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Optimizing collaboration among clinical pharmacy specialists and behavioral health providers in the primary care setting to increase mental health access

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Background

- One in five American adults live with a mental health condition but less than half receive treatment¹
- There is increasing recognition that mental health conditions such as depression and anxiety can be effectively managed with interprofessional teams within the primary care setting²⁻⁵
- Primary care clinics within Providence Medical Group (PMG) employ a medical home model including clinical pharmacy specialists (CPS) and behavioral health providers (BHP)
- CPS are highly accessible providers that work under collaborative practice agreements to co-manage chronic disease states, including the treatment of depression and anxiety
- BHP give brief interventions to assess behavioral or mental health conditions, but do not provide long term therapy or prescribe medications
- Collaborative interventions between CPS and BHP to manage patients with mental health conditions in primary care clinics is highly variable as there is no standardization of workflows

Study Purpose

To optimize collaborative interventions between clinical pharmacy specialists and behavioral health providers across primary care PMG clinics

Objectives

- Identify current state of collaboration between CPS and BHP
- Identify a best practice model for CPS and BHP collaboration and disseminate information across teams

Methods

- Study design:
 - Quality improvement (QI) project
- Setting:
 - Over 45 PMG primary care clinics in the Oregon and southwest Washington region
 - Family and internal medicine
- Inclusion Criteria:
 - Clinical pharmacy specialists
 - Behavioral health providers
- Exclusion Criteria:
 - Specialty care clinics
- Data collection:
 - Create and distribute a survey to CPS and BHP
 - Utilize survey results to determine current state of collaboration, workflows, and potential barriers at each clinic
 - Follow-up interviews with individual clinic CPS and/or BHP for further data gathering

