RAND examines physician practices’ use of integrated BH care

Although implementing behavioral health integration in primary care has proven effective, cultural differences and financial challenges remain, according to RAND researchers and the American Medical Association (AMA), following an examination of a diverse group of physician practices that implemented integrated care. The qualitative study results were published online in the Annals of Internal Medicine.

Researchers of the study, “Factors Influencing Physician Practices’ Adoption of Behavioral Health Integration in the United States,” noted that behavioral health integration is uncommon among U.S. physician practices despite recent policy changes that may encourage its adoption.

“The overarching goal of this research is to understand the reasons that medical practices might struggle with implementing behavioral health integration,” Charles C. Engel, M.D., MPH, senior physician policy researcher at RAND, told MHW. “We know that over the last couple of decades there have been important policy changes in an effort to incentivize behavioral health integration.”

Engel added that despite policy efforts and more improvements, such as parity and integration in medical practices, research still finds that most practices are not well-integrated.

Researchers pointed to a recent study of U.S. primary care providers that found that only 44% were physically co-located with behavioral health clinicians, including only 12% of solo practice providers and 26% of rural practice providers, suggesting persistent barriers to behavioral health integration.

Study method

Researchers examined a diverse group of 30 physician practices that had implemented behavioral health integration using a co-located or collaborative approach. Most approaches to behavioral health integration fall on a continuum between the two archetypes: a co-located model, in which on-site behavioral health clinicians provide enhanced access within physician practices, and a collaborative care model, which offers mental health specialist consultation (frequently by a psychiatrist) that is not onsite per se and involves regular review of patients with onsite care managers, said Engel.

The practices were identified via referrals from experts and professional organizations, like the American Psychiatric Association and the AMA.

Results

“We found that medical practices were able to effectively achieve behavioral health integration from many different settings, not just primary care,” Engel said. “Practices varied considerably in how they did this based on their needs and opportunities they had locally to improve on integration.”

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New research launching to identify psychological effects of COVID-19

A team of more than 200 scientists representing diverse academic organizations from more than 35 countries recently announced plans to assess the impact COVID-19 has had on global mental wellness and what can be learned from it.

Currently, more than 45,000 people from about 100 countries have participated in what researchers are calling the world’s largest international survey. The Collaborative Outcomes Study on Health and Functioning during Infection Times (COH-FIT) is supported by the World Psychiatric Association, officials said.

Survey questions cover topics including mental health, food intake, feelings of stress and how people are coping. Researchers are encouraging online input from adults, adolescents and even children.

“The data will help identify the short-term and long-term physical and psychological effects of the coronavirus pandemic in the general population,” Daniel Guinart, M.D., M.Sc., research scientist at the Feinstein Institutes for Medical Research, told MHW.

Guinart added, “Also, data will allow us to identify people who are at higher or lower risk for physical and mental health problems during infection times and during different levels of restrictions, and to identify risk and protective factors that will inform prevention and intervention programs for the COVID-19 pandemic and should other pandemics occur in the future.”

The COH-FIT survey will be distributed three times: (1) during the pandemic (wave 1), (2) six months (wave 2) after the end of the pandemic and (3) 12 months (wave 3) after the end of the pandemic.

Researchers intend to publish the results, said Guinart; however, publication times vary depending on many factors, including journal type and peer review. It will mostly be determined by the evolution of the pandemic and subsequent government policies, he said. “If restrictions keep being lifted and enough people complete the survey, we should be able to have data about the first wave published by fall or even earlier,” Guinart said.

For more information, visit https://www.coh-fit.com.