POLICY BRIEF

Behavioral Health Service Provision by Primary Care Physicians

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Project Team

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Background

Approximately half of all behavioral health care for common psychiatric disorders is provided by primary care physicians.[1] Primary care physicians are generally more accessible in rural areas than behavioral health specialists.[2] However, primary care physicians lack adequate behavioral health education and training,[3] which can make these providers feel unprepared and uncomfortable treating behavioral health disorders.[4] This study aims to describe the contribution of primary care physicians in delivering behavioral health services across rural and non-rural areas.

Methods

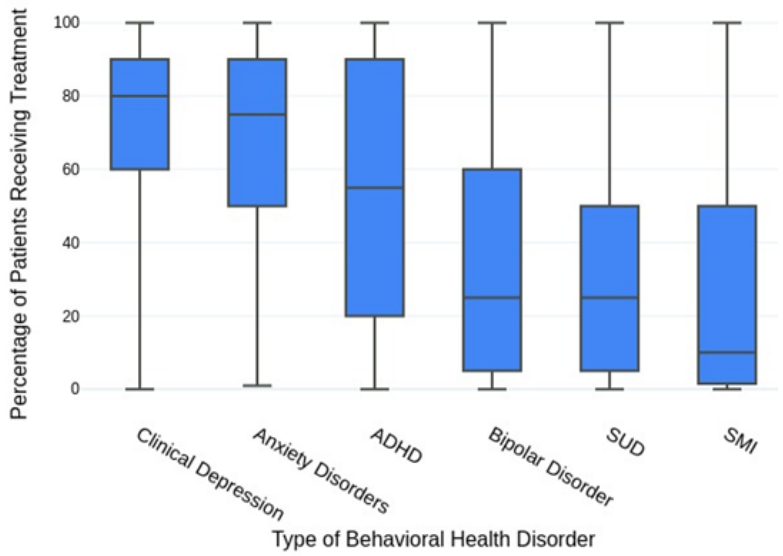
Researchers created an online survey in Qualtrics that was disseminated to 2,060 primary care physicians, oversampling in rural areas, by Toluna, a panel company. Survey participants received a $30 incentive upon completion. Survey data were analyzed via descriptive statistics, two-sample t-tests, two-sample proportion tests, and chi-square tests.

Key Findings

Of the 313 physicians that participated in the survey (15.2% response rate), 80 (26%) practiced primarily in a rural area and 233 (74%) practiced in a non-rural area. Collectively, respondents were more likely to screen, diagnose, and treat patients with clinical depression, anxiety disorders, and substance use disorder (SUD) than attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, and serious mental illness (SMI) (Figure 1).

