



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Center for Psychology and Health

Behavioral Health Services in Primary Care

An Essential Component of Integrated Care

Health systems are moving toward integrated care. Multiple models of integrated health care are currently being implemented and evaluated across the nation. Evidence increasingly shows that health outcomes are often improved when licensed behavioral health professionals are an on-site part of the primary care team.

The two primary integrated health-care models currently recognized by the Center for Medicare and Medicaid Services are the **primary care behaviorist model** (also called primary care behavioral health, or PCBH) and the **collaborative care model** (CoCM—care management for patients with mental health conditions). These models serve different, yet complementary, needs.

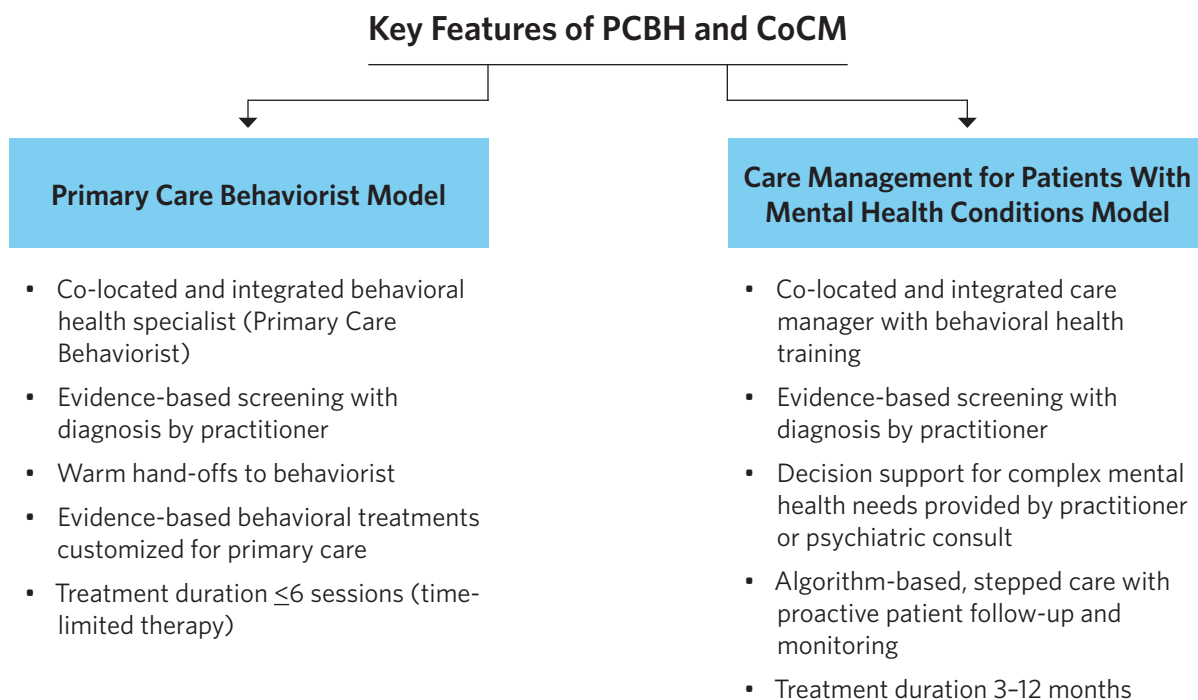
The Integration Academy, funded by the Agency for Healthcare Research and Quality, defines *behavioral health* as “an umbrella term for any behavioral problems bearing on health, including mental health, substance abuse, stress-linked physical symptoms, patient activation, and health behaviors” (Peek & National Integration Academy Council, 2013).

A Closer Look at the PCBH and CoCM Models

The PCBH model includes a licensed behavioral health professional—a psychologist, clinical social worker, or counselor—as a core member of the primary care team. This model involves a systematic approach to addressing not only mental health and substance use disorders but also the many behavioral factors affecting all health conditions. PCBH does so through a wide range of evidence-based primary care behavioral health services that address such issues as stress and pain management, medication and treatment adherence, and health promotion and disease prevention for all patients.

The PCBH model also includes basic intervention services offered by primary care clinicians, brief evaluation and intervention by licensed behavioral health professionals, and consultation by psychologists or psychiatrists for more intensive or specialized behavioral health services. PCBH services are available for all patients in a primary care practice and are not limited to those identified with mental health diagnoses (Dobmeyer, 2018).

The CoCM model, based on a chronic care management approach, involves psychiatric services and brief psychoeducation or motivational interviewing for a defined group of primary care patients diagnosed with chronic mental illness. Services are provided by a team comprising a primary care physician, a care manager, and a psychiatrist (who may be off-site) who consults with the team. Patients are referred to other mental health clinicians for psychotherapy when needed. This model has repeatedly been tested in research settings and shown consistently to have moderate positive effects (see, e.g., Archer et al., 2012). CoCM is designed to monitor closely the progress of the subset of patients in a primary care practice who have a clearly defined serious, chronic mental illness. The chart below contrasts the key features of the two models.



