

What do physicians who practice in integrated primary care settings think about integrated behavioral health (IBH)?

Integrated behavioral health (IBH) is a health service delivery model wherein behavioral health clinicians are incorporated into the primary care medical team. They typically provide consultation and brief therapeutic interactions, ranging from 10 minutes to several 30 minute visits or more and are a critical adjunct to the primary care provider in whole-person care of patients.

ICSI sought to understand more about what providers find valuable when they have access to behavioral health clinicians, as part of their [IBH collaborative](#). Qualitative interviews were completed with five physicians as a pilot study.

“We can **never really predict** where we're going to need [behavioral health clinicians] in primary care.... We **need help with crisis management** when you're not sure, **is this patient safe?**”

Issue: Primary care providers (PCPs) frequently encounter patients’ mental health concerns.

Goal: Understand providers’ perceptions of IBH, usage of IBH, and how IBH changes provider practice.

Methods/Participants

- Eligibility criteria: Primary care providers (PCPs) who work in clinics with IBH
- Interviews conducted **April-May 2019**
- **Five** physicians from **five** different clinics in **three** large Minnesota healthcare organizations
 - Two internal medicine, three family medicine physicians

Research Questions



What are providers’ perceptions of IBH **after** implementation?



Are providers using IBH services available to them, and if so, **how** and **why**?



How has IBH **changed** the way the providers practice?



What are the **relationships** between the six **Cross-Model Framework** principles and the **practical** implementation of IBH in clinics?

Results

**Please note that a sample size of five interviewees is very small and means that the results are likely not generalizable to all providers in integrated care settings.*

Barriers to mental health care in the primary care setting

- PCPs **have a hard time convincing patients** to seek mental health services
- PCPs are **not well-equipped** to handle mental health crises
- PCPs have a **limited amount of time** with patients
- PCPs want their patients to be well cared for, but **do not always know how** they can best accomplish this when it comes to mental health

Key elements of IBH appreciated by primary care providers

- Better access to mental health providers for their patients
 - Shorter time to be seen – **same day**
 - Easier access for patients – **same clinic**
- **Knowing** their patients' mental health providers **personally**
- Better **compliance and uptake** from patients referred for therapy
 - **Warm hand-offs** are critical
- **Support** when a patient is in **crisis** or **needs care** urgently/differently than provider can best fulfill

Situations for which providers use IBH

1. Immediate crisis.
2. Bridging to long-term mental health care.
3. Short and simple behavioral interventions.
4. Co-managing patients.

How IBH helps providers

Providers see IBH as effective in helping them improve their patient care.

- Provides more **expert care** for their patients
- Helps them meet **quality goals** (e.g., depression measures such as PHQ-9)
- **Immediate support** means patients don't have to wait
- Improves the **physical health of their patients** through health behavior changes related to reduced mental health symptoms

"It is **much easier** to convince people [to get help] with a **warm handoff** to one of the clinicians I know **who I really trust** and who I can really sell because **I know they can help the person**, rather than sending them to an outpatient clinic across town that's **new**."

Providers see IBH as effective in helping them improve their own quality of life at work.

- Reduces their anxiety about treating mental health concerns by **knowing they have support**
- Increases their **mental space** by knowing they have access to mental health services for patients in need, and that lower barriers to care mean **patients will be more likely to engage**
- Allows them to **stay on schedule** with their day while providing **quality time and care** for their patients

“I send a message about a med and it’s returned right away. **And it’s like wow.** You know there’s a **lot of complicated cases** where I just need help right away.”

Provider suggestions for IBH service improvement

- Hire or train IBH providers to see and work with **special populations**:
 - Pediatric patients
 - Elderly patients
- Time and resources for **special services** such as OB/postpartum group care
- Improve the ability of Epic (EHR) to link family members so **services can be coordinated better**
- **Improve coordination of care** from emergency departments and inpatient with primary care follow-up