
Primary Care Teams that Include Behavioral Health Specialists Manage Both the Mental and Physical Conditions of Patients

Kaiser Permanente, Northern California

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Kaiser Permanente's Northern California region has integrated behavioral health care within its primary care offices, which improves their patients' access to mental health services and provides a wider perspective on the patient's health.

Excerpted from:

Commonwealth Fund Case Study

Organized Health Care Delivery System • June 2009

Kaiser Permanente: Bridging the Quality Divide with Integrated Practice, Group Accountability, and Health Information Technology

By Douglas McCarthy, Kimberly Mueller, and Jennifer Wrenn, Issues Research, Inc.

http://www.commonwealthfund.org/~media/Files/Publications/Case%20Study/2009/Jun/1278_McCarthy_Kaiser_case_study_624_update.pdf

“Integrating Behavioral Health and Primary Care. Each primary care team in Northern California includes a behavioral medicine specialist, who is a licensed clinical psychologist or clinical social worker trained to work in primary care. The behavioral medicine specialist co-manages patients with identified mental health conditions such as depression or anxiety disorders, providing counseling (using proven modalities such as cognitive behavioral therapy or behavioral activation) and problem-solving support individually or in group sessions. The patient's primary care physician is responsible for medication management. Patients with severe mental health conditions or substance use disorders are referred to psychiatric specialty care or chemical dependency treatment.

Since many patients have co-occurring mental and physical conditions, colocation of behavioral medicine specialists in primary care allows a broad perspective that is superior to disease-specific approaches. It also improves access to mental health care, since many patients prefer to receive such services from their primary care team and may not visit mental health specialists even when referred.

Through its participation in a study of a collaborative care model called IMPACT, the organization learned that outcomes could be enhanced by adopting a more systematic approach to caring for patients with depression. As a result, the region recently began using a population database and a patient-completed questionnaire called the PHQ-9 to track patients' progress and provide feedback so that the physician and behavioral medicine specialist can tailor treatment to achieve symptom-improvement goals.²⁰ The region ranks

second among health plans nationally on a measure of antidepressant medication management—acute phase treatment, according to the NCQA.”

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