How this solo family practice integrates behavioral health care

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It’s been several years since family physician Karen L. Smith, MD, began screening her patients for depression and anxiety, as well as for alcohol- and substance-use disorders.

Her Raeford, North Carolina, practice—about two hours from Wilmington in a rural area of the state—was part of a pilot project that put a psychiatrist in her office, allowing her to do a warm handoff of a patient whose screening showed they had a mental health illness or substance-use disorder.

“The pilot went extremely well,” Dr. Smith said. “People really appreciated that service. The county offered services, but there were long waitlists to get in, it was difficult to schedule additional psychological testing and they didn’t offer services for substance-use disorder, which meant patients had to travel for up to two hours to receive care.”

Behavioral health became a regular part of the practice and Dr. Smith has continued to integrate such services into her private solo practice. With families coming in asking if she knew of services to help loved ones struggling with opioid-use disorder and other substance-use disorders, Dr. Smith became certified to offer medication for addiction treatment (MAT) services.

Today, in addition to the MAT services, the Lighthouse Counseling Center out of Fayetteville, North Carolina, has licensed professionals on site at Dr. Smith’s office, and Dr. Smith works with a couple of independent counselors.

The AMA established the Behavioral Health Integration (BHI) Collaborative with seven other leading medical associations to help physicians overcome obstacles to integrating behavioral and mental health care into primary care practices and help reach more patients. The goal is for patients to receive coordinated mental health care through the primary care office, whether in collaboration with a psychiatrist or other mental health professionals.
Treating the whole patient

Bringing behavioral health services inside her practice walls has allowed Dr. Smith to more fully meet patients’ needs and, in turn, brought her more professional satisfaction.

“Once we did the screening, we recognized these folks are everyday people who had found themselves addicted to a substance. Or they are having issues with depression. Adult ADHD is recognized. All of these mental health disorders that were holding these individuals back from having a regular life,” said Dr. Smith.

Offering these services in the primary care setting also opened up care to people of color who often have less access to behavioral health services.

“Many individuals are in the marginalized community that we care for in their hometown,” Dr. Smith said. “People can come a reasonable distance and actually receive consistent care.”

A rewarding team effort

After going through some of the challenges and growth pains of incorporating behavioral health care—for example, figuring out billing or going through extra training and taking steps in the office to offer MAT—Dr. Smith encourages other physicians to take the leap.

She said doctors should find like-minded colleagues they can work with, make sure staff is engaged and well-trained, and conduct a thorough plan-do-study-act cycle with the new routine.

“We are stronger when we work together,” she said. “If we work together in a collaborative fashion, we can take care of the patients and not necessarily drop out of medicine.”

The BHI Collaborative has created the Overcoming Obstacles webinar series. Also available, is the Behavioral Health Integration (BHI) Compendium, a one-stop online collection of resources from eight of the nation’s leading physician organizations designed to help physicians and their practices no matter where they are on their path to integration.