

CIH Website

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The VA Center for Integrated Healthcare (CIH) periodically highlights recent publications in the area of primary care-mental health integration (PC-MHI). Our current issue highlights three research reviews. Taken together these reviews suggest that PC-MHI providers should routinely engage in program evaluation efforts, deliver more brief interventions to help patients quit smoking, and look for novel uses of technology to help solve common barriers to integrated care.

Laura O. Wray, PhD, Executive Director

1. Primary Care Behavioral Health (PCBH) Model Research: Current State of the Science and a Call to Action. ([Link to Abstract*](#)). Published in: Journal of Clinical Psychology in Medical Settings, Oct 3. doi.org/10.1007/s10880-017-9512-0. Hunter, C. L., Funderburk, J., Polaha, J., Bauman, D., Goodie, J. L., Hunter, C. M. (2017).

This review found major scientific evidence gaps in patient and implementation outcomes associated with Primary Care Behavioral Health (PCBH) and described a role for front-line PCBH providers to help alleviate these gaps. Recommendations include implementing routine program evaluation systems that measure patient care outcomes (i.e., implement measurement-based care), provider fidelity indicators (e.g., appointment length <30 minutes), and clinic level factors (e.g., penetration rate, same day access). The VA Center for Integrated Healthcare is available to any PC-MHI program for consultation and partnership to design and implement local program evaluation efforts (e-mail CIH at: CIHConsultation@va.gov).

2. A Meta-Analysis of Brief Tobacco Interventions for Use in Integrated Primary Care. ([Link to Abstract*](#)). Published in Nicotine & Tobacco Research, Sep16. doi.org/10.1093/ntr/ntx212. Wray, J. M., Funderburk, J. S., Acker, J. D., Wray, L. O., Maisto, S. A. (2017).

Conducted by investigators at the VA Center for Integrated Healthcare, this meta-analysis found a strong evidence base for the effectiveness of brief tobacco cessation interventions delivered in integrated primary care. Brief Motivational Interviewing and Cognitive Behavioral Therapy were the most commonly used approaches to smoking cessation. Patients receiving PC-MHI services would benefit from more frequent delivery of these effective brief smoking cessation treatments. An example [Tobacco Use Cessation protocol](#) for use in PC-MHI settings is available on the CIH website.

3. Digitally Driven Integrated Primary Care and Behavioral Health: How Technology Can Expand Access to Effective Treatment Psychiatry in the Digital Age. ([Link to Abstract*](#)). Published in Current Psychiatry Reports, Sep 30;19(11):86. doi.org/10.1007/s11920-017-0838-y. Raney, L., Bergman, D., Torous, J., Hasselberg, M. (2017).

This review describes numerous telehealth solutions that can assist with integration of mental health into primary care, such as telehealth delivery of integrated care, mobile apps, clinical decision support systems, and e-consults. These technologies can help to address workforce shortages by making practice more efficient. They can also extend access to patients who are not able or willing to present for services within the clinic. VA's [mobile apps for mental health](#) and [online interactive trainings](#) provide a supplement to in-person PC-MHI interventions.

The VA Center for Integrated Healthcare (CIH) periodically highlights recent publications in the area of primary care-mental health integration (PC-MHI)

Our current issue includes three articles that underscore the flexibility and broad applicability of PC-MHI to address a wide array of patients' concerns. These articles illustrate how integrated care is well-suited to address not only common mental health concerns but healthy lifestyle changes and healthy relationships.

Laura O. Wray, PhD, Executive Director

1. Toward a Unified Integration Approach: Uniting Diverse Primary Care Strategies Under the Primary Care Behavioral Health (PCBH) Model. ([Link to Abstract*](#)) J Clin Psychol Med Settings. 2017 Dec 12. doi: 10.1007/s10880-017-9516-9. [Epub ahead of print] Sandoval BE(1), Bell J(2), Khatri P(3), Robinson PJ(4).

This paper reviewed how Primary Care Behavioral Health (PCBH; known as co-located, collaborative care [CCC] in VA) can provide a platform for clinical pathways, or team-based approaches to care that use evidence-based interventions to address specific patient populations. Integrated care providers play a key role in clinical pathways by addressing the behavioral components of interdisciplinary treatment for depression, chronic pain, alcohol misuse, obesity, insomnia, or social determinants of health. Step-by-step suggestions are provided in this article to assist integrated care providers in developing their own clinical pathways to assist integrated care teams in quality care improvement.

