Behavioral Health Integration in Rural and Underserved Primary Care

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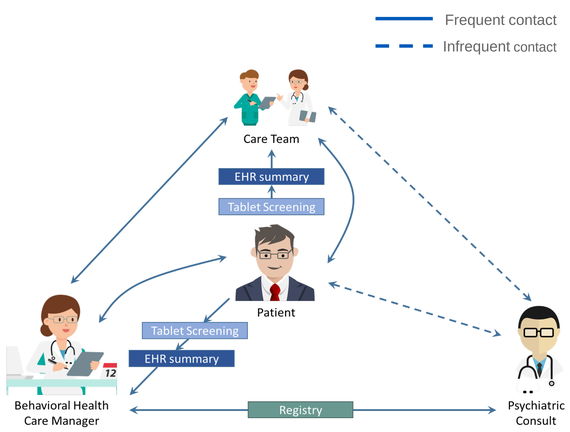
Introduction & Background

- Rural and underserved communities endure both limited and differential access to resources and have increased risks for behavioral health conditions which are often underdiagnosed and undertreated.
- Integrating behavioral health into primary care has shown to increase patient access to needed mental health and substance abuse care and improve patient health outcomes.
- This ongoing project integrates evidence-based behavioral health services into a rural and underserved primary care clinic to increase treatment utilization and improve health outcomes.

INTEGRATED CARE SYSTEM



Activities

- The project team partnered with a rural and underserved primary care clinic in New York State and built an inter-professional collaborative practice within their primary care setting.
- Ongoing, onsite support was provided by the project team to ensure successful implementation and project continuation.

ONSITE SUPPORT

- The project coordinator provided ongoing, onsite assistance to ensure a successful implementation.
- Ensures the clinical team feels supported and encouraged.

TRAINING

- Extensive training for clinic staff on providing integrated care.
- Specialized education for providers and nurses on treating behavioral health disorders, including Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Virtual Reality (VR) training in development to train providers on Substance Use Disorder care and patient referral to the appropriate level of care.

**Virtual Reality Substance Use Disorder Training developed at University at Buffalo by Dr. Wenyao Xu*

BEHAVIORAL HEALTH SCREENING

- Patient clinical outcomes are assessed monthly using evidenced-based tools.
  - PHQ, GAD, AUDIT, DAST
- Screening data immediately available for review in EHR within the patient record
- Tablet-Based Screening – "Mini Screen" that includes short versions of each selected evidenced-based tool.

TELEPSYCHIATRY CONSULTATION

- Psychiatric Consultant hired through Regroup Therapy, who provides integrated telepsychiatry services for healthcare partners.
- The Psychiatric Consultant hired was located outside of New York State so telepsychiatry was used.
- Tele-consultation case review meetings occurred with the Behavioral Health Care Manager.

PATIENT REGISTRY

- Population-based approach to health care to ensure no patient falls through the cracks.
- The Behavioral Health Care Manager used the AIMS Caseload Tracker Spreadsheet to manage patients.

Patient information		Enrollment Status and Actions				Contacts				Measurements			
MRN	Name	Treatment Status	Display (Hide past tx episodes or view only the most recent contact)	Tickler	Episode Number (Episode of care/tx)	Follow-up Contact Number	Date Follow-up Due	Actual Contact Dates	Type of Contact	PHQ-9 Score (Target is <5 within 5-7 months of initial elevated PHQ-9)	% Change in PHQ-9 score (Target is -50% within 5-7 months of initial elevated PHQ-9)	GAD-7 Score (Target is <10 within 5-7 months of initial elevated GAD-7)	% Change in GAD-7 score (Target is -50% within 10 weeks of tx initiation or change)
1234	**Joe Smith**	Active	Show Initial As		1	Current Episode Initial Assessment	2-week follow-up schedule	4/1/17		15		11	
1234	Joe Smith	Active			1	Initial Assessment		4/1/17	In person at clinic	15	0%	11	0%
1234	Joe Smith	Active			1	1		4/15/17	In person at clinic	13	-13%	11	0%
1234	Joe Smith	Active			1	2		4/29/17	In person at clinic	15	0%	9	-18%
1234	Joe Smith	Active			1	3		5/12/17	Phone	12	-20%	6	-45%
1234	Joe Smith	Active			1	4		5/25/17	In person at clinic	11	-27%	7	-36%

Discussion

- The integration of this model helped to reach a high-risk population where behavioral health conditions may otherwise go unnoticed, and provides the opportunity for warm hand-offs into the appropriate level of care.
- Continuous training for providers and staff was crucial to successful integration because of the variation in patient cases over time.
- Stigma associated with behavioral health treatment in rural communities is very prevalent. This model helps to reduce that stigma with the availability of behavioral health treatment directly in the primary care site.
- This integration also helps to eliminate additional travel that may be needed to specialty behavioral health care in rural communities.

Conclusion

- This project responds to the critical need for increasing access to mental health and substance abuse screening and treatment in rural and underserved populations.
- An inter-professional collaborative practice was built within an existing primary care site to identify those patients in need of behavioral health intervention.
- Continued screening and patient monitoring is recommended in order to identify patients and ensure they are receiving the most effective treatment.

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