





INTEGRATING BEHAVIORAL HEALTH INTO SYSTEMS OF CARE

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OBJECTIVES

- By the end of this lecture, participants will be able to:
 - Define integration
 - Understand the value of integration in multiple environments
 - Recognize the role psychology plays in integration
 - Understand barriers to integrating systems of care
 - Recognize solutions to barriers
 - Identify how to put the pieces together

DISCUSSION

01

What does integration mean to you?

02

How does this play out in your daily practice?

03

Examples?

WHAT IS INTEGRATION?

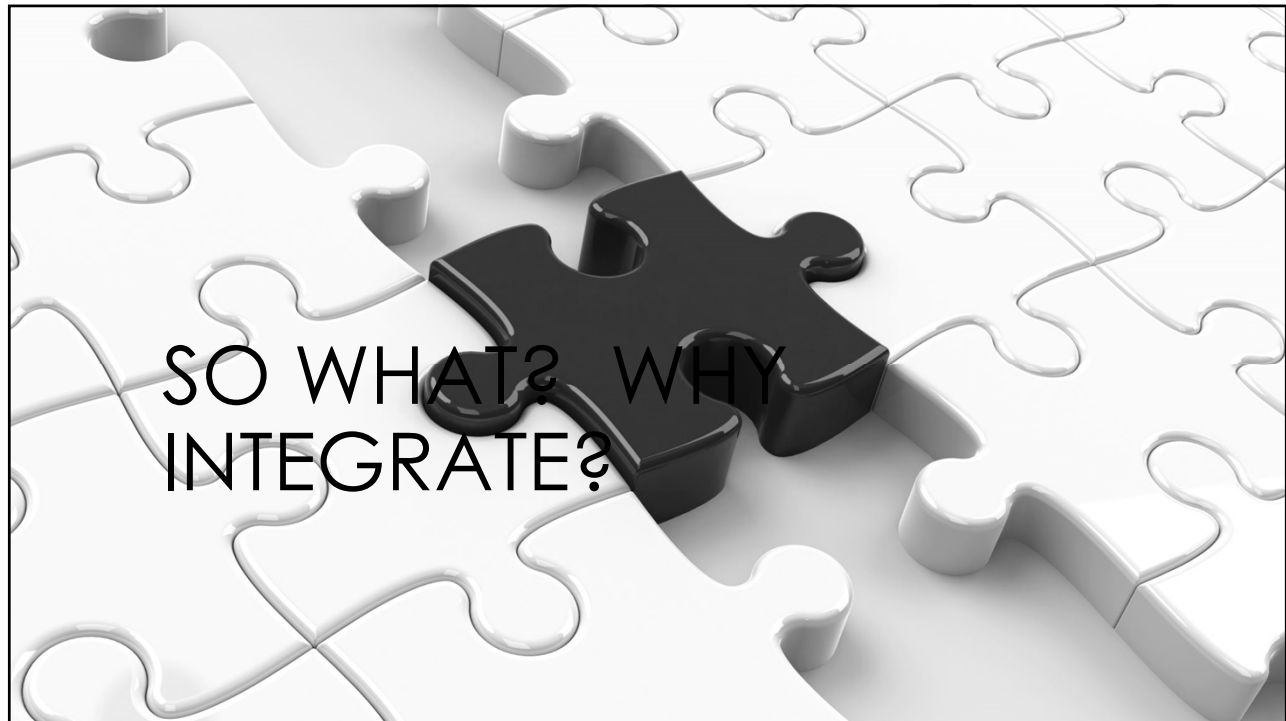
Collaboration between health professionals,