2. Addressing Relationship Health Needs in Primary Care: Adapting the Marriage Checkup for Use in Medical Settings with Military Couples. ([Link to Abstract*](#)) J Clin Psychol Med Settings. 2017 Dec;24(3-4):259-269. doi: 10.1007/s10880-017-9517-8. Cordova JV(1), Cigrang JA(2), Gray TD(3), Najera E(4), Havrilenko M(3), Pinkley C(5), Nielsen M(6), Tatum J(7), Redd K(7).

This pilot study tested the effectiveness of a brief Marriage Checkup among military personnel. The Marriage Checkup is delivered by an integrated care provider over three, 30-minute sessions and consists of assessment of relationship strengths and concerns as well as tailored feedback on how couples can improve their relationship health. Participants (n=30) reported clinically meaningful improvements on measures of relationship quality over time. High ratings of patient and provider satisfaction indicate that this intervention may be an emerging tool for integrated care providers to promote healthy relationships.

3. Willingness to Engage in Health Behavior Change Interventions Among Primary Care Patients Positive For Tobacco Use and At-Risk Drinking. ([Link to Abstract*](#)) Prim Care Companion CNS Disord. 2017 Nov 9;19(6). pii: 17m02209. doi: 10.4088/PCC.17m02209. Wray JM(1)(2)(3)(4)(5), Funderburk JS(4)(5)(6)(7), Maisto SA(4)(5)(6).

Investigators at the VA Center for Integrated Healthcare examined preferences for behavioral health care among primary care patients who screened positive for tobacco use and at-risk drinking. These patients were more receptive to behavioral health treatment focused on reducing their risk of future medical concerns compared to treatment for reducing tobacco or alcohol use specifically. Participants were receptive to integrated primary care services, regardless of the timing of the intervention (e.g., during the primary care visit or subsequently). Integrated care providers should consider emphasizing the general health benefits of reducing tobacco or alcohol use when engaging patients in care.

The VA Center for Integrated Healthcare periodically highlights recent publications in the area of primary care-mental health integration (PC-MHI)

This month we focus on how Primary Care Mental Health Integration (PCMHI) supports Veterans' access to mental health care. Taking a system-level view, Leung et al. demonstrate that integration improves access and decreases the costs of care. At the clinic level, Dollar et al. provide practical guidance on how to increase same-day access in PCMHI. Finally, at the patient level, the Shepardson et al. review suggests that while evidence-based behavioral interventions for anxiety exist, they may need more tailoring to maximize their feasibility and increase Veteran access to these important interventions in primary care.

Laura O. Wray, PhD, Executive Director

1. Changing patterns of mental health care use: The role of integrated mental health services in Veterans Affairs primary care. ([Link to Abstract*](#)). Published in: Journal of the American Board of Family Medicine. doi: 10.3122/jabfm.2018.01.170157. Leung, L.B., Yoon, J., Rubenstein, L.V., Post, E.P., Metzger, M.E., Wells, K.B.,...Escarce, J.J. (2018).

Using a longitudinal study of PC patients with identified mental health needs in 29 Southern California VA clinics, Leung and colleagues examined whether increasing PC clinic engagement in PCMHI services is associated with changes in patient health care utilization and costs. Greater clinic engagement in PCMHI services was found to increase accessibility to mental health care for PC patients while reducing the rate of mental health specialty visits without increasing acute care use or total costs. Patients with coexisting mental and physical illnesses can be high utilizers of medical care, but may be successfully managed through PCMHI.

2. Achieving same-day access in integrated primary care. ([Link to Abstract*](#)). Published in: Families, Systems, & Health. doi: 10.1037/fsh0000327. Dollar, K.M., Kearney, L.K., Pomerantz, A.S., & Wray, L.O. (2018).

Same day access to behavioral health services is a critical feature of integrated primary care, yet implementing and sustaining this key feature has been a common challenge. Dollar and colleagues identified innovative approaches employed in VHA with demonstrated success in increasing same-day access. Five approaches and relevant implementation considerations are discussed. They are: 1) alternating scheduled and unscheduled appointments; 2) access based on clinic flow; 3) full open access; 4) open access pager; and 5) care management approach of access. Integrated primary care clinics can benefit from this practical implementation guidance to enhance same-day access.

