



B-21 Behavioral Health Integration Initiative

Engaging Primary Care Providers in Integrated Care

It may seem hard to believe but one of the biggest challenges in implementing integrated care is the resistance to the changes necessary coming from the primary care providers (PCPs) who, of all the staff, seemed so eager to start care integration when you introduced the concept months ago! Couple this reluctance with research that has shown successful implementation requires good PCP buy-in, and the importance of engaging PCPs early cannot be overemphasized. Why are PCPs resistant to implementing integrated care, and what can your team do about it? Let's start with the reasons why PCPs may be reluctant about integrated care practices and move on to solutions.

Landscape of Primary Care

PCPs are routinely overextended in their daily routine and run the risk of burnout and lacking joy in the practice of medicine. Between patients with multiple chronic conditions and short appointment times (often 15 minutes), PCPs can be difficult to engage around adding behavioral health to the list of issues they need to address. It can seem easier for them to just "refer to behavioral health," even when they know wait times can be long and the chances of the patient not going are high. This less time intensive approach is the path of least resistance, but to do integrated care requires that the PCP discuss treatment and hand off the patient to receive behavioral health care at the point of their primary care visit.

Common Resistance concerns heard from PCPs

"One more problem I don't have time for"

"Will just make more work for me"

"I already take good care of my patients' mental illness so why do I need to do this?"

"Why won't you just take these difficult patients - I don't need this team"

PCP Role in Integrated Care

Patients with behavioral health concerns are already being seen by PCPs and are not going away, so helping PCPs navigate a new approach to care and learn to use integrated behavioral health providers (BHPs) effectively takes a new level of skill development. And although it may not be apparent to PCPs at first, since some may see it as an additional burden, eventually they will see how integration can help them make their visits more efficient, increase their job satisfaction, and hopefully reduce burnout.

For integrated care to be effective, PCPs must:

- *Identify* patients that need behavioral health care either through patient report or by review of a positive screening tool such as a PHQ-9 - this step should not be overlooked, put off until later or underappreciated for its significance.
- **Engage** patients in the integrated treatment model - talk with patients they have identified about the new members of their team that can help with their behavioral health concerns, using language that is not stigmatizing and encourages engagement.

"Everyone wants to do integrated care until they learn they have to change their practice."

-Kim Fairley, MD, PCP, Colorado

Steps to Take to Enhance PCP Engagement

What can the team do to help engage their PCPs? Here are several things to consider utilizing as you move towards an integrated system of care:

- One of the first rules of culture change is to include everyone in the planning process. Include the medical staff leadership in the early stages of planning for integrated care. Have the CEO, CMO, and Behavioral Health Director (preferably with their psychiatrist) meet and discuss the vision and expectations around integrated care.
- Demonstrate WIIFM ("what's in it for me") for the PCPs that. Integrated care leads to the following benefits:
 - Improved workflow and efficiency get out on time!
 - Shared care for difficult, time-consuming patients
 - Improved clinical skills through care-based learning opportunities for PCPs
 - Improved provider satisfaction → decreased provider burnout
 - Improves overall wellness chronic diseases, compliance/adherence to care
 - Reduces overall stigma about behavioral health care by taking a recommendation right there in the clinic from the PCP they trust
- Attend medical staff meetings and do short presentations on the integrated care program – describe in detail and encourage feedback and ideas (when appropriate)

- Communicate the plan, and then communicate it many, many more times. There is no such thing as overcommunicating! PCPs are busy and may forget the why, when, where, how of your plan
- Make sure PCPs understand all the different ways an integrated behavioral health provider can be useful including addressing stressors, behavioral health conditions, and physical health conditions too!
 - LOCATION is KEY! Make sure BHP is visible/ close and accessible
 - Make existing BHP "indispensable" in the clinic
 show their worth in a difficult situation
 - BHP takes over and PCP moves to next room/ patient - turns a 30-60-minute situation into chance to move on
 - Have BHP "shadow" a PCP all day, write down how they could have assisted with given patients, and then share that list with the PCP at the end of the day
 - Encourage BH and medical staff to understand each other's perspective— cartoons, flyers, emails, etc.
 - Break bread together food seems to break down walls - use "the power of a shared meal" to break cultural barriers

Role of the PCP "Champion"

What is a PCP champion? Someone who has the following traits can make an excellent champion.

- The PCP champion is committed to the goal of transforming the practice to integrated care
- They demonstrate natural leadership, has respect of peer clinicians and all team members
- The PCP understands behavioral health integration and team-based care approach in primary care
- They respect and demonstrate that all team members are vitally important
- The PCP fosters trust among team members as they collaborate through sharing of work
- The PCP champion Is given time to truly lead

 meetings as needed, aid in implementation,
 educating other providers and team members
 (implementation coaching calls, etc.)