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## CONFERENCE ABSTRACT

### **On the Clock: How Integrated Behavioral Health Providers Save Pediatricians Time** ICIC20 Virtual Conference – September 2020

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#### ***Introduction***

Past research literature indicates that primary care visits in which behavioral health concerns are discussed occupy a substantial amount of a physician's time. One solution for meeting the behavioral health needs of pediatric patients is the integration of psychologists into the primary care setting within a patient-centered medical home.

#### **Theory/Methods**

The purpose of this research study is to examine the effects of Integrated Behavioral Health (IBH) services on pediatrician efficiency (PE). No studies to date have investigated the effects of IBH services on PE. We collaborated with pediatricians, utilizing direct observation and medical record review techniques to compare PE in clinics with and without IBH services. It is hypothesized that clinics with IBH services improve PE. Four pediatric clinics associated with an academic medical center are included within the current study, two with IBH services and two with standard medical care (N=400).

#### ***Results***

Approximately 25% of patients observed presented with behavioral health concerns. Pediatrician visits that include discussion of behavioral health concerns took about five minutes longer than other medical visits. Within the context of a well-child exam (WCEs), pediatricians in clinics with IBH services spent approximately 26 minutes with patients who had behavioral health concerns, whereas clinics without IBH services spent approximately 22 minutes with these patients ( $p < .05$ ). Furthermore, within the context of routine medical visits (RV), pediatricians with IBH services spent approximately 12 minutes in session compared to 15-17 minutes in clinics without IBH services ( $p < .05$ ). Hierarchical Linear Modeling (HLM) indicates that (taking into account fixed effects such as presence of IBH providers and visit type, as well as random effects such as pediatrician) PE improved across all visit types when a behavioral health provider was integrated into the clinic. HLM results suggest that IBH was associated with significantly more efficient visit duration for Extended Revisits compared to Standard Medical Care.

#### ***Discussions***

Pediatricians with IBH were significantly more efficient during RV, extended RVs, and WCEs. Behavioral health concerns are highly prevalent within pediatric primary care visits, with behavioral health concerns presenting

in approximately one quarter of medical visits within this study. The most commonly identified behavioral health concerns related to ADHD, weight management, and behavior concerns.

### ***Conclusions***

Results suggests that IBH provides a physician “leveraging effect” that may lead to more time and availability for pediatricians to devote to other medical concerns, improve pediatrician pace of day, and improve pediatrician job satisfaction (and possibly prevent burnout).

### ***Lessons learned***

These benefits could support the further expansion of IBH services within pediatric primary care settings in order to increase access to behavioral health care for patients and improve efficiency of physicians.

### ***Limitations***

Patients were not randomized into clinics with IBH vs. comparison.

### ***Suggestions for future research***

Future research may want to investigate the level of integration (e.g., co-located vs. fully integrated) to determine if the level of integration impacts PE.