Medical Provider Satisfaction with Integrated Behavioral Health Services in a Multi-Site Urban Federally Qualified Health Center

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Introduction

• Christ Community Health Services is one of the largest Christian Health centers in the nation with 7 locations in Shelby County, TN (CCHS, 2019).
• CCHS seeks to provide comprehensive, holistic care through offering Integrated Behavioral Health (IBH) services within primary care.
• IBH Services were first offered at our Frayser clinic in February of 2016; and they are now offered full-time in most of our clinics.
• Utilization of the Primary Care Behavioral Health (PCBH) model, also used by CCHS, is becoming more commonplace in settings seeking to integrate behavioral health within the primary care setting.
• Effectively integrating primary care health requires the willingness of primary care providers (PCPs) to restructure their practice patterns, modify their established clinical flow, be inclusive of the Behavioral Health Consultants (BHCs), and present behavioral health as a valued service in primary care (Torrence, Mueller, Ilem, Ren, DeSantis, & Segal, 2014).
• This study’s goal was to evaluate the satisfaction of medical providers with the integrated behavioral health services [based on the PCBH model] offered within a multi-site Federally Qualified Health Center (FQHC).

Research Questions:
1. What is primary care providers’ overall satisfaction with the Integrated Behavioral Health (IBH) Services offered at CCHS?
2. Does previous exposure to working in integrated care settings or referral patterns influence satisfaction?
3. Are they more likely to refer if they have previously worked in an integrated care setting?
4. Does professional role (physicians vs mid-levels) influence satisfaction with BHCs?
5. Who is more likely to refer, physicians or mid-levels?  

Methods

Survey Design & Recruitment
• To assess medical provider satisfaction with IBH, a 7-item survey was designed and administered in Survey Monkey in April 2018.
• This survey was adapted from one used similarly by Torrence et al. (2014).
• A demographics survey was also given to assess for professional role (Physician or Mid-level); site location; length of work at CCHS; previous IBH experience; and referral pattern.
• Participants were recruited via the CCHS email database and asked to complete a brief questionnaire.
• Total administration time was 2 minutes, and all practicing medical providers at CCHS were offered the opportunity to take the survey (n=46).

Participants
• Thirty-three of approximately forty-six primary care providers who have practiced in CCHS sites with IBH responded (72%).

Table 1. Descriptive Statistics of Participants

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician-Family Medicine</td>
<td>15</td>
<td>30.30%</td>
</tr>
<tr>
<td>Physician-Internal Medicine</td>
<td>3</td>
<td>9.09%</td>
</tr>
<tr>
<td>Physician-Pediatrician</td>
<td>3</td>
<td>9.09%</td>
</tr>
<tr>
<td>Physician-OB/GYN</td>
<td>1</td>
<td>3.03%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>10</td>
<td>30.30%</td>
</tr>
<tr>
<td>Physician’s Assistant</td>
<td>3</td>
<td>9.09%</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>100%</td>
</tr>
</tbody>
</table>

Health Center

Frayser 5 15.15%
Raleigh 4 12.12%
Bread Avenue 7 21.21%
Mobile Clinic 2 6.06%
Hickory Hill 5 15.15%
Third Street 5 15.15%
Orange Mount 7 21.21%
Total 33 100%

Time Worked

0-2 years 17 51.52%
2-3 years 12 36.36%
3-5 years 2 6.06%
10+ years 2 6.06%
Total 33 100%

Previous IBH Work

Yes 10 30.30%
No 23 69.70%
Total 33 100%

Referral Pattern

0-5 times weekly 6 18.18%
6-10 times weekly 15 45.45%
11-20 times weekly 11 33.33%
Never or rarely 3 9.09%
Total 33 100%

Results

• For all items, 61% to 97% of participants endorsed agree or strongly agree.

Table 2. Measures

<table>
<thead>
<tr>
<th>Scale</th>
<th># Items</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted version</td>
<td>7</td>
<td>Respondents selected a response based on a 5-point Likert-type scale from 0 (Strongly Disagree) to 4 (Strongly Agree).</td>
</tr>
<tr>
<td>Evaluating Behavioral Health Services</td>
<td></td>
<td>Please indicate the extent to which you agree with the following statements.</td>
</tr>
<tr>
<td>“Using a BHC improves my efficiency as a healthcare provider.”</td>
<td>75% indicated they “Agree” or “Strongly Agree.”</td>
<td></td>
</tr>
<tr>
<td>“Using a BHC improves my ability to provide quality patient care.”</td>
<td>96% indicated they “Agree” or “Strongly Agree.”</td>
<td></td>
</tr>
<tr>
<td>“My BHC effectively helps patients address their mental health problems.”</td>
<td>90% indicated they “Agree” or “Strongly Agree.”</td>
<td></td>
</tr>
<tr>
<td>“My BHC effectively helps patients address their physical health problems.”</td>
<td>80% indicated they “Agree” or “Strongly Agree.”</td>
<td></td>
</tr>
<tr>
<td>“Working with a BHC improves my overall job satisfaction as a primary care provider.”</td>
<td>95% indicated they “Agree” or “Strongly Agree.”</td>
<td></td>
</tr>
<tr>
<td>“BHCs are an important component of the medical team.”</td>
<td>95% indicated they “Agree” or “Strongly Agree.”</td>
<td></td>
</tr>
</tbody>
</table>

• A bivariate correlation determined that there was a negative correlation between length of time working within the organization (M = 67 SD = .35) and referral pattern (M = 79 SD = .42); r = .56, p < .001, n = 33; suggesting that individuals who have worked within the organization longer refer less often to their BHC.
• Additional series of chi-square tests of independence were conducted and determined that professional role (physician or mid-level), frequency with which providers refer (low referrers or high referrers), and previous experience with integrated care (no or yes) do not significantly influence their perceptions of their BHC. It was also determined by a series of chi-square tests that previous exposure to integrated care and professional role do not significantly influence referral pattern.

Discussion

Implications:
• Overall, results suggest that medical providers are strongly satisfied with the PCBH model implementation.
• Medical providers overall felt that working within an integrated care team with a Behavioral Health Consultant (BHC) improved their efficiency, enhanced their ability to provide quality care, helped them better address their patients’ mental and physical health problems, increased their comfort in discussing mental health issues with their patients, and improved their overall job satisfaction as a medical provider. They also viewed their BHC as an important component of the medical team.
• These results are particularly promising given the relatively short duration of time that integrated behavioral health services have been offered within these sites, suggesting that such services are viewed as valuable by medical providers fairly quickly after launching, despite frequency with which they refer, professional role, or if they had previous experience with integrated care.

Future Research
• Future studies should include perceptions of medical providers working within settings integrating the PCBH model, but within perhaps more rural contexts as well as those within private healthcare settings.

Limitations
• Results are reflective of the opinions of medical providers working exclusively within an urban Federally Qualified Health Center and as such, might not be representative of other settings.