

## Pediatric populations

# Behavioral Health Integration in Private Practice



Different approaches may be taken by private practices to integrate behavioral health into primary or specialty care for adults, with numerous opportunities to modify such efforts as patient needs and practice resources evolve. In the pediatric realm, BHI has been widely used to help address many behavioral issues, such as parent-child conflicts, attentional and organizational issues, and **suicidal ideation**. Private practices considering adopting behavioral health integration (BHI) should focus on identifying the best next step to take keeping in mind that any action toward integration, no matter how small, can have a significant impact on both their patients and care team. Whatever the initial approach, it can always be modified based on the practice's experience.

This guide is a curated resource for private practice physicians and their care teams considering BHI. While the content should not be considered exhaustive as no one situation is the same for every practice, it is a helpful starting point focused on some of the key questions relevant to independent pediatric and adolescent practices. Additional detailed guidance on how to get started on your BHI journey can be found [here](#).

### In what ways can BHI be beneficial for small to medium sized practices?

- **There are a number of benefits of incorporating behavioral health services into your primary or specialty care practice.** This may include, but is not limited to:
  - Promoting overall health of patients and the care team
  - **Closing treatment gaps**
  - Enhancing patient access
  - **Reducing stigma**
  - **Increasing positive outcomes**
  - Improving both patient and physician/care team satisfaction
- **Prevention of mental and behavioral health issues in children and adolescents is critical.** We know that trauma and adversity in childhood are significant contributors to mental and behavioral health issues in adulthood, and so we urgently need a trauma-informed, holistic approach that begins in infancy and focuses on the well-being of the whole child through all developmental stages. Pediatric health clinicians have the unique opportunity to:
  - Identify immediate mental and behavioral health concerns and to get children the care they need
  - Focus on building the parent-child relationship that is important for long-term, healthy mental development for all children, adolescents, and families.

The association between mental health and physical health problems is, at least in part, rooted in childhood trauma and adversity, reinforcing the need for pediatricians to identify, ameliorate and manage risk factors. The

American Academy of Pediatrics (AAP) has a number of resources to support physicians undertaking **mental health initiatives** in their practice.

### What are initial steps for practices to take in their BHI journey?

- **Identify the best approach to BHI for your practice.** Practices have several models to choose from. This includes coordinated care, co-location, integrated care. One of the most common models of care is the Collaborative Care Model (CoCM). To review the spectrum of care, please see **Chapter 3 of the BHI Compendium**.
- **Reframe BHI as an opportunity to reduce inefficient utilization of primary care.** When executed successfully, **integration** gives providers more confidence to fully support their patients' **needs** while addressing practice burdens.
- **Consider leveraging telehealth.** **Telehealth technologies** can support the implementation of BHI and allow primary care practices to offer comprehensive and accessible patient-centered care.

Delivering **integrated care via telehealth** can play a key part in an integrated behavioral health practice. This may help to mitigate the impact of uneven distribution and shortages of mental health professionals, particularly specialty professionals such as child and adolescent psychiatrists.

**NOTE:** Use of telehealth consultation to pediatric primary care sites by a mental health team helps to expand access to mental health services for children and adolescents at increased risk, increasing provider capacity, and enhancing family and provider **satisfaction**. For additional details, click [here](#).

## What preparation, training, or qualifications (if any) are required for physicians and staff?

- **Assess readiness for incorporating behavioral health services** by reflecting on your mission and evaluating where your practice is in the process.
- **Align and assemble team members.** Resources and staffing needs vary from practice to practice and determining your needs will largely depend on your clinical setting. Team members may include:
  - Primary Care Physicians (including developmental-behavioral pediatricians)
  - Medical Assistants/Nurses
  - Behavioral Health Specialists/Care Coordinators
  - Consulting Child and Adolescent Psychiatrists
  - Administrative staff

**NOTE:** Specifically for pediatrics, participate in shared visits for children and adolescents at increased risk, provide support to parents, communicate with childcare providers, teachers, and school guidance counselors.

- **Prepare your clinical team.** Successful integration of BH depends on a shared commitment to training on best practices, implementation of new procedures, and understanding of patient-focused engagement materials. Steps for preparing your team may include:
  - Identify staff leaders who will champion the effort, be accountable for the integration and training processes, and share plans of care across systems
  - Develop (or procure) written and/or video training materials (**scripts**, guides, reference documents) for staff
  - Schedule group training session(s)
  - Plan for how and when training will be refreshed/reviewed
  - Communicate with the team on a regular basis
  - If finances allow, consider hiring an external consultant to assess your practice's needs and develop customized staff training

## What kinds of documentation are necessary?

- **Revisit and update your practice's workflow (as appropriate).** Create processes and protocols for the entire care team to clarify their roles and responsibilities. For more detailed information and an example, you can review the **BHI Compendium**, or utilize the BHI How-To Guide's **workflow plan template**.
- **Establish a baseline & metrics of success.** An important preliminary step includes conducting a baseline assessment to document how many patients are seen and how care is currently delivered for individuals within your practice. The team can then select measures for improvement and identify quantifiable indicators of progress to demonstrate success. To see an example of a metric or benchmark that could be used in your practice, see **Chapter 6 of the BHI Compendium**.

- **Partnering outside the practice.** Take steps to inventory community resources, assess the capabilities and availability of additional supportive services, and collaborate on focused initiatives by developing community protocols.

Once you have identified community partners and services, put together a local call list with contacts should you need to conduct patient referrals. For more, see the AMA's **webinar** on *Integrating Mental Health into the OB practice*.

## How do we bill/receive payment for these services?

- **Use age-appropriate screens or tests and be aware of the correct way to code them.** Follow the AAP's **guidelines** on Coding for Standardized Assessment, Screening and Testing. Avoiding common pitfalls will help ensure your practice receives the appropriate payment initially.
- **Understand how your payment model affects financial sustainability.** There is no one-size-fits-all financial model for BHI, and the ultimate goal is the sustainable delivery of high-quality care. Medicaid is the single largest payer for mental health services in the United States and is increasingly playing a larger role in the reimbursement of substance use disorder services. *Note that most Medicaid recipients are children and adolescents (0–21 years).* See the AMA's **webinar** on *Quantifying the Impact of Behavioral Health Integration* for more.

## What kind of follow-up or next steps should occur after beginning to provide BH care?

- **Continue to set goals & remember: “Progress over Perfection.”** Integration of behavioral health can begin (or continue) simply by identifying the best next step that your practice can and will take. It's important to keep in mind that any action toward integration, no matter how small, can have a significant impact.
- **Consider patient partnership and engagement when establishing BHI.** Care teams should start early and explain the “why and how” of integrated care to patients and family/caregivers. Some goals of patient partnership and engagement include a focus on destigmatization, providing resources, maintaining confidentiality, and directly involving the patient in their care. Early observation of red flags and risk factors are additional benefits of patient engagement with children, adolescents, and their parents.

**NOTE:** Pediatricians can engage parents in first line interventions to address **common pediatric primary care concerns** — such as gradual exposure to feared activities or objects and to model brave behavior - common elements in a number of effective psychosocial treatments for anxiety disorders.

The AAP offers **best practices** in patient communication that apply to children and families as well as adults. For more information on how to provide comprehensive care to children, adolescents and families, watch the BHI Collaborative's webinar, “**How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families.**”