

Patient Perspectives on Primary Care Behavioral Health Integration: Value, Facilitators, and Barriers

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Background

- Integrated behavioral health (BH) care into primary care (PC) settings can lower costs, improve BH symptoms, improve adherence, decrease physician stress, and combat health disparities
- In 2015, UChicago Medicine established the Primary Care Behavioral Health Integration Program (PC-BHIP)
- Little was known about the perspectives of patients who had engaged with this program

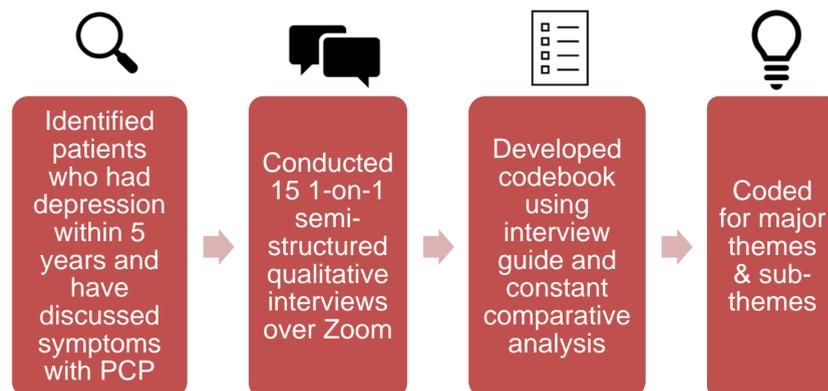
PC-BHIP Components



Goal

- To assess patients' perspectives on the value, facilitators, and barriers of behavioral health care integration into primary care settings

Strategy



Results: Select Themes, Sub-Themes and Representative Quotes from Patient Interviews (N=15)

Value		Facilitators		Barriers	
Helps patients recognize mental health problems	<i>"Because we are accustomed to each other, we are familiar with each other, she will initiate questions that I may not have thought about. And so, I think I'm in good hands." – #8</i>	Patient-Provider Relationship	<i>"There's nothing I can't talk to her about." – #6</i> <i>"With a PCP, I feel like we're in this together. And then it makes me feel a little better about the decisions we're making, because I know it may or may not work, but we're figuring this out as a team at least, and I feel more supported." – #4</i>	Structural	<i>"The biggest challenge was initially getting in... thankfully the therapy program was there to kind of hold the glue together. But the only think I would say is if you're in a really hard spot and you really need something quickly, that's the only downside is it's not going to happen quickly." – #2</i>
Emphasizes connection between physical and mental health	<i>"I would say that's made it less stigmatizing, because I'm not going to the doctor for my behavioral health, I'm going to the doctor just for my health. And it helped me see that your health, behavioral health, mental health, physical health are all one thing, it doesn't have to be separate parts." – #4</i>		<i>"Think about that it might be helpful to have someone in the room who feels more like family to another person, because these conversations are already stigmatized." – #4</i>	Appointment availability	<i>"I would be referred to speak with a therapist or a psychiatrist but then because of insurance purposes, they will have to refer me... once I meet one psychiatrist or one therapist, I don't want to have to look for a whole other person." – #11</i>
Helps patients navigate and supplement mental health system	<i>"I guess she was checking, tried to get me into the university. She kept on trying, she said she's gonna keep on trying until she get somebody to give me help." – #10</i>			Insurance/Cost	<i>"The hospital doesn't actually have in-patient psychiatry or therapy. They would have to look at your insurance and figure out somewhere else to refer you." – #11</i>
Situates mental health care in setting that is accessible, convenient, familiar	<i>"It had become taxing going to different places. So, I seeked for my depression to be handled there. It was very easy to get started up and they had someone come in to talk to me immediately. My sessions began. My talks began. I think it was going very good." – #7</i>	Provider-Provider Collaboration	<i>"And then Dr. [PCP] being so inviting and open to knowing, say, 'What did your therapist say?' There was never any feeling that there was a tension or a competition in this type of care. It was two people who I think actively wanted to collaborate." – #4</i>	Scope of care at hospital	
Eases conversations through established trust with PCP	<i>"Well, she was very caring. She was very attentive, and she wanted to make sure that she wouldn't leave me on my own without medication, if the situation was really serious. And she's been treating me for the past 20 years, or for 25 years. And so, she knows me very well..." – #8</i>	Population-Level Screening	<i>"If you don't really ask, some people learn to keep things to themselves. They don't just volunteer stuff all the time. So, I think it's really good they ask questions." – #1</i>	Interpersonal	<i>"The reason that I haven't talked to anybody is because I wanted to talk to someone who was Afro-American like me. That maybe could understand were I was coming from... I wanted to have someone that I can relate to." – #6</i> <i>"I understand that the university is a learning hospital, and a lot of residents eventually have to move on. It's kind of hard for people to tell their whole life story to one person and then have to start over again with another." – #7</i>
				Lack of shared identities with provider	
				Reestablishing therapeutic relationship	
				Communication style mismatch	

Conclusions and Limitations

- Patient perspectives in this study:
 - Affirm the value of integrating BH care into PC settings, especially for underserved
 - Emphasize the importance of population-level screening, provider-provider collaboration, and combating structural barriers to care when designing similar programs
- Limited generalizability and participant sampling that may be biased towards patients with less stigma around BH and more positive experiences with receiving care than average

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