



GUIDANCE

Behavioral Health in Primary Care is Ready to Serve During the COVID19 Pandemic

The United States may lose more than 60,000 lives due to COVID19. In addition to this very grim projection, many more people will experience extreme financial stress and significant disruptions to their social lives secondary to job loss or insecurity and isolation. The number of people experiencing psychological problems and family relationship problems will rise in the days and weeks to come. Use of alcohol and other drugs will rise, as well as, domestic violence, instances of child abuse, and suicide. The COVID19 impact to population health and wellness will be significant and long-lasting.

The need to mobilize healthcare workers with expertise in addressing and alleviating the stress response and associated medical, psychological, and behavioral problems is urgent. Behavioral Health Clinicians (BHCs) in primary care are trained to address these issues at the population-based care level by delivering highly accessible, focused, evidence-based interventions. BHC services in primary care (and other integrated medical settings) are widely available in rural, suburban, and urban settings across the country.

BHCs in primary care (like primary care clinicians and other medical clinicians) are rapidly implementing telehealth technology in response to COVID19. This rapid implementation further enhances BHC accessibility to the population at this time. Tele mental health services have a strong evidence base, including positive evaluations by the people who receive these services (Bashshur, et al., 2016). Fortuitously, primary care BHCs are well-positioned and ready to serve during the COVID19 pandemic.

Overview of Document

- Guidance for healthcare leaders during COVID19 pandemic
- Review of health systems that commonly use BHCs in primary care
- Review of accessibility & scope of BHC services in primary care

Guidance for Healthcare Leaders During COVID19 Pandemic

Our recommendations are applicable to primary care clinics using a variety of integrated behavioral health care models. We expect each state and clinic will adapt these recommendations for their context. Our hope is that this guidance can be utilized for BHCs working in primary care everywhere. As communities and clinics pivot from the initial responses to the COVID19 pandemic, leaders will begin to focus on using BHCs in primary care to address the healthcare needs of people

How can leaders do this? Consider the following strategies.

- Virtual visits by BHCs (phone or video) often from their homes.
- Patient-facing communications that announce the immediate accessibility of BHCs.
- Administration of validated behavioral health screening procedures before telehealth visits. When a patient scores at a predetermined level then a team member can respond by transitioning the

patient to a BHC via a virtual warm handoff. For example, if medical explanations for chest pain and/or shortness of breath are ruled-out, a virtual warm handoff to a BHC could be provided to explore the potential connection between anxiety and these physical symptoms.

- Urgent strategic collaborations with local behavioral health organizations.

Consider these additional directions.

Telehealth technology is an effective method for behavioral health service delivery (Bashshur, et al., 2016). Telehealth technology should be exclusively used by BHCs during the COVID19 pandemic. Exceptions should be exceedingly rare. Exceptions may occur when the benefit of in-person interactions outweigh the apparent, numerous, and growing risks for these kinds of interactions due to COVID19.

Advocate for payment parity between telehealth and in-person services, as well as, innovative reimbursement methods for the population-level, high-capacity, and rapid access services provided by BHCs in primary care.

- Telehealth (phone or video visits) is an effective method for the delivery of behavioral health services. These services should be reimbursed at the same rate as the same services provided in-person. Many insurers already compensate for telehealth services in this way.
- Many payers have developed innovative payment methods to specifically ensure sustainability of BHC services in primary care. For example, numerous payers in Oregon pay a per member per month payment for clinics who integrate BHCs in their care teams and meet certain metrics, often BHC-specific population-reach metrics.

Ensure BHC access to personal protective equipment (PPE) and training. In the exceedingly rare situations when in-person care is needed at this time, BHCs should be provided PPE and trained in how to conduct in-person care safely. Follow these links for guidance from the Centers for Disease Control.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/steps-to-prepare.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Healthcare Systems Using BHCs

Many healthcare systems employ BHCs across the United States. National proliferation of BHCs in primary care can be tracked to the late 1990s. Since then, a significant expansion of this segment of the healthcare workforce occurred in relation to increased attention to behavioral health, social determinants of health and more recently medication assisted treatment for Opiate Use Disorder in primary care. There is no comprehensive listing of BHCs in primary care; however, an in-progress geographical depiction of sites where BHCs work is [available here](#). Another relevant datapoint is the growth of organizations supporting BHCs including the [Collaborative Family Healthcare Association](#). Its membership has tripled in the last three years.

Systems that have implemented BHCs in primary care include the Veterans Administration, the Department of Defense, Federally Qualified Health Centers, commercial healthcare systems (such as Kaiser, TriHealth, and Christ Hospital), and county health department primary care clinics (including clinics for people who do not have homes, those who have HIV, and others), as well as, some large payer-provider groups like Geisinger (PA), Kaiser Permanente (Various states), Group Health Cooperative (WI) to name a few. Primary care BHCs often work with some of the most vulnerable people in the nation; including, people without insurance, those who have emigrated, and others who are underserved.

Accessibility & Scope of Services

In the United States, BHCs are an essential part of the Patient-Centered Primary Care Home (PCPCH) approach that promotes *comprehensive, equitable and whole person care* as a core feature. This link to the Primary Care Collaborative provides a review of the *Shared Principles* of the Primary Care Home <https://www.pcpcc.org/about/shared-principles#Equitable>.

BHCs in primary care provide focused assessment, intervention, and consultation services to help people function better in their daily lives. They provide services to children, teens, adults, and families. Many healthcare workers perform the duties of BHC work, and all are licensed healthcare workers (e.g., psychologists, clinical social workers, counselors, and marriage and family therapists). This link to the Collaborative Family Health Care Association provides information about the professionals working as BHCs today <https://www.cfha.net/>.

BHCs provide high-capacity rapid-access services within primary care teams across the country. BHCs often reserve 50% of their daily schedule of 20-30 minute visits for same-day services. They often address the needs of 8-14 people during an 8-hour work day, with most daily visits representing a first BHC visit for the person seen. Phone follow-up visits with people are typically completed in 15 minutes or less. They complete notes in electronic health records and use the health record system to assist team members with identifying people whose care would be improved by the addition of BHC services. This link to the Center for Integrated Healthcare provides a validated self-report tool that details the innovative role of BHCs in primary care teams <https://www.mirecc.va.gov/cih-visn2/PPAQ.asp>.

Psychiatrists and psychiatric mental health nurse practitioners also play important consultative roles in primary care practices. This link to the Aims Center provides a review of psychiatric collaborative care <https://aims.uw.edu/keyword-tagging/impact-program>. Traditional health workers (community health workers, peer specialists, doulas, health coaches, etc.) also play important roles in supporting social determinants of health in primary care. This link to the Oregon Community Health Worker Association provides more details on these roles. <http://www.orchwa.org/>.

Bashshur R.L., Shannon G.W., Bashshur N., et al. (2016). The Empirical Evidence for Telemedicine Interventions in Mental Disorders. *Telem J E Health* 22(2). 87-113. [https://doi: 10.1089/tmj.2015.0206](https://doi.org/10.1089/tmj.2015.0206).

