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Gaps in Behavioral Health Care in Rural Primary Care Clinics and the Promise of VBHI: Perspectives from Clinic Staff

Overview

5	Rural / semi-rural primary care clinics
21	Total interviews conducted
14	Interviews with care team members
7	Interviews with clinic office staff

The Center for Outcomes Research and Education (CORE) designed an evaluation of a virtual behavioral health integration (VBHI) pilot program at five rural and semi-rural Providence primary care clinics in northern California. As part of this evaluation, CORE conducted interviews with clinic staff prior to VBHI implementation to better understand the perceived need for such a program and the changes necessary for its success. Ten interviews were completed with clinic staff in Eureka and Fortuna between April and June 2022 (five interviews at each site), and eleven additional interviews were completed in January and February 2023 with three new clinics that were added to the pilot (three interviews in Windsor, four in Sebastopol, and four in Doyle Park). Pre-implementation interviews explored the context in which staff worked, current experiences with behavioral health care, and potential challenges and benefits associated with VBHI. While the pilot program will end in 2023 and post-implementation interviews will not be conducted, the following six themes emerged from the analysis of these interviews:

- **High volume and intensity of behavioral health needs:** The prevalence of behavioral health needs has increased over time, but a corresponding expansion of supports and resources has not been observed.
- **Current challenges accessing limited behavioral health resources:** Resources in the participating clinics' communities are extremely scarce and inaccessible to patients and caregivers for a variety of reasons.
- **Impact of the current environment on patients and caregivers:** Patients and caregivers feel frustrated and overwhelmed in this resource-scarce context, and for some patients, this can even result in intensified behavioral health needs.
- **Caregivers' efforts to meet patients' needs regardless:** Caregivers attempt to address patients' complex behavioral health needs despite these challenges, which can impact other patients and the rest of the care team by creating delays for subsequent appointments.
- **Hope for a future with VBHI:** Despite some concerns about logistics, caregivers viewed VBHI as a resource that would make a meaningful difference for both patients and staff by increasing access to care.
- **Unique insights from sites where VBHI implementation had begun:** Early impacts of VBHI included immediate connections to care for patients, greater patient satisfaction, and a sense of relief among staff.

Taken together, these themes highlight significant and intensifying behavioral health needs within the communities served by the five clinics. Demand for care far outpaces available resources in these communities, resulting in frustration for patients and staff alike. While clinic staff work hard to connect patients to care or meet their needs themselves to the best of their abilities, they recognized the need for additional support. VBHI was seen as a promising program to help patients in rural and semi-rural areas receive the behavioral health services necessary for whole person care. Overall, these findings emphasize the continued need for future efforts to support clinics in rural areas working to meet patients' behavioral health needs.

The next section of this brief report expands further on each theme listed above, providing examples and quotes from interviewees.

High Volume and Intensity of Behavioral Health Needs

Depression, anxiety, addiction and substance use, suicidal ideation, and the effects of trauma were relatively common among community members served by the participating clinics. The prevalence of these needs has increased over time and particularly in recent years, as already existing needs were compounded by stressors associated with the COVID-19 pandemic and devastating wildfires in some communities. While demand for behavioral health care has increased recently, there has not been a corresponding expansion of supports and resources. Patients often seek services after struggling with these issues for some time, and as a result, they may have relatively intense needs. Consistently using validated screeners during patient visits has helped clinics better understand the extent of community members' behavioral health needs.

> *"There has been no change in mental health resources in this area in probably over 20 years. It's terrible, there's so many people that have mental health issues. They just do not have the resources to help everybody. There's a lot of drug use and there's a lot of depression, but I have noticed recently though especially with the pandemic, there are a lot more people coming in with depression issues, mental health issues, adolescents, young adults, particularly where we weren't really seeing that before..." – Care team member, Clinic 1*

> *"People moving forward with mental health or us trying to find them mental health, it's really hard. There're very few providers and it's been tough really. Each case is a little different so what a person needs, so that will tell us a direction we need to go in, but finding mental health for people has been horrible. It's been a horrible ordeal and I think that's probably a nationwide issue, it's not just California." – Front office staff, Clinic 2*

Current Challenges Accessing Limited Behavioral Health Resources

Behavioral health resources in the participating clinics' communities are extremely scarce and do not match the extent of community members' needs. The specialized external behavioral health resources that do exist are largely inaccessible to clinic staff and their patients for one of the following reasons: providers are not accepting new patients, providers do not accept patients' insurance and self-pay is cost prohibitive, providers outside the community only accept local patients, providers do not return staff or patient calls, or there is uncertainty among staff about how to refer patients into these systems. While staff do their best to support referrals by providing resource lists to patients or making calls on their behalf, most referral outreach falls to patients. Patients are often advised to first contact their insurance, although staff recognized that finding an in-network provider further narrows patients' already limited options. Patients with the greatest or most urgent behavioral health needs often face the most significant barriers to navigating complex referral systems to receive care.

