

MICHIGAN ACTION LEARNING NETWORK (ALN) ON PRIMARY & BEHAVIORAL HEALTH INTEGRATION FOR CHILDREN & FAMILIES

Practice Brief 5

April 2016

PRIMARY CARE PERSPECTIVES on Care Integration for Children and Families



INTRODUCTION

Across Michigan, primary and behavioral health providers are joining forces at the community level to improve the health of children and families through more integrated care. These laboratories of innovation at the local level are generating new and useful information from these partners about how they see integration working at the patient/consumer level. The perspectives of primary and behavioral health care providers working on the frontline are essential ingredients in any considerations about new organizational and financing approaches that may advance integration.

Meetings are underway in Michigan to redesign the structure and financing of public mental health services. While redesign has the potential for more integrated health care, it is essential that the impact on consumers be assessed and defined: how will children and families benefit and what is the evidence supporting proposals for change? Specifically, how will health outcomes be improved? In the midst of this discussion, the ALN continues to share information about the delivery of integrated care, and emphasizes that these considerations should drive decisions about organizational structure and financing alternatives.

MICHIGAN LABORATORIES OF CHANGE

To understand and share the perspectives of primary and behavioral health care practitioners as Michigan considers how best to advance care integration, during the fall of 2015, ALN members (5 community mental health authorities) surveyed primary care physicians (36) who are members of care teams with Behavioral Health Consultants. Key findings about their perspectives on the challenges and benefits of this level of care integration follow:

PHYSICIAN CHALLENGE 1

Need time and resources to address behavioral health issues

“I dread the behavioral health ‘by the ways’ at the end of a visit.”

“I don’t ask about behavioral health because I don’t know what to do.”

“It is hard to recognize a behavioral health issue until I have the resources to deal with it.”

Benefits of having BHCs as part of the primary care team:

- Very helpful in identifying and addressing needs in real time, during an office visit—behavioral health care can be time intensive, while BHCs can provide immediate, brief interventions and follow-up as needed
- Generates more information from the family without rushing them
- Helps the team and the family better understand the connection between physical complaints and stress—creates a more normative link
- Allows physicians to move to the next patient while the BHC is working with a family, saving time
- Physicians now have a protocol for actively guiding families who need more intensive mental health care

PHYSICIAN CHALLENGE 2

Need time to assess the developmental needs of children and identify appropriate behavioral support resources to address those needs

“We often lack options for anyone NOT in extreme need.”

“I never knew what to do with the results of developmental assessments.”

Benefits of having BHCs as part of the primary care team:

- BHCs give the team a better understanding of social and emotional development, and provide the resources to support families as partners in achieving those milestones along with physical development
- Physicians now have more understanding of the social and emotional needs presented by a child and their family, particularly those identified during developmental assessment; physicians now have more resources to address behavioral challenges
- BHCs allow the team to give families more information about available resources in the community to support healthy development and the practice collaborates better with those community services



ABOUT THIS BRIEF

This practice brief is the 5th in a series prepared by the Michigan Action Learning Network (ALN). The ALN was formed in 2013 by the following Community Mental Health Children's Services Programs in Clinton/Eaton/Ingham, Kent, Kalamazoo, Saginaw, and Wayne counties for the purpose of identifying strategic action to integrate primary and behavioral health care for children.

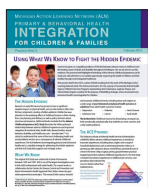
Please share this brief and other ALN resources at <http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=491>.



Practice Brief 1



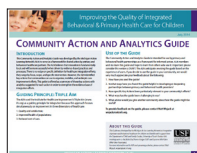
Practice Brief 2



Practice Brief 3



Practice Brief 4



Analytics Guide

PHYSICIAN CHALLENGE 3

Stigma about using behavioral and mental health services often deters families from seeking the care they need

"The office is familiar and as the BHC is a part of the team, the stigma of 'mental health' as a separate service is gone."

"The patient can be seen by both providers (primary and behavioral health) at the same time and can openly discuss their needs; the benefits are greater than seeing them separately."

"Having behavioral health services in the primary care office is more helpful to me and more beneficial to patients than I ever could have imagined."

Benefits of having BHCs as part of the primary care team:

- Having the BHC enter the room as a member of a primary care team dramatically reduces stigma; patients seeing providers together is a great benefit
- BHCs help families see behavioral health care as an extension of patient support for overall health rather than an isolating experience in an outpatient mental health clinic
- BHCs increase patient engagement in their own care, strengthening coping skills in addition to more compliance with treatment and medication
- Promotes early identification and treatment of mild behavioral health concerns, often preventing those concerns from budding into issues that are larger and more complicated to treat
- Higher patient satisfaction
- The "medical home" now provides more comprehensive care because of easier access to behavioral health care

PHYSICIAN CHALLENGE 4

Connecting families with timely and appropriate behavioral health services

"Not all families go ahead with self-referrals that are suggested to them"

"My EHR (electronic health record) now has BHC notes; the feedback loop never used to include behavioral care."

Benefits of having BHCs as members of the primary care team:

- BHCs understand the complexity of the mental health system and bring that expertise to our primary care team
- BHCs have knowledge of community supports and assist families in navigating those services and resources
- The practice can now smooth the family's path to navigating additional mental health services, particularly psychiatric care, which is hard to access
- The primary care team now knows about the outcome of referrals for behavioral health services

PHYSICIAN CHALLENGE 5

Public policy, especially in financing, lags behind integration innovations made by primary and behavioral health partners

"Lack of behavioral health services that accept all patient insurances is the real challenge."

Benefits of BHCs as members of the primary care team:

- Increased use of BHCs in Michigan has attracted grant funding for several local integration initiatives
- BHCs support moving toward value-based purchasing in the pediatric practice by tying payment to the value produced
- The contribution of integrated care to cost-saving is being substantiated, particularly in the area of medication management
- BHC initiatives are moving the practice toward shared vision and commitment and growing appreciation of the respective expertise needed to achieve good health outcomes