



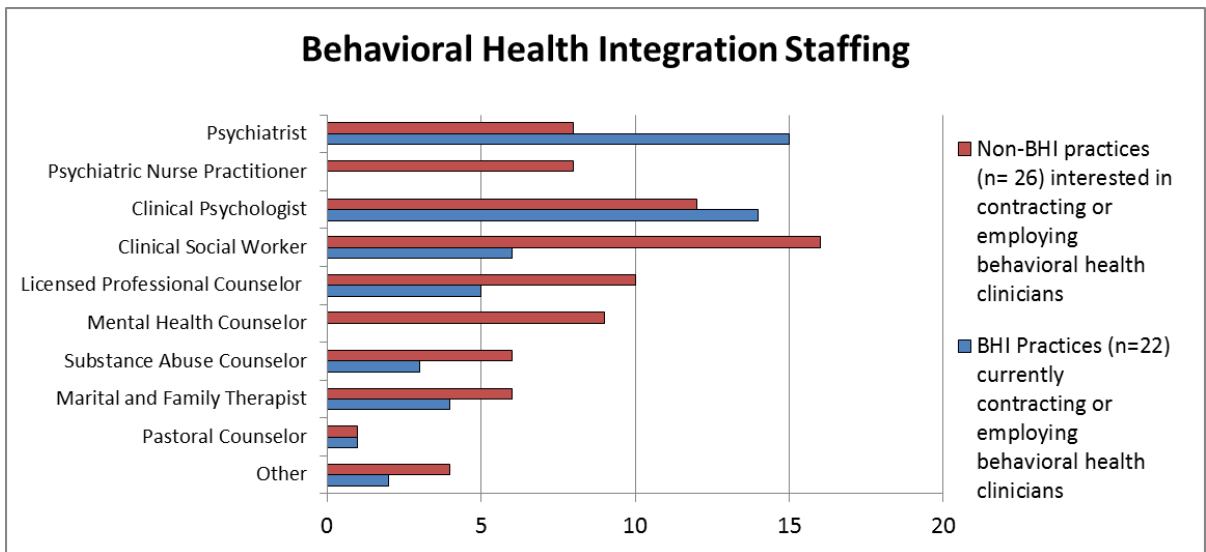
A total of 48 network members, 80% of whom are clinicians, completed the ACORN Clinician Perspective survey on Behavioral Health Integration (BHI).

Nearly half (46%) of respondents stated they were providing integrated primary care and behavioral health within their practices. Below is a summary of the responses provided by this group:

- 50% indicated use of the integrated care model, which includes on-site behavioralists incorporated into health teams, a unified care plan, and a shared electronic health record.
- 27% indicated use of coordinated care, which facilitates access to behavioral health services through coordination of services external to the practice.
- 23% indicated use of care management in the form of a disease specific workflow for assessment, intervention, care coordination, and follow up that incorporates behavioral health concerns.
- Nearly all BHI respondents (91%) stated that they provide integrated behavioral health for all patients regardless of payer.
- The most frequently indicated funding sources used to support integrated behavioral health were self-pay or a sliding fee scale (41%), and billing through CPT codes for behavioral health services (41%) as well as medical services (32%).
- Direct employment of behavioral health clinicians (41%) was the most frequently identified staffing arrangement, followed by contracting for services (36%).

The chart below provides information regarding behavioral health professionals currently employed by BHI practices as well as those of interest to non-BHI practices.

- Within BHI practices, psychiatrists (68%) and clinical psychologists (64%) were the professionals most often used for behavioral health integration.
- Non-BHI practices, if they were to begin behavioral health integration, were most interested in employing or contracting clinical social workers (62%) and clinical psychologists (46%).



More than half (54%) of the total respondents stated they were not providing integrated primary care and behavioral health within their practices. Below is a summary of the responses provided by this group:

- When asked why their practice does not provide integrated behavioral health, those surveyed indicated that they refer their patients to behavioral health specialists (31%), some utilizing care coordinators. Lack of funding, financial sustainability, and reimbursement (27%) were also reasons indicated for not providing integrated behavioral health. Additional responses to this question by some individuals included:
 - A shortage of behavioral health clinicians available
 - The desire to keep their office space small
 - The lack of resources to support integration
 - Uncertainty regarding the definition of behavioral health integration
 - The absence of communication between community physicians and behavioral health clinicians
 - A shortage of volume to provide this service internally
- The majority of this group, 73%, stated that they are not sure if they plan to

provide this service in the future while 16% plan to provide BHI within the next one to three years.

- Lack of a business or fiscal plan for sustainability was the greatest indicated funding obstacle (50%) for practices not currently providing BHI. Same day billing restrictions (19%), technical assistance needs (19%) and staff training needs (15%) were additional funding obstacles specified.

We need your help in completing future ACORN Clinician Question inquiries. We also welcome and encourage input regarding future topics for this activity. If you would like to provide suggestions or comments, please go to the following link:

<https://redcap.vcu.edu/rc/surveys/?s=ABneccHpd9>

Thank you for your participation!