Survey Results

Figure 1. Top Perceived Barriers between CPS and BHP

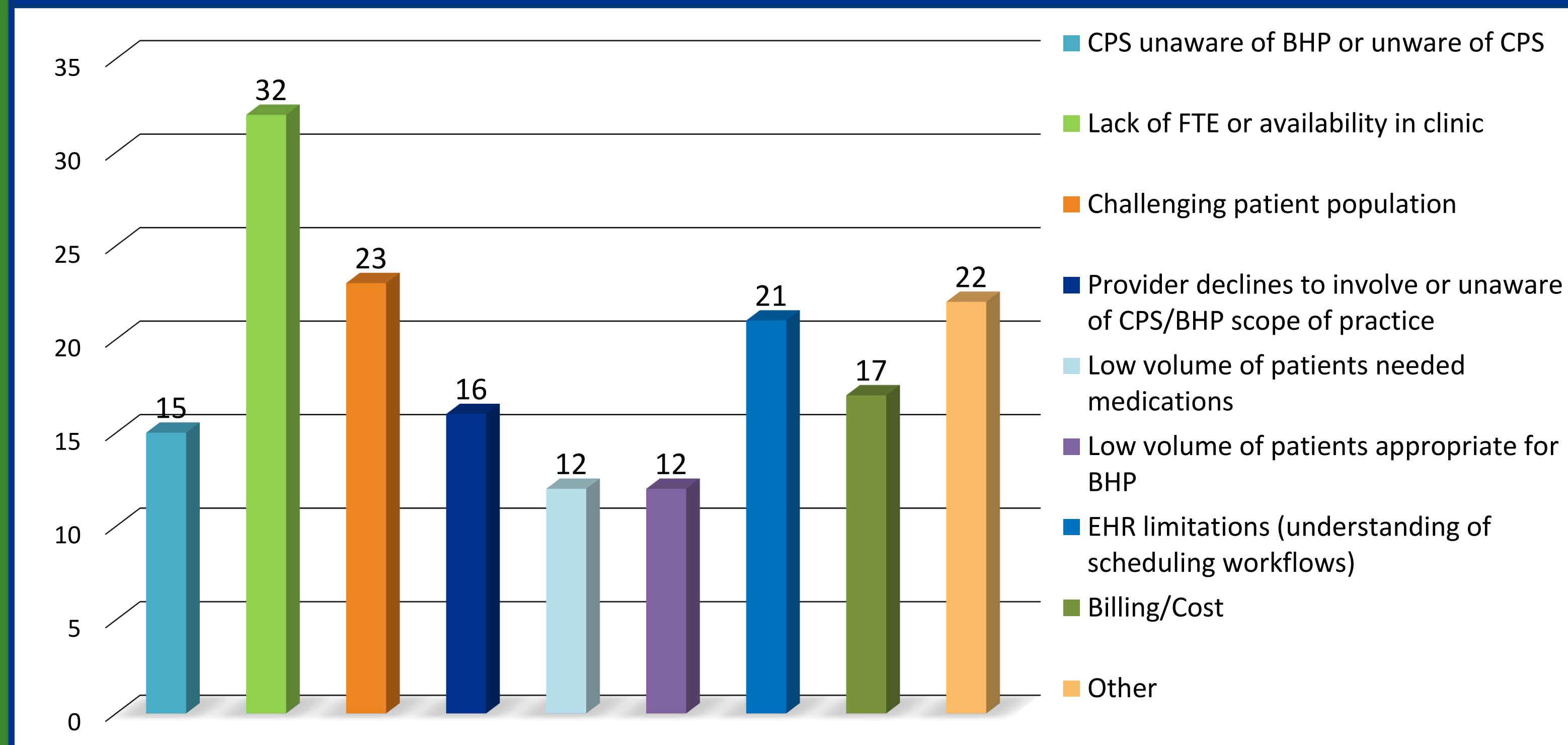


Figure 2. Top Activities Performed between CPS and BHP

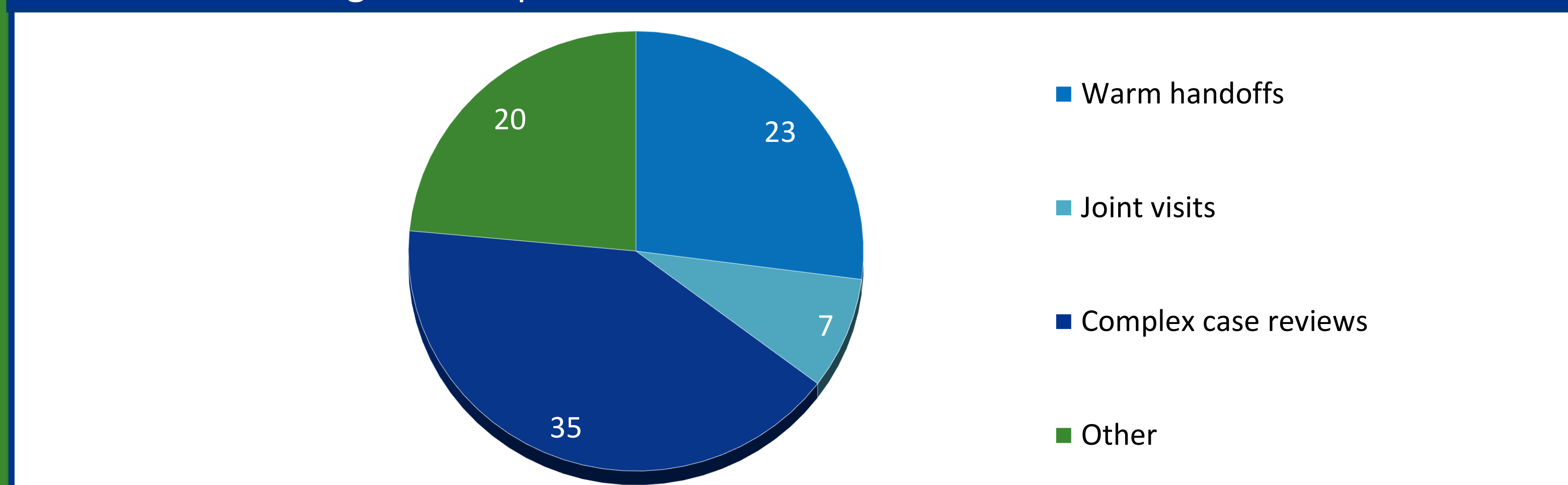


Figure 3. Interactions between CPS and BHP

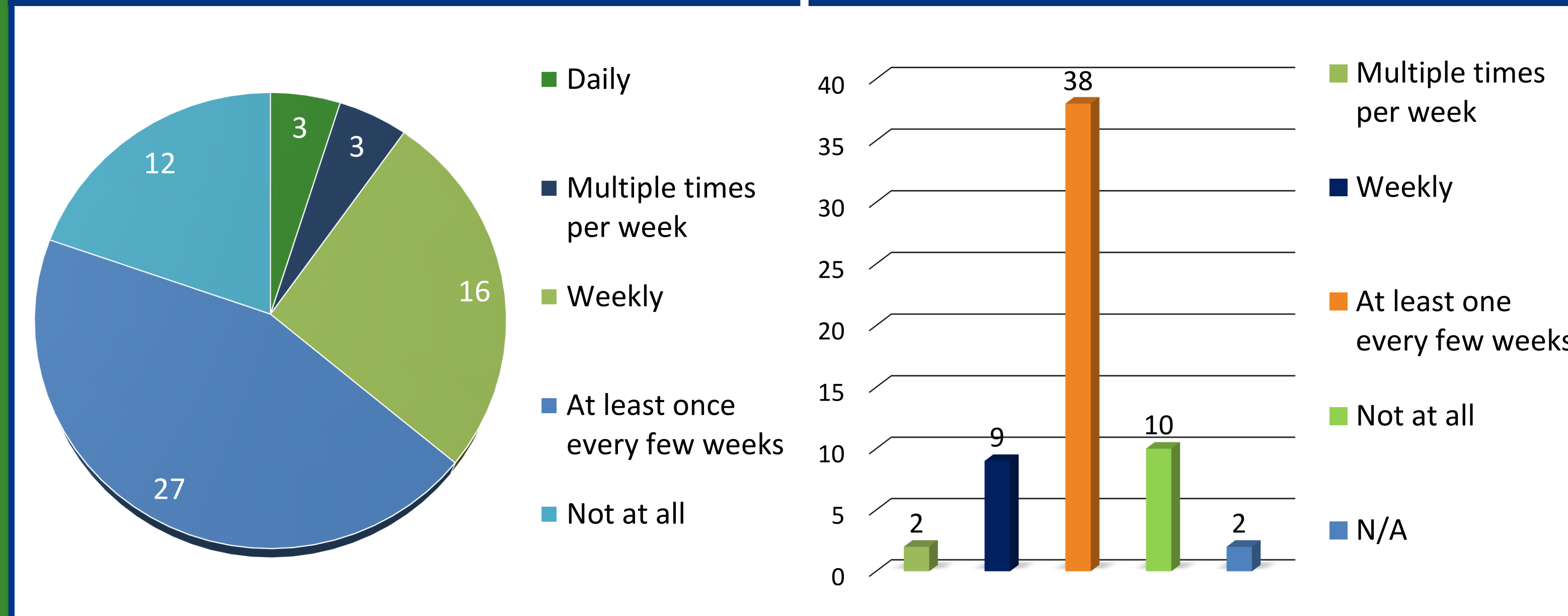
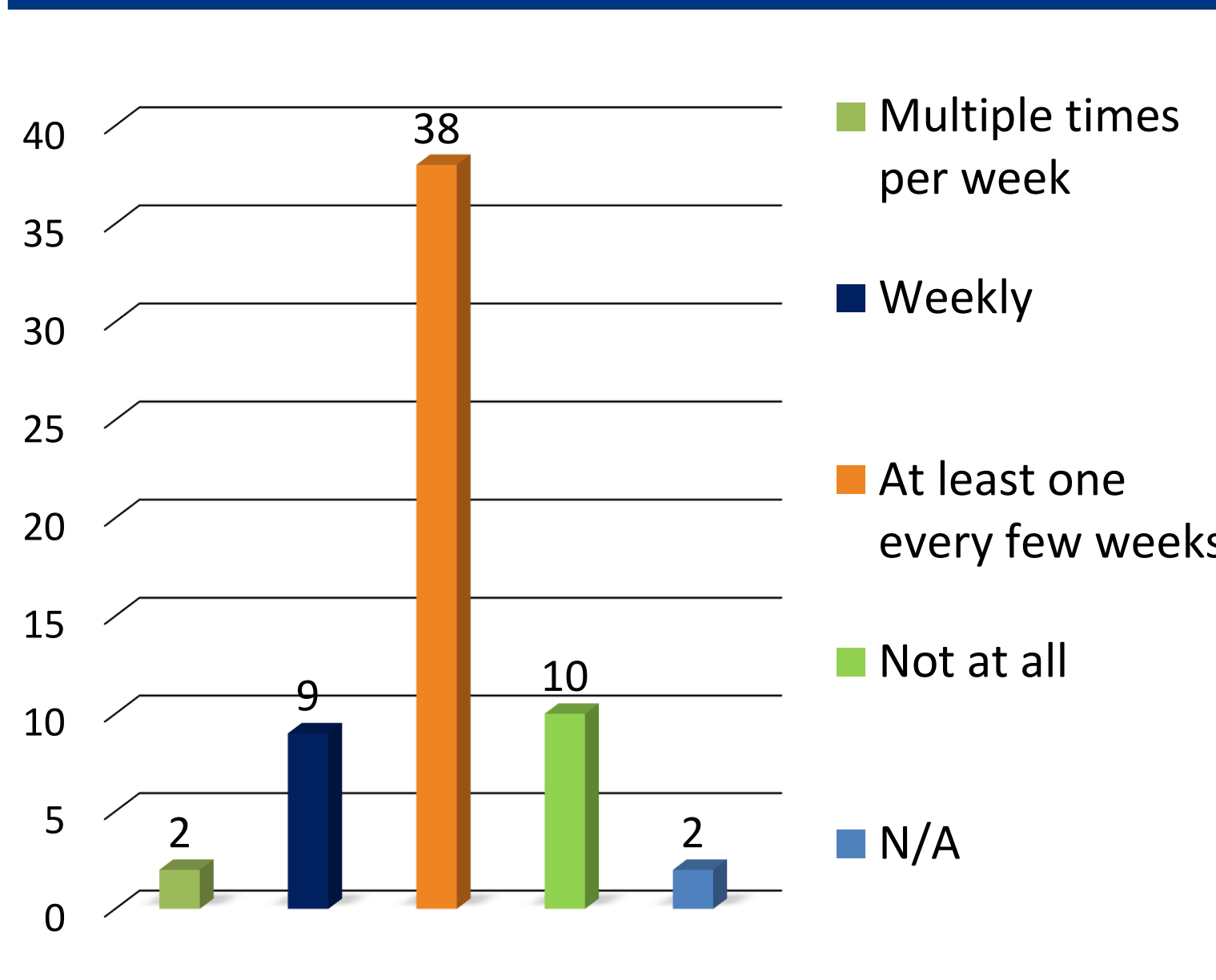
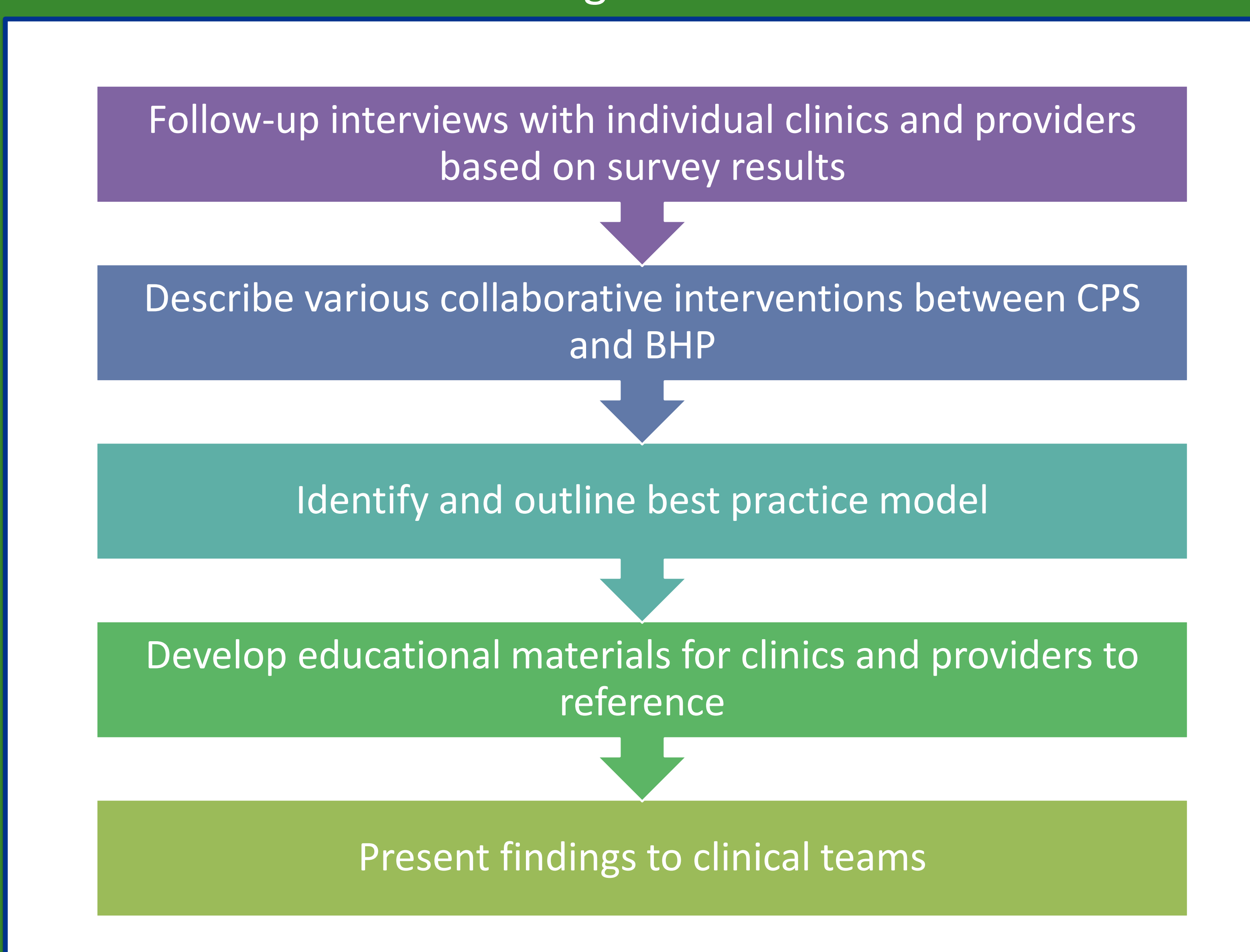


Figure 4. Referrals/Consults to CPS or BHP



Going Forward



Discussion

Survey Results

- 61 respondents completed the survey
- Significantly more responses came from clinical pharmacy specialists (73%) compared to behavioral health providers (27%)

Barriers

- The most common barrier were lack of hours or availability in clinic, understanding workflows to schedule, and challenging patient populations (Figure 1)
- Other barriers include scheduling and patient declining to work with CPS or BHP

Improving Efficiency

- The most common activities were complex case reviews and warm handoffs (Figure 2)
- Other preformed activities include submitting consult questions and referrals from BHP to CPS

Conclusions

- This preliminary and exploratory study may inform and guide collaboration between clinical pharmacy and behavioral health in the primary care setting
- This study can contribute to a small existing body of evidence regarding best practices for collaboration between CPS and BHP

Limitations

- Small sample size
- Single health system
- Imbalances in survey completion between clinical teams
- Collection of continuous data
- Generalizability across all PMG clinics due to differences in clinic size, staff, and patient population

Future Considerations

- Assess if study intervention improved collaboration or changed practices
- Quantify referrals and types of interventions made
- Evaluate types of consult questions received by CPS related to mental health conditions

Disclosures

The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation: Nothing to disclose.

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