Behavioral health integration in physician practices: RAND study

RAND/AMA Behavioral Health Integration (BHI) study

The integration of behavioral and physical health care has long been identified as one of the more effective solutions to increasing access to treatment for many mental health conditions. However, in spite of such strong recognition, sustained BHI has occurred in only a small subset of practices to date.

AMA set out in 2019 to better understand the specific factors influencing BHI into practices to inform the AMA’s support for development of potential solutions that address persistent disparities in access to and quality of care.

AMA partnered with the RAND Corporation to learn about the motivators, facilitators and barriers to BHI from physician practices with firsthand experience. Information was collected about (1) their decision making processes for choosing a BHI model and implementing it; (2) barriers encountered in implementing BHI; (3) strategies used to overcome such barriers; (4) financial and non-financial resources that were (or would have been) helpful for implementation; and (5) lessons or advice for other practices considering whether and how to implement BHI.

Key findings of RAND/AMA study

1. Physician practices had broad motivations for BHI including expanding access to behavioral health services, improving other clinicians’ abilities to respond to patients’ behavioral health needs and enhancing practice reputation.
2. Physician practices tailored implementation of models to fit their individual contexts including local resources, financial incentives and patient populations.
3. Physician practices faced multiple barriers to successful integration including cultural differences, incomplete information flow between behavioral and non-behavioral health clinicians and billing difficulties.

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4. Physician practices utilized a variety of approaches to financially support integration, not all of which are sustainable.

These findings should help identify and spread effective solutions for sustainable BHI, particularly as physicians and their practices continue to face new and unfamiliar challenges in delivering care to patients in response to COVID-19.

Practices are concerned about safely delivering necessary care to patients and about postponing non-essential care. New for many practices is having to consider current and future needs for clinician services, including behavioral health care, as the amount of stress-related disorders and other mental illnesses generated from the pandemic’s impact on the global community have risen sharply.

Considerations for integrating behavioral health into a practice’s business model are being more widely examined in parallel with physicians’ need to address their own mental health and well-being.

**988 Suicide & Crisis Lifeline**

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) telephone program.

People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.