> *"…off the top of my head, I can't think of a single patient that I have referred through the formal channels to a counseling office that has been accepted and has got an appointment for counsel[ing]." – Care team member, Clinic 1*

> *"I think it's more [for patients] that I call, and I call, and I call, and I call, and I can't get anybody who can take me. It's that. That's been the story for several years now. Or I'm on their waitlist, or that kind of thing." – Care team member, Clinic 3*

Impact of the Current Environment on Patients and Caregivers

This lack of supports for community members' behavioral health needs creates disappointment and frustration for patients who feel like they're not being helped, especially after making themselves vulnerable and requesting assistance from clinic staff. This experience is also frustrating and overwhelming for caregivers, who want what is best for their patients but feel like they're letting them down since their "hands are tied" by the current environment. Other staff described feeling helpless and hopeless at times, like they have been "floating on a life raft […] with no ship in sight to help with these patients." This context has negative impacts that ripple beyond the clinic; behavioral health needs often intensify for patients who are unable to be seen, which can lead to crises that require Emergency Department admission.

> *"What I've noticed more and more is I've been getting more and more referrals for patients with mental health. My hands are tied, I have nowhere to send these poor people […] It's really sad because a lot of these patients get so stressed out and are doing so poorly that they end up in the emergency room and unfortunately, the emergency room is having the same issue where they have to keep these patients there and have someone watch them so they don't hurt themselves or go home and do something. It's just really sad. The situation is really sad. We need more mental health providers up here." – Front office staff, Clinic 1*

> *"Being able to get them to what they needed before this program? I felt very restricted. I felt very alone acting as some -- getting frustrated by not having referrals be accepted and not having anything. It was just nothing. That's what it was. It was just literally nothing." – Care team member, Clinic 4*

Caregivers' Efforts to Meet Patients' Needs Regardless

Clinic staff work to support their patients despite these challenges, which leads them to work outside their standard roles to connect patients to care or address patients' behavioral health needs themselves. These efforts can make caregivers' workdays feel "chaotic" as they try to address complex behavioral health needs during standard appointment times, which can impact other patients and the rest of the care team by creating backlogs of patients whose appointments start late. While staff are relatively comfortable addressing patients' needs due to experience gained over time given a lack of other resources and Continuing Medical Education courses, caregivers are aware of their limited behavioral health knowledge and capacity. Additional training and access to specialized consults (e.g., a psychiatrist) would be beneficial, and the recent departure of a psychiatrist within the health system was seen as a major loss. Even when patients can access outside specialized behavioral health supports, they often don't match patients' needs for ongoing therapy, and communication between providers could be further improved. The benefit of combining pharmacotherapy and non-pharmacotherapy is well-recognized, but in the absence of available therapy, patients often request higher prescription dosages to find relief.

> *"…it's the time issue. Counseling takes time, managing medications, psychiatric medicines, in particular for this, takes a lot of the time, and we [as primary care providers] have enough to do as it is […] I mean, not to mention the emotional stress of talking to people who are sad, but I think for most of us, it's a time constraint." – Care team member, Clinic 5*

> *"We're supposed to, as the medical assistants, keep the physicians on time. That's probably my hardest job. [The physician is] like, 'I couldn't come out. They were crying.' I'm like, 'Well, I know but there's four people in the waiting room.' Just lack of resources for them I think." – Care team member, Clinic 3*

Hope for a Future with VBHI

VBHI implementation was described as a much-needed resource that would fill an existing gap in the community and make a meaningful difference for both patients and staff. VBHI's integration into these clinics would increase the likelihood that patients receive support before their needs develop into crises. Markers of VBHI success would include patients feeling satisfied, being connected to care and attending follow-up appointments, developing the necessary tools to manage acute stress, and receiving ongoing support for those with more severe needs or chronic conditions. VBHI's virtual component was seen as increasing access to care, although there was some concern for patients in rural areas or who are less comfortable with technology. Staff expected relatively few challenges related to VBHI implementation, although some anticipated a future where the virtual provider was booked out relatively far in advance due to the program's popularity and the community's preexisting needs. Clinic staff recommended the following to ensure successful VBHI implementation:

