

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6394

Title

Features of Effective Implementation of Integrated Behavioral Health: Primary Care Practice Members Weigh In

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Integrating behavioral health with primary care has may be able to increase access, improve outcomes, and decrease costs. Perspectives from clinicians and staff conducting integration is valuable to understand facilitators and issues in integration behavioral health (IBH) care in primary care.

Objective: Evaluate the experiences of those involved in Colorado Integrated Behavioral Health Plus (CIBH+) integration effort. Study Design/Analysis: Multi-method design. All clinicians and staff at CIBH+ participating clinics completed an online survey on feasibility, acceptability, and appropriateness of CIBH+ (descriptive statistical analysis); Semi-structured interviews with leaders, clinicians and staff involved in CIBH+ implementation (iterative constant comparative analysis). Setting: Seven family medicine practices in one Colorado USA health system. Population Studied: Primary care clinicians and staff, including IBH psychologists and psychiatrists. Intervention: NA for this portion of the study.

Therapeutic services were provided to patients by IBH psychologists and psychiatrists. Outcome Measures: Qualitative - Survey including the FIM, AIM and IAM, which includes 12-items and a 5-point Likert rating of implementation feasibility, acceptability and appropriateness. Qualitative - Major themes on facilitators and barriers discussed for CIBH+. Results: 145 surveys and 46 interviews were completed. Survey responses were overwhelmingly positive with as respondents 90% “Agreed” or “Completely Agreed” on all items that CIBH+ was feasible, acceptable, and appropriate. Qualitative themes included benefits for patients (improved access and reach, improved comprehensive care), physical and social facilitators to implementation (dedicated time and space for integration improvements, leadership support, telehealth/telepsychiatry support), and remaining challenges (issues with model for all patients, role clarity, physical space, staff capacity). Conclusions: CIBH+ was very highly supported by all practice clinicians and staff. Those who participated in implementation saw clear benefit to patients and

identified what made those benefits easier to realize. After implementation, some remaining challenges were identified which can help guide future implementation.

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