

"We are so lucky to have you on our team": Integrating Behavioral Health within UR Pediatric Practice

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Background

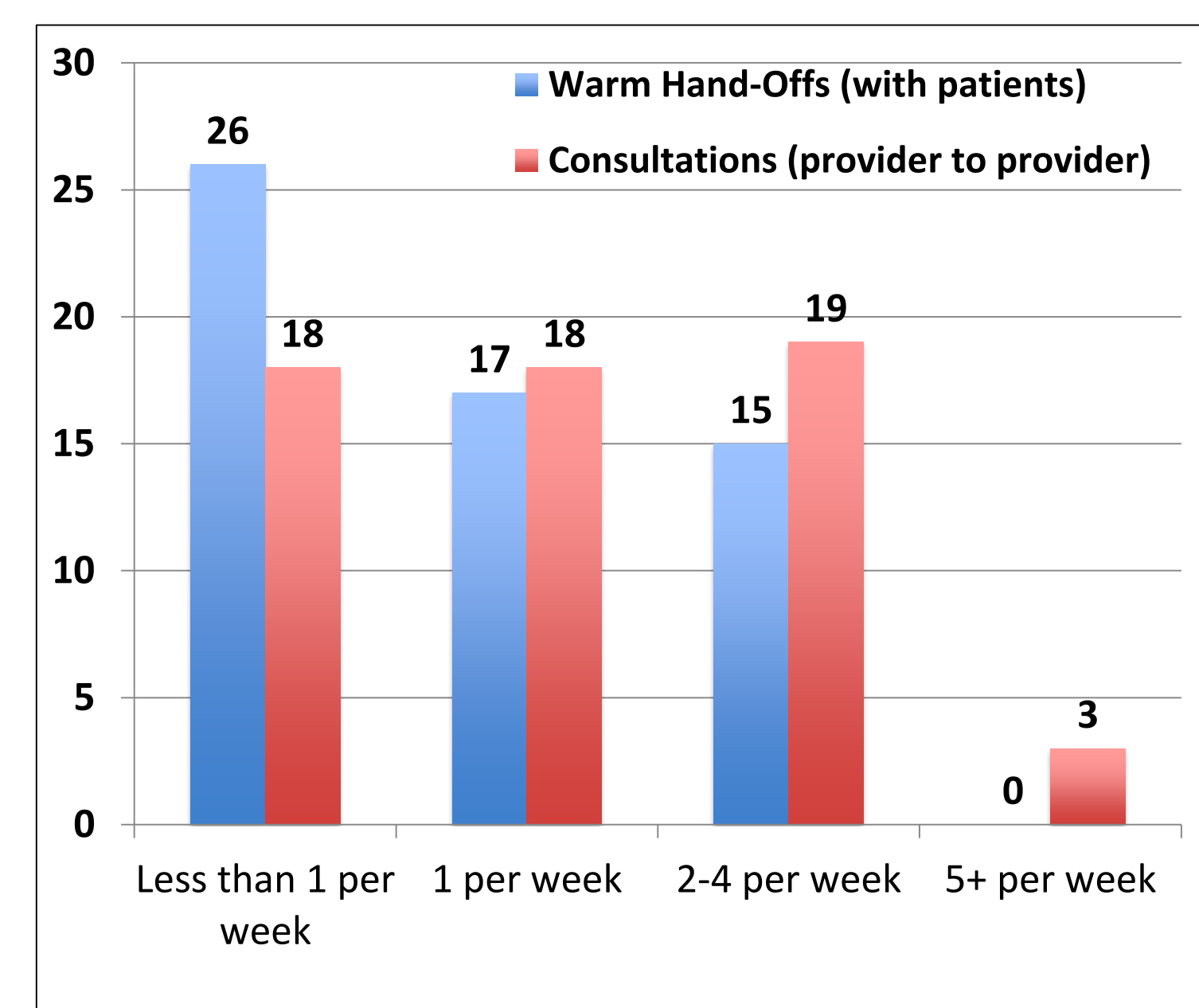
- UR Pediatric Practice
 - Provides primary and related care for approximately 13,000 patients, with 83% of families receiving Medicaid
 - Multidisciplinary teaching hospital clinic
- Integrated Behavioral Health (BH) services are becoming increasingly common within pediatric primary care settings, with benefits including reduced stigma of BH services, increased access to BH services, and provider consultation and education regarding BH concerns
- Research literature suggests that the integrated BH model is associated with improvements in overall patient care
- BH services have become increasingly integrated into UR Pediatric Practice
 - BH services have been co-located for approximately 25 years and, within the last 2 years, have transitioned into integrated care via DSRIP support
- We collaborated with the UR Pediatric Practice BH Integration Task Force to develop a measure and assess and better understand factors related to the integration of BH services

