How behavioral health integration helps beat physician burnout

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It had been a challenge to provide real-time access to mental health care to patients at Henry Ford Health System—a member of the AMA Health System Program—regardless of whether a behavioral health clinician was physically present at the practice site.

That’s because even with embedded therapy—a therapist housed within the practice—at each clinical site, it was hard to schedule appointments with patients. But by integrating behavioral health care virtually with telemedicine, Henry Ford Health System clinicians were able to quickly reach patients in need of care while ultimately improving physician well-being.

“We all know about the global mental health access crisis, and our system is not immune to this,” said Doree Ann Espiritu, MD, medical director of the Behavioral Health Services Adult Outpatient Division and the service chief of psychiatry at the Henry Ford West Bloomfield Hospital. Her remarks came during a recent webinar hosted by the Behavioral Health Integration (BHI) Collaborative, a group established by the AMA and seven other leading medical associations to help overcome obstacles to integrating behavioral and mental health care into primary care practices.

Dr. Espiritu co-led the initiative to integrate behavioral health care virtually into primary care practices, which has spread to 32 clinics across the Henry Ford Health System.

“Prior to the start of BHI, we actually had some experience with having embedded providers in a few clinics as part of some other initiatives that we were doing. The problem with that was that the schedules for these therapists would frequently fill up,” said Emmanuel P. Dizon, MD, an internist at the Henry Ford Medical Center in Dearborn, Michigan, and a primary care champion for BHI.

That’s why Henry Ford turned to a 100% virtual BHI model that not only improved the mental health of their patients. It also positively impacted physician satisfaction and well-being. Here’s how.
Knowing there is support

When a patient under a physician’s care is experiencing acute stress, it can often make the physician who encounters difficulty finding behavior health services for their patient feel like they’re alone in trying to meet their patient’s needs and can contribute to professional burnout. But knowing there is help through behavioral health integration, physicians experience a sense of relief.

“It’s one of those things where you just can’t imagine practicing without it,” said Eunice Yu, MD, an internist at Henry Ford Health System and a champion for BHI since its inception.

For example, Dr. Yu had a 25-year-old patient and “it was pretty clear that she was suffering from a lot of anxiety and knowing that I had backup and support from the BHI team—that they had my back—gives me just this enormous sense of relief that when I broach these conversations, I’m not going to be sending my patient out to the void,” she said. “I was able to say to her right there that I have a team of therapists that I work very closely with—they can see you quickly, usually within two weeks.”

Dr. Yu was able to address her patient’s issues in a way that hadn’t been possible previously because she knew she “had the support from a team that would follow up.”

Establishing work-life balance

The difficulty of getting patients seen, especially when they are in crisis, adds to the considerable stress experienced by practicing physicians. This added stress weighs heavily on them, disrupting their work-life balance and putting them at a higher risk for burnout. By comparison, patient access to integrated behavioral health care helps physicians maintain work-life balance.

“Behavioral integration is one of those initiatives that can really address the fourth aim, which is improving the work-life balance for health care professionals,” said Dr. Espiritu, adding that pre-pandemic it was “always difficult to get patients in when we needed to see them at the point in their lives when they are in crisis.”

“No matter how many psychiatrists and mental health providers we hired, it would never be able to address the demand, and primary care physicians were at a loss for where to send their patients,” said Dr. Espiritu. “BHI has allowed us to address a lot of these with the use of a registry and working very closely with the primary care team.”

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