To provide complete treatment to patients, and

Improve overall well-being

- Often referred to as interprofessional health care
- Requires a high degree of collaboration and communication among health professionals
- Sharing of information among team members related to patient care
- Establishes a comprehensive treatment plan to address
 - Biological, Psychological, and Social needs

www.apa.org



VALUE OF INTEGRATED SERVICES

- Within **primary care settings**
 - Integrating behavioral health and primary care,
 - When adapted to fit into community practices,
 - Integration reduced depression severity AND
 - Enhanced patients' experience of care
 - Statistically significant reductions in mean PHQ-9 scores were observed in all practices, ranging from 2.72 to 6.46 points
 - This finding was corroborated by patient interviews that demonstrated
 - Positive experiences with behavioral health clinicians AND
 - Acquiring new skills to cope with adverse situations at work and home

(Balasubramanian, et al., 2017)

VALUE OF INTEGRATED SERVICES

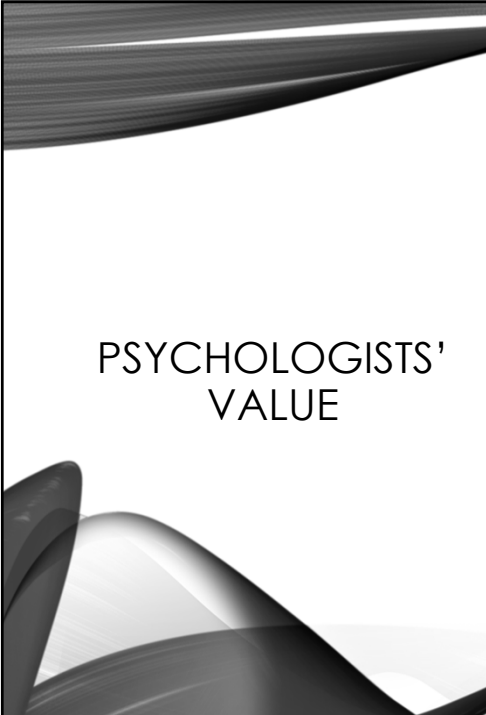
- Within **inpatient settings**
 - These models advance value by:
 - Improving clinical outcomes
 - Reducing readmissions and ED visits
 - Shortening lengths of stay
 - And lowering cost of care

(AHA, 2019)



VALUE OF INTEGRATED SERVICES

- Within **Outpatient Settings**
 - The use of multiple behavioral health experts improves care and outcomes (AHA, 2019)
 - Surveys also note that it improves patient and provider experiences
 - Care providers may include:
 - Psychologists
 - Therapists
 - Psychiatrists
 - Nurses
 - Case managers
 - Don't forget about the "back of the house" supports—administrative assistants, IT, health information management, etc...




PSYCHOLOGISTS'
VALUE

Screening plays an important role in all settings

A psychologist is the expert who can

- Choose the appropriate screening and administration methods
- Coach the office staff to administer, interpret and enter data
- And develop the referral processes for developmental, behavioral and educational services for your patients
 - Especially those with behavioral issues identified through the screening process

Godoy, et al (2017)



PSYCHOLOGISTS' VALUE

- Inefficiency in primary care visits leads to:
 - Lost time, increased cost, and lower patient/provider satisfaction
- One study with five full-time primary care providers (PCPs) compared clinic days with a psychologist present to days without the psychologist
 - Results showed that, on average, behavior visits for the PCP when the psychologist was present were now of the same duration as acute sick visits, and thus, more patients could be seen
 - Overall, the PCPs as a group were able to bill for 42 percent more patients on those days
 - In other words, having one full-time psychologist increased efficiency more than if the practice had hired another provider for that day

(Gouge et al., 2016)

DISCUSSION

What barriers to integration do you experience/foresee?

What solutions have you provided to overcome these barriers?

