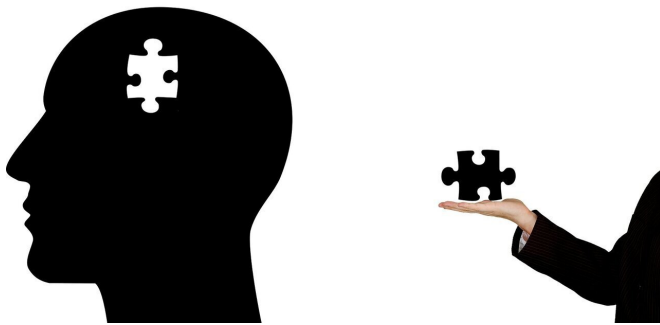


Mental health specialists boost vets' access to outpatient services

12 August 2019



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A Veterans Health Administration program that added mental health specialists, care managers or both in primary care clinics significantly improved access to mental health and primary care services to veterans with behavioral health needs. In a clinic of 100 patients, each additional patient seen by such a mental health specialist or care manager was on average associated with 11 percent more mental health visits and 40 percent more primary care visits. The practice also resulted in 9 percent higher average annual costs for each patient.

The Department of Veterans Affairs launched the Primary Care-Mental Health Integration initiative nationally in 2007 to deliver mental health services directly to veterans at all its primary care clinics that treat more than 5,000 patients each year.

The researchers examined data from October 2013 to September 2016 for nearly 5.4 million patients treated at 153 hospital-based and 243 community-based VA clinics.

The study has some limitations. Among them, the researchers did not control for factors such as mental health care staffing that might have affected health care use or cost. Also, there may

be inaccuracies in the way that some mental health conditions were noted due to changes in the codes used to log them in the medical records.

The Veterans Affairs' Primary Care-Mental Health Integration initiative required significant financial investment and strong multidisciplinary partnerships in order to expand prompt access to specialty mental health care among its primary care patients. The experience of the Veterans Health Administration—which has one of the largest programs to integrate [mental health](#) and [primary care services](#)—may inform other [health systems](#) aiming to improve fragmented care delivery.



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More information: Lucinda B. Leung et al, Veterans Health Administration Investments In Primary Care And Mental Health Integration Improved Care Access, *Health Affairs* (2019). [DOI: 10.1377/hlthaff.2019.00270](https://doi.org/10.1377/hlthaff.2019.00270)

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