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BEHAVIORAL HEALTH INTEGRATION

We Can Do Better.

By Dr. Jason Friday, MD

It has been 20 years now since the Institute of Medicine advocated for the bringing together of primary care and mental health services, a concept which has become commonly known as behavioral health integration. Broadly speaking, behavioral health integration is the addressing of behavioral health disorders, both mental health and substance abuse disorders, within the primary care setting.

In this article, I will use the most common mental health disorder – depression – to illustrate why integrating behavioral health within primary care is important, along with key areas of consideration when it comes to screening, evaluating, and delivering care.

Depression

Depression (i.e. major depressive disorder or clinical depression) is one of the illnesses that behavioral health integration can significantly impact. The economic burden of depression in the U.S. is greater than $210 billion – and growing. Moreover, a larger number of patients suffer from depression than from diabetes. Despite this, the rates of diagnosis and treatment continue to be low.

The large number of people that are not receiving treatment for their depression is shocking – and unacceptable. As health care providers, we must improve our efforts to actively address this epidemic.

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Screening

The first step in addressing depression within primary care is to screen ALL adult and adolescent patients. The American Academy of Family Practitioners has supported recommendations made by the U.S. Preventive Services Task Force since 2002, which recommend screening all adult and adolescent patients for depression on an annual basis within the primary care setting. Well-validated and brief screening instruments that are easy to administer within the primary care setting exist, such as the PHQ-9 Questionnaire.

Although these recommendations have been in place since 2002, many of the patients that I treat state that they have not been screened by their primary care physician. Certainly this isn't always the case, yet many of the primary care physicians that I speak with indeed state that they do not screen their patients for depression due to challenges such as time, lack of knowledge and staff in the practice to deal with behavioral health issues, and the potential to open "Pandora's Box."

However, screening in primary care is extremely important. 26% of all adults are living with symptoms of depression, and these patients living with depression and its symptoms are commonly seen in the primary care setting. Patients that are suffering from depression often present with medically unexplained somatic symptoms and make the treatment of other medical conditions more complicated and expensive. Screening for depression can result in earlier and more accurate diagnoses and treatment plans.

However, simply screening patients does not result in improved health. Support systems need to be in place to understand each patient's individual needs and to develop a plan of care to address and treat.

Evaluating

Evaluating patients that screen positive for depression is one important support system to have in place. Depression is comorbid with many other physical and mental health disorders, which can make an accurate assessment and treatment plan difficult. For this reason, a behavioral health professional should be used to evaluate those patients that screen positive. This could be a psychiatrist, clinical psychologist, psychiatric nurse practitioner, psychiatric physician assistant, or licensed clinical social worker. (Typically, these licensed providers will be authorized to provide these services - check your local regulations and insurance provider guidelines.)

When evaluating for depression, this behavioral health professional will assess the patient for co-occurring behavioral and physical conditions; their use of substances; risks around suicide, self-harm and harm to others; severity and history of symptoms; medication; and family history, among others. This evaluation is important, because other behavioral health disorders, such as post-traumatic stress disorder or complicated grief, could be to blame for a positive depression screening result.

The evaluation will also result in a treatment plan. Depending on the results of the evaluation, this could be a sensitive conversation to have with the patient (and family and/or caregivers). Patients are often in denial of depression or afraid of the stigma that they associate with the illness. Having a health care provider with the training and experience to have this conversation is another reason why it's important that an evaluation be done by a behavioral health professional.

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9 Wittayakorn, et al.
10 Siu.
11 Siu.
12 Siu.
Delivering Care

The treatment plan put together by the behavioral health professional will consist of care delivery and/or care coordination and be specific to each patient. Depending on the presenting patient’s needs and preferences, coupled with the primary care practice’s level of behavioral health integration, care may be delivered by the primary care practice itself or by an external specialty provider.

Two components are important to delivering and coordinating care and are often overlooked by primary care providers.

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One, it’s important to note that best practice for depression care involves a combination of both pharmacotherapy and psychotherapy.16

Two, having a robust and trusted referral network is critical. This can be challenging to do, availability of specialty mental health providers for new patients can be a significant challenge and a collaborative effort must be made to assist patients as they navigate the system.

Integrating Behavioral Health Within Primary Care

There are variety of ways for a primary care practice to integrate behavioral health. Organizations such as the Agency for Healthcare Research and Quality have published models and guidelines for integration and many states, insurance companies, and health care systems have undertaken different manners of integration.15 In addition, various organizations and consultants are working to develop and enhance behavioral healthcare models specific to the primary care setting.

The specific needs of the primary care practice and its patients should determine the type and level of behavioral health integration.

Now Is The Time

Ignorance of this growing epidemic is no longer an excuse. We as a medical community must begin to allocate time and resources to better understand and address the behavioral health needs of our patients. The economic landscape is shifting as state and national legislation drive requirements for population health, coupled with incentives and penalties for managing the behavioral health of patients. I challenge each of my physician peers within both the psychiatry and primary care space to engage one another, move forward and continue with the integration of behavioral health, and begin the process of improving the health of our patients and our communities.

14 Prifti and Brody.