Integration of Behavioral Health and Primary Care: Opportunities and Barriers

SCHOOL OF PUBLIC HEALTH
BEHAVIORAL HEALTH WORKFORCE
RESEARCH CENTER
UNIVERSITY OF MICHIGAN

Angela J. Beck, PhD, MPH, Director
Clinical Assistant Professor of Health Behavior and Health Education

About the BHWRC

- Established September 2015 at the University of Michigan School of Public Health
- Part of HRSA's Health Workforce Research Center Network
- Jointly supported by SAMHSA and HRSA
- Interdisciplinary core research team with expertise in: public health systems, health services, social work, qualitative methods, law, medicine
- Work through a Consortium model with key advisors: Peter Buerhaus, PhD; Ron Manderscheid, PhD

Team-based Care Case Studies

Benefits of integrated care[1]

- Access to care
- Patient outcomes
- Employee productivity/ satisfaction

- Readmission rates

- ***Purpose:*** identify cases of primary and behavioral health care service integration and the effects of implementation on the workforce.
- ***Methods:*** Completed eight key informant interviews in spring 2016 with integrated care sites. Interviewees included clinical professionals and organizational leadership.
- Interview themes included:
  - Composition of workforce engaged in integrated care
  - Worker satisfaction with team-based care model
  - Workforce development and training initiatives
  - Barriers and best practices

[1]O'Donnell et al, 2013.

Organization	State	Description
Cherokee Health Systems	TN	Provides behavioral, physical, and dental health care for children and adults in their community.
Community Caring Collaborative	ME	Non-profit organization that provides integrated care to infants, children, families, individuals with SUD, and individuals and families living in crisis or poverty.
County of San Mateo Health System Behavioral Health and Recovery Services	CA	Serves children, youth, families, adults, and older adults for the prevention, intervention, and treatment of mental health, substance use, and physical health conditions.
Durham VA Medical Center	NC	Provides integrated care to veterans.
Intermountain Healthcare	UT	Uses a team-oriented approach to provide mental health treatment within primary care settings in over 90 clinics.
Morehouse School of Medicine National Center for Primary Care	GA	Training-based organization that provides resources for the primary care system. Conduct both research and training, with a focus on health information technology.
Northwell Health	NY	Regional health system that provides integrated health care to a highly diverse population in multiple healthcare delivery settings.
VA - Ann Arbor Healthcare System	MI	Provides integrated care to veterans.

Case Study Findings: Top 5 Barriers to Implementation

#1: Clinicians may initially be resistant to this transition; often lack knowledge about integrated care and workflow

[Site] is *"constantly recruiting, trying to get the right person that will work in [the integrated care setting], and constantly dealing with primary care [providers] that just don't get it…"*

#2: Insufficient number of providers: workforce challenges across all roles; clinician shortages

#3: Difficulties in record sharing, particularly for patients with substance use disorders

Case Study Findings: Top 5 Barriers to Implementation

#4: Administrative/workflow concerns: unsure how to implement effectively; physical space constraints make co-location difficult

#5: Lack of financial support for integration: billing and reimbursement obstacles

- **Reimbursement structure was not built to really value team-based care Policy gaps in insurance reimbursement**
- **Cannot bill for physical and mental health services on the same day**

"…you don't have as many available providers in [behavioral health] as you do in other fields, so access is really not there. We have to increase that access and then, of course, reimbursement for it."

Case Study Findings: Best Practices

"…bringing all relevant parties to the table, to the same table, at the same time."

"The communication is constant between all the team players. Team players have complex treatment cache that they follow based on the level of complexity of the patient and each of the team members are called in and perform their activities, that goes into the medical record and gets communicated throughout."

- **Important to get buy-in from leadership and providers at the beginning- work together on developing the model**
- **Help providers to understand their collaborative roles and importance of developing an ongoing relationship with the team**
- **Be clear about the benefits: when collaboration occurs, caseloads often feel easier to handle; patients have access to the services they need, and respond better to treatment**
- **In-house training is key; most providers are not learning skills for implementing team-based care in their degree programs**

Conclusions

- Additional support for the creation of workforce pipelines may help to address shortages in family medicine and behavioral health disciplines, which are the primary barriers to integrated service provision.
- Integrated care training should be expanded in academic curricula, as most workers learn to work in team-based care models on the job.
- Encourage mechanisms that establish a culture of coordination in organizations. Integration only works when there is buy-in from leadership and partners.
- Changes in reimbursement policies and record-sharing rules have the potential to greatly improve care coordination and integrated service delivery.

Thank You

Behavioral Health Workforce Research Center
University of Michigan School of Public Health
1415 Washington Heights
Ann Arbor, MI 48109
www.behavioralhealthworkforce.org

Angela Beck, Director: ajbeck@umich.edu

@BHWRC

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This Center is jointly supported by SAMHSA and HRSA; funded through HRSA Cooperative Agreement U81HP29300: Health Workforce Research Centers Program.

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