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Fact Sheet on Accelerating Integration of Primary Care, Behavioral Health and Prevention: The SBHA Role¹

SBHAs are addressing new challenges as to how individuals with chronic diseases of persistent mental illness and other behavioral health conditions can best receive primary care, preventative and behavioral health services.

Why is integration of primary care and behavioral health important?

- Over 12 million visits to emergency departments are individuals with behavioral health disorders.
- Over 70 percent of primary care visits stem from psychosocial issues. Most primary care physicians are not equipped or lack the time to fully address the wide range of psychosocial issues that are presented by patients.
- Nearly half of all cigarette consumption is by individuals with behavioral health disorders.
- Nearly three in four individuals with significant behavioral health disorders had at least one chronic health condition, nearly half had 2 chronic diseases and almost one-third had 3 or more conditions. Most of the individuals who have three or more physicians do not talk with another or share information.
- Individuals with with severe addiction and co-occurring mental illness, a significant percentage of those with substance use or mental health problems, die prematurely--on average, 37 years sooner than Americans without severe addiction and mental health problems. A recent study found that people with serious mental illness die 25 years sooner than the general population from common medical conditions such as cancer and heart disease.
- Health care expenditures of Americans with SMI are 2 to 3 times higher than other patients.

Behavioral health conditions are under-diagnosed and under-treated in the U.S. despite their high prevalence in the population and solid research pointing to the fact that treatment works, prevention is possible, and recovery is achievable.

¹ SBHAs are state substance abuse and mental health authorities, and the term *behavioral health* refers to substance abuse and mental health.

Behavioral health conditions commonly co-occur with other chronic health conditions in adults and yet services are rarely delivered in concert. These findings suggest the importance of having screening, evaluation and diagnostic services available at multiple access points in primary care and behavioral health care networks.

The acute shortage of both behavioral health and primary care providers in many areas makes the provision of care, particularly integrated services, difficult. This problem is compounded by the fact that both primary care and behavioral health providers often are not trained or educated about how to work in an integrated setting, resulting in a disconnect between the two cultures of care. In spite of these challenges and barriers, SBHAs are working with safety net systems to help bridge the gaps in primary care and behavioral health delivery systems and promote integration.

SBHAs also are working to identify incentives and other supports in contracting and purchasing standards to encourage behavioral health providers to treat multiple symptoms within an episode of care. SBHAs that jointly create a plan for integrating behavioral health treatment with medical care will increase the chances for successful implementation.

New efforts that create strong bi-directional linkages between primary care and preventive services, and addiction and mental health services is a critical step to achieving improved patient outcomes. SBHAs are targeting technical assistance to the community level, and aligning fragmented prevention programs into one cohesive whole, that are realizing significant cost savings and reducing the emergence of chronic and debilitating disorders.

SBHAs have become champions and identify champion leaders that support integration efforts including the identification, development and acceleration of best practices, providing forums for sharing and learning about integration initiatives, and fostering relationships that promote the integration of primary care services and behavioral health care. SBHAs in many states have supplied primary care physicians with materials already developed for behavior health consumer education and self-management, as well as for staff training and professional development. SBHAs are working with Medicaid officials and health care providers to provide the means and incentives necessary to integrate medical and behavioral health services to improve the overall quality of patient care. For example, SBHAs have worked with the state Medicaid plan to eliminate barriers to integrate behavioral health and medical care, such as policies that prohibit billing multiple services on the same day.

SBHA Medical Directors are disseminating data at the state/local level on the association of behavioral health issues with health risk and chronic disease in the general population. Additionally, they have supported steps to integrate mental health screening and treatment into primary care and public health activities and work with the State Medicaid authority, to leverage quality improvement programs that are being implemented at the state level, to assure inclusion of people living with serious behavioral health conditions.

SBHAs also have promoted and helped pediatric practices create a framework strategy for integration.