

THE Value Initiative

Members in Action: Improve Quality & Patient Outcomes

Atrium Health – Charlotte, N.C.

System Integrates Behavioral Health into Primary Care

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

Overview

To increase access to behavioral health care, Atrium Health employs a virtual behavioral health integration program at 36 of its primary care and pediatric sites in North Carolina.

Atrium's team-based model uses virtual platforms to achieve three goals: improve early detection, initiate appropriate treatment at the lowest cost and take a proactive approach to reach patients before they are in crisis.

A team of behavioral health professionals (e.g., licensed clinical social workers, licensed professional counselors), health coaches, psychiatric pharmacists and behavioral health providers (e.g., psychiatrists, psychiatric nurse practitioners) support primary care physicians and their patients through virtual platforms, including video consultations and telephonic outreach. Atrium developed the collaborative model to improve timely access to behavioral health services, lower the overall cost of care and improve the patient experience. The virtual behavioral health model was designed to eliminate barriers, optimize provider skills, and leverage resources across a broad geography.



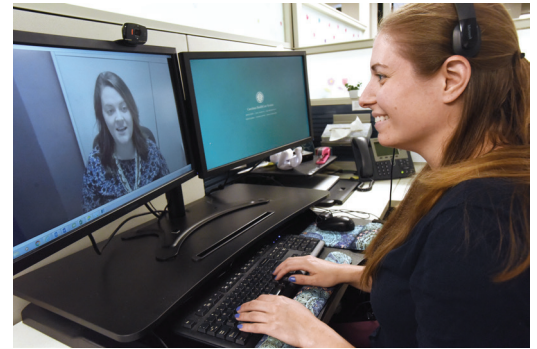
Initiated in 2014, the virtual model provides access to behavioral health services through three channels. In advance of an office visit, a primary care physician may solicit advice through the electronic medical

Impact

In an evaluation of patients after one year of treatment, Atrium reports half of the patients with mood disorders achieved a 50% reduction in depression and anxiety symptoms and an 82% reduction or elimination of suicidal thoughts. Avoidable inpatient care also decreased 25% and avoidable emergency department visits decreased 13% among patients who completed three interventions with the virtual behavioral health integration team. Patients also demonstrated improved health outcomes related to cholesterol and blood sugar levels.

From a staffing sustainability standpoint, Atrium said the collaborative models allow one virtual behavioral health professional to assist with 800 unique patient referrals, a volume equivalent to what 5.5 employees could handle in face-to-face clinic visits annually. Patient testimonials report ease of access via telephonic follow-up and less stigma seeking behavioral health care from their primary care physicians than directly from community behavioral health centers.

record for a psychiatric consult. Additionally, primary care patients are routinely screened for behavioral health issues. Patients with elevated behavioral risk factor scores or those who report suicidal thoughts are contacted by behavioral health professionals. Finally, when a primary care physician requests a behavioral health assessment during an office visit for a patient, a virtual video visit is arranged immediately.



Behavioral health professionals assess the patients and, in consultation with a behavioral health provider, will determine which treatment options are appropriate, such as medication, psychotherapy, outpatient treatment or inpatient psychiatric care. Health coaches provide psychoeducation and tailor telephonic support for patients utilizing seven care tracks: stress management, sleep hygiene, movement, nutrition, pain management, perinatal/postpartum and substance abuse. Health coaches assist patients between appointments by assessing symptom severity, monitoring medication compliance, setting goals and assisting with the implementation of coping strategies.

Lessons Learned

Virtual care models require a shift in how providers think about patient encounters. They need to embrace the fact that patient encounters do not always have to be face-to-face.

“When I was in my psychiatric residency 12 years ago, I believed access was when a patient came to see me in my office,” said Manuel Castro, M.D., medical director of Atrium’s Virtual Behavioral Health Integration Program. He now defines access as “what we need to meet patients where they are,” whether that is in the primary care setting or virtually.

Castro credits the program’s effectiveness to allowing all caregivers to practice at the top of their license, working as a team and keeping the patient and their primary care provider at the center of treatment.

Leaders at Atrium Health also recommend using grant funding as a launch pad to test program expansions or refinements and advised collecting patient outcome and cost data to evaluate the impact on patient care and the value equation.

Future Goals

Atrium continues to collect data around symptom improvement and health care utilization to assess the return on investment. The health system also seeks to track the collaborative care model’s impact on patients’ overall health, such as blood pressure, weight, lipid panels and diabetic monitoring. In addition, Atrium is working to provide additional education to primary care providers on how to bill for collaborative care.

“Our primary care physicians are what drives this model,” said Castro. “They are in control of everything because we feel that our patients want to hear from the person that they trust and have a lot of confidence in, and that’s the primary care physician.”

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