

Researchers offer framework to integrate behavioral health and primary care

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Researchers at the University of Colorado School of Medicine, along with experts from across the country, have developed a set of policy recommendations that would improve the quality of behavioral health care patients receive in clinical settings.

The Eugene S. Farley, Jr. Health Policy Center, with support from the Robert Wood Johnson Foundation, released recommendations in a report, "Creating a Culture of Whole Health," that offers practical improvements that would eliminate the artificial separation of "[mental health](#)" from "[physical health](#)." The report provides recommendations that call for creating a new approach to health care.

"The health care system differentiates physical and behavioral health care, patients don't," said Benjamin Miller, PsyD, director of the Eugene S. Farley, Jr. Health Policy Center and assistant professor of family medicine at the CU School of Medicine. "They seek care in a single setting with providers they trust in clinics that are convenient for them to visit. There should be no 'wrong door' preventing patients from accessing appropriate care."

To improve the quality of care, Miller and the project team make several recommendations. Among them:

- policymakers and payers should establish payment methodologies that support team, not individual, providers;
- policymakers and payers should invest in a national technical assistance center focused on how to improve care by revising federal, state and local policy and regulatory barriers;
- providers should engage communities in service to advancing needs for behavioral health and assure consistency across care delivery;

- providers should share information on how to operationalize successful strategies, such as telehealth; and
- businesses and philanthropies could create resources and technical assistance strategies that improve access to data for patients and other providers.

These and other recommendations are based on the project team's review of the integrated care literature, interviews with key informants and focus groups, and a summit of national experts on integrating behavioral health and primary care.

The need for these recommendations is clear: Nearly half of adults (46%) and 28 percent of children can be expected to experience a mental health illness or substance abuse disorder during their lives, making the consequences of poor integration between behavioral health and primary care potentially devastating. Although one in five primary care visits relates to mental health, 66 percent of [primary care](#) providers report being unable to connect their patients with appropriate follow-up resources because of a shortage of mental health clinicians and health insurance barriers. Roughly two in three adults with behavior disorders (67%) go untreated by mental health clinicians; 50 percent of those with depression aren't properly diagnosed by their regular doctor.

"For far too long we have had well-meaning but disconnected attempts to transform healthcare. Nowhere is there a more desperate need than for behavioral health," said Miller. "This report and its recommendations take into account national leaders' perspectives on change, and organizes them in ways that will have the most profound impact on healthcare."

More information:

farleyhealthpolicycenter.org/cultureofwholehealth

Provided by University of Colorado Denver

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