Objectives

The current project aimed to identify:

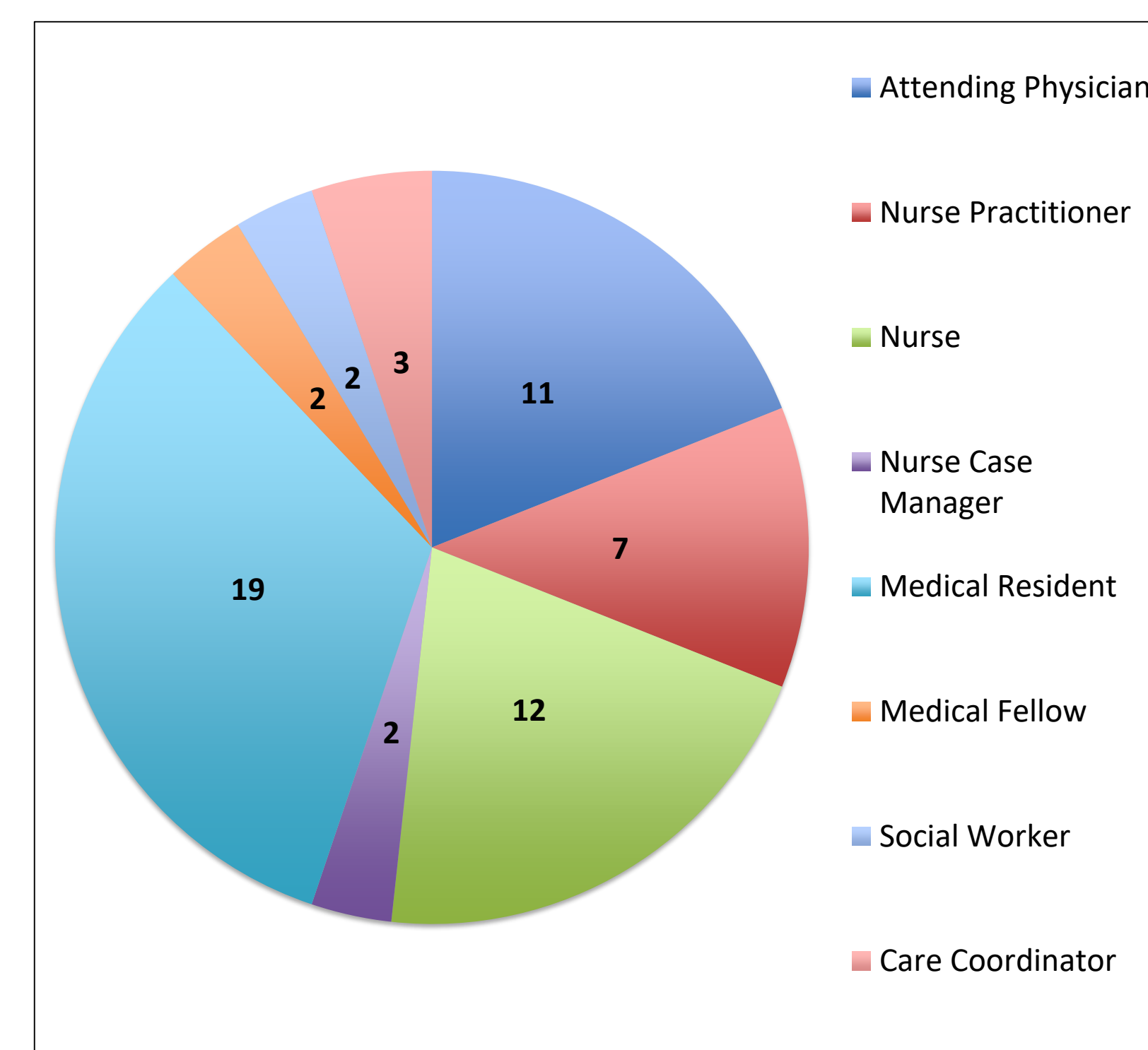
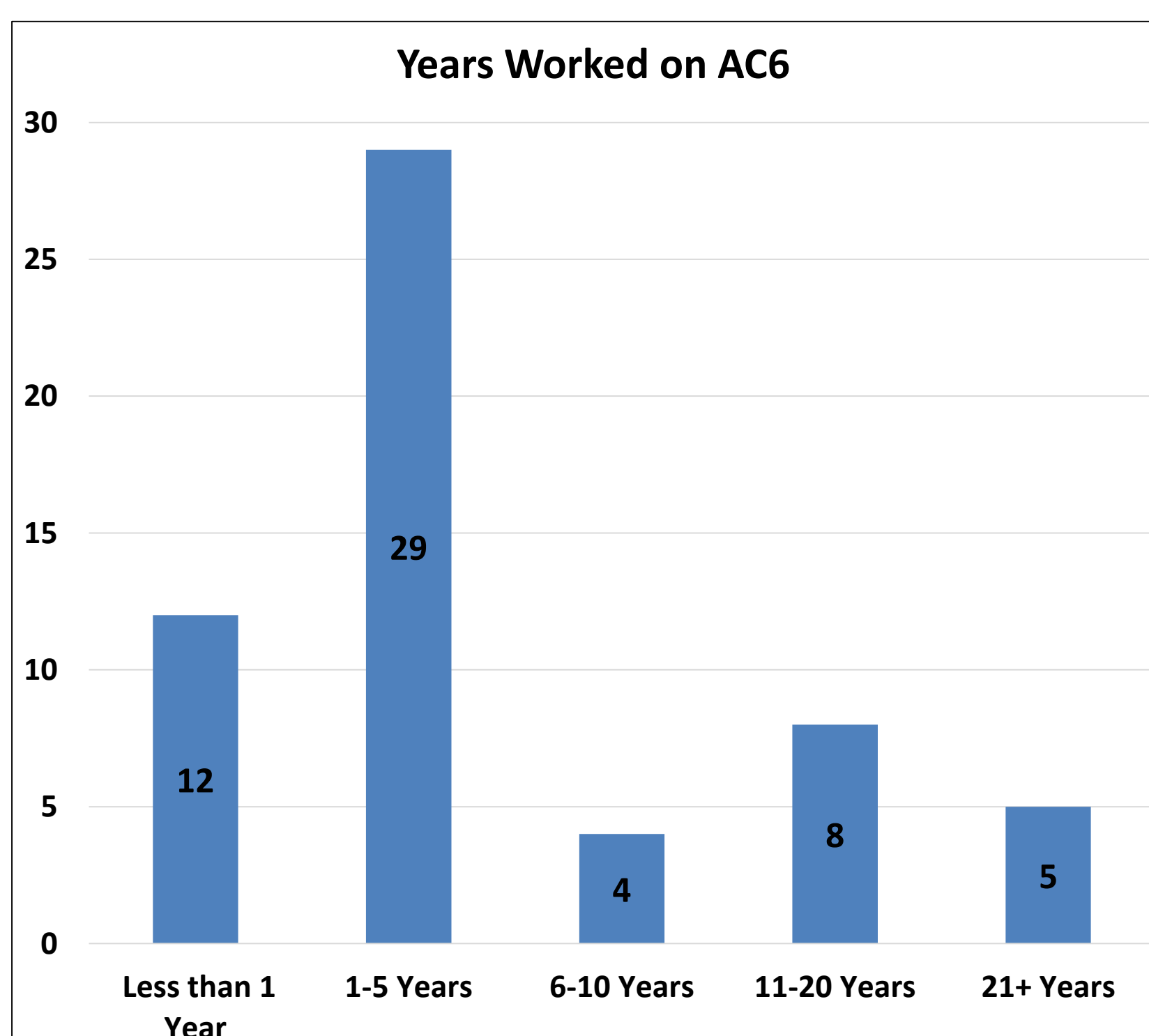
- UR Pediatric Practice team members' satisfaction with BH services
- Barriers to UR Pediatric Practice team members' use of BH services
- UR Pediatric Practice team members' needs in order to enhance integration of BH services