Note. PCBH = primary care behavioral health; CoCM = care management for patients with mental health conditions. Adapted from SAMHSA-HRSA Center for Integrated Health Solutions. (2014, March). *Essential elements of effective integrated primary care and behavioral health teams*. Retrieved from https://www.integration.samhsa.gov/workforce/team-members/Essential_Elements_of_an_Integrated_Team.pdf

Blended Model: Better Together

The integrated care guide published by the American Psychiatric Association (Raney, Lasky, & Scott, 2017) suggests that an ideal approach to health care is a blended model combining PCBH and CoCM. The PCBH component addresses patients with episodic stressors, behavioral issues that impact patient treatment and health (e.g., smoking, sedentary behavior, poor diet), and mild-to-moderate mental health problems. The CoCM model provides systematic psychiatric monitoring of patients with serious illness who have not responded to brief treatment.

In the blended model, a psychologist or other licensed mental health professional is part of the core primary care team, with psychiatry consultation as needed. The blended model is the most widely implemented model in integrated care (Unützer, 2016). It has been successfully used in the Department of Veterans Affairs Primary Care–Mental Health Integration (PC-MHI) program, where it has resulted in positive outcomes for mental health as well as improved population health and better care experiences for patients (Kearney, Post, Pomerantz, & Zeiss, 2014).

The PC-MHI model has been cited by the Kennedy Forum as an effective model (Fortney et al., 2015). This blended model serves more than half-a-million patients in three civilian systems (113,452 patients in Intermountain Healthcare; 70,000 in Cherokee Health Systems; 315,427 in VA Integrated Health) and more than 3.4 million patients in the direct care system of the Department of Defense.

The blended model provides the most effective approach to integrated care. It focuses in an immediate way on the broad range of individual and family health-care needs. It is delivered by primary health-care team members—psychologists working alongside physicians and other health-care providers—with the skills needed to treat each patient. An individual, then, has a primary care clinician and access to a primary care behavioral health clinician embedded on the team. The primary health and behavioral health professionals collectively manage concerns within primary care, collaborate and consult with specialists to improve on-site care, and refer patients to other specialists when necessary. In this way, health-care teams develop to meet the needs of a specific patient population.

The blended model is scalable to address the problems of large communities as well as the unique problems of small and rural practices. Each behavioral health team member may bring other useful special expertise to the setting. For example, psychologists, in addition to providing direct clinical services, can help define the services needed, improve team functioning, identify measurable goals, and evaluate performance.

Summary

Fixing the nation's broken health-care system requires primary care transformation, including a comprehensive biopsychosocial approach. Key to this transformation is patient-centered, team-based care that integrates behavioral health assessment and intervention. A blended model, which includes both the PCBH and CoCM approaches, delivers the improvement in care needed to meet the diverse needs of patients and their families in primary care.

References

- Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., . . . Coventry, P. (2012). Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews* (Issue 10, Art. No. CD006525). <http://dx.doi.org/10.1002/14651858.CD006525.pub2>
- Dobmeyer, A. C. (2018). *Clinical health psychology series: Psychological treatment of medical patients in integrated primary care*. Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/0000051-000>
- Fortney, J., Sladek, R., Unützer, J., Kennedy, P., Harbin, H., Alfred, L., & Carneal, G. (2015). *Fixing behavioral health care in America: A national call for integrating and coordinating specialty behavioral health care with the medical system*. Chicago, IL: The Kennedy Forum.
- Kearney, L. K., Post, E. P., Pomerantz, A. S., & Zeiss, A. M. (2014). Applying the interprofessional patient aligned care team in the Department of Veterans Affairs: Transforming primary care. *American Psychologist*, 69, 399–408. <http://dx.doi.org/10.1037/a0035909>
- Peek, C. J., & the National Integration Academy Council. (2013). *Lexicon for behavioral health and primary care integration: Concepts and definitions developed by expert consensus*. Rockville, MD: Agency for Healthcare Research and Quality.
- Raney, L. E., Lasky, G. B., & Scott, C. (Eds.). (2017). *Integrated care: A guide for effective implementation*. Arlington, VA: American Psychiatric Association.
- Unützer, J. (2016, March 3). All hands on deck. *Psychiatric News*. Retrieved from <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2016.3a28>

Interested in **APA's Psychologists in Integrated Health Care** video series or more information on integrated health care?

CONTACT

W. Doug Tynan, PhD, ABPP

Director, Office of Integrated Health Care

dtynan@apa.org | 202-336-5884 | **apa.org/health**