducts brief intervention and/or places referral

2. **Access to integrated and co-located psychotherapy and substance use counseling:**
   - Hired an integrated behavioral health team (LICSW, Patient Navigator and Psychiatrist)
   - Defined roles and responsibilities for BH team members in the clinic with clear protocols for achieving access goals.

3. **Quality of on-site care:**
   - We trained all PCPs on brief intervention techniques and BH disease-specific protocols to ensure optimal clinical care for BH patients.
   - Implementing collaborative care protocols.

SOLUTIONS

Issue: Low screening compliance for first 2 months
Solution:
- Re-trained key staff member on screening process. Provided new materials (cheat sheets) to support on-the-spot decision-making
- Provided new tools for managers to manage the screening process:

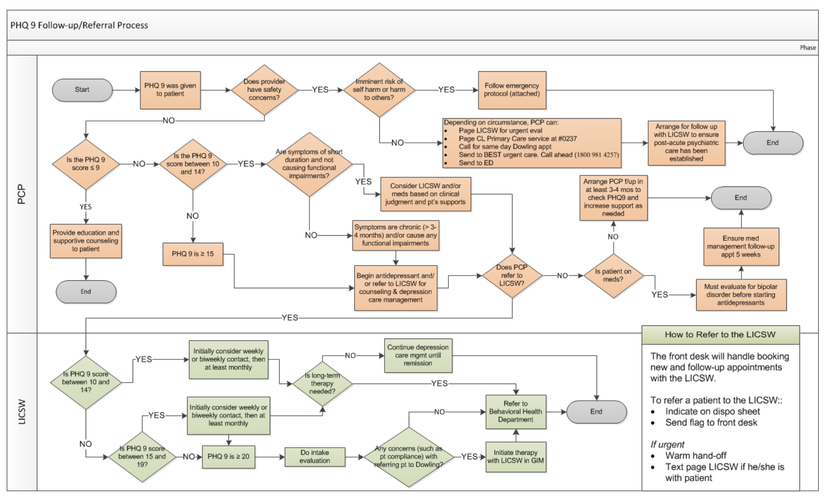
PA Name:		Date	
Patient #1	Audit Question	Answer (yes or no)	Remedial action (if failed audit question)
Step 1	Select a patient to audit		
Step 2	Review screening tool taken by patient.	Was the screening tool scored accurately?	
		Was the screening tool score documented accurately in Logician (under BH screen)?	
Step 3	Review diagnostic tool taken by patient	Was the follow-up (diagnostic) tool handed out accurately?	
		Was the diagnostic tool scored accurately?	
		Was the diagnostic tool score documented accurately in Logician?	

Weekly Checklist (audit 3 patients for each PA weekly)
•Is the front desk handing screening tools out to every patient?
•Are the PA's documenting something in the BH screen for each visit (positive, negative or not done)?

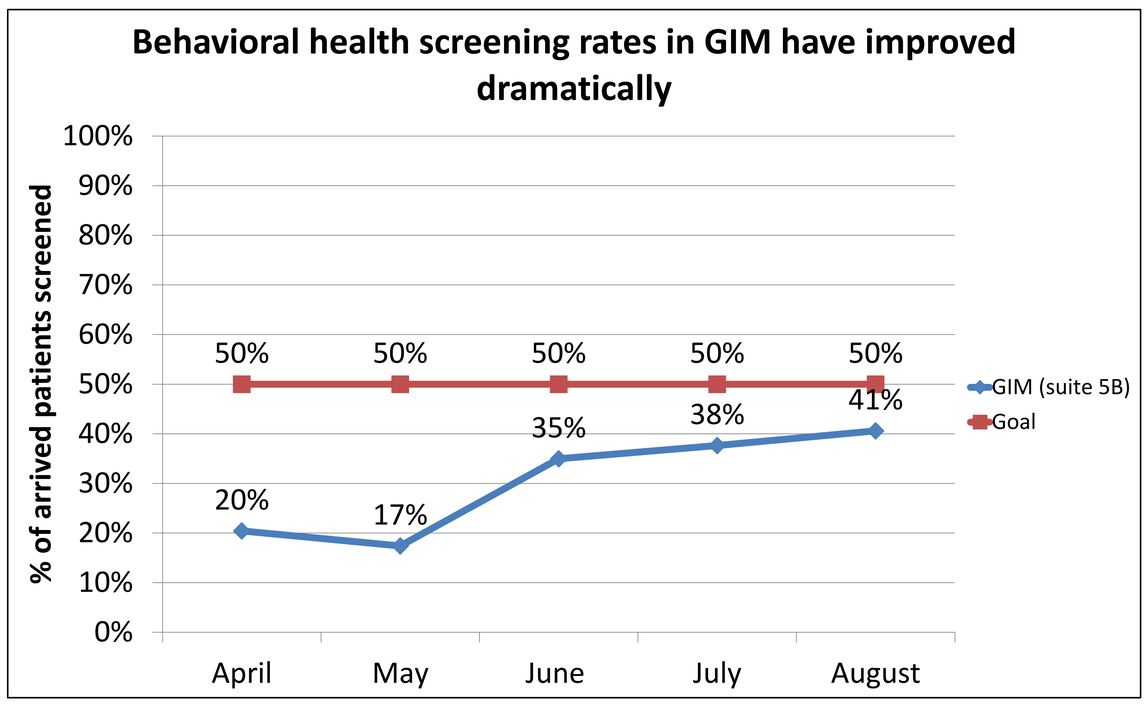
Issue: Lack of team engagement:
- Began to post data in staff and provider areas monthly using consistent run charts
- The team set their own goals each month

