

Integrated Behavioral Health Primer



Introduction

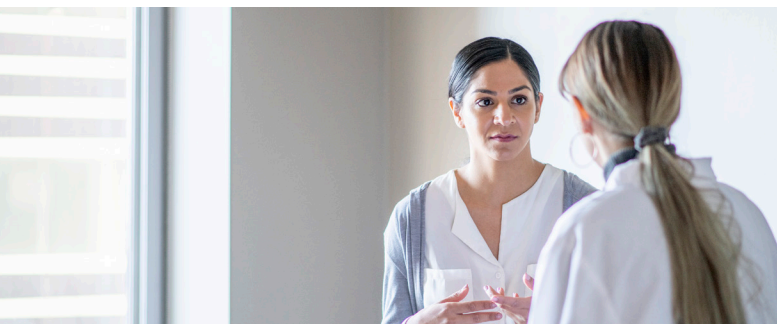
Integrated Behavioral Health (IBH) combines medical and mental health care, aiming to equitably deliver whole person care by connecting patients to interdisciplinary, collaborative provider teams and incorporating population health principles.



Bridging the Gap Between Physical and Mental Health Through Integrated Care

Mental and physical health are connected. Physical health outcomes, like improved blood pressure and well-controlled blood sugar, are strongly influenced by our mental health.¹ When we are feeling well from a mental health perspective, we can improve our ability to care for our physical health. Physical conditions can contribute to feelings of isolation, while poor nutrition may affect mental and emotional well-being.² And yet, many health systems are siloed; the team that provides care for a patient's mental health does not often or easily communicate with the team addressing a patient's physical health.

An estimated one in nine primary care visits are for a mental health concern.³ However, when PCPs identify a mental health need, such as depression or anxiety, they often first attempt to refer to psychiatrists or therapists in the community. Unfortunately, only 50% of these referred patients ever attend an initial appointment with a specialist.⁴ As a result, PCPs often end up treating patients with mental health issues on their own. In fact, one study found that PCPs prescribe 79% of antidepressant medications and provide care for 60% of patients undergoing treatment for depression across the country.⁵ This practice, wherein PCPs manage treatment independently and intermittently make referrals to specialists, is commonly referred to as “usual care.”



Several factors restrict the effectiveness of usual care. PCPs and their staff often have limited mental health training, and their practice workflows are rarely adapted to optimally manage chronic mental health problems over time.⁶ Additionally, even when PCPs successfully connect their patients with mental health specialists, communication between the PCP and specialist is rarely systematic and often infrequent or

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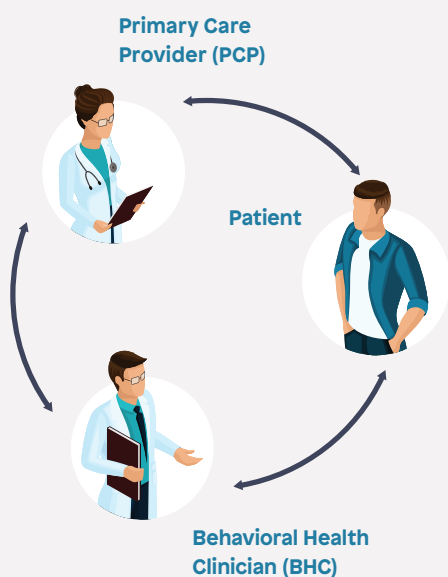


non-existent.⁷ It is therefore unsurprising that usual care outcomes for common mental health conditions are generally poor, with one statewide database from Minnesota estimating that less than 20% of patients experience relief from depression symptoms when receiving usual primary care for depression management.⁸

Integrated Behavioral Health (IBH) takes a different approach. With IBH, a multidisciplinary team works together to help a person with physical and mental health concerns. By redefining and realigning the modern health care team, we can work toward achieving the quadruple aim of healthcare reform: improved health outcomes, lower healthcare costs, improved patient experience, and improved provider satisfaction.⁹

Primary Care Behavioral Health

This figure depicts the Primary Care Behavioral Health (PCBH) model's integrated approach to care.



How is IBH delivered?

There are several specific, evidence-based models to integrate mental health care with physical health care. The importance of adopting an evidence-based approach to achieve integration cannot be overstated. The two most widely adopted models are the Primary Care Behavioral Health (PCBH) Model and the Collaborative Care Model (CoCM). Additional approaches include Measurement-Based Care (MBC) and telehealth interprofessional consultation.

Primary Care Behavioral Health (PCBH)

PCBH is a primary care population-based approach that adds a Behavioral Health Clinician (BHC) to the primary care medical team. The BHC is a licensed behavioral health clinician, such as a psychologist, who assists the primary care team in early detection and interventions for behavioral health concerns, suboptimal health behaviors and chronic health conditions.¹⁰ Although definitions of PCBH have historically differed across sources, the

