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**Title**

*Patient Perceptions of Benefits and Barriers to Behavioral Health Care Integrated in Primary Care*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: Integrated behavioral health (IBH) care in primary care has been known to provide many benefits to patients. Psychologists and tele-psychiatry consults were part of IBH. Objective: This portion of the study sought to understand the perceptions of patients actively participating in IBH: How does it work for them? What is meaningful about this structure? What has their experience been? Setting: Seven primary care practices in one Colorado health system. Population Studied: Patients presenting for a BH or primary care visit during randomly selected observation visit days. Study Design and Analysis: Quantitative (survey; descriptive statistics), qualitative (interviews; thematic analysis) and mixed methods (convergent design integration using comparison) were used to analyze the results. Instruments/ Outcome Measures: Online surveys through REDCap assessed patient satisfaction with the program. Semi-structured interview guide assessed care experience, reported benefits and challenges, and specific characteristics of the program. Results: Fifty-four and 38 patients completed a survey and interview, respectively, out of 90 patients approached by clinicians. Survey respondents reported overly positive impressions of the program: 84% somewhat/strongly agreed to preferring receiving BH at their clinic, 80% somewhat/strongly agreed their wellness/mental health was better managed because of BH, and 80% somewhat/strongly agreed they were learning skills needed to deal with their problems. However, only 53% somewhat/strongly agreed that they would be less likely to receive services without IBH and 96% somewhat/strongly agreed that they would follow through with BH referrals outside their clinic. Interviewees described receiving BH at their primary care office greatly reduced barriers to receiving care (e.g., cost/insurance, difficulty finding providers, stigma) and improved the care they received by supporting a whole-person orientation to health by their care team. Barriers described focused primarily on how the program structure of the limited number of total visits was sometimes a poor match for completing all the needs of patients. Results revealed a high degree of convergence across survey and interview responses. Conclusions: IBH greatly reduced barriers to receiving BH care

and was seen in a positive light by almost all respondents. Short term IBH programs should consider their transition plans for patients needing longer term BH services.