



Embedding specialists makes behavioral health top of mind in PCP practices

Primary care delivery has long centered around patient physicality.

Primary care physicians, though, are increasingly recognizing the direct influence mental health has on patient well-being and the success of any care regimen. That understanding has largely changed the mindset and approach to practicing value-based primary care.



No longer are many doctors simply recommending additional treatment or making referrals and banking on patients to follow through on their own. **Value-based practices are hiring or partnering with behavioral health specialists and stationing them at primary care centers** where physicians with patients in need can quickly and easily connect with qualified help.

“Literally, when I’m in a room talking to a patient who’s having an obvious problem, I click a few buttons (on a digital note-taker) and say ‘warm handoff’ and when I walk out, the onsite provider is standing right there at the door,” said Michael Rolfsen, medical director for quality at [Baton Rouge Clinic](#) in Louisiana.

Because of PCPs’ focus on whole-person care, Humana MA individual members treated by value-based doctors see behavioral health specialists much more frequently than those members with non-value-based providers.

Some 58% of the 2.1 million behavioral health Humana MA claims in 2021 had a value-based link.

Helping drive those numbers are the inclusion of behavioral health in quality metrics and calls for earlier detection that have placed added emphasis on frontline primary care physicians to identify potential problems. Also, physicians say, there’s plenty of issues with which people grapple – pandemic isolation, polarization, inflation and general depression.

PCPs more frequently see physical and mental health as intertwined, leading to potentially greater issues around non-adherence, non-compliance and comorbidities affected by one’s emotional state. Value-based physicians financially accountable for patient well-being realize that taking care of patients and driving better outcomes requires addressing behavioral health issues.

But getting patients the care, they need is particularly challenging these days, as behavioral health specialists are in short supply. Nearly 4.5 million more behavioral health professionals are needed nationwide to provide adequately staffed care for the current population with emotional and mental disorders, [research](#) shows.

That shortage, estimated at 87%, has helped fuel the embed movement at primary care practices.

[UC Health Coordinated Care Colorado](#) features behavioral health practitioners in about 75% of its primary care clinics. Those specialists conduct consults both in person and virtually to reach more people.

“

When I’m in a room talking to a patient who’s having an obvious problem, I click a few buttons on ... and when I walk out, the onsite provider is standing right there...

”

*Michael Rolfsen, medical director
for quality at Baton Rouge Clinic*

More than anything, the move has made behavioral health more accessible, said Dr. Amy Scanlan, UC Health's medical director.

"You can then say to a patient, 'I have this person in my office, why don't we set you up with a consult with them?'" she said. "The number of people who need mental health services has grown, but because of limited availability, the number receiving mental health services has maxed out."

Having specialists physically in the practice goes a long way in building rapport and relationships with those they serve. They know the physicians. They know the patients as well.

"It's hard for patients because they feel like they have to go searching and oftentimes there are access issues all over town, they don't know how to find someone," Scanlan said. "It's much easier for them to come to the primary care office where they have been getting care and they know the care."



Even with on-site assistance, demand for help among MA members continues to outpace specialist availability. Rolfesen figures he makes about 30 behavioral health referrals a month, and that the practices with 35 physicians makes upward of 1,000 a month collectively.

He believes about half his patients would benefit from counseling.

Rolfesen tries to address and treat cases he feels he can – anxiety and depression, for instance – because he knows patients will struggle to get an appointment elsewhere within a reasonable timeframe.

"Some of them are already seeing a therapist or counselor outside the clinic, so I say, 'You need to go back to see Dr. X,'" Rolfesen said. "The number of people who need mental health services has grown, but because of limited availability, the number receiving mental health services has maxed out."

**“
Knowing a behavioral health
specialist is onsite prompts PCPs
to approach potential problems
more diligently than that might
have in the past.**

**”
*Dr. Amy Scanlan, medical director
at UC Health***

Knowing a behavioral health specialist is onsite prompts PCPs to approach potential problems more diligently than they might have in the past, Scanlan said. UC Health group, with its connection to the University of Colorado School of Medicine, makes psychiatrists available to psychologists at the practices when escalation is necessary.

"We were very resistant 10 years ago to screening for these things because we didn't have anywhere to go," she said. "There were no resources."

Embedded specialists are making a difference, but plenty of opportunity exists.

"Definitely, we need more providers," Rolfesen said. "The problem still is access. ... The world is changing, causing people to have more angst. ... I worry that we don't have the staff we need to serve the needs of the population."