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Title

Ambulatory Behavioral Health Referral Patterns in the Setting of Chronic Medical Conditions

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Patients with chronic medical conditions (CCs) and behavioral comorbidities have lower quality of life and increased healthcare expenses. Early identification and intervention in behavioral aspects of chronic diseases leads to improved function with decreased healthcare utilization, yet we know little about referral patterns for behavioral support of chronic disease. Our work builds a foundation for cost-effective workflows to support patients with multimorbidity. Objectives: Determine referral patterns from primary care (PC) to integrated behavioral health (BH) for populations with and without multiple CCs; Identify post-referral treatment initiation patterns for integrated BH among patients with and without CCs. Study Design: Secondary data analysis of patient demographic, referral, and encounter-level data extracted from site eMR (Epic). Analysis: Descriptive analysis via mean/median, range, proportions, and tests for differences using t-test, and chi-square test as appropriate. Setting or Dataset: Patients 18 years or older with a BH referral with or without at least 1 chronic condition referred from any of 4 PC sites with integrated BH in the UCHealth System from January 2020 through present. Population Studies: NA Intervention/Instrument: NA Outcome Measures: NA Results: 45% (n = 3,889) of patients referred to ambulatory BH care had 1 or more chronic conditions. Patients with a BH referral and no CCs were younger on average (38 years) compared to those with at least 1 CC (52 years) and this difference was statistically significant at $p< 0.001$. 88% (n= 11,483) of BH referrals were created for the management of a mental health condition. 8% (n= 1,146) were ordered for medical condition management. Of those patients with a BH referral and a chronic condition, hypertension was the most common (n= 2,053, 51%). The most common BH diagnosis on file for patients with and without a chronic condition was Anxiety disorder, unspecified (17% of patients in either group). Of 13,090 BH referrals, 26% (n= 3,379) had a subsequent encounter scheduled and 3,043 (90%) of those were completed. Among the completed encounters, the average days from referral to encounter was 27.2. Conclusions:

Patients receiving ambulatory BH care may have important differences based on the presence of comorbid chronic medical conditions. Understanding these patterns can help inform clinical care and policy decisions potentially leading to streamlined care and cost-savings.