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Title

Behavioral health providers in integrated primary care settings: what is their role in addressing health behaviors?

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

Andrea Nederveld, MD, MPH, Jodi Summers Holtrop, PhD, MCHES

Abstract

Context: Integrating behavioral health care into primary care has increased access to care for patients with behavioral health needs. Within primary care there is a broad range of need, including traditional mental health diagnoses as well as support in disease management and health-related behavior change. Most BHPs report spending a majority of their clinical time addressing traditional mental health diagnoses. Objective: Understanding current BHP practice with traditional diagnoses as well as supporting health-related behavior change may illuminate new approaches that could be undertaken in primary care to improve patient outcomes. Study Design and Analysis: Survey research using Qualtrics. Results were analyzed using simple statistics as well as simple correlations (chi-squared and Spearman's rank correlation). Setting: Practices participating in the State Innovation Model in Colorado, a CMS supported behavioral health integration project. Population: Behavioral health providers in participating practices. Instrument: Survey designed by project team to understand approaches BHPs use and range of treatments provided to patients. Outcome measures: Survey responses. Results: We received 79 BHP surveys representing 64 practices out of a total of 319 SIM practices. BHPs reported addressing health-related behaviors like diet, physical activity, and weight management with many patients who were referred to them strictly for mental health diagnoses. They expressed interest in working with patients in these areas and believe that the skills and techniques they use for traditional mental health diagnoses are effective for supporting behavior change. LCSWs are more likely to address behavior change than LMFTs and LACs. BHPs who have been in practice for longer also are more likely to address behavior change. There was no relationship between type of practice and BHPs intervention on behavior change, but BHPs in practices that had case managers or health coaches were more likely to report addressing behavior change. Health-related behavior change topics were more likely to be addressed in co-visits with providers. Conclusions: BHPs frequently address health related behavior whether that is the reason for referral or not and in general are interested in providing these services. Understanding how to formalize that in primary care may provide opportunities to better support patients with behavior change and subsequently improve health outcomes.