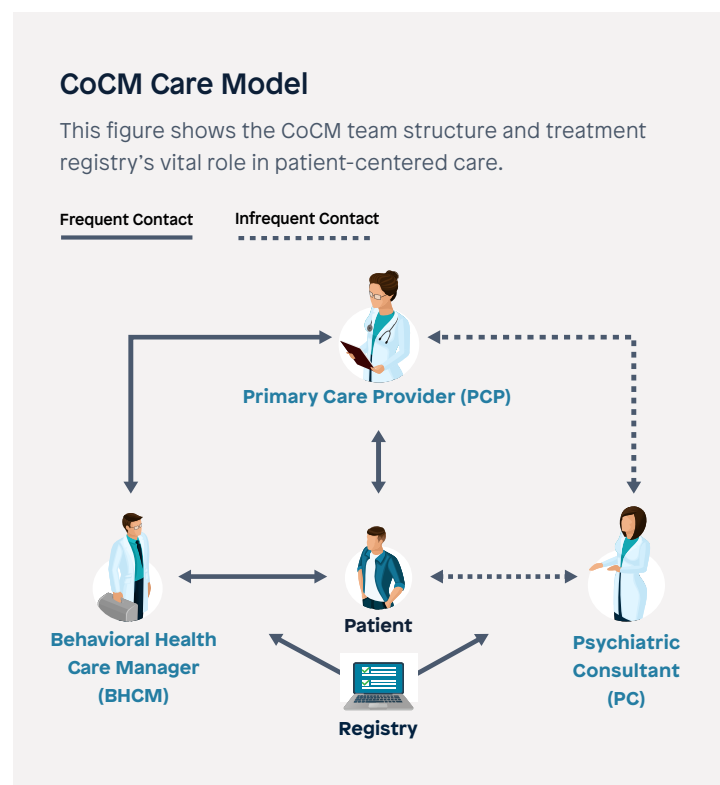
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- 10 Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. *Journal of Clinical Psychology in Medical Settings*, 25(2), 109–126. <https://doi.org/10.1007/s10880-017-9531-x>

model ideally incorporates generalist (broad clinical scope), accessible, team- based, high-productivity, and educational approaches, while making the BHC a routine primary care team member.¹¹

Studies evaluating PCBH have noted high levels of patient satisfaction, improvements in specific behaviors (e.g., tobacco use), and significant evidence for successful implementation (e.g., fewer referrals to specialty mental health).¹² A 2021 systematic review with 33 trials also noted improvements in anxiety and depression symptoms.¹³

The Collaborative Care Model (CoCM)

CoCM, which is predicated on the adult chronic care model,¹⁴ empowers a specially trained Behavioral Health Care Manager (BHCM) to practice in concert with PCPs and systematically evaluate patients' mental health care needs using common patient-reported outcome instruments (e.g., the 9-Item Patient Health Questionnaire for depression), all while receiving regular input and supervision from a designated Psychiatric Consultant.¹⁵ In CoCM, a caseload approach and other population health methods are leveraged to treat common mental health concerns, such as depression or anxiety. A defined subgroup of patients within the primary care practice is identified and tracked through a registry. CoCM incorporates MBC and a treatment registry to help the team identify and measure key mental health symptoms over time. The Psychiatric Consultant provides



treatment recommendations including medication, when indicated, for the PCP to consider and carry out. The BHCM delivers brief therapeutic interventions (e.g., motivational interviewing, behavioral activation) to help patients with their behavioral health symptoms.

Extensive evidence supports the use of CoCM, with its efficacy being demonstrated by more than 90 randomized controlled trials and several meta-analyses across diverse diagnoses (e.g., depression, anxiety, bipolar disorder), patient populations (e.g., older adults, patients with chronic medical problems), and treatment settings (e.g., Federally Qualified Healthcare Centers, the Veterans Health Administration).¹⁶

- 11 Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. *Journal of Clinical Psychology in Medical Settings*, 25(2), 109–126. <https://doi.org/10.1007/s10880-017-9531-x>
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Additionally, CoCM has been shown to reduce racial and ethnic disparities in treatment outcomes¹⁷ and is effective when implemented in rural¹⁸ and disinvested urban¹⁹ treatment settings. Finally, CoCM has designated billing codes that are reimbursed by Medicare, most commercial payers, and a growing number of state Medicaid plans, leading the model to be financially sustainable.²⁰

Measurement-Based Care (MBC)

MBC is an evidence-based treatment strategy where symptoms of common mental health conditions (e.g., depression, anxiety) are systematically assessed using evidence-based measures and the results are directly incorporated into medical decision-making at the point of

care.²¹ Although not yet universally implemented in routine primary care nationwide, MBC mimics standard primary care workflows used in the longitudinal management of hypertension, diabetes, and other chronic physical health conditions. MBC can be incorporated into other IBH models, as it is with CoCM, or it can be delivered as a stand-alone intervention by primary medical providers and their staff without the addition of mental health specialists. Recent studies have demonstrated that MBC is feasible to implement on a large scale, associated with improved clinical outcomes, results in low administration burden, and stands as highly acceptable to patients and providers.²²



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Telehealth Interprofessional Consultation (TIC)

TIC services are increasingly available throughout the United States.^{23,24} In these models, physical health clinicians (e.g., primary care or family medicine) are given the opportunity to virtually connect with a mental health specialist in real-time (or in close temporal proximity) to receive treatment guidance for specific patients.^{25,26} Though telehealth interprofessional consultation models may be helpful for pediatric²⁷ and perinatal²⁸ mental health clinical guidance, they are not necessarily scalable population health strategies and often offer little in the way of short- or long-term follow-up.²⁹ These limitations notwithstanding, telehealth interprofessional consultation models are not mutually exclusive with other IBH models and may provide a useful service for physical health practices, especially those in rural and under- resourced areas.



There is no one-size-fits-all approach to integration. Each practice or health system aiming to implement IBH should consider its unique practice setting, staffing requirements, patient population needs, as well as community mental health partners, as it designs the optimal approach.

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