- Devoting adequate space in the clinic to virtual visits
- Ensuring the clinics have adequate infrastructure (i.e., iPads, monitors, etc.)
- Facilitating warm handoffs to virtual providers whenever possible to enable immediate connections to care, while also supporting future appointment scheduling
- Developing strong relationships between clinic staff and virtual providers, further supported by channels for ongoing communication (either through Teams or Epic) and access to one another's notes and treatment plans
- Ensuring that patients see the same provider(s) consistently through VBHI to promote relationship building
- Creating established workflows to connect patients with virtual providers
- Promoting patient and clinic staff buy-in in the VBHI model

"What would [be] successful? Being able to meet the needs of our patients, to be able to have intervention and be seen. Successful, having a complimentary schedule between [providers…] We also need to work on how we're going to provide the virtual experience for the patient. If the patient's in the office, is that going to be on an iPad? If it's on the iPad, what programs do we need, or what do we need to do to make sure that that experience for the patient and the provider are satisfactory?" – Front office staff, Clinic 5

"It's a warm handoff. It's literally immediately after they're done with the actual provider here in the office, we'll do a warm handoff with a patient and their behavioral health and it's immediately after which I feel like it's a really good thing because everything's just fresh. They just talked about it with their doctor. Now they're talking to behavioral health and it's immediate. I'm a big fan of that." – Care team member, Clinic 4

Unique Insights from Sites Where VBHI Implementation Had Begun

VBHI implementation had already begun at the Windsor, Sebastopol, and Doyle Park clinics at the time interviews were conducted in early 2023. Due to these clinics' geographic differences from the first two pilot sites and their initial experiences implementing VBHI, these interviews provide additional insight into VBHI's potential impact and what is needed for its success. These sites are located closer to metropolitan areas with additional resources, but clinic staff still described significant unmet behavioral health needs in their communities that were exacerbated by environmental factors like recent wildfires and difficulty recruiting new providers to the area due to cost of living concerns. Prior to VBHI implementation, these clinics made a concerted effort to connect patients to behavioral health providers well-matched to their needs, which further reduced already limited provider availability. While interviews focused on clinics' experiences prior to

VBHI, staff also shared their experiences with the program, which were positive. Staff described immediate connections to care for patients, which led some patients to access behavioral health services who might not have gotten care if they were navigating these systems independently and to greater patient satisfaction generally. Staff also described a sense of relief knowing that their patients could be successfully connected to a behavioral health provider and enthusiasm for the collaborative nature of the program.

> *"[VBHI is] beneficial for patients because there have been a couple patients who in the past when we would ask the [PHQ-2 and PHQ-9] questions […] they would sometimes say why do you guys even ask us these questions if you guys don't even help us with the services or things like that. I think it's been very beneficial for our staff here and not only for all the staff because there were always those patients that you knew that needed the benefits and were having a hard time getting services outside. It's been very beneficial." – Care team member, Clinic 2*

> *"I think they [VBHI] should happen everywhere. That the pilot that we're running should be made available in all -- especially rural health settings where patients can have access to expedient mental health care with informed mental health providers that can direct their whole care. […] There's not as much access. Even here I'm an hour away from San Francisco. I have had to send people to video visits to the behavioral health pediatrician in Southern California. There's not a lot of access to mental health providers. I think any way we can facilitate that at a time of need when a patient's here is really beneficial." – Care team member, Clinic 2*

Want to Learn More about VBHI?

The Virtual Behavioral Health Integration (VBHI) pilot was an initiative of Providence's Telehealth Product Development & Delivery team and supported by the Wellbeing Trust. If you'd like to learn more about this work, please contact Patrick Lee, Director of Product Line, at Patrick.Lee@providence.org; Sarah Gibson, Social Worker, at Sarah.Gibson@providence.org; or Arpan Waghray, Providence Well Being Trust CEO, at Arpan.Waghray@providence.org.

Want to Learn More about CORE?

CORE is an independent team of scientists, researchers, and data experts with a vision for a healthier, more equitable future. Our work focuses on how to shape systems, policies, community conditions, individual factors, and health care to create better health for everyone. If you'd like to learn more about CORE, please contact Monique Gill, Research Scientist, at Monique.Gill@providence.org.