Behavioral Health Services within Primary Care: Essential for Health

Fixing the nation's broken health care system requires a solution that extends beyond traditional thinking. Primary care transformation is essential and key to this is the inclusion of patient-centered, team-based care that integrates behavioral health assessment and intervention. Behavioral health domains include prevention, health behaviors, mental health, and substance use. The behavioral health professionals that are part of the primary care team should be selected based on population needs and patient preferences, including a focus on prevention, as well as stepped levels of care intensity; with the most serious and complicated cases referred to mental health specialists.

No Health without Behavioral Health

In the U.S., the Integration Academy, funded by the Agency for Healthcare Research and Quality, defined *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). There is growing recognition that health outcomes are often improved by behavioral health treatment provided by psychologists, psychiatrists, social workers, and other licensed mental health professionals.

How to improve access to behavioral health services has been the focus of some debate. Primary care physicians are stretched thin. The problems of rising healthcare costs associated with serious and chronic illness have been compounded by the challenge of physician workforce sustainability. Less than 30% of medical school graduates are choosing to practice in primary care settings, and large numbers of primary care physicians are retiring. This is occurring at a time when improved access to health care through primary care is increasing patient demand for both primary care and behavioral health services. At least 20% of all primary care patients has a mental health or substance use problem that needs to be evaluated and treated with effective interventions. It is well documented that patients who have behavioral health problems have longer appointments, since working with them effectively is time and labor intensive. Primary care team members need a foundation of basic competencies in mental health. In addition, providing direct access to behavioral health professionals within primary care can serve those patients with significant problems and allow primary care clinicians more time to focus on medical care (Reiter & Robinson, 2015; Hunter et al, 2017).

One Size Doesn't Fit All

Multiple models of integrated health care are being implemented and evaluated across the nation. Two specific examples are the Primary Care Behavioral Health (PCBH) approach and the Collaborative Care (CoCM) model. The PCBH model includes a licensed behavioral health provider -- a psychologist, social worker or counselor -- as a core embedded member of the primary care team. It involves a systematic approach to address not just MH or SU disorders but behavioral factors in all mental and physical conditions. It does so through use of a wide range of primary care behavioral health services including among others, stress and pain management, adherence issues and health promotion and prevention for all patients. This includes basic intervention services offered by the primary care providers, brief evaluation and intervention by

the licensed behavioral health professionals, and consultation by psychologists or psychiatrists for more intensive or specialized behavioral health services (Dobmeyer, 2017). Services are available for all patients in a primary care practice. CoCM, based on a chronic care model (Wagner et al 1996), involves providing psychiatric services and brief psychoeducation or motivational interviewing for a defined group of patients diagnosed with chronic mental illness seen in primary care. Services are provided by a team composed of a primary care physician (PCP), a care manager (CM), and a psychiatrist who consults with the team. Patients are referred to other mental health providers for psychotherapy in this model.

As illustrated in the table below, these two models adopt different approaches to improve the health and mental health outcomes for patients by increasing access to behavioral health professionals as part of a primary care team. A fundamental difference relates to the patient needs being addressed:

Table 1: Essential Elements of Care Collaboration

	Collaborative Care Model	**Primary Care Behavioral Health Model**
Team-Driven	PCP + CM + Consulting Psychiatrist or Psychiatric Advanced Practice Nurse *	PCP + Psychologist or other licensed BH provider on site
Population-Focused	Defined population of patients who have a chronic mental health disorder within the primary care panel	Entire primary care patient panel
Measurement-Guided	Condition/disease specific (e.g. PHQ-9)	Quality and outcome measures for the entire practice
Evidence-Based Interventions	**CoCM may provide psychoeducation or connect patients to therapist + medication treatment by PCP, with psychiatrist consult.**	**Brief focused intervention by psychologist + medication treatment by PCP, as needed. Referral to other mental health services**

*Most common model delivery but other behavioral health professionals may be used.

