

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

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Title

What Does Behavioral Health Provider Practice in Primary Care Look Like?

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Behavioral health needs across the United States have significantly increased since the start of the COVID-19 pandemic. Integrated behavioral health (IBH) within primary care can help patients receive quality whole person care, however little is documented about the distribution and nature of time spent in key activities by integrated psychologists (i.e., Behavioral Health Providers, BHPs). Objective: Observe integrated BHPs and report on clinical activities, workflows and team interactions. Study Design/Analysis and (Outcome Measures): Descriptive account of observations using a patient post-visit survey by BHPs (types of patients, activities during patient care), process maps (workflows), time tracking of BHP activities, and field notes (qualitative observations using key questions). Analysis involved descriptive statistics and a qualitative modified rapid matrix approach. Setting: Seven family medicine practices in one Colorado USA health system. Population Studied: Integrated BHPs (N = 13) each observed over the course of one randomly selected full clinic day by a trained research assistant. Intervention: NA. Results: 76 patient visits were conducted during the observation period by BHPs. Visits were largely scheduled individual visits (85%), provided in person (70%), and involving psychotherapy (90%). Patients were seen by the BHPs for a wide variety of presenting concerns. BHPs' clinical time was divided among direct patient care (56%), administrative tasks (29%) and consultation with other team members (15%). Process maps revealed similar processes across BHPs/practices with some differences in completing screening and rooming and scheduling patients. BHPs interacted with practice team members of all roles, but spent the most time consulting with medical providers, social workers, care managers, and nurses. Limited space, noisy workspaces, scheduling challenges and insufficient staff support were seen as potential challenges. Conclusions: BHPs provide clinical care to primary care patients for a wide variety of concerns, and also spend time on other important team-based tasks such as team member consultation which are essential in true integration of behavioral healthcare into

primary care. Considerations for staffing to support BHPs in their role and value-based payment structures to support team-based care is important when considering financial sustainability of IBH care.

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