Use of BH



Participants

- 58 UR Pediatric Practice team members completed the survey



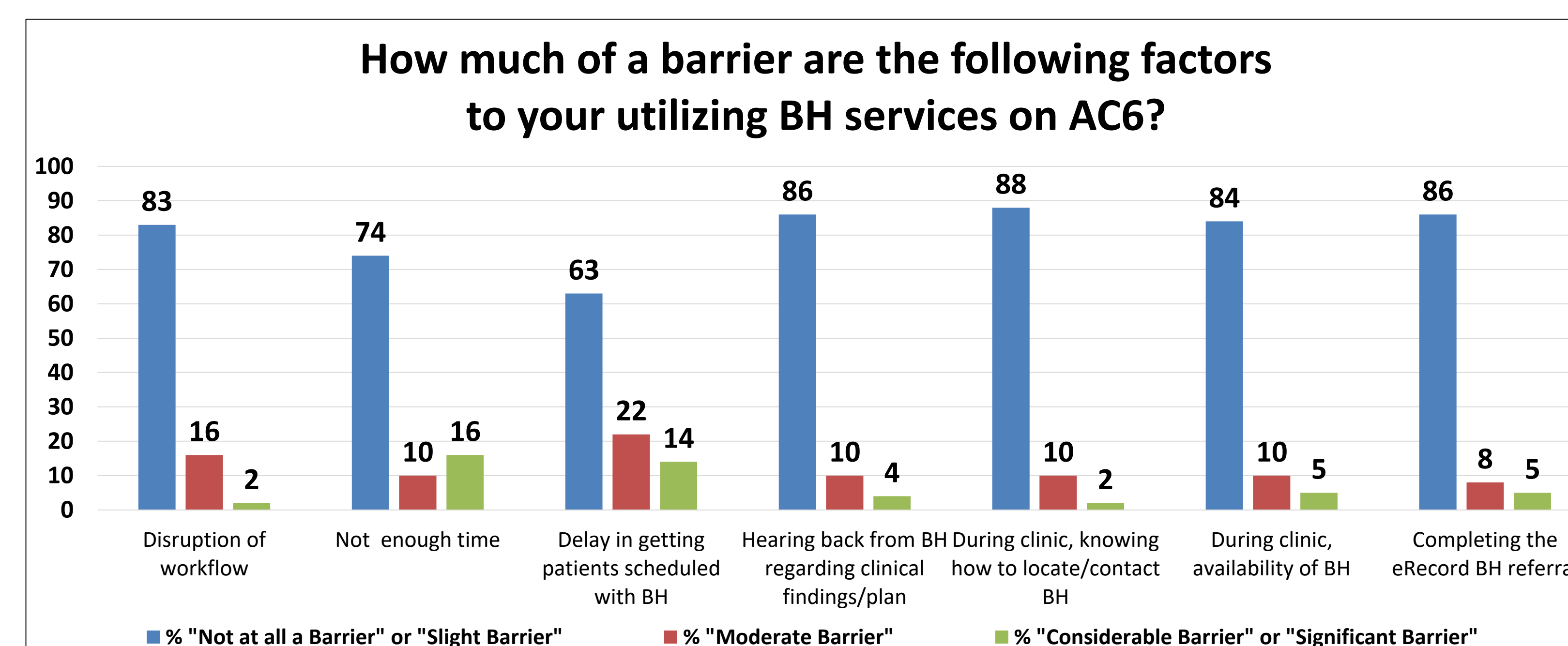
Provider Satisfaction

	% "Agree" or "Strongly Agree"
Quality of services provided by BH providers	100
BH providers' engagement	100
BH services meeting the needs of families	95
BH providers' communication with AC6 team members	93
Overall integrated BH services on AC6	93

Contribution Of Behavioral Health Services

	% "Agree" or "Strongly Agree"
Improved quality of care for patients and families	100
Increased ability for providers to manage BH concerns	93
Decreased stigma surrounding BH services	88
Improved continuity of health care	88
Freeing up time for more medically related care	88
Improved job satisfaction for you as a provider	88
Cutting down on added healthcare costs	78
Increased patient attendance to BH visits	76
Increased physical health care follow-up	53

Provider Barriers



How Helpful Would It Be For BH To Provide The Following Directly To Primary Care Providers?

Provide trainings on:	% "Very Helpful" or "Extremely Helpful"
Stress management strategies	84
Depression and anxiety	81
Community psychosocial supports	79
Psychiatric medication management	76
Academic supports	74
Safety planning	69
ADHD	66
Culturally-relevant services	57
Leading team-building activities	45

Conclusions & Future Directions

- UR Pediatric Practice team members expressed an overall high level of satisfaction with the integration of BH services within the practice
- Data suggest that integration may be enhanced through initiatives such as:
 - Addressing barriers that are seen as the most significant for providers using the service
 - Improving workflow by anticipating inclusion of BH providers in scheduled medical visits
 - Increasing access to BH via same-day and same-week appointments
 - Supporting providers' identified needs
 - BH leading trainings on topics such as provider stress management (e.g., self care)
 - Increasing support for providers in their use of community resources, which would likely include an increased use of care management resources and information
- In addition, incorporating "reverse" warm hand-offs (i.e., BH to medical provider) might be a way to have BH clinicians play a more substantial role in "improving medical care follow-up," which was the lowest rated benefit of integration

References

Hine, J.F., Grennan, A.Q., Menousek, K.M., Robertson, G., Valleley, R.J., & Evans, J.E. (2017). Physician satisfaction with integrated behavioral health in pediatric primary care: Consistency across rural and urban settings. *Journal of Primary Care & Community Health, 8*(2), 89-93.

Hoffses, K.W., Ramirez, L.Y., Berdan, L., Tunick, R., Honaker, S.M., Meadows, T.J.,...Stancin, T. (2016). Topical review: Building competency: Professional skills for pediatric psychologists in integrated primary care settings. *Journal of Pediatric Psychology, 41*(10), 1144-1160.

McDaniel, S.H., Grus, C.L., Cubic, B.A., Hunter, C.L., Kearney, L.K., Schuman, C.C.,...Johnson, S.B. (2014). Competencies for Psychology Practice in Primary Care. *American Psychologist, 69*(4), 409-429.