

Integrating Behavioral Health Specialists Into the Primary Care Setting

Greg Dodaro, MD

Mr. Dorado is a fourth-year medical student at Creighton University in Omaha, NE.

The challenges of recognizing and treating behavioral health disorders, particularly in the primary care setting, are well known. In 2004, the World Health Organization found that depression was the third leading cause of moderate to severe disability based on prevalence worldwide. In high-income countries, depression ranked number one, particularly in patients under age 60, with alcohol dependence coming in second.¹ Disability severity due to mental health disorders such as bipolar affective disorder fell under similar classes as amputation, deafness, and congestive heart failure. In 2003, it was reported that the economic burden of depression was more than \$80 billion, the majority of which was the result of workplace costs.² The mere prevalence of these disorders indicates the necessity for care of patients' behavioral health. In the primary care setting, behavioral disorders are often compounded by other chronic illnesses. The need for behavioral health care is recognized in the patient-centered medical home (PCMH) model, but in what ways can behavioral health care be best implemented and integrated into primary care?

As primary care providers (PCPs), it is our responsibility to provide comprehensive management of the patient's health. This includes early recognition of behavioral health issues and providing an integrated approach to treating behavioral health disorders—both of which can be realized through the PCMH model, which is meant to provide comprehensive, coordinated, and continuous patient care. The PCMH provides acute and chronic care services, pre-

ventative health and end-of-life care, and a whole-patient orientation that includes behavioral health. Care is coordinated across multiple settings, including clinic, hospital, nursing home, and home health. Other tenets of the PCMH include team care, quality improvement, and care coordination across subspecialists.³

Recognizing the need for mental health integration seems obvious, but it is also the easy part. Actualization of the ideal clinic in which patients' mental health is cared for seamlessly with their other diagnoses has run into some obstacles. Feldman and Feldman point out that medical/behavioral integration is seen as a threat to physician autonomy and that these two fields may have a distorted view of one another.⁴ Although this may not be the primary factor preventing integration, new approaches that bring these disciplines together should be considered.

Multiple models are already in place for the integration of behavioral health support in primary care, the most common being simple co-location of a mental health specialist.⁵ Szymanski et al. demonstrate the effectiveness of co-location with a "primary care-mental health integration specialist" alone. Relative to treatment from the PCP, patients who establish themselves with a mental health specialist (presumably located within their primary care office) on the day of a positive depression screening are at an increased probability of receiving both psychotherapy and antidepressant treatment within 12 weeks of their positive screen.⁶ While this study does not speak to the effectiveness of the treatment, it demonstrates that an integrated approach will result in the treatment of

more patients in a timely manner.

Another limitation of the above integration method is that the disconnect between behavioral health and medicine remains. There is no true integration because the primary care provider and behavioral health specialist still remain separated in their respective disciplines. To remedy this, Feldman and Feldman propose the specialty of primary care behaviorist—a clinician who obtains advanced training and specialization in treatment of behavioral health disorders.⁴ Full integration will occur as primary care behaviorists treat behavioral health in the context of clinical medicine. Primary care behaviorists will need knowledge of the interaction between behavioral disorders and the patient's chronic medical conditions. They should also have knowledge about community behavioral health services. Finally, they should have comprehensive multi-level knowledge to treat primary care patients of all ages. The primary care behaviorist fits the PCMH model precisely by providing comprehensive integrated care. This allows for better coordination among the wide array of specialties utilized in patient care. This role will also allow for better continuity of care by bringing medical and behavioral health under the care of a practitioner with experience and expertise in both fields.

Multiple programs for training in primary care behavioral health are already in existence. The University of Michigan provides a Web-based certification, stating:

The Certificate in Integrated Behavioral Health and Primary Care (IBHPC) is designed for direct clini-

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*cal practitioners—social workers, nurses, care managers, psychologists, and physicians—who deliver or plan to deliver integrated health services, and who serve populations often presenting with complex needs in physical health, mental health, and substance use.*⁷

University of Massachusetts Medical School provides certification described as “targeted to prepare behavioral health professionals for the Patient-centered Medical Home model.”⁸

The role of the PCMH is to provide comprehensive, coordinated patient care with an eye to quality improvement. Simply focusing on behavioral health in primary care with the implementation of co-located services is feasible and will result in more timely care.^{8,9} However, further coordination can be achieved through the use of integrated behavioral health services in primary care, as with the primary care behaviorist. While this is an appealing option, there are some questions that remain unanswered. Further investigation is needed to assess the effectiveness of integrating behavioral health clinicians into primary care, particularly with regard to patient behavioral health outcomes. However, by working to improve integration of behavioral health in pri-

mary care under the PCMH model, needed attention will be given to the diagnosis and treatment of these disorders. Patients will receive comprehensive and coordinated care of both their medical and behavioral health problems, thereby improving the quality of care.

References

1. World Health Organization. The global burden of disease: 2004 update, 2008. Available at http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf (accessed 26 September 2013).
2. Greenberg PE, Kessler RC, Birnbaum HG, Leong SA, Lowe SW, Berglund PA, Corey-Lisle PK. The economic burden of depression in the United States: how did it change between 1990 and 2000? *Journal Clin Psych* 2003; 64(12):1465-75.
3. American College of Physicians. Guidelines for patient-centered medical home (PCMH) recognition and accreditation programs, 2011. Available at http://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/understanding/guidelines_pcpc.pdf (accessed September 26, 2013).
4. Feldman MD, Feldman S. The primary care behaviorist: a new approach to medical/behavioral integration. *J Gen Intern Med* 2013; 28(3):331-2.
5. Chang ET, Wells KB, Post EP, Rubenstein LV. Determinants of readiness for primary care-mental health integration (PC-MHI) in the VA health care system. *J Gen Intern Med* 2013; 28(3):353-62.
6. Szymanski BR. Integrated care: treatment initiation following positive depression screens. *J Gen Intern Med* 2013; 28(3):346-52.
7. University of Michigan. Web-based certificate in integrated behavioral health and primary care, 2013. Available at <http://ssw.umich.edu/offices/continuing-education/certificate-courses/integrated-behavioral-health-and-primary-care> (accessed September 26, 2013).
8. University of Massachusetts School of Medicine. Certificate program in primary care behavioral health, 2011. Available at http://calswec.berkeley.edu/sites/default/files/uploads/pcbh_brochure_final_5_11_2011.pdf (accessed September 26, 2013).
9. A video demonstrating the model was provided on the UMass Website and can be accessed at <http://www.youtube.com/watch?v=UuJ298jK2Wc>

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