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Primary Care and Behavioral Health Workforce Integration: Barriers and Best Practices

Jessica Buche, MPH, MA, Phillip M. Singer, MHSA, Kyle Grazier, DrPH, Elizabeth King, PhD, MPH, Emma Maniere, Angela J. Beck, PhD, MPH

BACKGROUND

In the U.S., approximately 60% of mental health care visits are directed to a primary care physician, who may have limited expertise in behavioral health.[1] This disjuncture in care has been exacerbated by the increasing demand for behavioral health services facilitated by the passage of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act. Demand for behavioral health care requires enhanced workforce capacity to deliver services.

Integrated care is a "team-based model of care based on the blending of numerous provider disciplines' expertise to treat a shared population through a collaborative treatment plan with defined outcomes".[2] It represents one mechanism for addressing demand for behavioral health services and has been shown to improve patient health outcomes.[3] Nonetheless, the *process* of integrating physical and behavioral health care can be challenging, especially from a workforce perspective. The purpose of this study is to document best practices and challenges to readying the workforce for care delivery in different types of team-based care models.

METHODS

This qualitative study consists of semi-structured interviews with a representative from 8 health care organizations throughout the country engaged in various stages of implementing integrated care. Subject matter experts identified these organizations as leaders in comprehensive integrated care. Table 1 summarizes characteristics of the participating organizations, which varied by geographic region, system structure, and model of integration. Interviews were conducted in spring 2016 and included the following topics, which were generated from key issues identified through literature review: workforce characteristics; integrated care workforce development initiatives; evaluation of workforce outcomes; workforce feedback; and best practices.

KEY FINDINGS

Study participants described a diverse workforce population involved in integrated care, often including a team of physicians, nurses, psychologists, social workers, licensed professional counselors, marriage and family therapists, and peer support personnel. Models ranged from the infusion of

CONCLUSIONS AND POLICY IMPLICATIONS

Main conclusions from this study may inform state and federal policies:

- Additional support for the creation of workforce pipelines may help to address shortages in family medicine and behavioral health disciplines, which are the primary barriers to integrated service provision.
- Integrated care training should be expanded in academic curricula, as most workers learn to work in team-based care models on the job.
- Encourage mechanisms that establish a culture of coordination in organizations. Integration only works when there is buy-in from leadership and partners.
- Billing structure, insurance reimbursement policies, and record-sharing rules hinder coordination of behavioral and primary care service delivery and generate a discontinuum of care.

Overall, when the workforce, financial, and logistical needs of an organization are met in an integrated fashion, patients receive more comprehensive care and the workforce feels supported.

[1] Wodarski, J. S. (2014). The Integrated Behavioral Health Service Delivery System Model. *Social Work in Public Health*, 29(4), 301-317.
[2] Substance Abuse and Mental Health Services Administration. Team Members. http://www.integration.samhsa.gov/workforce/team-members.
[3] O'Donnell, A. N., Williams, M., & Kilbourne, A. M. (2013). Overcoming Roadblocks: Current and Emerging Reimbursement Strategies for Integrated Mental Health Services in Primary Care. *Journal of General Internal Medicine*, 28(12), 1667–1672.

behavioral health professionals into primary care settings to the integration of basic primary care services into behavioral health clinics. Although a few organizations have begun evaluating the impact of integrated care on their workforce (e.g., job satisfaction), this remains a potential area of future research. These findings summarize the most common barriers and best practices cited by the interviewees.

Barriers

- Insufficient number of staff is a major barrier to integrated care delivery. Additional primary care and behavioral health clinicians are needed, as are behavioral health workers serving in counseling and peer support roles.
- Restrictions on sharing patient information, particularly for patients engaged in substance use disorder treatment, and difficulty sharing electronic health record information impedes workers' ability to engage in care coordination.
- State and federal policies have resulted in a reimbursement structure that is not built to value team-based care (e.g., restrictions, often with Medicaid, prohibit billing for physical and mental health services on the same day).
- Development of efficient workflow for team-based care coordination is a challenge for many organizations. Logistical obstacles, such as physical space constraints and lack of financial support for initiation and continuation of care integration add to this challenge.
- Disagreements about roles of various providers (i.e., "turf issues") can be a barrier to delivering integrated care.

Best Practices

- A culture of collaboration within the organization is a prerequisite for building a successful integrated care model. Communication and buy-in–from leadership to communities–provides the base for integrated care delivery.
- Orientation or training programs for workers are critical, as training is often occurring on-the-job, not in schools.
- Co-location of workers alone is insufficient for effective integrated care. Systems for "warm hand-offs" should be utilized to improve patient care.

Table 1. Summary of Participant Characteristics

Organization	State	Description
County of San Mateo Health System Behavioral Health and Recovery Services	CA	Serves children, youth, families, adults, and older adults for the prevention, intervention, and treatment of mental health, substance use, and physical health conditions.
Morehouse School of Medicine National Center for Primary Care	GA	Training-based organization that provides resources for the primary care system. Conduct both research and training, with a focus on health information technology.
Community Caring Collaborative	ME	Non-profit organization that provides integrated care to infants, children, families, individuals with SUD, and individuals and families living in crisis or poverty.
VA - Ann Arbor Healthcare System	MI	Provides integrated care to veterans.
Durham VA Medical Center	NC	Provides integrated care to veterans.
Northwell Health	NY	Regional health system that provides integrated health care to a highly diverse population in multiple healthcare delivery settings.
Cherokee Health Systems	TN	Cherokee Health provides behavioral, physical, and dental health care for children and adults in their community.
Intermountain Healthcare (IH)	UT	IH uses a team-oriented approach to provide mental health treatment within primary care settings in over 90 clinics.

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