



The Impact of Integrative Behavioral Health in a Rural Primary Care Nurse Practitioner Residency Program

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Purpose

Improve patient access to mental healthcare services through primary care behavioral health integration in a NP residency program. Behavioral Health Integrations shifts focus from providing extensive therapy in a small population of patients to brief interventions in large numbers of patients.

Background

Problem

- Indiana is heavily rural with 74 of 92 counties classified as rural or rural mixed.
- The Indiana poverty rate is 11.2% and 10% of residents are uninsured.
- Indiana is ranked 37th for the prevalence of mental illness and 26th for access to mental healthcare, with one mental health provider for up to 13,910 patients .
- The current Indiana population to PCP ratio of 1659:1 is greater than the national average of 1463:1

Solution

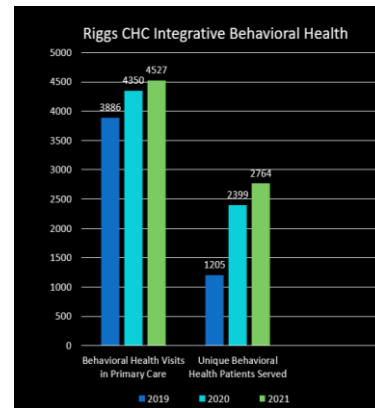
- NPs are well-positioned to address the physician shortage in primary care
- 78% of NPs practice in primary care, far more than the 33% of physicians practicing in primary care.
- On average, 16,000 NPs graduate from primary care education programs
- By 2025, the number of NPs practicing primary care will increase by 47%
- By allowing all NPs full practice authority...
 - The number of patients living in a county with a PCP shortage would decrease from 44 million to 13 million nationwide.
 - PCP shortages in rural areas would decrease from 23 million to 8 million, a nearly 65% reduction.

In 2019 Riggs Community Health Center developed a nurse practitioner residency program focusing on providing high quality care for both rural and underserved populations

Objectives

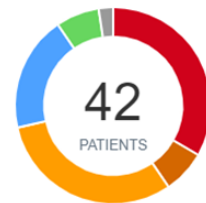
- Facilitate mental health screenings in primary care.
- Improve chronic health conditions through behavioral health integration.
- Expand patient access to mental healthcare.

Results



In 2019, when Riggs transitioned into a complete integrated model of care for behavioral health services, there were **3886** behavioral health related clinic visits, with **1205** unique patients served that year. In 2020, Riggs had **4530** behavioral health related clinic visits with **2399** unique patients served. In 2021 there were **4527** behavioral health related patient visits with **2764** unique patients served, resulting in a **199%** and **229%** increase in the number of unique patients served in the respective years since 2019.

The integrative behavioral health model has made a profound impact in improving chronic health conditions. In 2021, two AGNP residents referred 42 diabetic patients for integrative behavioral health visits. **42.8%** of those patients saw a drop in their A1C level of **>1.5%**. Additionally, **31%** of those patients experienced **>10mmHg** drop in their systolic blood pressure.



GLUCOSE CONTROL (A1C)	
● Poor (>9.0)	14
● Fair (>8.0 and <=9.0)	3
● Good (>6.4 and <=8.0)	13
● Prediabetes (>=5.7 and <=6.4)	8
● Normal (< 5.7)	3
● No Score	1

8.0
AVG A1C SCORE
▼ -0.1 Last 12 mths.
18
A1C PTS WITH A >=1.5% DROP

129.9
AVG SYSTOLIC BLOOD PRESSURE
0.0 Last 12 mths.
13
SYS BP PTS WITH A >=10 MM/HG DROP



BLOOD PRESSURE CONTROL (BP)	
● Stage 2 Severe (>160 and/or >100)	1
● Stage 2 HTN (140-159 or 90-99)	6
● Stage 1 HTN (130-139 or 80-89)	19
● Elevated BP (120-129 and <80)	7
● Normal (<120/80)	9
● No Score	0

Methods

- Pre Visit Planning
- Morning Huddle
- Warm hand offs between PCP and BHC
- Conduct contextual interviews
- Complete evidence-based mental health screenings
- Recommend lifestyle modifications using SMART goals
- Offer targeted sessions focusing on brief interventions
- Collaborate with NP Residents and other PCPs to develop shared care plans
- Printed patient plan at discharge

The Team

- NP Residents
- Primary Care Providers
- Behavioral Health Consultants (BHCs)
- Psych Mental Health NP

Lessons Learned

- PCP satisfaction improved with on site BHCs
- Requires interprofessional collaboration
- PCP identifies candidate for integration
- Requires a generalist model for BHC to meet all patient needs
- Warm hand off improves BH integration visit rate
- Brief interventions with SMART goals improve health outcomes
- Up to date BH screenings improve overall health and BHC utilization
- Scheduling patients for BHC appointments prior to having their medical appointment and consenting for BHC visit was wrong approach
- Co-located services through traditional therapy was less impactful for overall patient population
- A focus on symptom-based complaints limits patients served