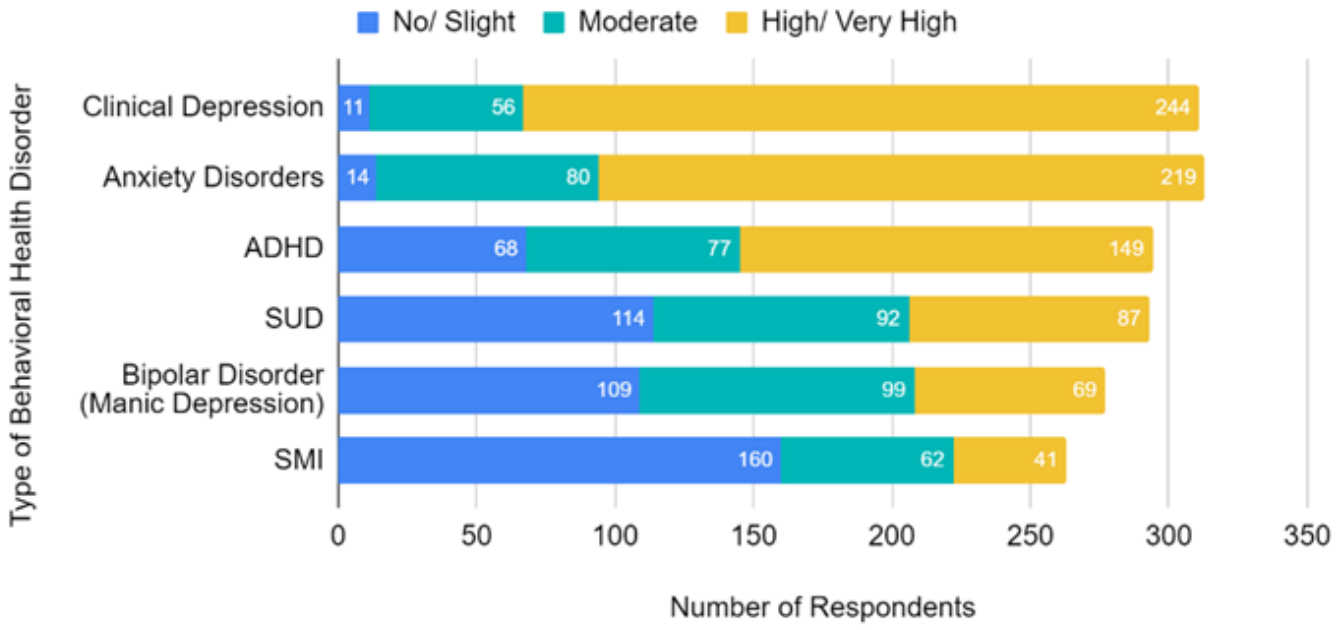
Higher rates of screening, diagnosing, and treating patients with behavioral health disorders correlated with physicians' self-reported confidence in treating behavioral disorders (Figure 2).

Figure 1. Treatment of Patients With a Diagnosed Behavioral Health Disorder



ADHD, attention-deficit/hyperactivity disorder; SUD, substance use disorder; SMI, serious mental illness.

Figure 2. Physicians' Confidence in Treating/Managing Behavioral Health Disorders



ADHD, attention-deficit/hyperactivity disorder; SUD, substance use disorder; SMI, serious mental illness.

Overall, respondents believed their patients had more access to psychiatrists (72%) and other behavioral health providers (59%) than to telepsychiatry (19%) or medication-assisted treatment for SUD (39%). Providers reported referring 42% of their patients to other providers for behavioral health services.

A stratified analysis (two-sample t-test) revealed significant differences between the percentage of patients rural and non-rural physicians diagnosed and treated for behavioral health disorders (Table 1).

Table 1. Percentage of Patients With a Diagnosed Behavioral Health Condition that Receive Treatment by Primary Practice Geography[a]

	Rural Primary Site		Non-rural Primary Site		Confidence Interval
	n	$\bar{X}$	n	$\bar{X}$	P[b] (95% CI)[c]
Anxiety Disorders	77	77	227	66	0.001**(4.43, 17.57)**
ADHD	73	66	203	49	0.0001**(8.47, 25.53)**
Bipolar Disorder	75	48	204	32	0.0002**(7.43, 24.26)**
Clinical Depression	78	79	229	70	0.002**(3.32, 14.68)**
SMI	73	34	199	25	0.045**(0.59, 17.83)**
SUD	78	39	221	31	0.058**(0.04, 15.96)**

[a] Totals vary because of missing data.

[b] P-values obtained from two-sample t-tests.

[c] Bold confidence intervals indicate that they do not contain 0.

ADHD, attention-deficit/hyperactivity disorder; SUD, substance use disorder; SMI, serious mental illness.

Conclusions & Policy Considerations

The key findings suggest primary care physicians are providing many behavioral health services, especially in rural areas, but are not feeling confident in their ability, and are often referring patients to specialized providers. Accordingly, the primary care workforce could benefit from the following policies:

1. Updating accredited medical curricula to emphasize behavioral health;
2. Incentivizing medical training programs/residencies in rural areas;
3. Adjusting state regulations to promote telepsychiatry adoption; and
4. Amending state Medicaid plans to incentivize integrated care practices.

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