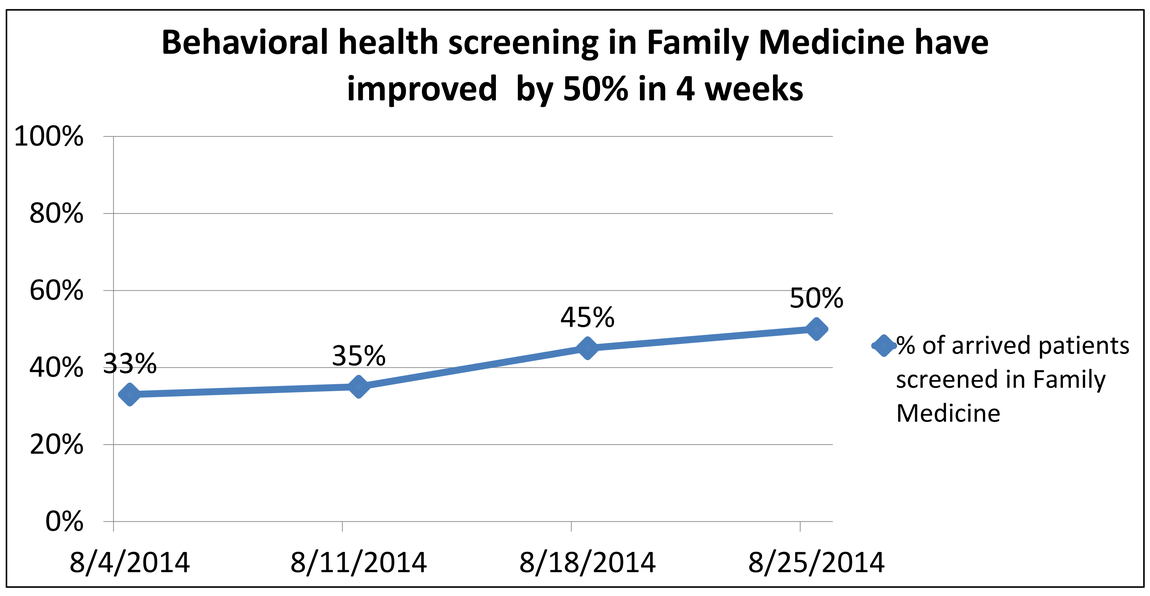
SOLUTIONS CONTINUED

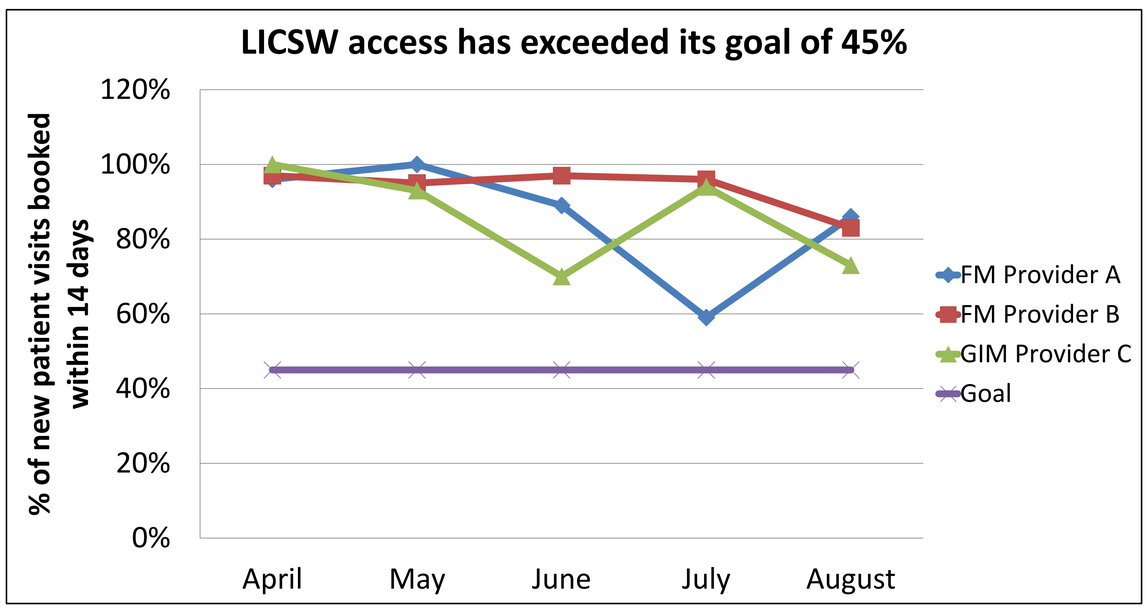
Issue: Lack of standardization in screening process and follow-up to positive screens
Solution: Created standardized workflows for screening and follow-up to positive diagnostic tools. Trained staff and providers on workflows.



RESULTS







CONCLUSIONS

- **Interdisciplinary clinical programs requires close collaboration across departments**. Our Behavioral Health Collaborative, with representatives from GIM, Family Medicine, and Psychiatry allowed us to work well together
- **Co-location of BH team members is required.** Having our LICSW, navigator, and psychiatrist on-site in Primary Care is essential for true integration.
- Fully adopting a new process into the workflow of the clinic takes **comprehensive training efforts, plus regular reminders and re-trainings**.
- **Easy-to-use tools helped uptake of new workflows.** We developed many cheat sheets, reminder guides, and other tools to help care teams remember to do new tasks.

NEXT STEPS

- Based on the success of our pilots**, we are scaling our program to the rest of Primary Care**
- Early pilot data suggests that better management of behavioral health conditions will result in **better management of chronic diseases**. As new payment models that reward us for providing higher value care take hold, addressing behavioral health conditions proactively and in lower-cost settings will be essential.
- In the next phase of our pilot, we will **integrate this pilot program with other care coordination and care management efforts** going on Primary Care.