Behavioral Health Continuity in Primary Care: Controversy, Evidence, and Future Research

- Daniel Mullin, PsyD, MPH, University of Massachusetts Medical School
- Lauren DeCaporale-Ryan, PhD, University of Rochester Medical Center
- Jennifer S. Funderburk, PhD, VA Center for Integrated Healthcare
- Larry Mauksch, MEd, University of Washington
The presenters of this session **have NOT** had any relevant financial relationships during the past 12 months.

The views expressed in this presentation are those of the authors and do not reflect the views or official policy of the Department of Veteran Affairs or other departments of the US Government.
Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Summarize the evidence for the role of continuity on patient outcomes
• List three standard metrics for continuity of care provided by behavioral health providers in primary care
• Describe a research study to examine the value of continuity of behavioral health in primary care
What is the Origin of this Presentation?

• CFHA listserv discussion
• Is continuity part of the primary care model?
• How important is continuity in primary care?
• Should continuity be equally valued in relationships with IBH clinicians if patients are only seen for 1-3 visits?
  • The evidence base for 1-3 visits being better than usual care delivered by a PCP is very weak, so should 1-3 visits be the standard on which continuity is based in IBH?
• How does teamwork play into the continuity formula?
• What research questions could be asked to clarify these issues?
Activity:
Write down your definition of continuity of care in primary care
Does your definition change if you think about it from a patient’s perspective?

What if you think about continuity within the relationship between an IBH clinician and a patient?
Looking for Answers

Continuity Of Care

Identified Key Terms

Two Reviewers/Article

Pulled Existing Literature
Does Continuity of Care Matter?

YES

• Impact on the patient experience
• Improved patient satisfaction
• Decreased utilization of ED (including for behavioral health presentation)
• Decreased risk of hospitalization
• Decreased risk of mortality
Continuity of Care within Integrated Primary Care

"The connection between the provider and the patient longitudinally allows for a relationship to be formed and trust to be established."
Dimensions of Continuity

**Relational Continuity**
- Connects past, present, and future care
- Valued in primary and mental health care
- Provides predictability and coherence

**Informational Continuity**
- Links care from one provider to another
- Links care from one healthcare event to another
- Contains knowledge about patient’s preferences, values, and context
- May be accumulated in the memory of providers who interact with the patient

**Management Continuity**
- Important in chronic/complex diseases
- Helpful when several providers are involved
- Achieved when care is delivered in a complementary and timely manner
- Enhanced by shared management plans or care protocols
- Both consistency and flexibility are critical

Haggerty, J. Et al. (2003). Continuity of care: a multidisciplinary review BMJ [https://dx.doi.org/10.1136/bmj.327.7425.1219](https://dx.doi.org/10.1136/bmj.327.7425.1219)
Four Modifiers of Continuity

Duration
Density
Dispersion
Sequence

Duration - measures length of time with a particular provider

1 Year

10 Years

Density - characterizes visits with the same provider quantified by number or percentage of visits over a defined time period.

Low Density

High Density

Dispersion - quantifies the number or percentage of visits with distinct (unique) providers

Low Dispersion

High Dispersion

Sequence - accounts for the order in which different providers are seen.

Low Sequence Continuity:

High Sequence Continuity:

How Have Others Measured Continuity of Care?

• Data from the Electronic Medical Record or Claims Data
  • Measures Vary Depending on 4 Modifiers
    • **DENSITY**: Usual Provider of Care index
    • % of patient visits to the clinic with the assigned provider or the most frequently seen provider during a period of time

A A B A A A A A A C A A A A

High Density

Jee, S.H. & Cabana, M.D. 2006 Indices for Continuity of Care: A systematic review of the literature Medical Care Research and Review 63, 158-183.
• **Dispersion**: Continuity of Care (COC)-Extent to which different providers were seen—number or percentage of visits with distinct providers

A B A C D D B E A A C A A A A A A

High Dispersion
Using EMR Can’t Capture it All!!
Self-Report Measures of Continuity of Care

• Components of Primary Care Index (CPCI)-20-item questionnaire
  • Example subscales and items
    • Comprehensiveness of Care: I go to this doctor for almost all of my medical care
    • Accumulated Knowledge: This doctor does not know my medical history very well.
    • Interpersonal Communication: I can easily talk about personal things with this doctor
    • Coordination of Care: This doctor does not always know about care I have received at other places.
    • Longitudinality: How many years have you been a patient of this physician?

Flocke, S.A. 1997 Measuring attributes of primary care: development of a new instrument J of Family Practice 45, 64-74
Self-Report Measures of Continuity of Care

• **Heart Continuity of Care Questionnaire**

• **Cancer Care Coordination Questionnaire**
  • Young, JM Walsh, J, Butow, PN, Solomon, MJ, & Shaw, J (2011) Measuring cancer care coordination: development and validation of a questionnaire for patients BMC Cancer 11, 298

• **Coordinated Care Initiative**—

• **Client Perceptions of Coordination Questionnaire**
Don’t Forget Qualitative Data May Also Be Useful

The Post Test Interview

On a scale of 1 to 10, how would you rate your bridge experience?
What Kinds of Questions Can We Ask That Might Help Us Better Understand Continuity of Care Within IPC Using the EMR?
Examples of Some Questions We Have

• As an Administrator, I might be curious whether the amount of continuity of care (as assessed by dispersion of visits among different IBH providers) impacts primary care and emergency healthcare utilization by patients? OR as indicated by different members of the IBH team?

• As a clinician, I might want to know among high healthcare utilizers, is the usual care provider index associated with patient outcomes?
What Kinds of Questions Can We Ask That Might Help Us Better Understand Continuity of Care Within IPC Using Self-Report Questionnaires?
Examples of Some Questions We Have

• What is the level of perceived continuity of care by the patient and is that modified by huddles, dispersion of providers, etc.? And is that related to patient outcomes?

• Does acuity of the visit (e.g., suicidal, social phobia) or presenting problem foci (e.g., sexual health, insomnia) or presence of chronic disease significantly impact patient’s perception for the need for continuity of care? In context of its impact on access?
Learning Assessment

• A learning assessment is required for CE credit.
• A question and answer period will be conducted at the end of this presentation.
You can begin your slides here and REMOVE THIS SLIDE
Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.
Join us next year in Philadelphia, Pennsylvania! Thank you!