

Integrated Behavioral Health in Primary Care Practices

Shannon Moran
Shippensburg University of Pennsylvania

Lauren Dennelly MSW, LCSW
Lehigh Valley Health Network, Lauren.Dennelly@lvhn.org

Gail Stern MSN
Lehigh Valley Health Network, Gail.Stern@lvhn.org

Nyann Biery MS
Lehigh Valley Health Network, nyann.biery@lvhn.org

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Shannon Moran, Lauren Dennelly MSW, LCSW, Gail Stern MSN, PMHCNS-BC, Nyann Biery MS

Lehigh Valley Health Network, Allentown, Pennsylvania

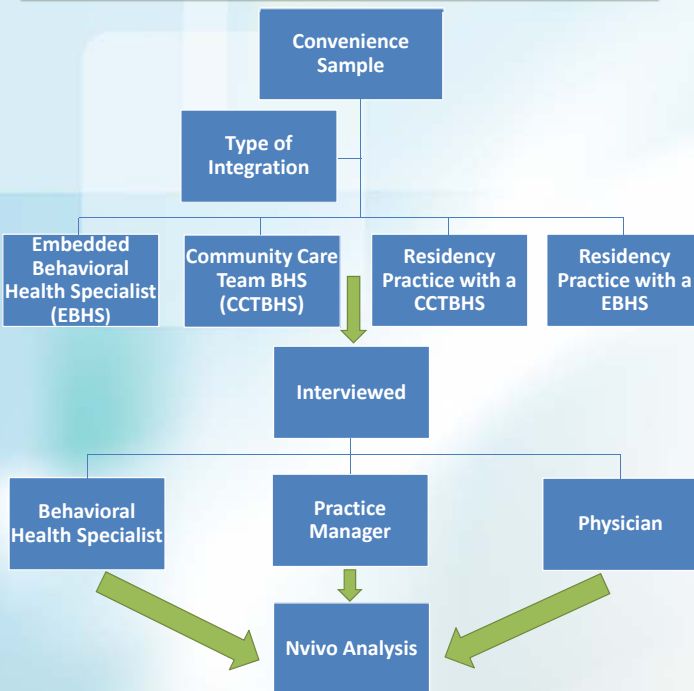
BACKGROUND / INTRODUCTION

- Research has shown the benefit of a patient-centered approach in which behavioral health and medical clinicians work together to provide care (1).
- This has led to a growing interest in the integration of behavioral health and primary care as an important strategy for achieving “The Triple Aim” of improved health, reduced cost of care, and enhanced patient experience (2).
- Previous unpublished work described the history and current state of integration at LVHN up through March 20, 2015. This is an expansion of that work.

Purpose:

- Further describe the operational and patient care processes, relationships, and levels of integration within the primary care practices with integrated behavioral health services.
- Understand the developmental pathways of integrated care, including the clinicians' experience with the implementation and further development of integrated care in their practice and network.
- Derive common themes from Nvivo qualitative data analysis to categorize the relationships between practices.

METHODS



RESULTS

Main Themes and Examples

Barriers:

- “I’m only here two days a week and I’m not here when they have that office meeting and I’m not here to talk to the doctors face-to-face. Even when I am here on a regular day I have most or my whole day is with clients.”
- “The downside of being in a practice is that you’re isolated from other mental health clinicians”
- “Well I think the biggest struggle was when I started and this is outside the networks control- it just takes forever to get on insurance panels.”
- “One of the biggest struggles we have is psychiatry. It’s impossible to get people in. I think for a 2 month period of time we got one person in psych.”
- “I think it can be challenging at times when they are used to us being here and then the days that we are not here that can be challenging because as accessible as we are, we’re not accessible all the time.”

Better Care:

- “Introduce a trauma informed care perspective.”
- “Yes, we are the Mental Health Specialist but a lot of the time where I notice miscommunication is if we’re not respectful to what the doctors say.”
- “I observed. I did not come in and say “hey I’m here” because again you are a guest in somebody’s home.”
- “I really think there’s a much higher recognition of the need for mental health with medicine and I think there’s even a respect for it now I feel comfortable saying. A respect for my presence and what I’m doing.”
- “...set as a goal- you guys are in an integrated practice you should really go to one conference a year on integrating behavioral health in medicine. It would be very enriching for them to listen to other physicians talk about how much it has benefited their patients and how much it has benefited the practice as a whole.”

Communication:

- “So either through EMR or the telephone, in person, or at staff meetings. Or I should say multi-disciplinary meetings.”
- “I share updates with the providers in terms of plans for ongoing counseling, in terms of psychiatric services, I share plans in terms of when appointments are made as in outside sources, or when I get in contact with patients and they have appointments with myself.”

Training:

- “I myself haven’t had any training as far as the integration of care.”
- “I go to the behavioral health specialist meetings that we have but there’s no other training that I’ve been offered.”



Figure 1. Word Cloud
Frequency of the 25 most used words in the interviews.

DISCUSSION

- 9 practices included in study
- The results only include 13 interviews across 3 practice models.
- Lehigh Valley Health Center was not included in the current analysis eliminating that practice model but will be included in final analysis.
- Challenge → difficult to schedule interviews with physicians
- Challenge → scheduling interviews during the summer months was difficult because a lot of people were on vacation

CONCLUSIONS/ RECOMMENDATIONS

- Across all interviews there was said to be no specific training about the integration of the Behavioral Health Specialists.
- Multiple Behavioral Health Specialists mentioned that they would have liked to observe how the practice works and is structured before entering their role.
- Though the addition of the BHS to the primary care practices is focused on the “Triple Aim”, the aspect of “Better Care” can be achieved more thoroughly if there is a training program in place for the whole staff about mental health and how the BHS is an asset to meeting community needs.
- Schedule a set time where the BHS and the provider can discuss patients face-to-face so that communication is more fluid.
- Make it mandatory for physicians to attend at least one conference a year to learn about the integration of behavioral health in medicine.

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