blue of california foundation

enhancing behavioral healthcare for low-Income californians

Since 2011, Blue Shield of California Foundation has commissioned yearly surveys that provide insight into the healthcare experiences and expectations of low-income Californians. In 2014, recognizing the need to accelerate the integration of behavioral health and primary care in the safety net, the Foundation added new survey questions to help gauge the preferences, aspirations and concerns that low-income Californians hold about their behavioral healthcare. Survey results were then compiled to produce a new resource for the field: "Exploring Low-Income Californians' Needs and Preferences for Behavioral Health Care."

The report presents timely and important information for safety net providers about how to enhance their behavioral health services, and highlights the benefits of integrating mental health, substance abuse services, and primary care in one setting. The findings also reinforce the importance of patient-centeredness in California's healthcare safety net and underscore the need to connect and simplify the systems that serve our state's most vulnerable patients.

A brief summary of the results shows clear areas for improvement:

- **A broad gap exists between need and treatment.** Among low-income Californians who've felt a need to discuss behavioral health issues with a healthcare professional in the past year, only half have done so.

- **Patients' preference for receiving behavioral health services at their primary care facility far exceeds the availability of such services.** Few people report that they currently have access to these services, though the majority say it's highly important that their facility provide them. And six in ten would rather discuss behavioral health issues with a professional at their primary care facility than with one located off-site.

- **Comparatively few low-income Californians rate their primary care providers highly for asking about stress, anxiety, or emotional issues**. Just 52 percent of low-income patients feel their primary care providers effectively ask and address their behavioral health concerns, indicating a clear gap in patient- provider communication about this topic.

- **Behavioral health services are an integrated element of a patient-centered care.** Patients who have such services available at their primary care facility are much more apt to feel that someone there knows them well (connectedness), to see the same care providers over time (continuity), and to have strong patient-provider relationships overall. These three things, in turn, create patient satisfaction and loyalty.

10 Things Community Clinics and Health Centers Can Do to Advance Behavioral Health Care

Given these findings, and the new realities of a changing healthcare landscape, how should community health centers respond? And what can these providers do to better understand and meet the behavioral health needs of low-income patients?

From this research and other important bodies of work on whole-person care, we've cultivated a series of recommendations to help safety net providers adapt and keep pace with the future of integrated healthcare.

1 **Bring behavioral health clinicians into the primary care practice in accurate ratios to meet the need.** While most organizations offer some level of behavioral health support, it is becoming increasingly necessary to bring in new behavioral health clinicians to meet the demand. As organizations start to integrate behavioral health and related services into their practice, it is imperative that the process not stall at a minimal level. Many organizations that identify as being "integrated" still have sites without behavioral health staff or have insufficient staffing to meet patient need. The ratio of behavioral health clinicians to primary care providers must shift to more accurately reflect patient desire and demand. The focus must be on integrating behavioral health and primary care in ratios well beyond the traditional medical model, which will never be adequate. Research consistently shows that 70% of primary care visits are psychosocial-related, and over 60% of primary care patients want and/or need behavioral health services of some kind. This indicates the need for at least 1 behavioral health provider per 1000 patients, or 1 behavioral health provider to 1 primary care provider. This shift is of utmost importance as we move into the next generation of integration, where clinic settings will transform into a much more psychosocial model of care.

2 **Ensure organizational leadership supports practice transformation toward integrated, whole-person care.** To successfully implement changes that move clinics toward fully integrated care, organizational staff should include behavioral health directors, chief behavioral health officers, or other department leadership with parity to chief medical officers. Doing so conveys that behavioral health staff and services are not secondary to medical care and providers, and reflects an organizational commitment to a transformed practice anchored in the behavioral health needs and preferences of its patients. Behavioral health directors working side by side with medical directors, dental directors, and other clinic leaders ensures that high-level decisions, quality improvement efforts, operational protocols, EHRs, and other important undertakings include behavioral health considerations. Executive leadership teams should include behavioral health directors to collaborate on the development of the organization's strategic plan, mission, and goals. Ideally, a behavioral health director or officer will also have substance abuse expertise; if not, having leadership familiar with addictive disorders represented on clinical committees is important.

3 **Increase pathways to behavioral health services, beyond primary care providers.** Ideally, primary care providers should not serve as the only route or referral to behavioral health services within a clinic. Patients should be able to obtain mental health and substance abuse services without going through a primary care provider. Organizations should make sure patients are aware that these services are available, and clearly communicate how to obtain them. Safety net organizations can put systems in place that make it easier to access behavioral health from multiple inroads. This includes allowing and encouraging all clinic staff to make referrals, embedding behavioral health in universal screening, developing standard-order referrals for particular conditions, and encouraging patients to see a behavioral health provider for a "check- up," just as they would a primary care provider. Care teams

should also reach out to community agencies and support systems outside of the clinic (i.e. transitional housing, specialty addictive disorders treatment, etc.) to help coordinate the whole health of their patients.

4 **Create open communication and active promotion of behavioral health services.** Clinics should encourage dialogue and discussion around behavioral health and support patients in obtaining needed services. Given the stigma often attached to mental health and substance abuse, it is critical that clinics model open communication about these topics and encourage and empower patients to speak up and seek help. Strategies include developing standard screening tools that ask behavioral health questions; displaying the name and title of behavioral health clinicians in a location clearly visible to patients; putting up posters in the waiting room about behavioral health conditions and care; creating self-referral options; having educational videos on loop in the waiting room; and training receptionists and other frontline staff to talk with patients about behavioral health and refer them to services. Making it easy for patients to find resources and communicate about behavioral health is essential to patient empowerment and engagement – critical precursors to greater satisfaction, loyalty, and health outcomes.

