



A Randomized Trial of a Practice-Level Intervention for Integrated Primary and Behavioral Health Care

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The *Annals of Family Medicine* encourages readers to develop a learning community to improve health and health care through enhanced primary care. With the *Annals* Journal Club, we **encourage** diverse participants—particularly among students, trainees, residents, and interns—to think critically about and discuss important issues affecting primary care, and even consider how their discussions might inform their practice.

HOW IT WORKS

The *Annals* provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our **eLetters section**, a forum for readers to share their responses to *Annals* articles. Further information and links to **previous Annals Journal Club features** can be found on our **website**.

CURRENT SELECTION

Littenberg B, Clifton J, Crocker AM, et al. A cluster randomized trial of primary care practice redesign to integrate behavioral health for those who need it most: patients with multiple chronic conditions. *Ann Fam Med* 2023;21:483-495. [10.1370/afm.3027](https://doi.org/10.1370/afm.3027)

Discussion Tips

Many Americans with chronic medical conditions also have behavioral health conditions, including mental illness and substance use disorders. Even the distinction between medical and behavioral health conditions reflects historically siloed systems of care. Integrating behavioral health care into primary care practices allows health care teams to meet the physical and behavioral health needs of patients in 1 setting. The study authors evaluate the effectiveness of a toolkit designed to enhance behavioral health integration in primary care, in a pragmatic, cluster randomized control trial including 42 primary care practices. Their primary outcomes were self-reported physical, mental, and social function and well-being among patients with chronic conditions.

Discussion Questions

- What question is asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?
- What is a cluster randomized controlled trial (RCT)? Why do we see these often in the primary care literature?
- What is a pragmatic trial? How strong is the study design for answering the question?
- Based on the inclusion criteria and patient characteristics, how comparable is the study sample to similar patients in your practice or region? What is your judgment about the transportability of the findings?
- What is the Patient-Reported Outcomes Measurement Information System (PROMIS-29)?
 - How would you determine the validity of this and other instruments whose scores were used as outcome measures?
- What are the main study findings?
- To what degree can the findings be accounted for by:
 1. Meaningful differences, if any, between intervention and control practices or patients (see Tables 1 and 2)
 2. The duration of the intervention
 3. The COVID-19 pandemic
 4. The inclusion criteria for patients and practices in the study
 5. The recruitment process for participating practices and patients
- What is a Bonferroni correction? Why are these used in statistical analyses? Did these adjustments impact the outcomes of the study?
- How do you interpret exploratory analyses?
- How might this study change your practice? Policy? Education? Research?
- Who are the constituencies for the findings, and how might they be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?