

**The Emerging Role of Psychologists in Primary Care: The Family-Centred Behavioural Home**

Family Health Teams (FHT) and Community Health Centres (CHC) have been compared to the “Patient’s Medical Home” - the model of primary care that is prominent throughout the United States. The “Patient’s Medical Home” is not a place but rather a model of care provided by a team of healthcare professionals chosen to provide the majority of care over the course of time for patients at all stage in the life cycle and their family members. As a result of the Medical Homes’ positive impact on quality and cost, relatively few US insurance companies will provide payments for a primary care practice that does not provide services within the Patient Medical Home model.

The Behavioural Medical Home model simply expands upon the primary care team to include psychiatrists, psychologists and social workers to meet the needs of patients and their family members, challenged by a mental disorders, including depression, anxiety, PTSD, dementias, addictions, acquired brain injuries, developmental disorders or major mental disorders as an overlay to multiple other chronic medical disorders. These are Pillars of the Patient-Centred Behavioural Medical Home Models.

### *The Ten Pillars of the Patient-Centred Behavioural Medical Home*

Pillar I: Patient/family-centred care that takes into account the biopsychosocial needs of the patient and their family members.

Pillar II: Every patient has a personal family physician, a psychiatrist/psychologist and a nurse/nurse practitioner.

Pillar III: Equitable access to care and a focus on the determinants of health.

Pillar IV: Team-based care provided by primary care providers and the right complement of mental health providers following assessment, diagnosis, care planning and treatment by psychologists in collaboration with the right paediatric and adult mental healthcare providers.

Pillar V: Comprehensive services including behavioural and psychological interventions.

Pillar VI: Continuity of care with as much care as possible delivered in the community by the members of the primary care behavioural team.

Pillar VII: EMRs/EHRs designed for team-based care, interconnected to the broader healthcare system and embedded with decision support tools.

Pillar VIII: The site of transformative research i.e. primary care clinical and health services research with immediate practice update and the site of education and training for all healthcare professionals.

Pillar IX: Evaluation and quality improvement.

Pillar X: Governance and administrative structures and system supports.

Within primary healthcare models, Psychologists play key clinical, educational, research and quality improvement roles. The evidence to date indicates that Patient Medical Homes are particularly effective in preventing patients from becoming high users of healthcare resources. The “*Patient-Centered Medical Home Evaluators’ Collaborative*” includes more than 75 researchers supporting improvements in policy and practice in primary care. The review of 46 Medical Home initiatives in the US provides significant evidence that the Medical Home model improves quality of care and population health and also reduces costs. Sample results are as follows:

- Alaska Native Medical Centre: 50% fewer urgent care and emergency visits; 53% fewer hospital admission and a 65% reduction in specialist utilization;
- Maryland CareFirst Blue Cross: 4.2% reduction in overall healthcare costs; estimated cost savings of \$40 million in 2011; and,
- Group Health, Washington: 15% fewer hospital admissions; estimated cost savings of \$15 million in 2011; 18 -65% improvement in medication management.

Building on the positive results of the Patient’s Medical Home, the Behaviour Home model is gained momentum in the United States. Since the majority of mental healthcare is delivered in primary care, the Behavioural Home model was envisioned as a way to build quality teams in the setting that was most familiar and comfortable for patients and their family members. Some quick facts reveal the following:

- 80% of people with a mental disorder will visit a primary care provider at least once a year.
- 50% of all mental disorders are treated in primary care.
- 48% of appointments for all psychotropic agents are with a non-psychiatric primary care provider.
- 67% of people with a mental disorder do not receive psychological interventions.
- 30-50% of patient referred from primary care to an outpatient behavioural health clinic do make the first appointment.
- 2/3 of primary care physicians report not being able to access outpatient mental healthcare for their patients. Shortages of mental health providers and funding barriers were cited as critical barriers to mental healthcare access.
- Mental disorders account for more disability days than any other chronic disorder.
- Annual medical expenses for patients with chronic medical and mental health conditions combined cost 46% more than those with only a chronic medical condition.
- Of the top five conditions driving overall healthcare cost (work related productivity + medical + pharmacy costs), depression is ranked number one.
- Treatment for depression in primary care for individuals with diabetes had \$3,300 lower healthcare costs over a 48-month period; and appointment wait-times were reduced by 350% from 26 days to 1 day.
- Use of healthcare services decreased by 16% for those receiving psychological treatments while it increased by 12% for patients who were not treated for their behavioural healthcare needs.

Overwhelming evidence indicates that mental health problems are common but often go unrecognized in primary care settings. Most mental health treatment is provided in primary care setting and the percentage provided solely in these settings is rapidly growing as the Behavioural Home model takes hold. Integrating psychologists and psychiatrists into primary care settings has consistently been shown to reduce costs relative to usual care. Incremental cost effectiveness ratios well within commonly cited thresholds of adoption of new medical treatments.

To be successful, team members need to be specifically chosen and attuned to the needs of children and adolescents, individuals with serious mental illnesses and people with substance abuse disorders. Time, education and connections with the broader mental healthcare system are the main issues that need to be addressed to built PCMHs that successfully integrate mental healthcare

**Summary:** Many studies have demonstrated that high quality mental health and substance use services can be delivered in primary care settings. Because they are problems that are commonly seen primary care settings and frequently co-exist with other medical problems, psychologists embedded in primary care settings are in the best position to identify, diagnosis and treat them.

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