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**Title**

*Characteristics of family physicians who work in integrated behavioral health practice settings*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

Sebastian Tong, MD, MPH, Zachary Morgan, MS, Kari Stephens, PhD, Lars Peterson, MD, PhD

**Abstract**

Context: Rising prevalence of both mental health and substance use disorders, exacerbated by the COVID-19 pandemic, have left many individuals with limited access to behavioral health care. Integrating behavioral health into primary care has been shown to increase behavioral healthcare access and improve outcomes. However, little is known about the characteristics and distribution of family physicians working collaboratively with behavioral health clinicians.

Objective: To describe the demographic and practice characteristics of family physicians who work collaboratively with behavioral health clinicians.

Study Design and Analysis: Cross-sectional survey with chi-squared independence tests and logistic regression.

Setting or Dataset: The American Board of Family Medicine (ABFM) 2017-2021 continuing certification examination registration questionnaire, which is completed by every diplomate during registration for recertification.

Population Studied: ABFM-certified family physicians.

Outcome Measures: The primary outcome was self-report of working collaboratively in their primary practice setting with behavioral health clinicians. We examined associations with demographic, practice and geographic characteristics.

Results: This survey mechanism achieves a 100% response rate. Among 25,222 responding family physicians in continuity care settings, 38.8% reported working collaboratively with any behavioral health clinician. This trend increased from 34.8% in 2017 to 43.0% in 2021. Those working in an independently-owned practice had lower odds of working collaboratively with behavioral health clinicians (OR = 0.341) while those working as faculty had higher odds (OR = 2.319). Substantial geographic state-level variation

ranged from 17.6% of family physicians reporting behavioral health collaboration in Mississippi to 78.0% in Vermont with low levels of collaboration in the South.

Conclusions: Rates of integration appear to be rising nationally, though significant variation exists, with far less integration reported from family physicians in independent and Southern practices. Inequitable access to mental health services suggests the need for further research to explore reasons for these disparities exist and how best to support further integration, to better support patient health and to improve health outcomes.