

Impact of behavioral health counseling during primary care visits on patient flow at an integrated health clinic

Nancy Elder MD, Max Schwarzer, Brian VanderHorst

University of Cincinnati Department of Family and Community Medicine, Cincinnati Health Network



Background

The integration of behavioral health into primary care safety net practices has increased dramatically in recent years, as evidence supporting improved outcomes and satisfaction continues to grow. While there are many models of integration, from enhanced coordination to co-location to an integrated team practice, one of the goals is to improve patient access to a collaborative, multidisciplinary team.

The Cincinnati Health Network (CHN) instituted an integrated team practice model in our healthcare for the homeless primary care practices in 2012.

During a morning huddle with primary care physician (PCP), Behavioral health counselor (BHC), medical assistant, care coordinator and referral coordinator, the day's patients are reviewed.



Objective: To assess the effect of an intensive integrated team model on patient flow through the clinic setting

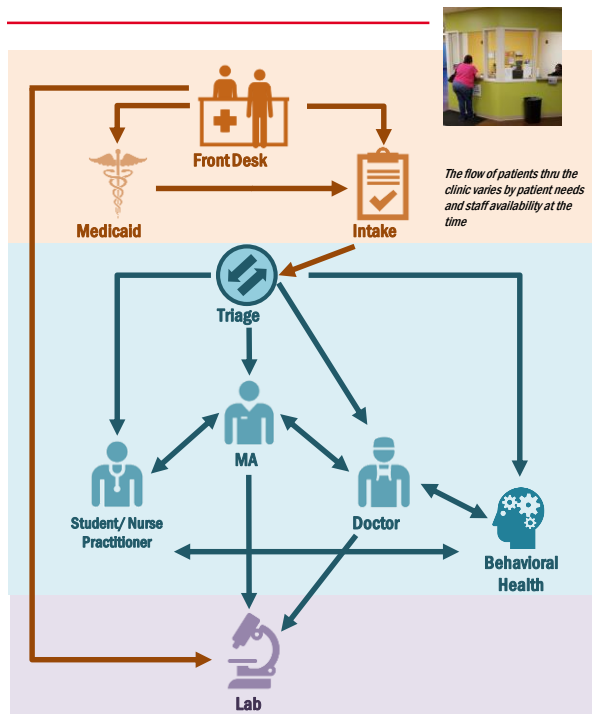
Methods

Integrated care model: BHCs are available to see patients during visits with PCPs. The BHC may see the patient prior to, along with or after the PCP. The BHC may not see a patient if the patient refuses, already has an ongoing relationship with a BHC or a mental health counselor, or the PCP feels the patient is too physically ill for a BHC visit.

During a 6 week period of time in mid-2016, a student assistant followed patients through their entire visit, from check-in to check-out, documenting time spent waiting and with each staff member, starting with the first patient of the day to agree. We then analyzed these times and describe patterns of patient flow.

Results

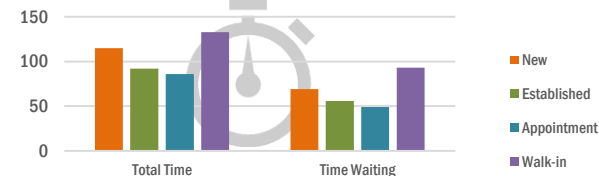
Patient flow at CHN McMicken Integrated Clinic



Flow study: 51 patients with a PCP visit,

- 80% appointments, 20% walk-ins
- 82% established, 18% new patients

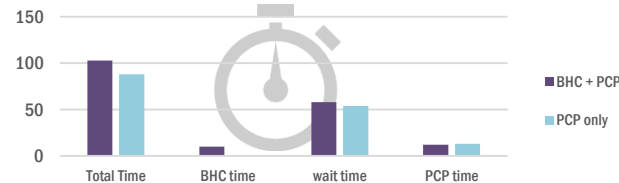
Minutes from check-in to check out for primary care office visits



Effect of Behavioral Health

- 19 (38%) of patients were seen by BHC during PCP visit
- BHC time with the patient averaged 10 min (range 1 - 26)
- In 37% of visits, BHCs saw patients prior to the PCP, after in 26%, both before and after in 11% and with the PCP in 26%.

Mean patient times with and without BHC during PCP visit



Conclusions

Almost 40% of primary care visits included a visit with a BHC, which averaged about 10 minutes. While patients spend almost an hour waiting between check-in and check-out, adding a BHC encounter only lengthened waiting time by about 4 minutes and is unlikely to serve as a barrier for patients. Flexibility between PCP and BHC in when they see patients during the visit likely enhance patient access to BHC during primary care visits.