3. Psychological interventions for anxiety in adult primary care patients: A review and recommendations for future research. ([Link to Abstract*](#)). Published in: Journal of Anxiety Disorders. doi: 10.1016/j.janxdis.2017.12.004. Shepardson, R.L., Buchholz, L.J., Weisberg, R.B., & Funderburk, J.S. (2018).

Non-PTSD anxiety symptoms are common in primary care. Shepardson and colleagues reviewed psychological interventions for anxiety that may be feasible within adult primary care settings. They evaluated the fit of existing interventions with the Primary Care Behavioral Health model. Out of 44 studies, a majority utilized cognitive-behavioral therapy techniques and the majority of interventions were effective in reducing anxiety symptoms and maintaining those reductions at follow-up. However, further adaption of these interventions is needed to improve their fit with the primary care setting, including reducing the length of the interventions and focusing on a broader range of anxiety symptoms rather than specific anxiety diagnoses.

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The articles described in this issue include three literature reviews covering an array of ways that innovative integration can improve patient care and outcomes. Of note is the second review on Problem Solving Therapy within the primary care setting. The VA EBP program is currently rolling out an adapted version of this practice. Problem Solving Training-Primary Care (PST-PC) was specifically adapted for use in VA primary care settings. If you would like additional information about the PST-PC training program please contact Dr. Jessica Walker, EBP Training Program Coordinator, at Jessica.Walker2@va.gov.

Laura O. Wray, PhD, Executive Director

1. Patient outcomes associated with primary care behavioral health services: a systematic review. ([Link to Abstract*](#)). Published in: General Hospital Psychiatry, 53. doi: 10.1016/j.genhosppsy.2018.04.002. Possemato, K., Johnson, E.M., Beehler, G.P., Shepardson, R.L., King, P., Vair, C.L., Funderburk, J.S., Maisto, S.A., & Wray, L.O. (2018).

Led by Dr. Kyle Possemato, investigators at the VA Center for Integrated Healthcare summarized the impact of primary care behavioral health services on patient-level outcomes. Their findings suggest that primary care behavioral health is associated with improved access to care, as well as greater utilization of services. Positive outcomes were also observed in terms of patients' functional status, depression and anxiety symptoms, and patient satisfaction, though relatively less evidence exists in comparison to access variables. This article provides support for the primary care behavioral health model as a means to enhance primary care patients' access to behavioral health services, and insight into areas for future study.

2. The effectiveness of problem-solving therapy for primary care patients' depressive and/or anxiety disorders: a systematic review and meta-analysis. ([Link to Abstract*](#)).

Published in: Journal of the American Board of Family Medicine, 31. doi: 10.3122/jabfm.2018.01.170270. Zhang, A., Park, S., Sullivan, J.E., & Jing, S. (2018).

Problem-solving therapy is an evidence-based, transdiagnostic intervention designed to help patients build skills to address life problems. Led by researchers at the University of Texas at Austin, this study synthesized outcome data from 11 studies that used problem-solving therapy to treat depression and/or anxiety in primary care patients. Their findings suggest that face-to-face problem-solving is an effective primary care-based treatment for depression and/or anxiety, though additional work is needed to evaluate the effect of telephone-delivered problem-solving. Primary care behavioral health providers may wish to consider using problem-solving interventions to address functional complaints associated with depression and anxiety.

3. An update on telepsychiatry and how it can leverage collaborative, stepped, and integrated services to primary care. ([Link to Abstract*](#)). Published in: Psychosomatics, 59.

doi: 10.1016/j.psych.2017.12.005. Epub 2017 Dec 26. Hilty, D.M., Rabinowitz, T., McCarron, R.M., Katzelnick, D.J., Chang, T., Bauer, A.M., & Fortney, J. (2018).

While the evidence base and popularity of telemedicine have grown substantially over the past decade, the full potential for telepsychiatry to enhance primary care behavioral health integration has yet to be explored. This paper reviewed the evidence base of telepsychiatry, and provided examples of how technology-assisted consultation, evaluation, and intervention can add value to the continuum of primary care mental health services. Evidence supports that telepsychiatry services achieve equivalent or better outcomes than in-person services for depression and post-traumatic stress, and can improve access to care. Recommendations for implementing telepsychiatry programming are offered.