Can You See Me Now?: Testing Associations between Visibility of Integrated Behavioral Health Providers and Physician Referral Patterns

Background

The close physical proximity of primary care providers (PCP) and behavioral health providers (BHP) facilitates collaboration by creating opportunity for conversation, consultation, and warm handoffs (Cohen et al., 2015; Gunn et al., 2015; Hunter & Goodie, 2010). Physical proximity also promotes visibility of the BHP, which is said to increase the likelihood of temporal proximity between medical appointments and behavioral health (BH) follow-up (Urada et al., 2014). However, though accessibility of the BHP is often described as essential, there is little research providing evidence of the effectiveness of availability.

Despite advances in describing the contributions of proximal location and scheduling of providers to integrated behavioral health (IBH) processes, little evidence has been generated for how these factors make for an effective IBH approach (Talen, Valeras, & Cesare, 2013). Further analysis is required to examine the associations between the specific organization of IBH practices and interprofessional sharing of care (Fiscella & Mcdaniel, 2018; Gunn et al., 2015).

Method

- This quasi-experimental study commenced with the hire of one licensed marriage and family therapist to provide IBH services at two family medicine clinics.
- Data were gathered via EHR chart review.
- Poisson regression and generalized linear modeling were used to test hypotheses 1 and 2, respectively.

**SAMPLE**

- Data collection occurred over a period of four months and included 14 family physicians and one nurse practitioner who collectively saw a total of 2,847 unique patients during that time period.
- 95 (3.33%) of these patients received a BH referral.
- 17.1% of the total patient sample had a mental health diagnosis or factor influencing health status (ICD-10 Z code).
- IBH reached 19.5% of eligible patients, as defined by PCP diagnostic codes.

Hypotheses

This exploratory study examined whether the temporal visibility of the BHP is associated with medical provider uptake of IBH. Temporal visibility was operationalized as the overlap of medical provider schedules with a BHP’s schedule.

**RESEARCH QUESTION** Does shared time and space with a BHP impact physicians’ use of BH services and their approach to patient transitions (i.e., referrals and warm handoffs)?

To answer this question, we tested two hypotheses:

1. Greater visibility (i.e., greater overlap of medical provider/BHP schedules) is associated with an increased number of traditional BH referrals.
2. Greater visibility is associated with a greater proportion of warm handoffs (i.e., within scope of utilizing BH services).

Results

**HYPOTHESIS 1: Greater Visibility, More Traditional Referrals**

- 10% increase in schedule overlap
- 23% increase in likelihood of provider making traditional BH referral

**HYPOTHESIS 2: Greater Visibility, More Warm Handoffs**

- 1% increase in schedule overlap
- 110% increase in likelihood of provider making warm handoff

Discussion

Greater visibility was significantly associated with an increase in traditional BH referrals and a greater proportion of warm handoffs. Though this exploratory study was quasi-experimental and consisted of a limited sample, it provides initial evidence to support the notion that BHP availability is an essential component of uptake and successful implementation of IBH.

- An important nuance from the present analysis is a linear relationship indicating that as BHP visibility increases for any individual provider, that provider also becomes more likely to refer to the BHP using traditional methods.
- Although causal conclusions cannot be drawn from the present study, our findings potentially indicate increased collaboration across the board, supporting an overall aim of “whole-person” healthcare.

- Organizations seeking to implement or expand IBH services may be more successful if they assess BHP visibility and arrange clinic schedules and physical layout to maximize BHP visibility for the greatest number of providers.

References


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