BARRIERS TO INTEGRATION

- Coverage and Cost
 - The cost of behavioral health treatment may prevent people from seeking care
 - Insurance plans that offer behavioral health coverage are required to cover those services at the same level as medical care
 - However, copays and deductibles, amongst other factors, may inhibit access to care
 - In a survey of privately insured individuals, 35% of respondents reported not seeking mental health services because they could not afford treatment
 - And, 42% of Americans with behavioral health disorders described cost and poor insurance coverage as their primary barrier to accessing care

National Council, 2018



BARRIERS TO INTEGRATION

- Provider Shortages
 - America has a shortage of providers with the training or resources to treat patients' behavioral health needs
 - For example, patients with behavioral health issues often present at emergency departments (EDs) or primary care clinics where providers may not specialize in treating patients with psychiatric or substance use disorders
 - In addition, low reimbursement from government and private insurers means some opt to not accept insurance
 - Roughly 60% of rural America is underserved for behavioral health, and more than 85% of the nation's behavioral health professional shortages are in rural communities
 - These shortages may lead to long waits to receive care, require patients to travel many miles away, or result in getting no care at all

AHA, 2019



BARRIERS TO INTEGRATION

- Fragmented Behavioral and Physical Health Systems
 - The funding and delivery systems for treating physical and behavioral health have traditionally been separate and uncoordinated
 - Though clinicians may refer patients to behavioral health providers, those individuals are often outside of the health care system, making care coordination and follow-up challenging
- Stigma
 - This remains a barrier, although less so these days!

AHA, 2019

DISPARITIES AS A BARRIER TO CARE

- There are disparities in who experiences and accesses treatment for behavioral health issues, leading to persistent health inequities
 - Mixed-race individuals have the highest prevalence of mental illness (28.6%), followed by white adults (20.4%), American Indian (18.9%) and black adults (16.2%)
 - However, white adults with mental illness are more likely to receive treatment than individuals from other ethnic groups
 - Other groups experiencing challenges accessing behavioral health services include the LGBTQ community, military service members, veterans and rural residents

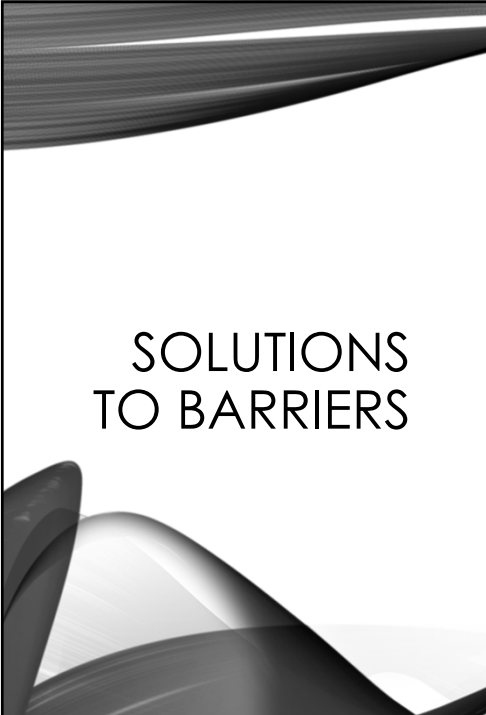
AHA, 2019

SOLUTIONS TO BARRIERS

Grazier, Smiley, & Bondalpati (2016)

Table 2. Barriers and Accommodations for Barriers.

Barrier	Accommodations
Vulnerable populations	<ul style="list-style-type: none"> • Prioritization of vulnerable populations
Patient and family factors	<ul style="list-style-type: none"> • Community-wide collaboration • Team approach that includes the patient
Comorbidities	<ul style="list-style-type: none"> • Prioritization of vulnerable populations
Provider factors	<ul style="list-style-type: none"> • Team approach that includes the patient
Financing and costs	<ul style="list-style-type: none"> • Diverse funding streams
Organizational issues	<ul style="list-style-type: none"> • Use of data-driven best practices • Presence of a "champion"



SOLUTIONS
TO BARRIERS

- Huddles
- Communication strategies
 - In person
 - Virtual
 - EHR
- Circle backs
- Ongoing integration clinical meetings
- Stop-gaps
 - Bridge sessions
 - Care specialists



QUESTIONS?
COMMENTS?

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