

Suggested Model for Integration of Behavioral Health into Primary Care David Pollack, M.D.

The following model description is intended to provide guidance for the development of integrated behavioral health services in primary care settings. It is understandably non-specific due to the wide variation of resources, needs, and local circumstances that primary care organizations find themselves in. In order to determine the feasibility and components of the specific model for a primary care provider organization or facility, several preliminary tasks or questions must be addressed. These include:

1. Complete an environmental scan. The environmental scan should examine three key areas: resources, capacity of local behavioral health services, local and federal regulations. At a minimum, this should involve identifying who the local behavioral health providers are, what capacity for service they currently provide, what potential exists for collaboration or conflict, and how the former can be enhanced and the latter minimized as the primary care organization develops integrated behavioral health services.
2. Determine the program's filter based on information gathered in the environmental scan. Who should be eligible for the on-site integrated services and what level of care is to be provided? Should the pathway of care require prior primary care assessment and referral or allow for direct access to the on-site behavioral health provider and, if the latter, under what circumstances?
3. Establish buy-in that is systemic. It is essential to secure the understanding and support of both administrative and clinical leadership in order to proceed with planning and implementation.
4. Make an initial decision about renting and/or owning behavioral health staff. This refers to whether the behavioral health staff is employed by the primary care organization or are contracted from another organization. There is no one right answer to this question. Rather, it is dependent on the answers to the environmental scan and the philosophical and regulatory factors specific to the primary care organization and the local community. The implications of the rent/buy decision have significant implications on record keeping, enrollment and billing, communications, and referral processes. Effective operational integration can be achieved via both methods of staffing.

Components of the integrated model.

An integrated program may provide any or all of the following functions:

- Behavioral Health Triage. This is a quick and efficient, but comprehensive enough assessment to identify generally what the patient's presenting concerns are, sufficient to lead to one of the following provisional disposition recommendations.

- Comprehensive Behavioral Health Assessment. This should be reserved for those patients for whom the triage assessment is insufficient to make a relatively confident disposition recommendation.
- On-site Behavioral Health Treatment. This may include an array of services, the breadth of which is determined by the environmental scan, and clinical/budgetary capacity of the primary care facility based behavioral health staffing. It can include brief individual, group, and family counseling or psychotherapy as well as psychopharmacological assessment and treatment.
- Referral. This includes internal referral back to the primary care provider or other staff with behavioral management/treatment recommendations. It also includes external referral to specialty behavioral health providers or other social service supports (e.g., entitlements, housing, employment).
- Consultation. This includes ad hoc and ongoing medical/psychiatric and behavioral management consultation support and in-service training for primary care providers and other staff within the primary care facility.
- Care monitoring and chronic disease management protocols. This should be applied to chronic psychiatric conditions that can be effectively managed in the primary care setting, such as less complicated cases of depression. It is also for those patients who have other chronic health problems whose co-morbid psychiatric conditions result from, complicate, or interfere with the other health problems or their treatment, e.g., difficult adjustment to diabetes or somatoform disorder in persons with or without other “physical” illnesses. The care monitoring function is comparable to care monitoring for other chronic conditions, i.e., disease registry data management, periodic screening and outcomes assessment, supportive counseling, patient education, self-management support, facilitation of treatment adherence (e.g., checking in with patient between appointments, prompting, assisting in tasks associated with adherence to medications, lab work support, etc.).

The staffing for the above functions can be quite variable, but should at least include:

- Masters or higher level mental health professional, preferably capable of assessing persons from adolescence to older age for mental health and addictions disorders. This same person can provide the triage, comprehensive assessment, on-site psychotherapy, and some of the consultation and care monitoring support. This professional should also have a good working knowledge of and relationship with the specialty behavioral health providers in the community in order to manage the external referral process. Depending on the size of the facility and the resources available, more than one person can be utilized to perform these functions, thus allowing increased flexibility and accommodation of differing areas of expertise (child vs. adult, mental health vs. addictions). The prototypical position would encompass most or all of these functions, but must do so in such a way as to effectively manage the flow of patients and balance the various functions without reducing access to triage and assessment, i.e., they cannot develop too large an on-site treatment caseload.

- Mental health professional with prescribing privileges (preferably a psychiatrist). This function can be provided on-site or distance-based (via telephone, e-mail, or telemedicine link) and can provide some of the comprehensive (including medication) assessment, consultation, and back-up support to the on-site mental health professional.
- Nursing or other non-mental health staff trained to provide some or all of the care monitoring and chronic disease management protocol support services.

After establishing the functions and staffing patterns for the integration project, appropriate process flow diagrams, treatment algorithms, and other system supports can be designed and implemented.