



# Improving Care and Coordination between Primary Care Physicians and Behavioral Health Providers

*Improving member health outcomes through  
effective communication*

# Agenda

- 1 The role of providers in relation to behavioral health.**
- 2 A strong foundation for care and coordination.**
- 3 Communication responsibilities to other providers.**
- 4 Improving care and coordination between medical and behavioral health.**
- 5 Final thoughts and resources.**

# The role of providers in relation to behavioral health

## Primary Care Physicians

- Often the first point of contact for patients with BH issues.
- Not BH specialists, but often prescribe the majority of psychotropic medications.
- Referring patients with suspected or current BH diagnoses to BH specialists.

## Behavioral Health Providers

- Some providers (psychiatrists) prescribe psychotropic medications.
- Treating mental health issues with different, non medical modalities of therapy.
- Generally see individual patients at a higher frequency than medical providers.

# The importance of communication between primary care physicians and behavioral health providers

- Communication about private health information is the *shared* responsibility with both types of providers.
- In the past, BH and medical were completely separate services. It is known today that BH and medical issues can impact one another.
- Providers who have information that can impact the treatment and outcomes of patients have an ethical duty to share information to other providers involved in patient care.

# A strong foundation for care and coordination: Reflective questions

- Whether a primary care physician or behavioral health specialist, one important question to answer is what is *my role* in patient care? (i.e., treating or consultative)
- Do I have the right information to positively impact patient care?
- Am I aware of my patient's other providers and if so have I communicated with them about coordination of care?
- Answering these brief questions can help to determine if information is present or needed on patients who have a current or suspected behavioral health diagnosis.

# A strong foundation for care and coordination:

## Initial contact

- Many issues surrounding communication can be reduced or avoided altogether during a patient's initial visit to a primary care physician/behavioral health office.
- Ask for releases of information during the first visit that include behavioral health and/or primary care providers.
- Screen for common behavioral health conditions such as anxiety and depression during primary care visits (i.e., PHQ-9).

# Communication responsibilities to other providers

## Behavioral Health Providers

- Am I aware of medical conditions the patient might have?
- Have I received any notes from the patient's medical provider?
- Have I provided documentation to a patient's primary care physician regarding behavioral health symptoms or diagnoses?

## Primary Care Physicians

- Have I screened my patient for depression/anxiety?
- Are there any seemingly medical symptoms that could be a result of a known or suspected behavioral health diagnosis?
- Have I reconciled and clarified my responsibilities regarding patients on psych meds?

# Why doesn't documentation make it to other providers?

- Due to the increased need of both medical and behavioral health services, primary care physicians and behavioral health providers often have an at or above capacity case load.
- Documentation can sometimes take a back seat to other tasks, even if the patient is receiving excellent care.
- This is because documentation is often time consuming, rarely reimbursed, or providers are unaware of one another.
- Providers may not have a complete understanding of private health information regarding behavioral health and are worried about sharing unauthorized information.



## How can I improve care and coordination?

- Talk to your patient! Asking them about other providers can trigger a need for a release of information or follow-up information from another provider.
- Look at the patient from a holistic standpoint, ensuring that BH and medical issues both receive attention.
- Generate a template for documentation that is orderly, concise, and understood in layman's terms by other providers.
- Schedule time to document. Documentation and sharing patient information is a big part of care and coordination.

## Final thoughts

- As medical and behavioral health integration becomes more mainstream, each provider group will have to decide how to best impact communication.
- National trends show that “warm” hand-offs as well as co-locating behavioral and medical services can improve care and coordination.
- Trends also show that a large portion of primary care visits include a behavioral health component.
- Ultimately, it is up to providers to instill best practices for patient outcomes.

# Resources

- <https://dukespace.lib.duke.edu/dspace/bitstream/handle/10161/15094/FamilyMedicineVol49Issue5Hemming361.pdf?sequence=1> (Study regarding integration of medical and behavioral healthcare and co-managing patients with Behavioral Health Diagnoses.)
- <https://link.springer.com/article/10.1186/1472-6963-12-337> (Description of a VA program designed to integrate outpatient behavioral and medical healthcare with an emphasis on information sharing.)
- [https://www.behavioralhealthworkforce.org/wp-content/uploads/2018/12/NPI-Full-Report\\_Final.pdf](https://www.behavioralhealthworkforce.org/wp-content/uploads/2018/12/NPI-Full-Report_Final.pdf)  
(Trends in co-location of medical and behavioral health services in the USA.)



Thank You