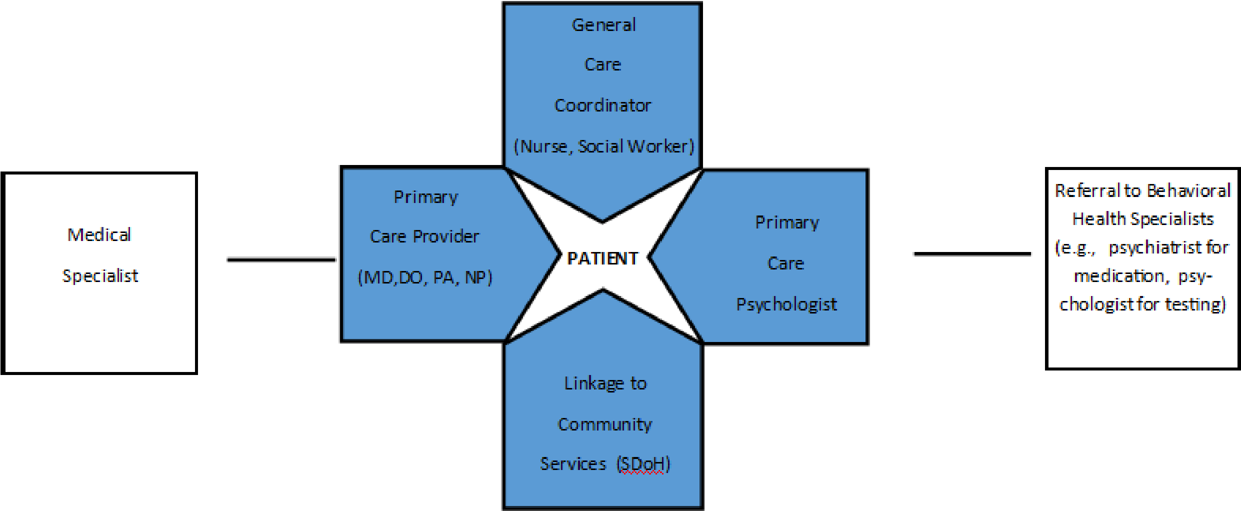
The Integrated Care Guide for Implementation published by the American Psychiatric Association (Raney, Lasky & Scott, 2017) suggests that an ideal approach is to use a “blended” model that combines PCBH and CoCM. The PCBH component addresses patients with episodic stressors, health behavior difficulties, and mild to moderate mental health problems, while the CoCM model provides psychiatric monitoring of patients who have not responded to brief treatment. This blended approach is preferred whenever possible and utilized in many clinics already (Unutzer, 2016). It has been successfully implemented in the Department of Veterans Affairs Primary Care Mental Health Integration (PCMHI) with good outcomes for mental health (Kearney, Post, Pomerantz & Zeiss, 2014), as well as improved population health and mental

health, and better care experiences (Kearney, Post, Pomeantz & Zeiss, 2014). The PCMHI model has been cited by the Kennedy Forum as an effective model (Fortney, Sladek & Unutzer, 2015).

Solution Summary: The Person-Centered Integrated Care (PCIC) Model

APA's mission is to apply psychological knowledge to develop person-centered integrated care to improve people's health. The most effective approach focuses on individual and family health care needs and is delivered by health care team members with the requisite skills. An individual, then, has a primary care clinician, a care coordinator to assist in accessing other health services (as needed), and a primary care behavioral health clinician embedded on the team. In addition, there are resources linking individuals with social services, as needed. The primary health and behavioral health professionals collectively manage concerns within primary care, collaborate and consult with specialists to improve care on site, and make referrals as needed. Health care teams are developed to meet the needs of a specific patient population. This model is scalable to address the unique problems of small and rural practices. Psychologists can help to define the services needed, implement effective team functioning, identify measurable goals, and evaluate performance, as well as provide direct clinical services. The diagram below shows how this model is organized.

Person-Centered Integrated Care Model



We believe that in the evolution of primary care behavioral health integration models that are patient centered, this model addresses the state of healthcare systems today, the growing needs of our patient population as well as the workforce availability in the most effective way.

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