

# A Healthcare System's Engagement in Integrated Behavioral Health: Using Feedback to Guide Program Development

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## Abstract

Integrated Behavioral Health (IBH) is well accepted in primary care settings. Our efforts at expanding IBH across our healthcare system show that IBH is well accepted in a variety of medical settings (Primary Care, Pediatrics, Specialty Care) as well as across modalities (in person and telehealth). In addition to increasing access to behavioral health services, the presence of an IBH provider is viewed as improving team members' work environments as well as helping to improve the psychological and physical health of the people served in these settings. Feedback has been used to direct program development in individual clinics and across our program system wide.

## Methods

As a part of our ongoing program improvement efforts, we surveyed 247 individuals (106 nurses, 84 providers, 57 other) across 13 clinics. Participants were asked to identify which clinic they were associated with and their role in the clinic (provider, nurse, other). All participants answered four questions related to their perceptions of IBH in their clinics; providers answered an additional four questions related to their views of how IBH has impacted patient care and outcomes. All questions had five possible responses (No, Between No and Somewhat, Somewhat, Between Somewhat and Yes, Yes). Participants were also able to leave comments at the end of the survey. Responses were compiled by site to allow for site-specific program improvement, and in aggregate to show the impact of IBH across the system.

## Results

### Selected results:

- 89% of respondents indicated that IBH "has been positive for my clinic"
- 77% indicated that "IBH has improved my work environment"
- 83% indicated that IBH has increased access to BH services
- 80% of respondents indicated that their patients had improved mental health
- 48% of respondents indicated improvement in patients' physical health

Please review the attached handout for additional results.

### Qualitative Themes:

- Appreciation:
  - Benefits of Warm hand offs / ease of access
  - Gratitude
  - All aspects of health
  - Improved practice – especially when managing crisis
  - Resource / source of information
  - Care for whole clinic – education, burnout prevention
- Areas for Improvement and Program Response:
  - Less visible during Covid
    - Response (Staff Facing): IBH present at Huddles, weekly emails, etc.
    - Response (Patient Care Focused): increased work on virtual warm hand offs, schedule scrubs, change practices with return to clinic, use Epic Chat
  - Need more access
    - Response: added IBH services to 3 Tele Health Clinics, 2 Primary Care Clinics
    - Response: added 1 additional IBH provider, 4 system approved openings
    - Response: collaborating with system resources to ensure access to behavioral health services (even if the patient does not have primary care in our system)
  - Improve process for accessing Tele IBH
    - Response: collaboration to streamline workflow, added additional iPad to increase access, offer virtual patient follow up scheduling
  - Addressing safety concerns for Tele IBH patients
    - Response: collaboration between clinic and Tele IBH staff, barriers: multitasking

## Conclusions



Review of this data has encouraged continued efforts towards management of physical health concerns in addition to mental health concerns. It has also led to a renewed effort to emphasize warm handoffs in our clinic settings (both in person and virtually).

## References

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