COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

Expanding the Primary Care Interprofessional Team: Creating Space for Behavioral Health Consultants

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Statement of issue or problem addressed

Despite a growing need for mental and behavioral health services, access to these services has been limited due to constraints in insurance coverage and location of services outside of medical care. As a result, mental and behavioral health needs have frequently fallen to the primary care system to support.

Background

The primary care setting has been the de facto mental health provider for many, treating and managing most patients with depression and anxiety diagnoses (Kessler, 2008). Nearly 21% of adults in the United States live with a mental health disorder (Carbonell, et al., 2020). Despite the increasing prevalence of mental illness, mental healthcare needs are often unmet due to a myriad of systemic, structural, and cultural barriers. Since the emergence of COVID-19, growing research shows evidence of continued burden to the primary care setting (Kanzler & Ogbeide, 2020; Rajkumar, 2020). In addition, behavioral health workforce shortages, especially in psychiatry, are widespread across the U.S., leading to limited options for care, excessive wait times for services, and an increased travel burden to access care. As a result, integrated behavioral healthcare using the Primary Care Behavioral Health (PCBH) Model, has been an effective approach in caring for individuals with mental health conditions diagnoses (Robinson & Reiter, 2016) and bringing psychotherapy treatment modalities to the primary care setting (Sawchuk, et al., 2020).

The PCBH model has been widely implemented in a number of healthcare and community settings, including federally qualified health centers, the U.S. Veterans Health Administration, the U.S. Department of Defense, and large academic health centers. In this model, the behavioral health provider works as a member of the primary care team and is referred to as a Behavioral Health Consultant (BHC). The BHC delivers a variety of evidenced-based interventions for a range of behavioral health issues across the lifespan, focusing on symptom reduction, functional improvement, and quality of life. BHCs provide high volume, accessible, and team-based services (Robinson & Reiter, 2016). The presence of BHCs in primary care practices enhances and expands the interprofessional team's scope of care delivery for many patients otherwise not seeking behavioral health services outside this setting.

Methodology

Jefferson Health has taken the initiative to incorporate the PCBH Model across its Primary Care system over the past 4.5 years. Sixty primary care practices were accepted into the Center for Medicare and Medicaid's 5-year Comprehensive Primary Care Plus demonstration program (2017-2021). This program has continued to expand through the Primary Care First initiative.

Currently, there are 25 BHCs, including licensed clinical psychologists and LCSWs across the Jefferson Enterprise. They support 60+ primary care offices with 300+ individual providers, including MDs, DOs, and NPs. BHCs provide individual, family and group therapy within the context of the PCBH model, as well as provide psychoeducational support and clinical consultations for the primary care team.

Results

Over the past five years and specifically during the COVID-19 pandemic, there has been a steady increase of utilization of the Jefferson BHCs to provide mental health services to patients. Since the transition to the use of Epic two years ago, there have been 43,605 clinical consults with BHCs ranging from referrals for anxiety, depression, grief, and PTSD; diagnostic clarification, diabetes management and chronic pain, among others. Of these, 8,234 were for an initial visit and 35,371 for follow-ups.

Patients who have met with a BHC, on average, experienced a near 70% decrease in their PHQ-9 (depression screening tool) and GAD-7 (anxiety screening tool). Primary care providers have also expressed satisfaction with having BHCs as part of their interprofessional team. In addition to providing patient care, the BHCs have also supported Jefferson employees through

Continued from previous page

delivery of psychoeducation and wellness support groups focused on a myriad of topics.

Discussion

Standardizing a new model of care over the past five years has benefited patients and providers and incurred many lessons. For some practices and providers, it took time to learn how to collaborate with a BHC. Now, many providers report the indispensability of having a BHC on the team and appreciate the ease of access to this resource. Patients have also reported the benefit of meeting with a BHC in the context of their medical care to address behavioral health needs. Additionally, the use of telemedicine has greatly expanded our ability to meet patient and provider needs outside of the office setting. While the use of telemedicine came with a steep learning curve and quick pivots during the pandemic, our team has navigated the necessary adjustments and now delivers care both in-person and via telehealth.

Despite our successes, our team of embedded BHCs has faced program implementation challenges involving clinical workflows, concurrent documentation, template development, and provider administrative pain points or burdens. What we have learned is the incredible need for patience, flexibility and willingness to work collaboratively across many different groups and departments to ensure effective, sustainable and meaningful outcomes. While there is still more work to be done, we have established a solid foundation upon which we can continue to effectuate change.

Conclusion

The opportunity to grow this program within primary care and provide the additional support needed to our primary care providers in managing the complex needs of our patient community is vast. The Jefferson Integrated Behavioral Health Team has found this interprofessional approach to be valuable for patient care. The impact of integrating behavioral health within the primary care system is well supported, and this interprofessional approach should continue to grow if we are to effectively meet the needs of our growing community.

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