PRIMARY CARE INVESTMENT: EVIDENCE SNAPSHOT
Integrated Behavioral Health Care

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Background

Behavioral health is an inclusive term that refers to treatment for both mental health conditions and substance use disorders. Prevention, early detection, and treatment of behavioral health conditions can improve quality of life and physical health and reduce health care costs.[1] In the United States, between 18 and 26 percent of adults live with a behavioral health condition;[2,3] yet, nearly 1 in 5 adults report that they or their family member went without needed mental health services because they could not afford it, insurance would not cover it, they were afraid or embarrassed, or they did not know where to go.[3]

Patients with chronic illness are more likely to experience behavioral health conditions such as depression or substance use disorders.[4-7] Most individuals with co-occurring behavioral health conditions are seen in primary care settings, yet two-thirds of those patients do not receive the behavioral health treatment that they require, in part due to fragmentation in referrals and payment systems.[4,5] Individuals with comorbid chronic and behavioral health conditions cost more than twice that of individuals without behavioral health conditions, accounting for more than $400 billion in health care spending in 2017.[8] Medicaid plays a significant role in financing behavioral health services for low-income populations, and sometimes offers more comprehensive coverage than commercial insurance.[9]

In Massachusetts, recent policy advancements have aimed to improve behavioral health care.[10,11] Yet, significant barriers remain, including: primary care time constraints, fragmentation between primary care and behavioral health, inadequate reimbursement, insurance carveouts, systems gaps, and professional and organizational differences between medical and behavioral health disciplines.[2,10,12]

One strategy to address these gaps is integration of behavioral health into primary care settings to improve access, reduce stigma, and better coordinate care.[4] There are three general models for structuring integrated behavioral health: (1) **coordinated:** primary care physician and behavioral health specialist are housed in separate facilities and communicate via telephone and email to consult and advise; (2) **co-located:** primary care physician and behavioral health specialist represent distinct organizations but are located at the same facility, allowing for in-house referrals and warm handoffs between providers; and (3) **integrated:** behavioral health specialists are part of the primary care practice and serve as advisors, consultants, and teachers as a member of the primary care team.[2] Collaborative care is an example of an integrated approach, which delineates clear roles for nurse or social worker care managers and psychiatric consultants.[5,7]

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Quality Implications

Integrated behavioral health improves both physical and behavioral health outcomes.

- A large randomized controlled trial at 18 primary care clinics found that patients aged 60 and older (n=1801) who received behavioral health services through IMPACT, a collaborative care intervention that included a psychiatrist and depression care manager working together with the primary care team, fared significantly better on measures of medication adherence, remission of depression, quality of life, self-efficacy, and satisfaction with care up to two years after initiating treatment.[13]
- A single-site evaluation of a university-based primary care clinic with integrated behavioral health, found between 40 and 50 percent of patients receiving care showed clinically significant reductions in symptoms of anxiety and depression as well as improvements in smoking cessation and weight loss treatments.[14]
- In a single-blind randomized controlled trial of a collaborative care model, patients with comorbid depression and diabetes or heart disease (n=214) showed improvements in HbA1c levels, LDL cholesterol, and blood pressure as well as decreased symptoms of depression, better quality of life, and improved satisfaction with care.[7]
- A cluster randomized trial compared an integrated model for pediatric behavioral health focused on children with ADHD or anxiety, in which a care manager designs and delivers evidence-based personalized behavioral health interventions, to enhanced usual care which included psychoeducation and referrals as needed. Integrated behavioral health was associated with significantly higher rates of treatment initiation (99% vs 54%) and completion (76% vs 11%), and reductions in child behavior problems and parental stress.[15]

Cost Implications

Integrated behavioral health is associated with lower total medical costs and reduced inpatient utilization.

- The annual cost savings associated with effective behavioral health integration nationally is estimated to be between $38 and $68 billion across Medicare, Medicaid, and commercial payers.[8]
- A quasi-experimental study of adults comparing an integrated behavioral health model, in which a physician provided collaborative care with psychology doctoral trainees, to medical care only, found significantly lower rates of preventable hospitalizations among patients in the intervention group, equal to avoiding 50 hospitalizations among 720 patients over three years.[16]
- A study of a collaborative care model targeted to primary care patients with anxiety or depression who were not receiving specialty behavioral health care (n=1256), found improvements in symptoms of anxiety and depression and estimated savings of $1.5 million over two years.[5]

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