

Help for the Front Line: Approaches to Behavioral Health Consultation for Primary Care Providers

EXECUTIVE SUMMARY

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INTRODUCTION

According to a recent survey, in 2020–2021, more than a quarter (27%) of Massachusetts adults reported needing behavioral health (BH) care for themselves over the past 12 months, and the demand for BH services has increased over the course of the COVID-19 pandemic.¹ Reports of anxiety and depression symptoms in American adults increased by three to four times in 2020 compared to one year earlier.² In June 2020, 30.9 percent of American adults reported struggling with anxiety and depression symptoms.³ Despite the need for BH services, gaps exist in BH services that restrict the ability for a patient to access services in a timely manner. Primary care providers (PCPs) are often on the front lines of BH care because primary care is easier to access and many adults have an established connection with a PCP.

BACKGROUND

In January 2019, the Blue Cross Blue Shield of Massachusetts Foundation released a report, *Ready for Reform: Behavioral Health Care in Massachusetts*, which highlighted critical gaps in access to BH services throughout the BH care continuum, including in primary care. One option for assisting PCPs in treating their patients with BH needs is a PCP-to-expert provider consultation model. PCP-to-expert provider consultation programs give PCPs timely access to specialists. Provider consultation models have developed over the last two decades, but few in the United States focus on adult BH. The Commonwealth of Massachusetts has been a renowned innovator of BH policies and programs over this period, especially the development of certain specialized BH consultation programs. The state began offering pediatricians

real-time consultation with a psychiatrist or licensed BH clinician through the Massachusetts Child Psychiatry Access Program (MCPAP) for child psychiatric needs. Implemented state-wide in 2004, MCPAP has more recently become a model for new provider consultation programs targeting additional populations. For example, MCPAP for Moms began in 2014 to address the mental health and substance use disorder (SUD) conditions of pregnant and postpartum patients. Massachusetts Consultative Service for Treatment of Addiction and Pain (MCSTAP) started in 2019 to help providers with patients with SUDs and chronic pain, and MCPAP for ASD-ID (autism spectrum disorders and intellectual disabilities) launched in 2020, supporting crisis services providers with patients with ASD-ID who are under the age of 26 and have BH needs. However, there is no existing statewide program for PCPs to consult with BH professionals broadly about adult BH conditions.

It is within this context that the Foundation commissioned a needs assessment to better understand whether a PCP-to-expert provider consultation model might fill current gaps in access to care for BH services, particularly in the primary care setting. The goal of this study was to better understand whether PCPs identify a need for a PCP-to-expert provider consultation program for adult patients with mental health conditions, SUDs, and persistent mental health conditions, and whether they would utilize such a program. Additionally, the study sought to understand the type of BH conditions providers encounter, the proportion of adult primary care patients with BH needs, and the challenges PCPs face in supporting adult patients with BH conditions to understand how a consultation program might be best structured to

- 1 Kenney Walsh, K., Gottsegen, J., Long, S., Sirkin, J., et al. (2022). Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021. BCBSMA Foundation. Available at: <https://www.bluecrossmafoundation.org/publication/behavioral-health-during-first-year-covid-19-pandemic-update-need-and-access-0> [Accessed February 8, 2022].
- 2 Czeisler, M.E., et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w [Accessed November 9, 2021].
- 3 Ibid.

provide evidence-based support to PCPs and, in turn, their patients with BH needs.

The report authors used a mixed-methods approach to this research. First, the authors conducted a review of existing literature. Second, the authors administered an online survey between April and May 2021 that yielded completed surveys from 492 providers. Finally, the authors conducted semi-structured interviews with 10 survey respondents who were most likely to use a PCP-to-expert provider consultation program, to provide context for the survey findings.⁴

KEY FINDINGS

PCPs treat adult patients with a broad range of BH conditions. All PCPs who responded to the survey reported encountering some types of BH conditions among their adult patients. Nearly all PCPs (99%) report encountering patients with mental health conditions such as depression and anxiety, 94 percent of PCPs report encountering patients with SUDs, and 80 percent report encountering patients with persistent mental health conditions. In addition, PCPs reported the number of adults with BH needs is growing; 23 percent of PCPs reported that half or more of their patients had BH conditions pre-pandemic compared to 43 percent who reported that now half or more of their patients have BH conditions.

Persistent mental health conditions, such as schizophrenia-spectrum disorders, severe bipolar disorder, and major depressive disorders, cause significant functional impairment, substantially limit major life activities, and require ongoing treatment and management.

PCPs report feeling ill-equipped to manage some of the BH conditions, especially serious and persistent mental health conditions. They report low levels of satisfaction with their current approaches for addressing patients' needs and express considerable interest in a PCP-to-expert provider consultation program.

The research found that an effective consultation program must incorporate the following:

- Consultation must be as close to real-time as possible, such as via phone and secure online consultation, including video, with response in real time or within 12 hours.
- It must offer referrals to prescribing and nonprescribing providers; consultation on diagnosis, treatment, and medications; and recommendations for programs with peer supports and other community resources.

- It should also be designed for ease of use, requiring few clicks or logins.
- An awareness building campaign should be broad, deep, and multidimensional to reach the highest number of providers.

Roughly half of PCPs surveyed report being very likely to use a consultation program designed like this. The expected frequency of usage among interested PCPs varies by the type of BH conditions, with more frequent expected usage reported for conditions that are more commonly encountered by PCPs. For example, over a quarter of interested PCPs who encounter mental health conditions such as anxiety and depression expect they would use the service at least once a week, almost one in five interested PCPs who encounter SUDs expect they would use the service at least once a week, and almost one in 10 who encounter persistent mental health conditions expect they would use the service at least once a week. On a monthly basis, 75 percent of interested PCPs who encounter mental health conditions such as anxiety and depression report they would use the service at least once a month. 64 percent of interested PCPs who encounter SUDs and 47 percent who encounter persistent mental health conditions report they would use the service at least once a month.

Study results found that Massachusetts PCPs have low levels of awareness of existing consultation programs. When asked about awareness building, though there was no consensus on how to best market a new program, most PCPs interviewed said that they would like to learn about the consultation program from their own practice through direct-to-physician communication (e.g., in person or over Zoom at their practice/organization).

CONCLUSION

This study suggests a consultation program designed for PCPs who need assistance in caring for adult patients with general BH needs may be one important option to consider as part of a comprehensive and multipronged strategy to improve access to services for individuals with behavioral health care needs. Though a BH consultation program will not solve all the challenges to accessing behavioral health care services, this type of program could support PCPs in responding to the behavioral health needs of their patients and provide patients with quicker access to expert-informed care in the primary care setting.

⁴ The report authors are appreciative of the time PCPs took to provide us with detailed information to compile this needs assessment.