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PROFESSIONALISM & VALUE
IN HEALTH CARE

Primary Care and Behavioral Health

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Table 1
Distribution of Annual Visit Pattern and Self-Reported Mental Health Rating

Visit pattern	SF-12, MCS[a] ≥35 (Better) % (*n*)	SF-12, MCS[a] <35 (Poor) % (*n*)
Primary care only	49.8 (84,512)	49.5 (7392)
Mental health only	1.0 (1697)	5.0 (747)
Mental health and primary care	2.2 (3734)	13.6 (2031)
Other combinations	18.5 (31,395)	14.1 (2106)
No visit	28.6 (48,535)	17.7 (2643)
Person-year observations	169,703	14,933
Weighted percent	91.9	8.1

[a] Short Form-12, Mental Component Score.

Distribution of Annual Visit Pattern and Self-Reported Mental Health Rating

65% of elderly patient visits for depression were made in primary care in 2000/2001

Harman, J.S., Veazie, P.J. & Lyness, J.M. Primary care physician office visits for depression by older Americans. *JGIM* **21,** 926–930 (2006).

Petterson, S., Miller, B. F., Payne-Murphy, J. C., & Phillips, R. L., Jr. (2014). Mental health treatment in the primary care setting: Patterns and pathways. *Families, Systems, & Health, 32*(2), 157-166. doi:10.1037/fsh0000036

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Can Primary Care Afford Behavioral Health?

- Sophisticated modeling of cost & revenue for two types of approaches to integrated primary care and behavioral health
- collaborative care (CoCM)
  - Primary care manages in-person care and pharmacotherapy
  - Follow up care by RN or MS behaviorist by phone
- primary care behaviorist (PCBM) approach
  - in-person care by a primary care behaviorist (PhD psychologist or licensed clinical social worker) imbedded at the primary care site
- PCBM was not financially viable outside of an FQHC; CoCM was viable

Basu, S., Landon, B.E., Williams, J.W. *et al.* Behavioral Health Integration into Primary Care: a Microsimulation of Financial Implications for Practices. *JGIM* **32,** 1330–1341 (2017).

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Can Primary Care Afford Behavioral Health?

- Retrospective Cohort Study of integrated behavioral health model vs. usual practice found lower ED visits, hospitalizations, and better quality of care but practices received ***less*** reimbursement than usual care

Reiss-Brennan B, Brunisholz KD, Dredge C, et al. Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost. *JAMA*. 2016;316(8):826-834.

- "providing integrated mental health and primary care is the right thing to do for the sake of the patient, but the resultant financial benefits of reduced resource utilization accrue to someone else—the employer who pays for health insurance, the insurance company itself, or a large health system—and not to the practice that bears the expense and reduced reimbursement"

Schwenk TL. Integrated Behavioral and Primary Care: What Is the Real Cost? *JAMA.* 2016;316(8):822–823.

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