5 **Embed behavioral health into the healthcare team and ensure continuity for patients.** Bringing behavioral health providers into care teams as permanent, equal members allows collaboration and strong relationships to grow, and facilitates communication and transfer of knowledge across disciplines. Ensuring that patients are seen by the same team of providers further impacts their sense of connectedness and continuity and positively influences their care satisfaction and health outcomes. Continuity can be enhanced by striving to create stability within care teams, including among behavioral health staff and nurses, and by having the same receptionists, medical assistants, health coaches and educators working in the same clinics as well.

6 **Increase the capacity of primary care providers to manage a full range of psychotropic medications.** Whenever possible, hiring psychiatrists or psychiatric nurse practitioners to work side-by-side with behavioral health and primary care clinicians is optimal. Unfortunately, many organizations encounter significant barriers to hiring in-house psychiatry. In those instances, tele-psychiatry, eConsult, and contracted psychiatry services can be used to overcome these barriers. In all cases, it is critical that primary care providers have a clear understanding of complex mental health conditions and are comfortable managing them through the use of psychotropics when warranted. This ensures that the system is not dependent upon the limited capacity of specialists or restricted by face-to-face visits. Instead, the system should continue to adopt new technologies and solutions, and further develop the competencies of primary care providers in this area.

7 **Expand clinics' ability to provide substance use treatment and intervention.** One of the quickest and most effective ways to provide access to substance abuse treatment is to train and educate the current behavioral health workforce. Health centers can enhance their ability to respond to patients with substance abuse issues by supporting continued education for their behavioral health clinicians and encouraging them to pursue specialty certifications. Primary care should not be separate from substance abuse services. Clinicians must actively expand their skills to improve screening, intervention, and treatment for substance abuse and addictive disorders. Additionally, organizations should take steps to normalize the discussion of addiction with patients as a routine part of their care. It also is important to recognize that individuals struggling with chronic pain and/or addiction are often highly stigmatized by clinicians. Training staff on these issues is necessary to ensure that bias is not a barrier to compassionate, effective care.

8 **Enhance the communication skills of medical providers and clinic support staff.** Research clearly shows the significant impact of medical providers' communication skills on patient adherence and health outcomes. Reassuringly, like any skill, communication can be learned, measured, and improved. Organizations can commit to enhancing the communication skills of their primary care providers by providing consistent learning and development opportunities in this area. Ongoing feedback, coaching, and evaluation will help to ensure their continued progress and improvement. In addition to primary care clinicians, it is important to adopt standardized customer service and communication trainings for front-office staff. These employees provide the first impression to patients and can set the tone for the entire visit. Receptionists who are excellent at connecting with patients and skillfully conveying empathy can increase a patient's sense of connectedness to the clinic, which can – in turn – increase the likelihood that they feel comfortable discussing behavioral health concerns with their provider. Organizations can also thoughtfully recruit and hire those who are naturally skilled communicators by including communication as a primary duty in job descriptions and staff evaluations. Through universal trainings, coaching, and other development opportunities for every staff member, organizations can build a work culture in which communication is prioritized, valued, and rewarded.

9 **Provide culturally sensitive and linguistically appropriate care.** Clinics should make every effort to deliver culturally responsive care and hire employees who have language and cultural congruency with the populations they serve. There should also be professional translation services available, as well as training for providers on the social factors, attitudes, stereotypes, and stigmas that can influence their patients. Particularly for those with mental health or substance abuse issues, these factors can significantly affect their willingness to acknowledge symptoms, ask for help, or disclose their participation in treatment. It is also important for clinics to look beyond ethnicity, religion, and gender when initially defining "culture" to include patients' age and sexual orientation as part of their cultural identity. Raising staff awareness, cultivating empathy, and integrating wellness practices from other cultures (i.e. meditation; tribal healing, Eastern medicine, etc.) can help health centers meet the unique needs of all their patients. Developing partnerships with local organizations that serve specific ethnic populations can also help clinics extend their reach and connections to the community. Ultimately, the goal is not for providers to become culturally competent in just one area or with one population; instead it is about developing a deep commitment to the continuous work of understanding and responding to any and every population served.

10 **Collect and apply data to support patient outcomes and clinical improvement.** As the field continues to move away from reimbursing the "volume" of patients toward the "value" of care provided, it is increasingly important that clinics begin to measure outcomes that demonstrate improvement in patient health. Clinics should develop formal and informal information systems that help members of the care team communicate and coordinate behavioral health services and primary care, and understand the full picture of a patient's health. Strong data collection and analysis systems are the foundation for continuous improvement, feedback, and clinical excellence. Including patient experience measures as a component of data collection is critical to understanding and tracking patient adherence and outcomes. In addition, selecting measures that can be correlated with the health of the broader community, and collecting data on race and ethnicity can help organizations monitor for health disparities among their patient population. Creating a culture of quality improvement and using data to demonstrate better health outcomes can also help build the business case for integrated care, particularly for the managed care plans that are emerging as an important payer and partner in the behavioral health delivery system.

Conclusion

There is a growing recognition and abundance of research supporting the positive impact of integrated behavioral health and primary care on patient experience and outcomes. Integrated care teams are quickly becoming the "gold standard" for delivering behavioral health services throughout California's healthcare safety net. Nonetheless, many challenges remain and no single approach to integration will work exactly the same or be as effective in every clinic setting. The ten things suggested here represent concrete actions that safety net providers can take, regardless of their integration approach. Each step can help shrink the gap between patients' behavioral health needs and clinics' ability to meet those needs, and bring us all closer to achieving the type of patient-centered system we know is possible.

• Composed for Blue Shield of California Foundation by Elizabeth Morrison and Mary Rainwater, May 2015 •