Offering integrated behavioral health care via telehealth a win-win

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Integrating behavioral health care into the primary care setting is a great way to expand the incredibly limited availability of psychiatrists, psychologists, social workers and other professionals with this expertise who are in especially high demand as patients need support during the COVID-19 pandemic.

It can mean having behavioral health professionals located in the same walls as the primary care practice, a primary care practice teaming up with professionals who provide services at or from other locations, or both.

And as discussed at a recent AMA clinical case study webinar, when you can make telehealth services part of your integrated behavioral health care model, it only enhances the services that can be offered and expands the reach physicians have to patients who otherwise wouldn’t be able to easily access mental and behavioral health services.

The interactive webinar provides participants with an overview of opportunities and techniques for delivering integrated mental and behavioral health care via telehealth. A physician and a licensed social worker from Oak Street Health, a large Chicago-based network of value-based primary care centers for adults on Medicare with locations in more than a dozen states, shared their experiences with adding telehealth to their integrated behavioral health care. A pediatrician from North Carolina shared her smaller practice’s experience of jumping into using telehealth for integrated behavioral health care during COVID-19.

The webinar is part of the Telehealth Immersion Program designed to help physicians, practices and health systems implement, optimize, sustain and scale their telehealth efforts. It is also part of the AMA STEPS Forward™ Innovation Academy that lets physicians learn from peers and experts and discover ways to implement time-saving practice innovation strategies.


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Meeting more patients’ needs

At Oak Street Health, when shelter-in-place orders hit, they had 36 hours to get 40 behavioral health care specialists onto an online platform. They tried to keep their workflows as normal as possible for everyone involved, moving their usual workflows to a virtual format. As things eased up, Oak Street has continued with a flexible, hybrid model of care.

Psychiatrist Justin Hunt, MD, Oak Street Health’s medical director of behavioral health, said the model has helped them:

- Reduce transportation barriers.
- Have the flexibility to find the appropriate level of care for each person, which can be in-person, in-center video, video to home, phone to home, or a combination.
- Eliminate access barriers due to the geographic maldistribution of psychiatric nurse practitioners and psychiatrists.
- Care for more patients through psychiatric consultation than through 1:1 care.

“It really adds up to be a wonderful system in which to treat patients,” Dr. Hunt said. “If someone has pretty straight-forward generalized anxiety, the phone might be just fine. But if you need to have a more robust evaluation of someone with psychosis, bringing them on into the center is probably the best way to go.”

Providing care statewide

At a Burlington, North Carolina, pediatrician office that has seen some families for three generations, the pandemic necessitated figuring out how to take their integrated behavioral health care virtual. It’s allowed pediatricians at Burlington Pediatrics to reach their patients new ways, pediatrician Yun Boylston, MD, MBA said during the webinar.

College-aged patients attending school in-state who are struggling with mental health concerns are able to use telehealth to connect with pediatricians who know them well and families are comfortable reaching out during a time when behavior health needs have been on the rise for everyone. In one instance, a mom was worried about her daughter’s anxiety level but couldn’t bring the child in because she was in the ICU with her husband. Dr. Boylston used telehealth to connect simultaneously with the mother in one location and the child who was with her grandmother, in another location.

“I felt as a physician, that was a time I really met a patient where they needed me and I met them
where they were,” she said. “I look forward to bridging that kind of gap much more in the future.”

To help physicians create practices that are able to help treat the whole patient, the AMA established the BHI Collaborative with seven other leading medical associations and created the BHI Compendium as a one-stop online collection of resources.